TIVERTON POLICE DEPARTMENT

Accident Statement

Rev. 09/2020



(Official Use Only) Officer Name:			Vehicle#:			Report #:	
Operator Name:						Date of Birth:	
Home Address: No:	Street:		Cit	y/Town:	,	 State: Zip:	
Telephone Number:			Email Address (Optional):				
Insurance Company:	Policy #:	Policy #:		Valid From:		Valid To:	
Weather Condition:	Road Condition:	Your Speed	l:	Direction of Trave	<u> </u> e1:	Wearing Seatbelt?	
Were you Injured? ☐ YES ☐ NO	If YES Describe Injury:	<u> </u>					
Describe the accident in	your own words (atta	nch separate	sheet if nec	essary).			
Describe the damage t	o your vehicle (attach	separate she	et if necessa	ry).			
Operator Signature:						Date:	