

AUTOMOBILE ACCIDENT REPORT

Department of Insurance
Division of Risk Management
Bureau of State Liability Claims
Tallahassee, FL 32399-0338

RM File #: _____

| INSURED STATE AGENCY | Department _____ Bureau, Institution or District _____ Location and Address _____ | | | | | | | | | | | | | | | |
|---|--|-----------|---------|-----------|----------|-------|-------|----------|-------|-------|----------|-------|-------|----------|-------|-------|
| INSURED AUTO AND DRIVER | Year: ____ Make: _____ Model: _____ Tag No.: _____ Driver: _____ Phone No.: _____ Employed by: _____ Age: _____ Purpose of Use at Time of Accident: _____ Amount of Damage to Vehicle: _____ | | | | | | | | | | | | | | | |
| TIME AND PLACE | Date of Accident or Loss: _____ Hour: _____ Location of Accident: _____ Police Authority Investigating: _____ | | | | | | | | | | | | | | | |
| DAMAGE TO PROPERTY OF OTHERS | Owner of Property Damage: _____ Address: _____ Phone No.: _____ Driver of Other Vehicle: _____ Address: _____ Phone No.: _____ Driver's License No.: _____ If Automobile, Year: ____ Make: _____ Model: _____ Tag No.: _____ Kind of Property and Extent of Damage: _____ Insurance Carrier: _____ | | | | | | | | | | | | | | | |
| PERSONS INJURED | <table border="0"><thead><tr><th>Name:</th><th>Address</th><th>Phone No.</th></tr></thead><tbody><tr><td>1. _____</td><td>_____</td><td>_____</td></tr><tr><td>2. _____</td><td>_____</td><td>_____</td></tr><tr><td>3. _____</td><td>_____</td><td>_____</td></tr><tr><td>4. _____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>Nature and extent of injuries: 1. _____ 2. _____ 3. _____ 4. _____</p> <p>If Doctor was called, give name: Name: _____ Address: _____</p> <p>Where was injured person taken: _____ By whom: _____</p> | Name: | Address | Phone No. | 1. _____ | _____ | _____ | 2. _____ | _____ | _____ | 3. _____ | _____ | _____ | 4. _____ | _____ | _____ |
| Name: | Address | Phone No. | | | | | | | | | | | | | | |
| 1. _____ | _____ | _____ | | | | | | | | | | | | | | |
| 2. _____ | _____ | _____ | | | | | | | | | | | | | | |
| 3. _____ | _____ | _____ | | | | | | | | | | | | | | |
| 4. _____ | _____ | _____ | | | | | | | | | | | | | | |

Show on diagram position each car, vehicle, or injured person, indicating direction by arrow

SIDEWALK

CENTER SIDEWALK

IMPORTANT
If street or view obstructed in any way, indicate where and how; also indicate any street cars and traffic signal or signs.

Indicate points of compass.

Explain fully how accident occurred:

| Names of Witnesses | Address | Phone No. | State where witness was at time of accident |
|--------------------|---------|-----------|---|
| | | | |
| | | | |
| | | | |
| | | | |

Date

Name of Person Filing Report

Name of Person Taking Report

Telephone Number of Caller