

Case Number: _____

EPPING POLICE DEPARTMENT

Officer: _____



TRAFFIC ACCIDENT STATEMENT FORM

Date: _____

Phone #: _____

Name: _____

Date of Birth: _____

Address: _____

Seatbelt On: Yes / No (Circle One) Insurance Company: _____ **Policy #:** _____

Estimated speed of your vehicle: _____ **Injured: Yes / No (Circle One) If Yes, explain:** _____

Please Print Your Statement Neatly: _____

Signature: _____

*** Turn Page Over for Passenger Information**

Passenger Information

Name: _____ **Date of Birth:** _____

Address: _____

Phone #: _____ **Where was passenger seated in vehicle:** _____

Seatbelt On: Yes / No (Circle One) Injured: Yes / No (Circle One) If Yes, Explain: _____

Name: _____ **Date of Birth:** _____

Address: _____

Phone #: _____ **Where was passenger seated in vehicle:** _____

Seatbelt On: Yes / No (Circle One) Injured: Yes / No (Circle One) If Yes, Explain: _____

Name: _____ **Date of Birth:** _____

Address: _____

Phone #: _____ **Where was passenger seated in vehicle:** _____

Seatbelt On: Yes / No (Circle One) Injured: Yes / No (Circle One) If Yes, Explain: _____

Name: _____ **Date of Birth:** _____

Address: _____

Phone #: _____ **Where was passenger seated in vehicle:** _____

Seatbelt On: Yes / No (Circle One) Injured: Yes / No (Circle One) If Yes, Explain: _____
