

**FAYETTEVILLE POLICE DEPARTMENT
1800 N STEPHEN CARR MEMORIAL BLVD
FAYETTEVILLE, AR 72704-5569
479-587-3555**

PRIVATE PROPERTY ACCIDENT REPORT

THIS FORM IS DESIGNED FOR CITIZEN REPORTING OF AN ACCIDENT AFTER THE FACT. NOT INVESTIGATED BY OFFICER (S)

NUMBER OF VEHICLES INVOLVED

DATE OF ACCIDENT

DAY OF WEEK

LOCATION "INSIDE FAYETTEVILLE" WHERE ACCIDENT OCCURRED

TIME OF ACCIDENT AM OR PM

NAME OF INDIVIDUAL COMPLETING FORM

HOME PHONE

BUSINESS PHONE

*****VEHICLE #1 INFORMATION*****

VEHICLE YEAR	VEHICLE MAKE	VEHICLE STYLE	VEHICLE LIC#	VEH LIC YR	VEH LIC STATE	VEH IDENTIFICATION # (VIN)
Was there previous damage to vehicle?						
What part of vehicle received the new damage: (Right side, Left Rear, Front, Etc.)?						Damage Estimate \$
Owner's name:				Address:		
Phone:				City/State/Zip:		
Driver's name:				Address:		
Phone:				City/State/Zip:		
Date of Birth:	Race:		Sex:		Age:	
Insurance Company:	Policy Number:		Agent's Name:		Agent's Phone:	

*****VEHICLE #2 INFORMATION*****

VEHICLE YEAR	VEHICLE MAKE	VEHICLE STYLE	VEHICLE LIC#	VEH LIC YR	VEH LIC STATE	VEH IDENTIFICATION # (VIN)
Was there previous damage to vehicle?						
What part of vehicle received the new damage: (Right side, Left Rear, Front, Etc.)?						Damage Estimate \$
Owner's name:				Address:		
Phone:				City/State/Zip:		
Driver's name:				Address:		
Phone:				City/State/Zip:		
Date of Birth:	Race:		Sex:		Age:	
Insurance Company:	Policy Number:		Agent's Name:		Agent's Phone:	

Briefly describe how the accident occurred. Tell what direction and on what street/parking lot, etc., each vehicle was traveling.

If desired, draw a small diagram of accident scene.

Was there other property damage other than vehicles? (fence, sign, etc.)

Signature of individual (s) completing this report

Date

Time