



# CLEVELAND HEIGHTS POLICE DEPARTMENT

CHRISTOPHER M. BRITTON, CHIEF OF POLICE



## MOTOR VEHICLE ACCIDENT – DRIVERS STATEMENT

FILE CH \_\_\_\_\_

BLOCK: \_\_\_\_\_

Date of accident:		Time	AM PM	Location:	
Your Name				Other Driver:	
Address				Address	
City and State				City and State	
Age	Sex	Phone		Age	Sex   Phone
Drivers License #		State		Drivers License #   State	
Make and Type of Vehicle				Make and Type of Vehicle	
License Plate #		State		License Plate #   State	
Direction of travel				Direction of travel	
Name of injured party, if any					
Address					
Visible damage to your vehicle					
Visible damage to other vehicle					
Describe, in detail, what occurred					
OIC Initials: _____				Signature: <i>Online Statement</i>	
				Date:	Time:

Did the police investigate the accident at the scene?    YES                      NO