

OFFICER RECEIVING REPORT	FPD FILE #
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THIS ACCIDENT WAS NOT INVESTIGATED BY OTSEGO COUNTY SHERIFF'S DEPARTMENT

DATE REPORTED MONTH DAY YEAR	TIME REPORTED CIRCLE AM or PM	AM PM	PERSON REPORTING INCIDENT LAST NAME, FIRST NAME, MI
DATE OF ACCIDENT MONTH DAY YEAR	TIME OF ACCIDENT CIRCLE AM or PM	AM PM	ACCIDENT OCCURRED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route #)
IF NOT AT INTERSECTION APPROXIMATE DISTANCE FEET		Circle One North South East West	NAME OF NEAREST INTERSECTING STREET OF



VEHICLE #1: PERSON MAKING REPORT

OPERATOR #1 (Last, First, Middle Initial)		
ADDRESS (Street Number & Name)		
CITY OR TOWN	STATE	ZIP CODE
OPERATOR LICENSE #	STATE	DATE OF BIRTH MONTH DAY YEAR
OWNER'S NAME (Enter SAME if Owner is Operator)		
ADDRESS (Street Number and Name)		
CITY OR TOWN	STATE	ZIP CODE
REGISTRATION PLATE #	STATE	VEHICLE BODY TYPE
VEHICLE YEAR, MAKE & MODEL		
VEHICLE IDENTIFICATION NUMBER		
AUTOMOBILE INSURANCE COMPANY NAME		
AUTOMOBILE INSURANCE POLICY NUMBER		
PARTS OF VEHICLE DAMAGED		
WITNESS or PASSENGER #1 NAME (Last, First, Middle Initial)	DATE OF BIRTH MONTH DAY YEAR	
ADDRESS (Street Number and Name)	CITY/TOWN	STATE
PASSENGER #2 NAME (Last, First, Middle Initial)	DATE OF BIRTH MONTH DAY YEAR	
ADDRESS (Street Number and Name)	CITY/TOWN	STATE
PASSENGER #3 NAME (Last, First, Middle Initial)	DATE OF BIRTH MONTH DAY YEAR	
ADDRESS (Street Number and Name)	CITY/TOWN	STATE

VEHICLE #2: OTHER INVOLVED VEHICLE

OPERATOR #2 (Last, First, Middle Initial)		
ADDRESS (Street Number & Name)		
CITY OR TOWN	STATE	ZIP CODE
OPERATOR LICENSE #	STATE	DATE OF BIRTH MONTH DAY YEAR
OWNER'S NAME (Enter SAME if Owner is Operator)		
ADDRESS (Street Number and Name)		
CITY OR TOWN	STATE	ZIP CODE
REGISTRATION PLATE #	STATE	VEHICLE BODY TYPE
VEHICLE YEAR, MAKE & MODEL		
VEHICLE IDENTIFICATION NUMBER		
AUTOMOBILE INSURANCE COMPANY NAME		
AUTOMOBILE INSURANCE POLICY NUMBER		
PARTS OF VEHICLE DAMAGED		
WITNESS or PASSENGER #1 NAME (Last, First, Middle Initial)	DATE OF BIRTH MONTH DAY YEAR	
ADDRESS (Street Number and Name)	CITY/TOWN	STATE
PASSENGER #2 NAME (Last, First, Middle Initial)	DATE OF BIRTH MONTH DAY YEAR	
ADDRESS (Street Number and Name)	CITY/TOWN	STATE
PASSENGER #3 NAME (Last, First, Middle Initial)	DATE OF BIRTH MONTH DAY YEAR	
ADDRESS (Street Number and Name)	CITY/TOWN	STATE

I, the above named person reporting this incident, hereby attest that the information provided above is true and correct. I understand that pursuant to C.G.S. 53a-157 false statements are punishable by law.

 SIGNATURE OF PERSON REPORTING INCIDENT

This incident was not investigated at scene and is being reported for insurance purposes only.