



**NARRAGANSETT POLICE  
MINOR MOTOR VEHICLE ACCIDENT REPORT**

Crash Date	Crash Time	Street or Highway	Nearest Intersection

**Reporting Motorist's Information**

Driver's Last Name	First Name, M.I.	Date of Birth
Address	City	State/Zip Code
Driver's License State & Number	Home Phone or Cell	Social Security #
Insurance Company Name	Insurance Policy Number	State
Registration Number	VIN Number	Vehicle Color
Plate Type	Make	Model
Vehicle Year	Vehicle Direction of Travel	Seat Belt (y/n)

**Passenger's Information**

Last Name	First Name	M.I.	Describe Seat Position	Seat Belt (y/n)

**Narrative: Describe accident, other vehicles involved and resulting damage.**

---



---



---



---



---



---



---

Fax, Hand Deliver or Mail to: **Narragansett Police Department**  
**40 Caswell Street**  
**Narragansett, R.I. 02882**  
**(401) 789-8819**