



CLEVELAND DIVISION OF POLICE

Driver/Witness Accident Statement Form

RMS Incident #: _____ File #: _____

Date: _____ Time: _____ Location: _____

Vehicles Involved (to be completed by investigating officer)

Driver #: _____ Name: _____

DOB: _____ DL#: _____ State: _____

Vehicle Make: _____ License Plate: _____ State: _____ Vehicle Year: _____

Driver #: _____ Name: _____

DOB: _____ DL#: _____ State: _____

Vehicle Make: _____ License Plate: _____ State: _____ Vehicle Year: _____

Driver #: _____ Name: _____

DOB: _____ DL#: _____ State: _____

Vehicle Make: _____ License Plate: _____ State: _____ Vehicle Year: _____

o Driver / o Witness Information

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Mobile Phone: _____ Pager Number: _____

DOB: _____ DL#: _____ State: _____

