

BROOKLYN POLICE DEPARTMENT

LATE MOTOR VEHICLE ACCIDENT REPORT

Report No.

This form is being provided for the convenience of those persons who have been involved in an accident in the City of Brooklyn. Reports filed using this form are retained by the Brooklyn Police and will be made available upon request as required under Ohio's "Sunshine Laws". You may also use the form to report an accident that occurred on private property.

When completing this form, list **your** information first. **You and your vehicle are #1.**

ACCIDENT INFORMATION				
Date of Accident:	Time of Accident:	Location of Accident:		
MOTORIST #1 -or- PEDESTRIAN #1 INFORMATION				
LAST Name		FIRST Name		Date of Birth / /
Street Address			City, State , ZIP	
Phone Number(s)		Driver's License No.	License State	Operator's Insurance Co.
Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, did (or will) you seek medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Injured Person:			Nature of Injury:	
Location where medical attention was provided:			FOR OFFICE USE ONLY	
VEHICLE #1 INFORMATION				
(Vehicle) YEAR	Make		Model	
License Plate No.	State	Color of Vehicle	Vehicle Type (2-Dr, Hatchback, SUV etc.)	
(Owner) LAST Name		FIRST Name		Date of Birth / /
Street Address			City, State , ZIP	
Phone Number(s)		Driver's License No.	License State	Owner's Insurance Co.

BROOKLYN POLICE DEPARTMENT
 7619 Memphis Avenue
 Brooklyn, Ohio 44144
 Phone: (216) 749-1234
 Fax: (216) 749-2168

Please complete the reverse side of this form.

This is where you provide any information you have regarding *other* person's or vehicles involved.

MOTORIST #2 -or- PEDESTRIAN #2 INFORMATION

LAST Name		FIRST Name		Date of Birth / /
Street Address			City, State , ZIP	
Phone Number(s)		Driver's License No.	License State	Operator's Insurance Co.

VEHICLE #2 INFORMATION

(Vehicle) YEAR	Make		Model	
License Plate No.	State	Color of Vehicle	Vehicle Type (2-Dr, Hatchback, SUV etc.)	
(Owner) LAST Name		FIRST Name		Date of Birth / /
Street Address			City, State , ZIP	
Phone Number(s)		Driver's License No.	License State	Owner's Insurance Co.

NARRATIVE DESCRIPTION

Please provide your written description of the details of the accident.

SIGNATURE

I declare under penalty of perjury, under the laws of the State of Ohio, that all statements contained in this and any enclosed document are complete and correct to the best of my knowledge. I understand that all statements made by me in this report are subject to investigation and that any false or dishonest statement made herein may be grounds for prosecution.

NAME (PRINT)

SIGNATURE

TODAY'S DATE