

# AUTOMOBILE ACCIDENT REPORT

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

RM File #: \_\_\_\_\_

<b>INSURED STATE AGENCY</b>	Department _____ Bureau, Institution or District _____ Location and Address _____															
<b>INSURED AUTO AND DRIVER</b>	Year: ____ Make: _____ Model: _____ Tag No.: _____ Driver: _____ Phone No.: _____ Employed by: _____ Age: _____ Purpose of Use at Time of Accident: _____ Amount of Damage to Vehicle: _____															
<b>TIME AND PLACE</b>	Date of Accident or Loss: _____ Hour: _____ Location of Accident: _____ Police Authority Investigating: _____															
<b>DAMAGE TO PROPERTY OF OTHERS</b>	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: _____															
<b>PERSONS INJURED</b>	<table border="0"><thead><tr><th data-bbox="284 1333 357 1354">Name:</th><th data-bbox="852 1333 950 1354">Address</th><th data-bbox="1331 1333 1453 1354">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