

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name/Insurance Adjuster]
[Organization Name]
[Address]

Re: Description of Injuries Sustained
Claim Number: [Claim Number]
Date of Incident: [Date]

To [Recipient Name],

This letter provides a detailed description of the injuries I sustained as a result of the incident on [Date].

Primary Physical Injuries:

- [Injury 1: e.g., Compound fracture of the left tibia]
- [Injury 2: e.g., Grade II concussion]
- [Injury 3: e.g., Lacerations and bruising on the torso]

Symptoms and Secondary Complications:

[Describe ongoing pain, mobility issues, headaches, or limitations, e.g., "I am currently experiencing chronic nerve pain in my lower extremities and restricted range of motion in my left leg."]

Medical Treatment Received:

[List treatments: e.g., Emergency room visit at City Hospital, surgical intervention on Date, and ongoing physical therapy twice weekly.]

Psychological and Emotional Impact:

[Describe non-physical impacts: e.g., Diagnosed PTSD, anxiety regarding driving, or sleep disturbances.]

Prognosis:

[State doctor's outlook: e.g., My primary physician, Dr. Smith, estimates a recovery period of six months with a 10% permanent impairment rating.]

Attached are the relevant medical reports and diagnostic images supporting these descriptions.

Sincerely,

[Your Signature]

[Your Printed Name]