



FREETOWN POLICE DEPARTMENT

225 Chace Road

Post Office Box 518

East Freetown, MA 02717-0518

FPD Form MV 005 (Rev. 1/13/2020)

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 _____