



CLEVELAND HEIGHTS POLICE DEPARTMENT

CHRISTOPHER M. BRITTON, CHIEF OF POLICE



MOTOR VEHICLE ACCIDENT – DRIVERS STATEMENT

FILE CH

BLOCK: _____

Date of accident:	Time	AM PM
Your Name		
Address		
City and State		
Age	Sex	Phone
Drivers License #	State	
Make and Type of Vehicle		
License Plate #		State
Direction of travel		
Name of injured party, if any		
Address		
Visible damage to your vehicle		
Visible damage to other vehicle		
Describe, in detail, what occurred		
OIC Initials: _____		Signature: <i>Online Statement</i>
Date:		Time:

Did the police investigate the accident at the scene? YES NO