

DATE: _____

El Dorado Police Department

OFFICER: _____

TIME: _____

Motor Vehicle Accident Report

CASE NUMBER: _____

(Date & Time you are completing this form)

VOLUNTARY STATEMENT

Driver

Passenger

Witness

Accident Location: _____ **Road Condition:** _____ **Obstructions:** _____

Direction of Travel: _____ **Approximate Speed:** _____ **Route Intended:** _____

Danger First Noticed: _____ **Location of Other Vehicle:** _____

Action Before Impact: _____

Action After Impact: _____

In your opinion, what was the cause of the accident: _____

Vehicle Information

Make of Vehicle: _____ **Model:** _____ **Year:** _____

Vehicle Color: _____ **V.I.N.:** _____

Tag Number: _____ **State:** _____ **Year:** _____ **Odometer:** _____

Registered Owner: _____ **Phone Number:** _____

Insurance Company: _____ **Policy Number:** _____

Detailed Account of Accident in Order of Sequence

The driver of every motor vehicle which is in any manner involved in an accident originating from the operation of a motor vehicle on any street or highway in the State, which accident has resulted in the damage to property in excess of one thousand dollars (\$1000.00) or in which bodily injury or death of any person, must file a report of injury and damage with the Department of Motor Vehicles within 24 hours after the accident.

Signature of Person giving Voluntary Statement

PLEASE PRINT THE FOLLOWING INFORMATION

Last Name: _____ **First:** _____ **Middle:** _____

Address: _____ **City:** _____ **State:** _____ **ZIP Code:** _____

Phone: _____ **Cell Phone:** _____ **Date of Birth:** _____

Driver's License No: _____ **State:** _____ **S.S.N.:** _____

Height: _____ **Weight:** _____ **Hair:** _____ **Eyes:** _____ **Sex:** _____

Place of Employment: _____ **Address:** _____ **Phone:** _____