

Florida Accident/Injury Checklist

Subject's Name : _____ DOB: _____ SSN: _____ DL#: _____

Record Found No Record Pending

Index System _____

Address History ** (to develop former addresses) _____

Accident Vehicles* _____

Workers' Compensation Claim Records * _____

Driving Records * _____

Traffic Accident Reports * _____

Litigation Records * _____

Hospital Record Search ** _____

Medical Provider Records ** _____

Pharmacy Check ** _____

Police Incident Reports (for domestic injuries) _____

Prison Records (for treatment while incarcerated) _____

Criminal Records Search** _____

(for leads to criminal files containing medical information)

Neighborhood Canvass _____

Military Records _____

School Records _____

Job Applications _____

Independent Medical Exam _____

EMT Records _____

Surveillance _____

Statements _____

*Included in *Factel's* Accident History Reports ** Can be added to Accident History Reports