

MASON COUNTY SHERIFF'S OFFICE

PRIVATE PROPERTY ACCIDENT REPORT

(Property Damage Only)

ACCIDENT INFORMATION

HIT AND RUN ACCIDENT

Date of Accident	Date Reported	Time of Accident	For Office Use Only Accident Number:
Location of Accident Other		Address (If Known) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Street	

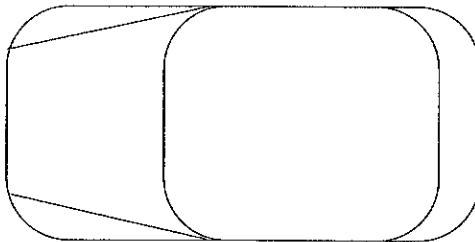
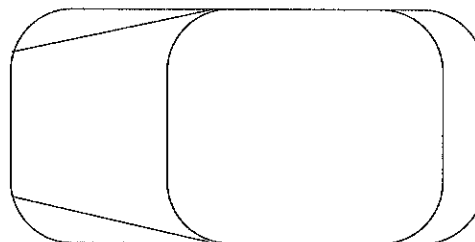
VEHICLE/DRIVER NUMBER ONE

Name				Date of Birth	Ph.# Home		Work	
Address				City	State		Zip	
Insurance Company				Driver's License No.			State	
Year	Make	Model	Style	Color	VIN	License No.	Lic. State	Lic. Year
Owner of Vehicle					<input type="checkbox"/> Vehicle Parked Unattended			

VEHICLE/DRIVER NUMBER TWO

Name				Date of Birth	Ph.# Home		Work	
Address				City	State		Zip	
Insurance Company				Driver's License No.			State	
Year	Make	Model	Style	Color	VIN	License No.	Lic. State	Lic. Year
Owner of Vehicle					Phone Numbers <input type="checkbox"/> Vehicle Parked Unattended			
					Home		Work	

DAMAGED AREA TO VEHICLE(S) (Circle damaged area below)

<p>Vehicle #1 <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive</p> 	<p>Vehicle #2 <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive</p> 
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BRIEF NARRATIVE

WITNESSES

Name	Address	Phone
Name	Address	Phone

RECEIVED BY

Officer	Badge No.	Date	Reviewed by
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