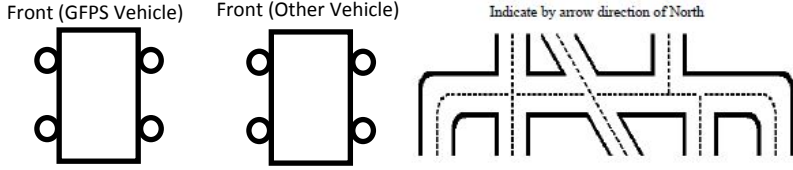




# GFPS Driver's Accident Report

Date:	Time Accident Occurred:	Report Time:	Name:	
Driver:		Other Vehicle License No.:		
GFPS Vehicle License No.:		General Description of Vehicle:		
# Passengers in Vehicle:		Were Police notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Passenger List Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		Was a citation issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please attach citation.		
Diagram of accident to be completed by driver. Your vehicle is vehicle #1. Indicate compass directions:  Front (GFPS Vehicle)    Front (Other Vehicle) <small>Indicate by arrow direction of North</small> 		Road Conditions	Weather Conditions	Light Conditions
		<input type="checkbox"/> Dry	<input type="checkbox"/> Clear	<input type="checkbox"/> Dawn
		<input type="checkbox"/> Wet	<input type="checkbox"/> Rain	<input type="checkbox"/> Daylight
		<input type="checkbox"/> Snow	<input type="checkbox"/> Snow	<input type="checkbox"/> Dusk
		<input type="checkbox"/> Ice	<input type="checkbox"/> Fog	<input type="checkbox"/> Dark
Location of Accident, Street:			City, State:	
Investigating Police Dept.:				
Investigating Police Officer:			Officer Badge #:	
Witness #1:		Address:	Phone:	
Witness #2:		Address:	Phone:	
Witness #3:		Address:	Phone:	
Other Driver's Name:			Phone:	
Address:			City, State:	
Insurance Company:			Policy #:	

Driver's Explanation (use back of form if necessary):          
---



## Information Exchange Form - Your Vehicle

Complete this half of the form and give to the other vehicle's driver.

Name: Last	First	Middle	
Street Address			
City	State	Zip	Phone
Driver's License Number	State	Sex	Date of Birth
Vehicle: Make	Year	Model	
License Plate No.	State	Odometer Reading	
Vehicle Identification Number			

Registered Owner: Name: _____	Insurance Agent: Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Parts of Vehicle Damaged	Parts of Vehicle Damaged

Witnesses: Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Phone: _____	Phone: _____



## Information Exchange Form - Other Vehicle

OTHER DRIVER:

Complete this half of the form and give to the other GFPS driver.

Name: Last	First	Middle	
Street Address			
City	State	Zip	Phone
Driver's License Number	State	Sex	Date of Birth
Vehicle: Make	Year	Model	
License Plate No.	State	Odometer Reading	
Vehicle Identification Number			

Registered Owner: Name: _____	Insurance Agent: Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Parts of Vehicle Damaged	Parts of Vehicle Damaged

Witnesses: Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Phone: _____	Phone: _____