

Wayland Police Department

Motor Vehicle Accident Information

Other Operators Name _____

Address _____

City _____ State _____ Zip _____

License # _____ State of Issue _____

Owners Name _____

Owners Address _____

City _____ State _____ Zip _____

Make of Vehicle _____ Type _____ Year _____

Registration # _____ State _____ Year of Reg. _____

Insurance Co. _____

Location of Accident _____

Date of Accident _____ Time of Accident _____

Investigating Officer: _____ From Dept: _____

Witness Information:

Name _____ Phone # _____

Address _____ How Witnessed _____

Name _____ Phone # _____

Address _____ How Witnessed _____

Name _____ Phone # _____

Address _____ How Witnessed _____

Operators of vehicles in an accident **MUST** file an **Operators Accident Report**, which are available at any Police Station. Copies go to the Police Agency investigating the accident, and the Registry of Motor Vehicles. It is suggested that additional copies be kept, as most insurance agencies/companies will also want one.