



East Haven Police Department
 471 North High Street,
 East Haven, CT 06512
 203-468-3820

Case #: _____

Accident Date: _____

Time: _____

VOLUNTARY TRAFFIC ACCIDENT STATEMENT FORM

Instructions: Please fill out all appropriate info below. If you have any questions a police officer will assist you in answering your questions. This form is intended to be used when a motor vehicle accident occurs and all involved parties have chosen to just exchange information instead of calling the police. This form should be turned into police dispatch as close to the date and time of the accident.

Accident Location: _____

VEHICLE OR PROPERTY OWNER #1

VEHICLE OR PROPERTY OWNER #2

Operator #1: _____

Operator #2: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Operator's License #: _____

Operator's License #: _____

Date of Birth: _____

Date of Birth: _____

Phone #: _____

Phone #: _____

Owner: _____

Owner: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Phone #: _____

Phone #: _____

Year: _____ Make/Model: _____

Year: _____ Make/Model: _____

Registration #: _____ State: _____

Registration #: _____ State: _____

VIN #: _____

VIN#: _____

Insurance Company: _____

Insurance Company: _____

Policy #: _____

Policy #: _____

Damage: _____

Damage: _____

What Happened?: _____

Signature: _____ Date: _____

****NOTE:** This statement is intended for documentation purposes only. There will be no investigation by a police officer besides assisting you in the completion of this form.**