

What should I do if I am involved in a MOTOR VEHICLE ACCIDENT?

The most important thing to do after any SERIOUS AUTO, TRUCK, or MOTORCYCLE ACCIDENT occurs is to make sure that everyone involved is in a safe place and out of harms way.

The next step is to call the police and EMT assistance.

Once these two key steps have been undertaken, it is important to immediately begin gathering as much information from the motor vehicle accident scene.

You must write down details about the facts and your observations at the scene of the car accident. As time passes, the details will become less and less clear. Inside is a check list of items that you should gather.

Contact: James Thomas
Toll Free: 1-866-503-8200

Provided for your personal benefit by the:

Law Office of James M. Thomas, Esq, P.A.

One of West Central Florida's personal injury law firms working automobile accident cases daily.

Many of our client's have been adversely impacted by personal injuries of a loved one caused by the negligence of another.

We work hard to help protect your rights and get you compensation for your personal injuries.

HOW TO USE THE ORGANIZER...

Fold along the printed lines and place it in your car's glove box right next to your auto insurance card. Use this Organizer as a guide to obtain crucial data in the event of an accident.

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THINK Fast!

Florida Auto Accident Glove Box *ORGANIZER*



Vital Steps

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THINK

1. Other Driver and passengers detail and witnesses:

Name: _____

Phone Number: () - _____

Name: _____

Phone Number: () - _____

Owner of Other Vehicle:

Tag Number: _____

Insurance Company:

Policy Number:

2. Who witnessed the accident?

Name: _____

Phone Number: () - _____

Name: _____

Phone Number: () - _____

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Fast!

3. Other driver drinking? Yes or No How could you tell?

Was anyone injured in the accident?
Was medical assistance provided? Did anyone say they were not hurt?

Name: _____

Phone Number: () - _____

Name: _____

Phone Number: () - _____

4. What Happened? Location of accident?

What direction were the vehicles traveling prior to car accident?

Yours _____

Theirs _____

Time of day automobile accident occurred? _____ AM/PM

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Weather conditions at time of motor Vehicle accident? _____

Anything "wrong" with your car? What? _____

5. Damage to the vehicles from the automobile accident? \$Value
Yours _____

Theirs _____

Were any of the vehicles towed from the auto accident? Yes / No

How did the motor vehicle accident occur?

Did anyone take responsibility for the Car accident? _____

Name: _____

What police Dep't Came? _____

Which officer(s) were present?

Officer Name: _____

Phone Number: () - _____

Who got a traffic ticket _____

6. If you were hurt, seek medical attention now.