

Law Enforcement Information:

Officer Name: _____

Responding Department _____

Phone: _____

Badge Number: _____

Other Info: _____

Witness Information:

(1) Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

(2) Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Add any additional witnesses on another sheet.

Sketch The Accident Scene:

REVIEW THIS INFORMATION WHEN YOU GET HOME AND ADD EVERYTHING YOU CAN REMEMBER.



13400 Parker Commons Blvd.

Fort Myers, Florida 33912

Lee: (239) 337-7483

Collier: (239) 793-7748

Charlotte: (941) 764-7748

Toll Free: (888) 477-4839

Fax: (239) 337-7484

Email: randall@spiveylaw.com

Websites:

www.SpiveyLaw.com

www.HurtByDrunkDriver.com



Serving Lee, Collier and Charlotte Counties

Florida Accident Form

Information you'll need if you are involved in an accident.

*** * ***

Keep This In Your Glove Compartment

Note: Print landscape, double-sided copies for glove compartment.

When an accident occurs:

First Steps:

- Remain calm
- Get to a safe place
- **Remain at the scene of accident**
- Check for injuries
- Call for help
- Administer first aid
- Seek medical treatment from EMS and ER
- Tell EMS and ER everything that hurts, even if it is minor. (Pain often develops or worsens hours or even days later.)

DO NOT SAY:

- It's all my fault.
- My insurance will pay for everything.
- It's OK. I have full coverage.

While Still at the Scene:

- Get as much information as possible on this form.
- Take pictures of all vehicles, the vehicle damage and the scene.
- When EMT and law enforcement arrives, cooperate and tell them what you know.

Accident Details:

Day/Date/Time AM/PM _____

Weather/Road/Light Conditions _____

Location of Accident _____

Describe What Happened _____

Damage Descriptions:

Your Vehicle:

Other Vehicle(s): (If more than one, number them.)

Other Driver(s)/Vehicle Information:

Owner's Name _____

Owner's Address _____

Owner's Phone Number _____

Owner's Driver's License Number _____

Vehicle Make _____

Vehicle Model/Year _____

Vehicle Color _____

License Plate No. _____

Insurance Carrier _____

Policy Number _____

Other Driver(s)/Vehicle Information:

Other Driver's Name _____

Other Driver's Address _____

Other Driver's Phone Number _____

Other Driver's License Number _____

Vehicle Make _____

Vehicle Model/Year _____

Vehicle Color _____

License Plate No. _____

Insurance Carrier _____

Policy Number _____

Passenger Injuries: (# Passengers - If possible, get name, phone number, address and describe injuries.)

Your Vehicle Passengers:

Other Vehicle Passengers:



(888) 477-4839