Case#:	FAIR LAWN POLICE DEPARTIV	IENT CITIZENS MOTOR VEH	HICLE ACCIDENT RE	PORT	
File#:	<i>NOTE: This form shall not be utiliz</i> DO NOT WRITE ABOVE THIS LINE - FO		or injury accidents		
	PLEASE PRII	NT CLEARLY			
Officer: Accident Information					
Date of Accident: Time of Accident: AM / PM					
Address/Location of Accident:					
City/State/Zip:					
	Driver 1		Driver 2		
Name:		Name:			
Address:		Address:			
City/State/Zip:		City/State/Zip:			
Date of Birth:	Sex:	Date of Birth:	Sex:		
Drivers License#:		Drivers License#:			
License State:	Exp. Date	License State:	Exp. Date		
Phone # (H):	Phone # (C):	Phone # (H):	Phone # (C):		
Vehicle 1			Vehicle 2		
WAS VEHICLE PARKED AT THE 1		WAS VEHICLE PARKED AT THE		ES NO	
Year: Make:	Model:	Year: Make:	Model:		
License Plate#:	State:	License Plate#:		tate:	
Color: VIN#		Color: VIN#			
Registration Expiration Date:		Registration Expiration Date:			
Insurance Company:		Insurance Company:			
Ins Company Code: Policy #:		Ins Company Code: Policy #:			
Location of Damage: Vehicle Owner 1		Location of Damage: Vehicle Owner 2			
Name:		Name:			
Address:		Address:			
City/State/Zip:		City/State/Zip:			
Date of Birth:	Sex:	Date of Birth:	Sex:		
License State:	Exp. Date	License State:	Exp. Date		
Phone # (H):	Phone # (C):	Phone # (H):	Phone # (C):		
Accident Narrative (Please give	ve full descriptive details of the incident)	:			
Witnesses:					
Date:	Signature:			ŀ	

This form must be completed in its entirety and returned to the main desk of the Fair Lawn Police Department. All boxes must be filled in or marked with a dash (-) or N/A.

Incomplete or unsigned forms will be considered void and returned.