



CUMBERLAND POLICE DEPARTMENT

1380 Diamond Hill Road
Cumberland, Rhode Island 02864
401-333-2500

Call #: _____ (Official Use Only)

SELF-REPORTING ACCIDENT REPORT

This report is to be used only when an operator or operators come to the police station, or printed from the internet to report an accident. The Cumberland Rhode Island Police Department did not investigate this report.

This report must be brought into the Cumberland Police Department. faxed or E-mailed copies will not be accepted.

Date of Report: _____ Date of Accident: _____ # of Vehicles: _____

Location of Accident: _____

VEHICLE #1

Operator: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Telephone #: _____ License #: _____ State: _____ Sex: _____

Vehicle Owner: _____ Telephone #: _____

Address of Owner: _____ City: _____ State: _____

Vehicle Registration: _____ State: _____ Year of Vehicle: _____ Make of Vehicle: _____

Model of Vehicle: _____ Color of Vehicle: _____ VIN #: _____

Insurance Company: _____ Policy #: _____

Describe What Happened – Indicate the location of damage, extent and circumstances below.

STATEMENT OF OPERATOR – VEHICLE #1:

Operators Signature: _____

06/17/2004

(LIST VEHICLE #2 ON REVERSE SIDE)

VEHICLE #2

Operator: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Telephone #: _____ License #: _____ State: _____ Sex: _____

Vehicle Owner: _____ Telephone #: _____

Address of Owner: _____ City: _____ State: _____

Vehicle Registration: _____ State: _____ Year of Vehicle: _____ Make of Vehicle: _____

Model of Vehicle: _____ Color of Vehicle: _____ VIN #: _____

Insurance Company: _____ Policy #: _____