AUTOMOBILE ACCIDENT REPORT

<u>Mail to:</u>
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF RISK MANAGEMENT
BUREAU OF STATE LIABILITY CLAIMS
TALLAHASSE, FLORIDA 32399-0338

INSURED STATE AGENCY	**Department:** ____________________ **Bureau, Institution or District:** ____________________ **Location and Address:** ____________________ **Telephone No.:** ____________________
INSURED AUTO AND DRIVER	**Purpose of Use at Time of Accident:** ____________________ ____________________ **Driver Name:** ____________________ **Age:** __________ **Amount of Damage to Vehicle:** __________ **Year:** __________ **Make:** __________ **Model:** __________ **Tag No.:** __________
TIME AND PLACE	**Date & Time of Accident / Loss:** ____________________ **Location of Accident:** ____________________ **Police Authority Investigating:** ____________________
DAMAGE TO PROPERTY OF OTHERS	**Owner of Property Damaged:** ____________________ **Address:** ____________________ **Driver of Other Vehicle:** ____________________ **Address:** ____________________ **Driver's License No.:** ____________________ **If Automobile:** **Year:** ______ **Make:** __________ **Model:** __________ **Tag No.:** __________ **Insurance Carrier:** ____________________ **If Not Automobile, Kind of Property & Extent of Damage:** ____________________
WITNESSES	**Name** **Address / Phone No.** **Where was witness at time of accident** ____________________ ____________________ ____________________ ____________________

PERSONS INJURED	**Name:** **Address:** **Phone No.:** **1.** ____ **2.** ____ **3.** ____ **4.** ____ **Nature and Extent of Injuries:** **1.** ____ **2.** ____ **3.** ____ **4.** ____ **If Doctor was called give name and address:** ____ **Where was injured person taken & by whom:** ____

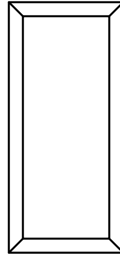
Show on diagram position each car, vehicle or injured person, indicating by arrow → direction of each

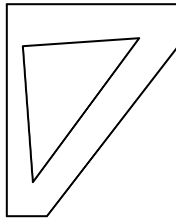
Sidewalk

Street

Center

Sidewalk





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

Explain fully how accident occurred

Name & Phone # of person filing report: ____________________

Person Taking Report: ____________________ **Date:** ____________