



**PRIORITY MEDICAL ASSOCIATES**

2499 GLADES ROAD SUITE 312

BOCA RATON, FL 33431

1-800-DR-ACCIDENT

E-Mail:

[info@priorityfl.com](mailto:info@priorityfl.com)

**\*\* ACCIDENT GUIDE \*\***

**WHAT TO DO IF YOU ARE INVOLVED IN AN ACCIDENT:**

- 1. STOP YOUR VEHICLE**  
SAFELY AND AS QUICKLY AS POSSIBLE
- 2. SAFETY FIRST**  
IF ANYONE HAS BEEN INJURED DIAL 911 IMMEDIATELY
- 3. CALL THE POLICE**  
OBTAIN A COPY OF THE POLICE REPORT
- 4. EXCHANGE INFORMATION WITH THE OTHER DRIVER(S)**  
OBTAIN NAME, ADDRESS, PHONE NUMBER AND OTHER DRIVER INSURANCE . \*FILL OUT FORM
- 5. TAKE TIME TO FILL OUT THIS ACCIDENT AND HEALTH CHECKLIST**
- 6. NOTIFY YOUR INSURANCE COMPANY**

**INJURED CALL 1-800-DR-ACCIDENT**

**ACCIDENT INFORMATION**

NAME OF OTHER DRIVER(S): \_\_\_\_\_

ACCIDENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

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

DESCRIPTION: \_\_\_\_\_

PHONE:(HOME): \_\_\_\_\_

PHONE:(WORK): \_\_\_\_\_

DRIVERS LIC # \_\_\_\_\_

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

INSURANCE CO: \_\_\_\_\_

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

POLICE OFFICER: \_\_\_\_\_

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

CITY/AGENCY: \_\_\_\_\_

WITNESS: \_\_\_\_\_

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

WITNESS: \_\_\_\_\_

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

