



POLICE DEPARTMENT
CHIEF KEVIN BIELOZER

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Westlake, OH 44145

Phone 440.871.3311
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SELF - REPORTED ACCIDENT FORM

Report #: Date of crash: Time of crash: a.m. p.m.

Location of accident (street name & address):
 (or) closest intersection / street:
 (or) private property location:

VEHICLE - NUMBER 1 Insurance Co. / Agent:

Driver: Home address:
 (Last) (First) (MI)

City: State: ZIP: Phone:

Drivers license #: State: Sex: Age: Seatbelt worn? Yes No
 Date of birth:

Vehicle owner's name & address:
 (Indicate if "same" as driver)

Vehicle: License Plate:
 (year, make, model & color) (Number, State, Year)

List damage to vehicle:

VEHICLE - NUMBER 2 Insurance Co. / Agent:

Driver: Home address:
 (Last) (First) (MI)

City: State: ZIP: Phone:

Drivers license #: State: Sex: Age: Seatbelt worn? Yes No
 Date of birth:

Vehicle owner's name & address:
 (Indicate if "same" as driver)

Vehicle: License Plate:
 (year, make, model & color) (Number, State, Year)

List damage to vehicle:

Damage to property other than vehicles:

*All forms must be physically brought to the Police Department to have report numbers assigned by police personnel

Passengers (if any)

Veh. #:

Name: Date of birth: Sex: Age:
(Last) (First) (MI)

Home address: City: State: ZIP: Phone:

Veh. #:

Name: Date of birth: Sex: Age:
(Last) (First) (MI)

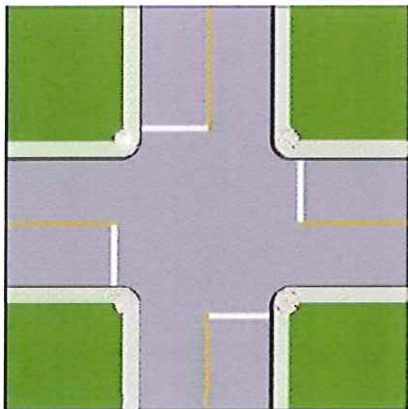
Home address: City: State: ZIP: Phone:

Veh. #:

Name: Date of birth: Sex: Age:
(Last) (First) (MI)

Home address: City: State: ZIP: Phone:

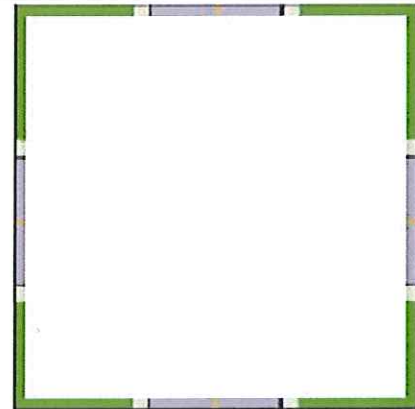
DESCRIBE WHAT HAPPENED. REFER TO VEHICLES BY NUMBER



Intersection accident diagram



(OR)



Other type accident diagram

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