

CRANSTON POLICE SELF REPORTING ACCIDENT FORM



Reporting Agency: **Cranston Police** Report #: _____ -AC Crash Date: _____

City of Cranston Walk in Report: **Yes** Parking Lot: Crash Time: _____

Location or address of accident: _____ # of Lanes: _____ Speed Limit: _____

Closest Intersecting Street: _____

Unit: 1 (Info Mandatory) Parked (no driver info)

Driver: _____ DOB _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Seat Belt Y N

License #: _____ State: _____

Owner: Same _____ DOB: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Plate: _____ State: _____

VIN #: _____

Yr: _____ Make: _____ Model: _____

Color: _____ Direction: N S E W

Vehicle Type: pass car comm other: _____

Insurance Co: _____

Policy #: _____

Passenger: _____ DOB: _____

Address: _____ Phone: _____

Non Vehicle Property Damage (any damage to private or public property)

Owner: _____ Address: _____

Phone: _____ Damage: _____

(Circle One for each Column)

Road Type:	Road Surface:	Light	Weather	Impact
Two Way Not Divided (1)	Dry (1)	Daylight (1)	Clear (1)	Not w/vehicle (1) Angle (7)
Two Way Divided (2)	Wet (2)	Dawn (2)	Fog (3)	Rear End (2) Side-swipe (8)
One Way (5)	Snow (3)	Dusk (3)	Rain (4)	Head On (3) Other (12)
Other (6)	Other (10)	Dark (4)	Snow (6)	Broadside (6)

Traffic Controls	Environment	Road	Most Harmful Event/Sequence
No Controls (1)	None (1)	None (1)	Other Vehicle (13) Jersey Barrier (26)
Traffic Signal (3)	Weather (2)	Road Surface (ice, wet etc) (2)	Animal (12) Tree (28)
Stop Sign (6)	Glare (4)	Debris (3)	Curb (21) Utility Pole (30)
Yield Sign (7)	Animal (5)	Obstruction (7)	Embankments (23) Fence (37)
Other (11)	Other (6)	Other (6)	Guard Rail (24) Other (39)

I swear that the information contained in this report is truthful under the penalty of RIGL. Receipt of money from an insurance company from the filing of any false claim of damage is subject to prosecution. If your report involves a pedestrian or bicyclist, you are not eligible to use this report; you must contact the Traffic Division. This report will be assigned an accident report number and will be available to you in 3-5 business days. Forward any information to your insurance company for additional investigation.

Name (Print) _____ Date: _____

Signature: _____ Officer Approval ID#: _____

