



Blaze Catania
Chief of Police

DEPARTMENT OF POLICE EGG HARBOR TOWNSHIP

3515 BARGAINTOWN ROAD
EGG HARBOR TOWNSHIP, NJ 08234-8321



(609) 926-4036
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CASE #: _____ **TIME:** _____

THIS STATEMENT IS MADE TO THE EGG HARBOR TOWNSHIP POLICE DEPARTMENT REGARDING MY ACCIDENT ON (DATE) _____ AT (TIME) _____. THIS STATEMENT IS MADE TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS _____ DAY OF _____, 20____.

LOCATION OF ACCIDENT _____

NEAREST CROSS STREET OR INTERSECTION _____

NAME: _____ **PHONE:** _____

ADDRESS: _____ **CITY/ST/ZIP:** _____

DRIVERS LICENSE #: _____

VEHICLE OWNER: _____ **PHONE:** _____

ADDRESS: _____ **CITY/ST/ZIP:** _____

MAKE/MODEL OF VEHICLE: _____

YEAR: _____ **TAG #:** _____ **STATE:** _____

INSURANCE CO.: _____ **POLICY #:** _____

DAMAGE TO VEHICLE: _____

OTHER DRIVER'S NAME: _____ **PHONE:** _____

ADDRESS: _____ **CITY/ST/ZIP:** _____

DRIVERS LICENSE #: _____

MAKE/MODEL OF VEHICLE: _____

YEAR: _____ **TAG #:** _____ **STATE:** _____

INSURANCE CO.: _____ **POLICY #:** _____

DESCRIPTION OF ACCIDENT ON BACK

INJURY/WITNESS INFORMATION:

DESCRIPTION OF ACCIDENT:

SIGNATURE: _____ **RECEIVED BY:** _____

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