

GOFFSTOWN, N.H. POLICE DEPARTMENT

ACCIDENT REPORT

To Be Reported Within 48 Hours

Date of Accident _____ AT _____

AM DAY OF WEEK _____
 PM

Daylight Clear Foggy
Dusk Rain Snow
Dark Cloudy Misting

YOUR VEHICLE---No.1

Driver _____

Address _____

City _____ State _____

Zip _____ Phone _____

Date of Birth _____ Sex _____

Driver's License # _____

Occupation _____

OWNER _____

Owner's Address _____

Make of Vehicle _____ Type _____

Year _____ Plate # _____ State _____

VIN _____

Direction of Travel _____

Where _____

Speed (MPH) _____

OTHER VEHICLE---No.2

Driver _____

Address _____

City _____ State _____

Zip _____ Phone _____

Date of Birth _____ Sex _____

Driver's License # _____

Occupation _____

OWNER _____

Owner's Address _____

Make of Vehicle _____ Type _____

Year _____ Plate # _____ State _____

VIN _____

Direction of Travel _____

Where _____

Speed (MPH) _____

EXPLAIN BELOW WHAT HAPPENED, INCLUDING THE CAUSE OF THE ACCIDENT:

Describe Damage To Vehicle #1 _____

Describe Damage To Vehicle #2 _____

INJURED: Man, Woman, Boy or Girl

Name _____ Age _____

Address _____

Name _____ Age _____

Address _____

Name _____ Age _____

Address _____

Injury _____

Which Vehicle _____

Injury _____

Which Vehicle _____

Injury _____

Which Vehicle _____

How Many Vehicles Were Involved in the Accident _____

IF ACCIDENT INVOLVED A PEDESTRIAN:

Where did pedestrian come from _____
Running or Walking _____
How far did you go after hitting pedestrian _____
Who picked injured up _____

PLEASE COMPLETE IF APPLICABLE:

Was your view obstructed _____ Did you signal _____
Condition of Road _____ Did you get out of your car _____
Were cars parked on both sides of the street _____

INJURY INFORMATION

Give position of injured when you stopped car _____
Who assisted injured at scene _____
Where were injured removed to _____ Doctor Attending _____
Removed by whom _____ Do injuries appear serious _____

VEHICLE INFORMATION:

When and where was car inspected _____
Condition of brakes _____ Your insurance company _____
Other operator's insurance company (if known) _____
Name of Officer on scene _____
This report made to _____ At _____ AM/PM _____ 20 _____
I Have Read the Above Report and Hereby Sign Same _____
Name and Addresses of Witnesses to Accident: _____

DIAGRAM OF ACCIDENT

TO BE FILLED OUT BY THE POLICE DEPARTMENT WHEN REPORT IS RETURNED:

This report made to _____ AT _____ AM/PM _____ 20 _____

