

JZ helps  
a Florida injury law firm

1450 Madruga Ave.  
Suite 200  
Coral Gables, Florida 33146

Tel: 305 661 9977  
[Justinziegler.net](http://Justinziegler.net)

**Affidavit**  
**Resident Relative, Vicarious Liability, etc.**

Please complete this form. You should consult with an attorney prior to completing this form. I am not your attorney.

(If you need more space, please use the back of any page.)

~~Please provide a copy of the title and registration for the vehicle that was involved in a motor vehicle crash on the date of the crash.~~

**List all former names and when you were known by those names.**

\_\_\_\_\_  
\_\_\_\_\_

**You and Your Spouse**

1. List, if you are or have ever been married, the name, address, ~~Social Security number~~ and date of birth of all your spouses.

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_  
Date of birth \_\_\_\_\_

\*\*\*\*\*

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_

Please list the date(s) that you have lived with your spouse: \_\_\_\_\_ through \_\_\_\_\_.

Were you residing in the same household as your spouse at the time of the automobile collision?  
(Yes or No) \_\_\_\_\_.

### **Military**

~~Were you a member of the military at the time of the automobile collision? (Yes or No)~~  
\_\_\_\_\_.

### **College**

~~Were you a college student at the time of the automobile collision? (Yes or No)~~  
\_\_\_\_\_.

~~If yes, please list the following for your parent(s):~~

~~Mother Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_  
Automobile Insurer \_\_\_\_\_~~

~~Father Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_  
Automobile Insurer \_\_\_\_\_~~

~~2. Did you own the vehicle involved in this crash?  
(Yes or No) \_\_\_\_\_~~

~~Did you lease the vehicle that was involved in this crash?  
(Yes or No) \_\_\_\_\_~~

1. ~~List the name(s), address, phone number and email address of every person or entity (business, corporation, etc.) who either owned or leased the VEHICLE operated by you on the above date of crash.~~

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number and email address \_\_\_\_\_

### Other vehicles that you own.

Please list the year, make, model and vehicle tag of every vehicle (other than the vehicle that was involved in this incident) that you owned or leased **on the date of the incident.**

---

---

Please list the year, make, model and vehicle tag of every vehicle (other than the vehicle that was involved in this incident) that you **currently own or lease.**

---

---

---

---

### Resident Relatives and/or others

List every individual, related to you by blood, marriage, foster child, or ward that resided in the same household at the time of the collision or **AT ANY TIME** in the one (1) year immediately preceding the collision. The word "Household" includes, but is not limited to, house, condo, apartment, an attached efficiency, or dormitory.

"Individual" means, but is not limited to, spouse, fiancé, boyfriend, girlfriend, father, mother, son, daughter, brother, sister, aunt, uncle, nephew, niece, cousin, stepbrother, stepsister, stepson, stepfather, stepmother, stepdaughter, half-brother, half-sister, grandchild, grandparent, great

grandfather, great grandmother, foster child, ward, anyone related to you by blood, etc.). Please also list the dates that you resided together.

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
------	--------------	----------------------	--	----------

**Example:**

John Doe	Brother	5/16/13- 5/19/14	State Farm/GEICO, ETC...	0000-00
----------	---------	------------------	--------------------------	---------

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
------	--------------	----------------------	--	----------

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
------	--------------	----------------------	--	----------

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
------	--------------	----------------------	--	----------

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
------	--------------	----------------------	--	----------

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
------	--------------	----------------------	--	----------

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
------	--------------	----------------------	--	----------

**RIDESHARE (UBER, LYFT OR ANOTHER RIDESHARE COMPANY)**

1. Have you ever driven for Uber, Lyft or another rideshare company?

(Yes or No) \_\_\_\_\_. If yes, which company(ies): \_\_\_\_ Uber \_\_\_\_ Lyft  
\_\_\_\_ Another rideshare company

2. Were you driving for Uber, Lyft or another rideshare company at the time of the crash?

\_\_\_\_ (Yes or No) \_\_\_\_\_

3. Did you have the Uber, Lyft or another rideshare company app on at the time of the crash?

(Yes or No) \_\_\_\_\_

4. Had you accepted a ride for Uber, Lyft or another rideshare company before the crash?

\_\_\_\_ (Yes or No) \_\_\_\_\_

5. Have you notified Uber, Lyft or another rideshare company about this crash?

\_\_\_\_ (Yes or No) \_\_\_\_\_

6. Were you actively making a delivery for **Ubereats, Postmates, Amazon Flex, Grubhub, Doordash or another company?**

JZ helps – a Florida injury law firm  
1450 Madruga Avenue, Suite 306B, Coral Gables, FL 33146  
Phone (305) 661-9977

~~If yes, which company were you making a delivery for?~~

**Vicarious Liability**  
**Course and Scope of Employment**

Were you doing anything for your employer or required for job at the time of the accident or attempting to do so? Yes \_\_\_\_\_ No \_\_\_\_\_

A few examples include, but are not limited to:

- Driving to or from a restaurant or store to pick up food or drink for your employer.
- Driving to or from the bank to make a deposit for your employer.
- Driving to or coming from making a delivery for your employer.
- Driving to or coming back from a seminar or continuing education course.
- Driving to or coming back from getting gas to be used for your vehicle.
- Driving to or coming back from getting gas to be used at your work.
- Any other errand, task or anything else that you did for your employer at anytime before, during or after the collision.

If yes, please describe:

---

---

---

---

---

---

**GOING AND COMING**

In the 12 hours before the crash, list everywhere that you drove, the purpose of the stop, including every item that purchased or picked up:

Drove From: \_\_\_\_\_

Items (if any) purchased or picked up at location where you coming from:

Purpose of Drive: \_\_\_\_\_

Drove To: \_\_\_\_\_

Items (if any) Purchased or picked up at Destination: \_\_\_\_\_

\*\*\*\*\*

Drove From: \_\_\_\_\_

JZ helps – a Florida injury law firm  
1450 Madruga Avenue, Suite 306B, Coral Gables, FL 33146  
Phone (305) 661-9977

Items (if any) purchased or picked up at location where you coming from:

Purpose of Drive: \_\_\_\_\_

Drove To: \_\_\_\_\_

Items (if any) Purchased or picked up at Destination: \_\_\_\_\_

Drove From: \_\_\_\_\_

Items (if any) purchased or picked up at location where you coming from:

Purpose of Drive: \_\_\_\_\_

Drove To: \_\_\_\_\_

Items (if any) Purchased or picked up at Destination: \_\_\_\_\_

Drove From: \_\_\_\_\_

Items (if any) purchased or picked up at location where you coming from:

Purpose of Drive: \_\_\_\_\_

Drove To: \_\_\_\_\_

Items (if any) Purchased or picked up at Destination: \_\_\_\_\_

### **Last Place You Came From**

Where was the last location that you were coming from before the crash?

Items Purchased or picked up at location where you coming from:

Purpose of those items: \_\_\_\_\_

Purpose of being at location where you were coming from:

*Immediately before the crash, where was you next immediate stop going to be?*

What items, if any, were you going to purchase or pick up at this stop?

Purpose of the planned Stop:

### **Final Destination**

Immediately before the crash, where was last location that you planned on going to?

What items, if any, were you going to purchase or pick up at this stop?

Purpose of the Planned Stop:

**TE**

Are you ever required to travel for work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, on the date of the crash were you on a trip, or traveling, for work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state the following for your employer:

Employer's Name \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

**D.P.**

On the date of the crash, in the vehicle that you were driving or occupying, did you have any items that belonged to your employer that you needed to have for your work or work related activity in the future? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what items belonged to your employer?

---

---

---

Where were these items to be used?

---

---

---

**P.R.**

~~Did the crash occur on or near a road that was in between two parts of your employer's premises?~~

~~Yes \_\_\_\_\_ No \_\_\_\_\_~~

~~Did the crash occur on or near a construction site that was or may have been under your employer's control?~~

~~Yes \_\_\_\_\_ No \_\_\_\_\_~~

~~Did the crash occur on or near a property that your employer (or a related company) owned or controlled?~~

~~Yes \_\_\_\_\_ No \_\_\_\_\_~~

**Favor or Errand**

JZ helps – a Florida injury law firm  
1450 Madruga Avenue, Suite 306B, Coral Gables, FL 33146  
Phone (305) 661-9977

~~Were you in the process of doing a favor or helping someone at the time of the accident? If so, please describe:~~

---

---

**Volunteering**

~~Were you volunteering at the time of the accident? Yes \_\_\_\_\_ No \_\_\_\_\_~~

~~If so, please describe and list the name of the organization with which you were volunteering.~~

---

---

---

**OTHER INSURANCE**

~~Did you have, or live with anyone who had, homeowner's or renter's insurance on the date of the incident? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please state the name of the insurer and the policy #)~~

---

~~Did you have, or live with anyone who had, umbrella insurance on the date of the incident? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please state the name of the insurer and the policy #)~~

---

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary]

\_\_\_\_\_ Personally known

JZ helps – a Florida injury law firm  
1450 Madruga Avenue, Suite 306B, Coral Gables, FL 33146  
Phone (305) 661-9977

\_\_\_\_ Produced identification Type of identification produced\_\_\_\_\_

JZ helps – a Florida injury law firm  
1450 Madruga Avenue, Suite 306B, Coral Gables, FL 33146  
Phone (305) 661-9977