

**IN CASE OF ACCIDENT**

1. *Stop no matter how small the accident*
2. *Care for injured and send for ambulance and police*
3. *Complete this form with a witness*
4. *Make no verbal statements except to police*
5. *Take your vehicle directly to:*

**South Florida Custom and Collision Center**  
**1000 NW 51<sup>ST</sup> Court, Fort Lauderdale, FL. 33309**  
**Office: 954-491-2553**  
**24 Hour Towing: 954-464-4018**

**Date of Accident:** \_\_\_\_\_ **Time of Accident:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**VEHICLE 1: My Auto Body Shop:**

**Your Insurance Company:** \_\_\_\_\_

**Your Policy #:** \_\_\_\_\_

**Year/Make/Model of Vehicle:** \_\_\_\_\_

**License Plate #:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_

**State Issue:** \_\_\_\_\_

\*\*\*\*\*

**VEHICLE 2:**

**Other Driver's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Year/Make/Model of Vehicle:** \_\_\_\_\_

**License Plate #:** \_\_\_\_\_

**State Issued:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

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**Witness 1**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Witness 2**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_