



ARLINGTON COUNTY POLICE DEPARTMENT

Arlington County Courthouse 1425 North Courthouse Road Arlington, VA 22201
 TEL 703.228.4292 TTY 703.228.4611 www.arlingtonva.us



Accident Report

To be filled out by citizens regarding property damage accident when both drivers have exchanged information at the scene of the accident or to report a hit and run accident that occurred and your damaged property was unattended.

*Effective July 1, 2001, all Hit & Run Accidents involving attended property are felonious acts. Should you be involved in a hit & run while operating your vehicle please call the local police department for investigation. The following information should be returned to the Police Department at 1425 N. Courthouse Rd., Arlington, VA 22201.

All fields highlighted in yellow are required to be completed.

This Report is for: (Select One Only) <input type="checkbox"/> Property Damage Accident <input type="checkbox"/> Hit & Run – unattended property		Police Report Number (For Police Use Only)	
Exact Location of Accident		Date of Accident	Time of Accident

Your Information

Name	Address	Home Telephone	Work Telephone
		Cell Telephone	Pager

Best Time to Contact You: Morning Afternoon Evening

Vehicle Make	License Plate #	Lic. Plate State	Vehicle Color	Vehicle Model
Insurance Company This report for insurance purposes only? <input type="checkbox"/> Yes <input type="checkbox"/> No			Policy Number Damage estimated by insurance company \$	

Property Damage Only ** For Accidents Where Both Drivers Are Present to Exchange Required Information

Second Vehicle/Driver Information

Name	Address	Home Telephone	Work Telephone	
		Cell Telephone	Pager	
Vehicle Make	License Plate #	Lic. Plate State	Vehicle Color	Vehicle Model
Insurance Company This report for insurance purposes only? <input type="checkbox"/> Yes <input type="checkbox"/> No			Policy Number Damage estimated by insurance company \$	

For Hit and Run Accidents Only (Leave Blank if Information is Unknown)
Suspect Vehicle Information

Vehicle Make	License Plate #	Lic. Plate State	Vehicle Color	Vehicle Model
Identifying Marks on Vehicle (Markings, Stickers, Damage, color of tag, etc.)			Can you Identify the Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Can you Identify the Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Hit and Run Suspect/Driver Information

Race	Sex	Age	Hair Color	Height	Weight	Complexion
------	-----	-----	------------	--------	--------	------------

Other Suspect/Driver Information: Was any information exchanged? Yes No

Please describe your involvement in the accident being reported. This box is to be used for reporting accidents as well as non-attended hit & runs.

Description of how the accident occurred:

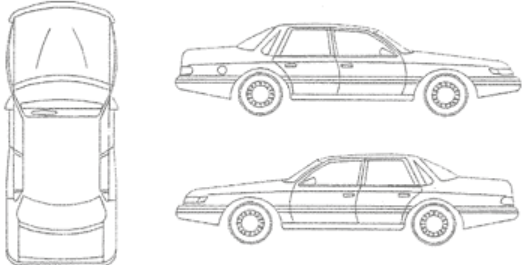
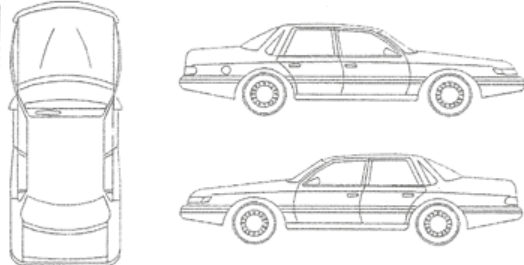
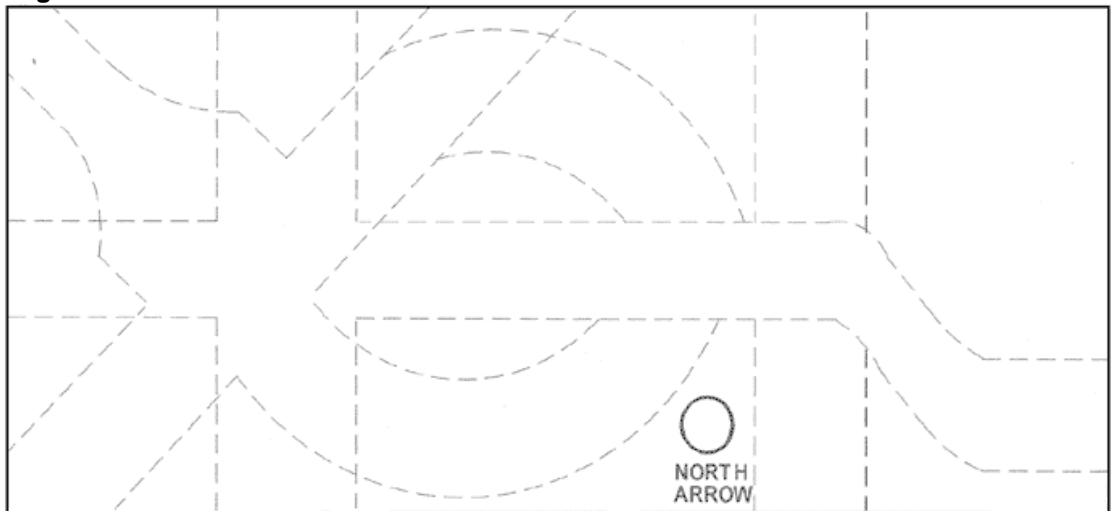
 <p>Circle points of impact on your vehicle</p>	 <p>Circle points of impact on other vehicle</p>
--	--

Diagram of Accident



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

Use additional forms if there are more than two vehicles involved in this accident.

Please contact the Central Records Section at (703) 228-4292 if you have any questions.