

HAYSVILLE ACCIDENT PAPERWORK INSTRUCTIONS

1. Take one (1) packet of Haysville Accident Paperwork
2. Fill it out completely front and back (supply a working telephone number)
3. Make sure to sign the paperwork.
4. Return to the Haysville Police Department within 24 hours of picking the paperwork up.
5. Turn paperwork into the Customer Service window at the Haysville Police Department.
6. Provide the name of the other party when turning in the paperwork.
7. After we have received all the paperwork we will have an Officer call you with the case number.

Case # _____ **HAYSVILLE POLICE DEPARTMENT** Date: _____
ACCIDENT INFORMATION EXCHANGE FORM

Location: _____ Investigating Officer: _____ # _____

Driver's Name: _____ Date of Birth: _____
First Middle Initial Last

Driver's Address: _____
Street Address including Lot # or Apt. # City State Zip Code

Driver's Phone Number: () _____ Drivers License # _____ State _____

Make of Vehicle: _____ Tag # _____ St. _____
Year Make Model

Owner of Vehicle: _____ Phone # () _____
(If other than driver) First Middle Initial Last

Owners Address: _____
Street Address including Lot # or Apt. # City State Zip Code

Insurance Company Name: _____ Policy # _____

Agents Name: _____ Phone # () _____

Agent's Address: _____ City _____ St. _____



**HAYSVILLE POLICE DEPARTMENT
TRAFFIC ACCIDENT REPORT**

CASE # _____ DATE _____ TIME _____ INJURY _____
LOCATION OF ACCIDENT _____ NON-INJURY _____

VEHICLE INFORMATION

OWNER OF VEHICLE _____ ADDRESS _____
PHONE # _____ DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____
S.S. # _____ VEHICLE MAKE _____ VEHICLE YEAR _____ BODY STYLE _____
COLOR _____ MILEAGE _____ LICENSE TAG# _____ STATE OF TAG _____
TAG EXPIRES (MONTH/YEAR) _____ VEHICLE I.D.# _____
INSURANCE AGENTS
NAME/ADDRESS/PHONE _____
INSURANCE COMPANY _____ POLICY # _____

DRIVER INFORMATION

NAME _____ PHONE# _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
WORK ADDRESS _____ WORK PHONE# _____
DATE OF BIRTH _____ AGE _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____ RACE _____
SEX _____ S.S.# _____ DRIVER'S LICENSE # _____ LICENSE STATE _____ CLASS _____
RESTRICTIONS _____ EXPIRES _____ DRIVER'S EDUCATION-YES _____ NO _____ YEARS OF DRIVING EXPERIENCE _____

EQUIPMENT IN VEHICLE:	YES	NO	IN USE AT TIME OF ACCIDENT:	YES	NO
SEAT BELTS:	_____	_____		_____	_____
SHOULDER HARNESS:	_____	_____		_____	_____
HEAD RESTS:	_____	_____		_____	_____

MOTOR CYCLE INFORMATION

MAKE _____ YEAR _____ COLOR _____ MOTOR SIZE _____ HELMET IN USE? _____

LIST ALL PASSENGERS INSIDE VEHICLE. NAME, ADDRESS, PHONE #, AGE, SEX, POSITION SEATED IN VEHICLE.

1. _____
2. _____
3. _____
4. _____

(CONTINUE ON BACK IF MORE SPACE IS NEEDED)

TURN PAGE OVER AND CONTINUE REPORT

SIGNATURE OF PERSON MAKING REPORT _____ DATE _____ TIME _____

SIGNATURE OF OFFICER RECEIVING REPORT _____ DATE _____ TIME _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

OFFICERS NOTES: _____
