

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

RM File #: _____

Department _____
Bureau, Institution or District _____
Location and Address _____

Year: ____ Make: _____ Model: _____ Tag No.: _____
Driver: _____ Phone No.: _____
Employed by: _____ Age: _____
Purpose of Use at Time of Accident: _____
Amount of Damage to Vehicle: _____

Date of Accident or Loss: _____ Hour: _____
Location of Accident: _____
Police Authority Investigating: _____

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: _____

Name:	Address	Phone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Nature and extent of injuries: 1. _____
2. _____
3. _____
4. _____

If Doctor was called, give name:
Name: _____ Address: _____

Where was injured person taken: _____
By whom: _____

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

W N
 E