

Accident Information Sheet

Date: _____ Time: _____

Address or Intersection where accident took place:

Driver of other vehicle:

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Description of other vehicle:

Make/Model/Color/Year: _____

Insurance Company: _____

Policy #: _____

Owner of other vehicle:

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Witness Information:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Police Officer Information:

Name: _____

Badge #: _____

Department: _____

- Take Photos of Scene, Vehicles, Injuries
- Be aware of physical symptoms and see your Primary Physician
- Do not speak with any insurance company until you have consulted with us at **1-800-FLA-LAWYER**

Shannon J. Sagan, P.A.
1-800-FLA-LAWYER