

Motor Vehicle Accident Information Form

Other Operators Name _____

Address _____

City _____ State _____ Zip _____

License # _____ State of Issue _____

Owners Name _____

Address _____

City _____ State _____ Zip _____

Make of Vehicle _____ Type _____ Year _____

Registration (Plate) # _____ State _____ Year of Reg. _____

Insurance Co. _____

Location of Accident _____

Date of Accident _____ Time of Accident _____

Investigating Officer _____ From Dept _____

Witness Information

Name _____ Phone # _____

Address _____ How Witnessed _____

Name _____ Phone # _____

Address _____ How Witnessed _____

Name _____ Phone # _____

Address _____ How Witnessed _____

Operators of vehicles involved in an accident **MUST** file an *Operators Accident Report*, which are available at any Police Station. This form is intended to be an aid used for information gathering purposes only, and is NOT a substitute for any reports required to be filed by state or local law.