



Darien Police Department

25 Hecker Avenue
Darien, CT 06820-5398
Tel: (203) 662-5300 Fax: (203) 662-5344

Incident #: _____--_____

Date: _____

Voluntary Statement – Motor Vehicle Accident

Date of Accident: _____ Time of Accident: _____

Location of Accident: _____

Complainant: _____ D.O.B.: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone #: (_____) _____ Cell Phone #: (_____) _____

Driver's License #: _____ License State: _____

Your Vehicle Information:

Make: _____ Model: _____ Year: _____ Color: _____

VIN: _____

Registration: _____ State: _____

Other Vehicle Information:

Make: _____ Model: _____ Year: _____ Color: _____

VIN: _____

Registration: _____ State: _____

Operator (if known): _____ D.O.B.: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone #: (_____) _____ Cell Phone #: (_____) _____

Driver's License #: _____ License State: _____

Please describe in your own words how the accident occurred:

You may draw a diagram of the accident in the below box (OPTIONAL):



I have read the aforementioned information and it is true to the best of my knowledge. I fully understand that making a false statement, intended to mislead a law enforcement officer in the performance of his/her official duties, is a Class A Misdemeanor.

Complainant's Signature: _____

Date: _____

Officer: _____

Badge #: _____

Reviewed by Supervisor: _____

Department Use Only:

Was complainant's vehicle viewed by officer? Yes No

Please note visible damage to vehicle (if any): _____
