



**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: \_\_\_\_\_

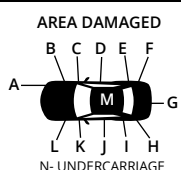
<b>VEHICLE 1</b>		
YEAR: _____	MAKE: _____	MODEL: _____
LICENSE NUMBER: _____	LICENSE YEAR: _____	LICENSE STATE: _____
INSURANCE NAME: _____	POLICY #: _____	EXP DATE: _____
INSURANCE ADDRESS: _____		
DRIVERS LIC STATE: _____	DRIVERS LIC #: _____	DRIVERS DOB: _____
OCCUPANTS NAME, ADDRESS, AND AGE:		DRIVERS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

<b>HIT AND RUN ACCIDENT</b>  YES  NO
--

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