

# TIVERTON POLICE DEPARTMENT

## Accident Statement

Rev. 09/2020



(Official Use Only) Officer Name:		Vehicle#:		Report #:				
Operator Name:				Date of Birth:				
Home Address: No: Street:		City/Town:		State: Zip:				
Telephone Number:			Email Address (Optional):					
Insurance Company:		Policy #:		Valid From:		Valid To:		
Weather Condition:		Road Condition:	Your Speed:		Direction of Travel:		Wearing Seatbelt? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Were you Injured? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES Describe Injury:						
<b>Describe the accident in your own words (attach separate sheet if necessary).</b>								
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>								
<b>Describe the damage to your vehicle (attach separate sheet if necessary).</b>								
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>								
Operator Signature:						Date:		