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WEYMOUTH POLICE DEPARTMENT ACCIDENT INFORMATION FORM

This Is **NOT AN ACCIDENT REPORT**, this is a form that allows you to write down the Information You Will Need If You Are Ever Involved In An Accident (Keep this in your glove compartment. Hopefully you will never need to use this)

Location of Accident:

Date: _____ Time: _____ City: _____ State: _____
Street and/or route: _____

The Other Operator's Information:

Name: _____ License.# _____
Address: _____ Date Of Birth: _____
City: _____ State: _____ Area Code: _____

The Other Motor Vehicle's Information:

Owner's Name: _____ License Plate: _____
Address: _____ State: _____
City: _____ State: _____ Make of Vehicle: _____
Insurance Co.: _____ Style: _____
Damage to Other Vehicle: _____ Color: _____
_____ Year: _____

Witness:

Name: _____ Phone Number: _____
Address: _____
City: _____ State: _____
Statement: _____

Injured:

Name: _____ Age: _____ Operator _____ Which Vehicle _____
Address: _____ Passenger _____
City: _____ State: _____ Pedestrian _____
Injury/Situation: _____

If you are ever involved in an accident, you must fill out 3 accident reports. (you can get accident reports at any police station, any insurance company or any registry of motor vehicles office). An accident report has to be sent to each. Your insurance company, the police department that has jurisdiction and the Massachusetts Registry of Motor Vehicles. You have 5 working days after the accident to file your report. Please, drive safely.