

WINNEMUCCA POLICE DEPARTMENT



MOTOR VEHICLE ACCIDENT REPORT - PRIVATE PROPERTY

INCIDENT # _____

DATE: _____ TIME OCCURRED: _____ () A.M. () P.M. /WEATHER _____

LOCATION: _____ AT INTERSECTION OF _____

DRIVER INFORMATION

NAME: _____ OLN: _____ STATE: _____

VEHICLE INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____ LICENSE #: _____ STATE: _____
VEHICLE IDENTIFICATION NUMBER: _____

INSURANCE INFORMATION

COMPANY: _____ POLICY # _____ EXP. DATE: _____
(NAME OF INSURANCE COMPANY NOT AGENCY OR BROKERAGE)

INFORMATION FOR ANY TRAILING UNIT(S)

REGISTERED OWNER INFORMATION

(IF DIFFERENT THEN ABOVE)

NAME: _____ ADDRESS: _____
PHONE: _____

NARRATIVE: _____

INSTRUCTIONS:

THE WINNEMUCCA POLICE DEPARTMENT WILL ASSIST IN PRIVATE PROPERTY ACCIDENTS WHERE THERE IS PERSONAL INJURY. HOWEVER FOR PRIVATE PROPERTY NON-INJURY ACCIDENTS OUR LIMITED RESOURCES PRECLUDES OUR DEPARTMENT FROM INVESTIGATING THESE TYPES OF ACCIDENTS.

IT IS RECOMMENDED THAT BOTH PARTIES COMPLETE THIS FORM AND EXCHANGE THE FORMS FOR INSURANCE PURPOSES OR CIVIL RESOLUTIONS.

IF YOU HAVE ANY QUESTIONS, WE WILL BE PLEASED TO ANSWER THEM DURING BUSINESS OFFICE HOURS IN THE ADMINISTRATION DIVISION, OR AN ON-DUTY SUPERVISOR MAY ASSIST YOU WITH QUESTIONS YOU MAY HAVE.