

**MOTOR VEHICLE ACCIDENT REPORT**  
FOR NON-INVESTIGATED ACCIDENTS

OFFICER RECEIVING REPORT

MILFORD PD CASE#

THIS ACCIDENT WAS NOT INVESTIGATED BY THE MILFORD POLICE DEPARTMENT. VEHICLE AND/OR OPERATOR INFORMATION HAS NOT BEEN VERIFIED.

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

Sworn to and subscribed before

SIGNATURE OF PERSON REPORTING INCIDENT

me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC / POLICE OFFICER

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