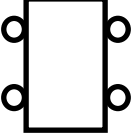
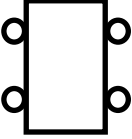
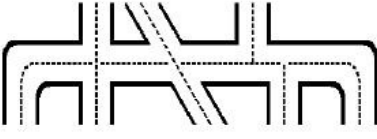




GFPS Driver's Accident Report

Date:		Time Accident Occurred:		Report Time:		Name:			
Driver:				Other Vehicle License No.:					
GFPS Vehicle License No.:				General Description of Vehicle:					
# Passengers in Vehicle:				Were Police notified? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Passenger List Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No				Was a citation issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please attach citation.					
Diagram of accident to be completed by driver. Your vehicle is vehicle #1. Indicate compass directions: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> Front (GFPS Vehicle)  </div> <div style="text-align: center;"> Front (Other Vehicle)  </div> <div style="text-align: center;"> Indicate by arrow direction of North  </div> </div>				Road Conditions		Weather Conditions		Light Conditions	
				<input type="checkbox"/> Dry		<input type="checkbox"/> Clear		<input type="checkbox"/> Dawn	
				<input type="checkbox"/> Wet		<input type="checkbox"/> Rain		<input type="checkbox"/> Daylight	
				<input type="checkbox"/> Snow		<input type="checkbox"/> Snow		<input type="checkbox"/> Dusk	
				<input type="checkbox"/> Ice		<input type="checkbox"/> Fog		<input type="checkbox"/> Dark	
Location of Accident, Street:						City, State:			
Investigating Police Dept.:									
Investigating Police Officer:						Officer Badge #:			
Witness #1:		Address:			Phone:				
Witness #2:		Address:			Phone:				
Witness #3:		Address:			Phone:				
Other Driver's Name:						Phone			
Address:						City, State:			
Insurance Company:						Policy #:			

Driver's Explanation (use back of form if necessary):



Information Exchange Form - Your Vehicle

Complete this half of the form and give to the other vehicle's driver.

Name: Last	First	Middle	
Street Address			
City	State	Zip	Phone
Driver's License Number	State	Sex	Date of Birth
Vehicle: Make	Year	Model	
License Plate No.	State	Odometer Reading	
Vehicle Identification Number			
Registered Owner: Name: _____		Insurance Agent: Name: _____	
Address: _____		Address: _____	
City, State, Zip: _____		City, State, Zip: _____	
Parts of Vehicle Damaged		Parts of Vehicle Damaged	
Witnesses: Name: _____		Name: _____	
Address: _____		Address: _____	
City: _____		City: _____	
Phone: _____		Phone: _____	



Information Exchange Form - Other Vehicle

OTHER DRIVER:

Complete this half of the form and give to the other GFPS driver.

Name: Last	First	Middle	
Street Address			
City	State	Zip	Phone
Driver's License Number	State	Sex	Date of Birth
Vehicle: Make	Year	Model	
License Plate No.	State	Odometer Reading	
Vehicle Identification Number			
Registered Owner: Name: _____		Insurance Agent: Name: _____	
Address: _____		Address: _____	
City, State, Zip: _____		City, State, Zip: _____	
Parts of Vehicle Damaged		Parts of Vehicle Damaged	
Witnesses: Name: _____		Name: _____	
Address: _____		Address: _____	
City: _____		City: _____	
Phone: _____		Phone: _____	