



**Colonel
Richard G. Silva**
Chief of Police

West Warwick Police Department

1162 Main Street
West Warwick, RI 02893-4829
Phone: (401) 821-4323 Fax (401) 822-9206

Voluntary Accident Report

Accident #: _____ *(Assigned by Dispatcher)*

Today's Date:

Today's Time:

Your Name:

Address:

City, State Zip:

Date of Birth:

Social Security #:

Phone #:

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Details of the Accident and Scene:

Date and Time of Accident:

Location of Accident:

Nearest landmark or street (in feet): Example 100 feet south of Main Street

Posted Speed Limit if known, or mark unknown:

Roadway type, (ex. asphalt, gravel, dirt, one-way, parking lot, driveway):

Traffic control device, (ex. Traffic light, stop sign, yield sign):

Road Conditions, (ex. Wet, icy, snow, dry, other):

Weather, (ex. Rain, snow, sleet, no adverse conditions):

Light Conditions, (ex. Daylight, nighttime, dusk, dawn):

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The following questions apply to YOUR VEHICLE:

Name of Vehicle Owner:

Address of Vehicle Owner:

City, State Zip:

Owner's Telephone Number(s):

“Courage ~ Sacrifice ~ Devotion”

Name of Vehicle Operator:

Address of Vehicle Operator:

City, State Zip:

Operator's Telephone Number(s):

Vehicle Registration: **Passenger** **Commercial** **Other**

Year and Make of Your Vehicle:

Your Insurance Company: **Policy #:**

Your vehicle's damage:

Was anyone injured? If so, Name and Address of injured party(ies):

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The following questions apply to THE OTHER VEHICLE:

Name of Vehicle Owner:

Address of Vehicle Owner:

City, State Zip:

Owner's Telephone Number(s):

Name of Vehicle Operator:

Address of Vehicle Operator:

City, State Zip:

Operator's Telephone Number(s):

Vehicle Registration: **Passenger** **Commercial** **Other**

Year and Make of Other Vehicle:

Other Insurance Company: **Policy #:**

Your vehicle's damage:

Was anyone injured? If so, Name and Address of injured party(ies):

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Why were the police not called?

Give an Account of the accident:

Date

Signature

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