

Steps to take after a car accident

1. *Call 911.* Request law enforcement and medical assistance if needed. Many states (including Florida) require insurance in order to own a vehicle in that state. The insurance pays for ambulance, medical, and hospital bills so don't be afraid to avail yourself of medical care and treatment if you believe you have been injured.
2. *Move to a safe location.* If possible, and after photographing the positions of the cars after the accident, take steps to avoid further danger to yourself and other motorists. Move the vehicles involved to a safe location, shut off the engines to avoid the risk of fire, and turn on hazard lights or use flares to alert other drivers to the accident.
3. *Exchange information.* Use this form to take down the information that you'll need for police reports, insurance paperwork, and possible legal action. Also, try to get the name, address, and phone number of anyone who witnessed the accident.
4. *Take photos.* Use your cellphone or another camera to document any damage done (or not done) to the vehicles involved.
5. *Be wary.* Do not discuss how the accident occurred with anyone but the police and your insurance company. Don't accept offers for an on-the-spot settlement. Do not give statements or sign anything until you have consulted an attorney.
6. *Contact your insurance company* as soon as possible.
7. If you have a serious injury, contact Angelo Marino Jr., P.A. for expert legal assistance. Call 954-765-0537, email amjrpamail@aol.com, or go to www.FL-PI-Lawyer.com

Accident Information

Date: _____ Time: _____

Location: _____

Weather Conditions: _____

Responding Police Department: _____

Officer's Name: _____ Badge #: _____

Accident Description: _____

_____(continue on back)

Witness names and phone #s: _____

Your Vehicle

License Plate #: _____ VIN: _____

Make/Model/Year: _____

Driver: _____ Passenger 1: _____

Passenger 2: _____ Additional Passengers: _____

Driver's Information

Name: _____ License #: _____

Issuing State: _____ Exp Date: _____

Insurance Card Information

Name: _____ Relationship: _____

Company: _____ Policy #: _____

Agent: _____

Other Vehicle

License Plate #: _____ VIN: _____

Make/Model/Year: _____

Driver: _____ Passenger 1: _____

Passenger 2: _____ Additional Passengers: _____

Driver's Information

Name: _____ License #: _____

Issuing State: _____ Exp Date: _____

Insurance Card Information

Name: _____ Relationship: _____

Company: _____ Policy #: _____

Agent: _____