



ROCKY RIVER POLICE DEPARTMENT

SELF-REPORT & PRIVATE PROPERTY ACCIDENTS

Call Identification No. _____

Location: _____ Date: _____ Time: _____

| | | | | | | | | |
|---|------------------|--|---|--|-------|---|----------------|---|
| Unit no. | No. of occupants | Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Hit & Run <input type="checkbox"/> Non-Contact <input type="checkbox"/> | | | | | | Insurance Co. or Agent |
| Driver-Pedestrian (last,first,middle initial) | | | | Address (No., Street, City, State, Zip) | | | | |
| Phone No. | Date of Birth | Age | Sex | Driver License No. | State | Occupation | | |
| Owner (If same as driver, write same) | | | | Address (No., Street, City, State, Zip) | | | | Phone No. |
| Veh Yr | Make | Model | Color | Style | State | License Plate No. | Towing Service | Veh/Ped Dir From To |
| Circle Damaged Areas 1 | 2 3 4 | 9 Top 10 Undercar 11 Load 12 Trailer | Damage Severity Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling <input type="checkbox"/> | Damage Scale None <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> | | Vehicle Disposition Driven Away <input type="checkbox"/> Remained at Scene <input type="checkbox"/> Towed <input type="checkbox"/> | | Fire No Fire <input type="checkbox"/> Fire from Crash <input type="checkbox"/> Other Fire <input type="checkbox"/> |

| | | | | | | | | |
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| Phone No. | Date of Birth | Age | Sex | Driver License No. | State | Occupation | | |
| Owner (If same as driver, write same) | | | | Address (No., Street, City, State, Zip) | | | | Phone No. |
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Witnesses:

| | | |
|-------|----------|-----------|
| Name: | Address: | Phone No. |
| Name: | Address: | Phone No. |

Explanation of how Accident Happened:

Any driver of a vehicle in a motor vehicle accident that exceeds \$400 in property damage or causes a personal injury MUST file a STATE accident report (BMV 3303) no later than 30 days after the accident. Please Note: We are unable to process incomplete/unsigned reports. Incomplete reports will not be returned. Please answer all questions to the best of your knowledge.

Signature of Person Filling out Report: _____

