

## IF YOU ARE IN AN ACCIDENT:

- STOP YOUR VEHICLE. CHECK TO SEE IF ANYONE IS HURT AND PROVIDE AID IF POSSIBLE.
- CALL 911 IF SOMEONE IS INJURED. CALL 911 TO REPORT THE ACCIDENT.
- DO NOT ADMIT FAULT. DOCUMENT THE SCENE. GATHER INFORMATION.

## IF YOU ARE INJURED:

- WAIT FOR EMS TO ARRIVE AND EXAMINE YOU.
- SEEK MEDICAL ATTENTION IMMEDIATELY. A DELAY IN TREATMENT COULD AFFECT YOUR RECOVERY AND INSURANCE BENEFITS.
- DO NOT TALK WITH THE OTHER PERSON'S INSURANCE COMPANY UNTIL YOU HAVE CONSULTED A LAWYER.



## IT IS VERY IMPORTANT TO

- KEEP THIS VALUABLE INFORMATION CONFIDENTIAL
- SEEK MEDICAL TREATMENT
- SHARE THIS INFORMATION ONLY WITH YOUR ATTORNEY
- SEEK LEGAL ASSISTANCE IMMEDIATELY SO CRUCIAL EVIDENCE IS NOT LOST



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# FLORIDA INJURY TOOLKIT

## FIRST THINGS FIRST



STOP



CALL 911



DOCUMENT  
THE SCENE

## BE PREPARED



KNOW WHAT TO DO



DOCUMENT THE FACTS



PUT THIS IN YOUR GLOVE  
COMPARTMENT



## QUICK STAT:

MORE THAN **200,000**  
INJURIES OCCUR FROM  
CAR ACCIDENTS IN  
FLORIDA EACH YEAR

# TAKE PICTURES



## A PICTURE SAYS IT ALL!

- THE LICENSE PLATE OF OTHER VEHICLES.
- THE LICENSE PLATE OF WITNESS VEHICLES.
- THE DAMAGE TO OTHER VEHICLES.
- THE DAMAGE TO YOUR VEHICLE.
- ANY INJURIES TO YOURSELF OR OTHERS.
- THE ACCIDENT SCENE AND SKID MARKS, IF SAFE.

## POLICE REPORT

NAME OF OFFICER: \_\_\_\_\_

CRASH REPORT #: \_\_\_\_\_



## TOW TRUCK INFO

NAME OF TOW TRUCK CO.: \_\_\_\_\_

TOW TRUCK CO. ADDRESS: \_\_\_\_\_

TOW TRUCK CO. PHONE #: \_\_\_\_\_

## AT FAULT PARTY

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CELL: \_\_\_\_\_

DL #: \_\_\_\_\_

INSURANCE PROVIDER: \_\_\_\_\_

POLICY #: \_\_\_\_\_

MAKE & MODEL OF VEHICLE: \_\_\_\_\_

YEAR OF VEHICLE: \_\_\_\_\_

DAMAGE TO VEHICLE: \_\_\_\_\_

## OTHER PASSENGER

NAME: \_\_\_\_\_

AGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

## WITNESS INFO

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CELL: \_\_\_\_\_

### 2ND WITNESS:

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CELL: \_\_\_\_\_

## INJURY INFO

DATE & TIME OF INJURY: \_\_\_\_\_

LOCATION: \_\_\_\_\_

APPROX SPEED OF YOUR VEHICLE: \_\_\_\_\_

TRAFFIC CONDITIONS: \_\_\_\_\_

HEADLIGHTS ☐ ON ☐ OFF

WEATHER: \_\_\_\_\_

OTHER: \_\_\_\_\_