

# AUGUSTA DEPARTMENT of SAFETY

## TRAFFIC ACCIDENT REPORT

CASE No. \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident \_\_\_\_\_:\_\_\_\_\_ AM / PM

Location of Accident: \_\_\_\_\_

### YOUR INFORMATION:

Pedestrian: **YES / NO** Driver: **YES / NO** Owner of Vehicle: **YES / NO**

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ D.L. State: \_\_\_\_\_ D.L. Number: \_\_\_\_\_ D.L. Type: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle I.D. No: \_\_\_\_\_ Odometer: \_\_\_\_\_

State of Tag: \_\_\_\_\_ Tag No: \_\_\_\_\_ Year of Tag: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Policy No: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

### OTHER INVOLVED'S INFORMATION

Pedestrian: **YES / NO** Driver: **YES / NO** Owner of Vehicle: **YES / NO**

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ D.L. State: \_\_\_\_\_ D.L. Number: \_\_\_\_\_ D.L. Type: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle I.D. No: \_\_\_\_\_ Odometer: \_\_\_\_\_

State of Tag: \_\_\_\_\_ Tag No: \_\_\_\_\_ Year of Tag: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Policy No: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**WITNESSES / PASSENGERS:** (List all involved in accident)

#1 Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

If passenger, which vehicle \_\_\_\_\_ Where seated? \_\_\_\_\_

#2 Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

If passenger, which vehicle \_\_\_\_\_ Where seated? \_\_\_\_\_

#3 Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

If passenger, which vehicle \_\_\_\_\_ Where seated? \_\_\_\_\_

#4 Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

If passenger, which vehicle \_\_\_\_\_ Where seated? \_\_\_\_\_

**YOUR STATEMENT OF ACCIDENT**

Describe accident in detail such as direction of travel, speed, any injuries and damages.

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Date of Report: \_\_\_\_\_ Your Signature: \_\_\_\_\_

Officer Taking Report: \_\_\_\_\_ ID \_\_\_\_\_ Date: \_\_\_\_\_