

**ALEXANDRIA POLICE DEPARTMENT  
PRIVATE PROPERTY ACCIDENT FORM  
1000 BOLTON AVE.  
ALEXANDRIA. LA 71301**

NOTE: THIS REPORT MUST BE TURNED IN TO YOUR INSURANCE COMPANY.

**INCIDENT INFORMATION:** TOTAL NUMBER OF VEHICLES INVOLVED: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ DAY OF WEEK: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

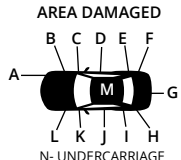
<b>VEHICLE 1</b>		
YEAR: _____	MAKE: _____	MODEL: _____
LICENSE NUMBER: _____	LICENSE YEAR: _____	LICENSE STATE: _____
INSURANCE NAME: _____	POLICY #: _____	EXP DATE: _____
INSURANCE ADDRESS: _____		
DRIVERS LIC STATE: _____	DRIVERS LIC #: _____	DRIVERS DOB: _____
OCCUPANTS NAME, ADDRESS, AND AGE:		DRIVERS PHONE #: _____
_____	_____	_____
FULL NAME	ADDRESS	AGE
_____	_____	_____
FULL NAME	ADDRESS	AGE
_____	_____	_____
FULL NAME	ADDRESS	AGE

<b>VEHICLE 2</b>		
YEAR: _____	MAKE: _____	MODEL: _____
LICENSE NUMBER: _____	LICENSE YEAR: _____	LICENSE STATE: _____
INSURANCE NAME: _____	POLICY #: _____	EXP DATE: _____
INSURANCE ADDRESS: _____		
DRIVERS LIC STATE: _____	DRIVERS LIC #: _____	DRIVERS DOB: _____
		DRIVERS PHONE #: _____
_____	_____	_____
FULL NAME	ADDRESS	AGE
_____	_____	_____
FULL NAME	ADDRESS	AGE
_____	_____	_____
FULL NAME	ADDRESS	AGE

PEDESTRIAN'S NAME AND ADDRESS (if none, write none)

<b>CHECK ONE: ARE YOU THE</b>	
<input type="checkbox"/>	OWNER
<input type="checkbox"/>	DRIVER
<input type="checkbox"/>	BOTH

<b>HIT AND RUN ACCIDENT</b>	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

<b>LIST AREAS OF DAMAGE:</b>			
AREA DAMAGED	SCALE	POINTS OF IMPACT	DAMAGE SCALE
	1 LIGHT 2 MODERATE 3 HEAVY 4 TOTAL 5 FIRE 6 SUBMERGED	_____ _____ _____	1ST AREA 2ND AREA 3RD AREA

\*THE BLOCK ABOVE PERTAINS TO YOUR VEHICLE.

DESCRIBE WHAT HAPPENED IN YOUR OWN WORDS. PLEASE REFER TO YOUR VEHICLE BY NUMBER.

Empty space for describing the accident.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

**NOTE:**  
IT IS VERY IMPORTANT THAT YOU FILL OUT EVERY SECTION OF THE FRONT SIDE OF THIS REPORT THAT PERTAINS TO ACCIDENT, YOU AND THE VEHICLE YOU WERE DRIVING WHEN THE ACCIDENT HAPPENED.