



GALLUP POLICE DEPARTMENT

SELF-REPORTED ACCIDENT FORM

This form is to be used whenever the accident occurred on private property or when vehicles have been removed from the scene. The form should be completed in as much detail as possible, and returned to the Gallup Police Department for filing. A copy should be retained by the person filing the report to avoid being charged a report copy fee.

Incident #		Location	
Date of Accident		Time of Accident	

Vehicle #1 (YOUR VEHICLE)			
DRIVER INFORMATION			
Driver's Name		Driver's Date of Birth	
Driver's License #		Driver's License State of Issuance	
Driver's Social Security #		Driver's Gender	
Driver's Current Mailing Address			
Driver's Home/Cell Phone #		Driver's Work Phone #	
VEHICLE AND INSURANCE INFORMATION			
Vehicle Year		Vehicle Make	Model
Vehicle Color		License Plate #	State of Issuance
Vehicle Identification Number (VIN)			
Vehicle Insurance Company Name			
Insurance Company Address			
Insurance Company Telephone #			
Insurance Policy #		Policy Expiration Date	
VEHICLE OWNER INFORMATION			
Owner's Name		Owner's Telephone #	
Owner's Current Mailing Address			
DETAILED DESCRIPTION OF DAMAGE TO YOUR VEHICLE			

Vehicle #2 (OTHER VEHICLE)

DRIVER INFORMATION

Driver's Name		Driver's Date of Birth	
Driver's License #		Driver's License State of Issuance	
Driver's Social Security #		Driver's Gender	
Driver's Current Mailing Address			
Driver's Home/Cell Phone #		Driver's Work Phone #	

VEHICLE AND INSURANCE INFORMATION

Vehicle Year		Vehicle Make		Model	
Vehicle Color		License Plate #		State of Issuance	
Vehicle Identification Number (VIN)					
Vehicle Insurance Company Name					
Insurance Company Address					
Insurance Company Telephone #					
Insurance Policy #		Policy Expiration Date			

VEHICLE OWNER INFORMATION

Owner's Name		Owner's Telephone #	
Owner's Current Mailing Address			

DETAILED DESCRIPTION OF DAMAGE TO OTHER VEHICLE

--

HOW DID THE ACCIDENT HAPPEN?

(Include diagrams, photos, and additional pages, if necessary)

--

HOW DID THE ACCIDENT HAPPEN? - CONTINUED
(Include diagrams, photos, and additional pages, if necessary)

By signing below, I agree that the above information provided by me is true and accurate to the best of my knowledge.

Signature		Date	
------------------	--	-------------	--

TO OBTAIN A REPORT NUMBER, RETURN THIS FORM TO THE GALLUP POLICE DEPARTMENT BY FAX, E-MAIL, OR IN PERSON. Our fax number is (505) 722-6726. Our e-mail address is GPDRecords@gallupnm.gov . We are located at 451 Boardman Drive, Gallup, New Mexico, 87301. Our administration telephone number is (505) 863-9365.

FOR OFFICIAL USE ONLY

OFFICER ISSUING OR RECEIVING REPORT					
DATE		TIME		INCIDENT #	
COMMENTS					