

NORTH KINGSTOWN POLICE DEPARTMENT
WALK-IN ACCIDENT FORM

Official use:

CASE NUMBER: _____ **Date Complaint Made:** _____

PLEASE PRINT

INSTRUCTIONS: please fill in this form entering only that information which applies to your specific circumstances

DATE AND TIME OF ACCIDENT: Year _____ Month _____ Day _____ Time _____
(if unknown enter an approximate date and time)

LOCATION OF ACCIDENT: _____

Operator 1: (person making report)

Last Name: _____ First Name: _____ MI: _____

Date of Birth: Year _____ Month _____ Day _____ Telephone Number: _____

Address: _____ City/Town _____ State: _____ Zip code _____

Operator 2: (If applicable)

Last Name: _____ First Name: _____ MI: _____

Date of Birth: Year _____ Month _____ Day _____ Telephone Number: _____

Address: _____ City/Town _____ State: _____ Zip code _____

Vehicle #1 Information (vehicle of person making report)

Registered Owners: Last Name _____ First Name _____ MI: _____

Date of Birth: Year _____ Month _____ Day _____ Telephone Number: _____

Address: _____ City/Town _____ State: _____ Zip code _____

Registration number: _____ Make: _____ Model: _____ Year: _____

Insurance Company _____ Policy # _____ Effective dates: _____

Vehicle #2 Information (If applicable)

Registered Owners: Last Name _____ First Name _____ MI: _____

Date of Birth: Year _____ Month _____ Day _____ Telephone Number: _____

Address: _____ City/Town _____ State: _____ Zip code _____

Registration number: _____ Make: _____ Model: _____ Year: _____

Insurance Company _____ Policy # _____ Effective dates: _____

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Briefly Explain Accident