

AUTOMOBILE ACCIDENT REPORT

Department of Financial Services
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 style="width: 100%;"><thead><tr><th style="width: 30%;">Name:</th><th style="width: 40%;">Address</th><th style="width: 30%;">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