



FREETOWN POLICE DEPARTMENT

225 Chace Road
Post Office Box 518
East Freetown, MA 02717-0518

SEND ORIGINAL TO:
REGISTRAR OF MOTOR VEHICLE
1135 TREMONT STREET
BOSTON, MASS. 02120-2103

ONE COPY TO
POLICE DEPARTMENT in whose juris-
diction the accident occurred.

CASE# _____

LOCATION _____ DAY _____

AT OR NEAR _____ TIME _____ DATE _____

VEHICLE ONE

REG.# _____ STATE _____ MAKE _____ TYPE _____

YEAR _____ COLOR _____ INSURED BY _____

DAMAGE TO VEHICLE _____

OPERATOR _____ LICENSE# _____

ADDRESS _____ STATE/ZIP _____

DATE OF BIRTH ____ / ____ / ____ CLASS _____ TEL.# _____

OWNER _____ ADDRESS _____ STATE/ZIP _____

VEHICLE TWO

REG.# _____ STATE _____ MAKE _____ TYPE _____

YEAR _____ COLOR _____ INSURED BY _____

DAMAGE TO VEHICLE _____

OPERATOR _____ LICENSE# _____

ADDRESS _____ STATE/ZIP _____

DATE OF BIRTH ____ / ____ / ____ CLASS _____ TEL.# _____

OWNER _____ ADDRESS _____ STATE/ZIP _____

WITNESSES/PASSANGERS _____ NAME--ADDRESS--D.O.B.--TEL.# _____ VEH# _____

INJURED/PROPERTY DAMAGE _____ NAME--ADDRESS--D.O.B.--TYPE OF DAMAGE _____ VEH.# _____

ROAD CONDITIONS _____ WEATHER _____ LIGHT CONDITIONS _____

INVESTIGATING OFFICER _____ BADGE NUMBER _____

ACCIDENT REPORTS WILL BE FILED WITHIN SEVEN DAYS OR OPERATOR WILL BE CITED UNDER Ch. 90 Sec. 26 OF MASS GENERAL LAWS.