



# NARRAGANSETT POLICE MINOR MOTOR VEHICLE ACCIDENT REPORT

**TURN TO BACK**  
→

Crash Date: \_\_\_\_\_ Crash Time: \_\_\_\_\_

Crash Location: \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	
OFFICER:	_____
DATE:	_____
REPORT #	_____
CALL #	_____

### **MOTORIST INFORMATION**

Operator Name: _____	Date of Birth: _____
Address: _____	City: _____
State: _____ Zip Code: _____	Operator License State & Number _____
Phone # _____	Social Security # _____ Last 4 numbers xxx-xx-

### **VEHICLE INFORMATION**

Vehicle Registration State & Number: _____	VIN # _____
Plate Type: [PC] [CM] [CO] Other: _____	Make: _____ Model: _____ Year: _____
Color: _____	Direction of Travel: _____ Vehicle Parked: [Yes] [No] Attended [Yes] [No]
<b>Insurance Company:</b> _____	<b>Insurance Policy:</b> _____
<b>Policy Effective Date:</b> _____	<b>Policy Expiration Date:</b> _____
Wearing Seatbelt: [Yes] [No]	Passenger(s) in Vehicle: [Yes] [No] Passenger(s) Wearing Seatbelt: [Yes] [No]

### **PASSENGER INFORMATION**

Passenger Name: _____	Passenger DOB: _____
Passenger Phone #: _____	Passenger Seated Position: _____
Address: _____	City: _____
State: _____	Zip Code: _____
Passenger Name: _____	Passenger DOB: _____
Passenger Phone #: _____	Passenger Seated Position: _____
Address: _____	City: _____
State: _____	Zip Code: _____
Passenger Name: _____	Passenger DOB: _____
Passenger Phone #: _____	Passenger Seated Position: _____
Address: _____	City: _____
State: _____	Zip Code: _____

FAX, HAND DELIVER OR MAIL TO: **NARRAGANSETT POLICE DEPARTMENT**  
 Form may also be emailed to: **40 CASWELL STREET**  
**NARRAGANSETT, RHODE ISLAND 02882**  
**(401) 789-8819**

