EUCLID POLICE DEPARTMENT

STATION HOUSE REPORT
MOTOR VEHICLE ACCIDENT

PLEASE PRINT

COMPLAINT NUMBER _____

LOCATION OF ACCIDENT _____ EUCLID, OHIO

TIME _____ AM/PM

DATE OF ACCIDENT _____

COLLISION WITH: ☐ OTHER VEH. ☐ BUILDING ☐ PEDESTRIAN ☐ FIXED OBJECT ☐ OTHER OBJECT

☐ INJURY ☐ PROPERTY DAMAGE

ROAD CONDITIONS _____ WEATHER CONDITIONS _____

REPORTED TO POLICE BY _____ DATE OF REPORT _____

VEHICLE 1 – DRIVER		VEHICLE 2 – DRIVER	
NAME		NAME	
ADDRESS		ADDRESS	
PHONE		PHONE	
DATE OF BIRTH	SOCIAL SECURITY #	DATE OF BIRTH	SOCIAL SECURITY #
VEHICLE – OWNER		**VEHICLE – OWNER**	
NAME		NAME	
ADDRESS		ADDRESS	
PHONE		PHONE	
VEHICLE INFORMATION		**VEHICLE INFORMATION**	
VEHICLE YEAR	VEHICLE MAKE / VEHICLE MODEL	VEHICLE YEAR	VEHICLE MAKE / VEHICLE MODEL
LICENSE PLATE #	STATE	LICENSE PLATE #	STATE
NAME OF INSURANCE CO.		NAME OF INSURANCE CO.	

MANNER IN WHICH ACCIDENT OCCURRED. (IF NECESSARY DIAGRAM MAY BE MADE ON REVERSE SIDE.)

(OVER)

NOTE: THIS REPORT OF A POLICE INCIDENT IS TAKEN FROM THE PERSON REPORTING ONLY AS A CONVENIENCE. IT SHOULD BE UNDERSTOOD THAT NO POLICE INVESTIGATION WILL NORMALLY FOLLOW BUT THE INFORMATION ON THIS REPORT WILL BE ON FILE FOR WHATEVER PURPOSE IT MAY FULFILL.

SIGNATURE OF PERSON FILING REPORT _____ DATE _____

REPORT RECEIVED BY _____ RANK _____ DATE _____
(Police Officer)

EPD No. 163