**相談票（交通事故）**

記入日：　　年　　月　　日

１．ご相談者様について

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| フリガナ |  | 生年月日 | 性別 |
| お名前 |  | 　　　年　　月　　日（　　歳） | □男・□女 |
| ご住所 | 〒 |
| ご連絡先 | （ＴＥＬ）　　　　　　　　　　　　　　　　（ＦＡＸ）（携　帯）　　　　　　　　　　　　　　　　（メールアドレス） |
| 連絡先のご希望 | □いずれでも　□自宅　□携帯　□その他（　　　　　　　　　　　　　　　　） |

２．相手方について

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| フリガナ |  | 生年月日 | 性別 |
| お名前 |  | 　　　年　　月　　日（　　歳） | □男・□女 |
| 住所 | 〒 |

３．事件の概要

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| 事故発生日時 | 　　年　　月　　日　　　時　　分ごろ | 事故発生場所 |  |
| 事故状況の説明 | □人対車両　　□正面衝突　　□側面衝突　　□出会い頭衝突　　□接触　　□追突　　□その他※事故状況を図でご説明ください。

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補足： |
| 受傷状況 | 受傷部位：　　　　　　　　　　　　　　　診断名：治療開始日：　　　　　　　　　　　　　　治療終了日： |
| ご相談内容 |  |