

**LATE ACCIDENT REPORT FORM
GUILFORD POLICE DEPARTMENT
400 CHURCH STREET
GUILFORD, CT 06437**

DATE OF ACCIDENT (MONTH) (DAY) (YEAR) / /	DAY OF WEEK	TIME	AM	PM	#OF VEHICLES INVOLVED	POLICE CASE NUMBER
CITY OR TOWN (NAME)		ACCIDENT OCCURRED ON (Street name or route #) AT INTERSECTION WITH (street name or route #)				
<p>IF NOT AT INTERSECTION</p> <p>1. Give distance and check either "feet" or "tenths" of a mile () Feet () Tenths</p> <p>2. Check Direction N S E W () () () ()</p> <p>3. Give next intersecting street (name or route #) or location of parking lot. of _____</p>						
OPERATOR AND VEHICLE #1			OPERATOR AND VEHICLE #2 (or just vehicle if parked)			
Operator # 1 NAME (last, first, middle initial)			Operator #2 NAME (last, first, middle initial)			
ADDRESS (Street, number and name)			ADDRESS(Street, number and name)			
CITY OR TOWN		STATE	ZIP CODE		CITY OR TOWN	
Lic State/ Operator License Number		DATE OF BIRTH		Lic State/Operator License Number		DATE OF BIRTH
VEHICLE #1 OWNER NAME (if same as operator #1, enter, same)			VEHICLE #2 OWNER NAME(if same as operator #2, enter, same)			
ADDRESS (street number and name)			ADDRESS(street number and name)			
CITY OR TOWN		STATE	ZIP CODE		CITY OR TOWN	
PLATE # AND STATE CODE		VEHICLE YEAR AND MAKE		PLATE # AND STATE CODE		VEHICLE YEAR AND MAKE
VEHICLE MODEL NAME		BODY TYPE (e.g. 4 door sedan, truck)		VEHICLE MODEL NAME		BODY TYPE (e.g. 4 door sedan, truck)
VEHICLE IDENTIFICATION NUMBER(not engine number)			VEHICLE IDENTIFICATION NUMBER(not engine number)			
NAME OF AUTOMOBILE INSURANCE CO		POLICY #		NAME OF AUTOMOBILE INSURANCE CO		POLICY #
PARTS OF VEHICLE DAMAGED (e.g. left front fender, etc)			PARTS OF VEHICLE DAMAGED (e.g. left front fender, etc)			
VEHICLE #1 TOWED TO (if not towed, indicate "none")			VEHICLE #2 TOWED TO (if not towed, indicate "none")			
<p>DAMAGE TO PROPERTY OTHER THAN INVOLVED VEHICLES</p> <p>1. Described the property and extent of damage (e.g. 50 feet of fence knocked down) _____</p> <p>2. Give Name and Address of property owner _____</p>						
AGE	SEX	NAME AND ADDRESS OF WITNESS				
AGE	SEX	NAME AND ADDRESS OF WITNESS				

INSTRUCTIONS:

1. Fill in ALL known information.
2. Indicate unknown information by using "UNK"
3. If you need assistance confer with your attorney or insurance agent and return completed form to this department.

PLEASE DRAW A DIAGRAM OF WHAT HAPPENED

(be sure to include all vehicle, pedestrian and bicyclist maneuvers both prior and after the collision)
Number of each vehicle as it appears on the front of this report. Indicate the direction each was traveling by an arrow.
Include all objects involved (e.g. buildings, bridges, poles, fences, or guard ports, etc.)

Draw an arrow here
pointing North ()

DIRECTION OF TRAVEL OF EACH VEHICLE, PEDESTRIAN, ETC.

N S E W

Vehicle #1 going () () () () on _____

N S E W

Vehicle #2 going () () () () on _____

NARRATIVE - DESCRIBE EVENTS AS TO HOW COLLISION OCCURRED

Multiple empty lines for narrative description.

(D) WEATHER CONDITIONS (check one)

- 1 Clear _____
- 2 Raining _____
- 3 Fog _____
- 4 Rain and Fog _____
- 5 Snowing _____
- 6 Sleet or Freezing Rain _____
- 7 Cloudy _____
- 8 Other (specify) _____

(E) ROAD SURFACE (check one)

- 1 Dry _____
- 2 Wet _____
- 3 Icy _____
- 4 Snowy _____
- 5 Slushy _____
- 6 Muddy _____
- 7 Freshly Oiled _____
- 8 Loose Sand _____
- 9 Other(specify) _____

(F) LIGHT CONDITIONS (check one)

- 1 Daylight _____
- 2 Dawn _____
- 3 Dusk _____
- 4 Darkness, no highway illumination _____
- 5 Darkness, with highway illumination _____

I declare under penalties provided by law this report has been examined by me and to the best of my knowledge the information contained herein is true and correct.

PLEASE SIGN HERE _____ DATE _____

Written signature of operator submitting this report must be the same as that of Operator #1 on the face of this report. Signature must be signed in ink.