

**SOUTH KINGSTOWN POLICE DEPARTMENT
IN STATION ACCIDENT REPORT FORM**

CALL NUMBER _____

DATE OF ACCIDENT _____ TIME OF ACCIDENT _____

WEATHER CONDITIONS _____

LOCATION OF ACCIDENT _____

AT INTERSECTION WITH (IF APPROPRIATE) _____

WAS COMBINED DAMAGE TO BOTH VEHICLES MORE THAN \$1000(Y/N)___

OPERATOR INFORMATION: VEHICLE NUMBER 1

OPERATOR'S NAME (LAST, FIRST, MI) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LICENSE NUMBER _____ STATE _____ CDL (Y/N) _____

DOB ___/___/___ SEX _____ PHONE NUMBER _____ SS# _____

SEAT BELT USE (Y/N) _____ PERSONAL INJURIES (Y/N) _____

WERE AIRBAGS ACTIVATED? (Y/N) _____

VEHICLE INFORMATION: VEHICLE NUMBER 1

OWNER'S NAME (LAST, FIRST, MI) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ DOB ___/___/___

REGISTRATION NUMBER _____ STATE _____ VIN _____

VEHICLE YEAR _____ MAKE _____ MODEL _____ COLOR _____

PLATE TYPE(PASSENGER, COMMERCIAL,ETC) _____ REG. EXP. DATE _____

INSURANCE COMPANY _____

POLICY NUMBER _____

DIRECTION OF TRAVEL ___ NORTH ___ SOUTH ___ EAST ___ WEST

BRIEFLY DESCRIBE DAMAGE _____

OPERATOR INFORMATION: VEHICLE NUMBER 2

OPERATOR'S NAME (LAST, FIRST, MI) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
DOB ___/___/___ SEX ___ PHONE NUMBER _____ SS# _____
LICENSE NUMBER _____ STATE _____ CDL(Y/N) _____
SEAT BELT USE (Y/N) _____ PERSONAL INJURIES (Y/N) _____
WERE AIRBAGS ACTIVATED? (Y/N) _____

VEHICLE INFORMATION: VEHICLE NUMBER 2

OWNER'S NAME(LAST, FIRST, MI) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____ DOB ___/___/___
REGISTRATION NUMBER _____ STATE _____ VIN _____
VEHICLE YEAR _____ MAKE _____ MODEL _____ COLOR _____
PLATE TYPE(PASSENGER,COMMERCIAL,ETC) _____ REG.EXP.DATE _____
INSURANCE COMPANY _____
POLICY NUMBER _____
DIRECTION OF TRAVEL ___ NORTH ___ SOUTH ___ EAST ___ WEST
BRIEFLY DESCRIBE VEHICLE DAMAGE _____
