



Woonsocket Police Department

242 Clinton Street Woonsocket Rhode Island 02895-3276
401-766-1212 Fax: 401-766-8897 Emergency: 401-769-1111

This report is to be used only when an operator or operators report the accident at the Police Station.
The Woonsocket Police Department did not investigate this report.
Please use additional forms if more than two vehicles are involved in the accident.

Woonsocket Police Report of Motor Vehicle Traffic Accident

Date of _____ Day of _____
Accident _____ Week _____ Hour _____ A.M. _____ P.M. _____
Address Where
Accident Occurred: _____
Intersecting
Street: _____
If Not at
Intersection: _____ Feet _____ of _____
N S E W Nearest St, House # , other landmark

Vehicle Number One Information

Vehicle: _____ License Plate _____
Year Make Type (sedan, bus, etc) Year State Number

Parts of Vehicle Damaged: _____ Vehicle Removed to: _____ By: _____

Owner: _____ Address: _____
Print Full Name Street Apt/Floor

Driver: _____ Address: _____
Print Full Name Street Apt/Floor

Driver's License _____ Date of Birth _____ AGE SEX Injury
State Number Type Restrictions Month Day Year

Insurance Company Name: _____ Policy Number _____

Occupants:

Front Center: _____ Address: _____

Front Right : _____ Address: _____

Rear Left : _____ Address: _____

Rear Center : _____ Address: _____

Rear Right : _____ Address: _____

Please Print

Street

City/State

Vehicle Number Two Information

Vehicle: _____ License Plate _____
Year Make Type (sedan, bus, etc) Year State Number

Parts of Vehicle Damaged: _____ Vehicle Removed to: _____ By: _____

Owner: _____ Address: _____
Print Full Name Street Apt/Floor

Driver: _____ Address: _____
Print Full Name Street Apt/Floor

Driver's License _____ Date of Birth _____ AGE SEX Injury
State Number Type Restrictions Month Day Year

Insurance Company Name: _____ Policy Number _____

Occupants:

Front Center: _____ Address: _____

Front Right : _____ Address: _____

Rear Left : _____ Address: _____

Rear Center : _____ Address: _____

Rear Right : _____ Address: _____
Please Print Street City/State

First Aid Injured Party
Given by: _____ Taken to: _____

Damage to Property
Other Than Vehicles: _____
Name Objects and State Nature of the Damage

Name and Address of
Owner of Object Struck: _____

Witnesses:

Name: _____ Address: _____ Age: _____ Sex: _____

Name: _____ Address: _____ Age: _____ Sex: _____

Check One:

Apartment, Store, Factories ☐ One Family House ☐ Farms, Fields ☐ No ??? Development ☐

Road Surface: Dry ☐ Wet ☐ Snowy / Icy ☐ Other ☐ _____

Light Conditions: Daylight ☐ Dawn or Dusk ☐ Darkness ☐

Weather Condition: Clear ☐ Raining ☐ Snowing ☐ Fog ☐ Other ☐ _____

Road Character: Straight Road ☐ Curve ☐ Level ☐ On Grade ☐ Hillcrest ☐

Check One or More:

Traffic Control: Stop Sign ☐ Stop-and-Go Signal ☐ Officer/Watchman ☐ RR Gates/Signals ☐
No Traffic Control ☐ Other ☐ _____

Check One:

Road Type Driver One: 1 Driving Lane ☐ 2 Driving Lanes ☐ 3 Driving Lanes ☐ 4 or More Driving Lanes ☐
Divided Roadway ☐ Expressway, Parkway, or Toll Road ☐

Road Type Driver Two: 1 Driving Lane ☐ 2 Driving Lanes ☐ 3 Driving Lanes ☐ 4 or More Driving Lanes ☐
Divided Roadway ☐ Expressway, Parkway, or Toll Road ☐

Check One or More for Each Driver:

Driver
1 2

- ☐ ☐ Speed too fast
- ☐ ☐ Failed to yield to right of way
- ☐ ☐ Drove left of center
- ☐ ☐ Improper overtaking

Driver
1 2

- ☐ ☐ Passed stop sign
- ☐ ☐ Disregarded traffic signal
- ☐ ☐ Followed too closely
- ☐ ☐ Made improper turn

Driver
1 2

- ☐ ☐ Other improper driving
- ☐ ☐ Inadequate brakes
- ☐ ☐ Improper lights
- ☐ ☐ Had been drinking

Check One or More for Each Driver:

Driver No 1 was headed : on _____
 N S E W

Driver No 2 was headed : on _____
 N S E W

Driver
1 2

- ☐ ☐ Going straight ahead
- ☐ ☐ Overtake
- ☐ ☐ Making right turn
- ☐ ☐ Making left turn

Driver
1 2

- ☐ ☐ Making U turn
- ☐ ☐ Slow or Stop
- ☐ ☐ Start in traffic lane
- ☐ ☐ Back

Driver
1 2

- ☐ ☐ Remain stopped in traffic lane
- ☐ ☐ Remain parked
- ☐ ☐ Start from parked position

If Pedestrian was involved please complete:

Pedestrian was going: Across or Into: _____
 N S E W

Driver
1 2

- ☐ ☐ Crossing or entering at intersection
- ☐ ☐ Crossing or entering not at intersection
- ☐ ☐ Getting on or off vehicle
- ☐ ☐ Standing in roadway
- ☐ ☐ Playing in roadway
- ☐ ☐ Not in roadway

Driver
1 2

- ☐ ☐ Walking in roadway – with traffic
- ☐ ☐ Walking in roadway – against traffic
- ☐ ☐ Pushing or working on vehicle
- ☐ ☐ Other working in roadway
- ☐ ☐ Other in roadway

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.