



OTTAWA POLICE DEPARTMENT OTTAWA, KANSAS

ADAM WEINGARTNER
Chief of Police



Ottawa Police Emergency Reporting Operations Form

Non-Injury Motor Vehicle Accident Reporting Form

Driver's Last Name*:	Driver's First Name*:	Drivers Middle Initial:	Driver's License Number*:	Driver's License Issued by (State):
Home Address: (Address, City, State, Zip)*:			Phone Number:	E-Mail Address:
Color of Vehicle:	Year of Vehicle:	Make of Vehicle:	Model of Vehicle:	Tag Number*:
Registered Owner of Vehicle (Last, First, M.I.):		Registered Owner Address (Address, City, State, Zip):		
Current Odometer (Mileage) Reading:		VIN (Vehicle Identification Number):		
Insurance Company:	Policy Number:	Agent's Name:	Injures: YES _____ NO _____	
Date/Time of Accident	Location of Accident: (I.E. 5th/Main, 1200 S. Mulberry)			Officer Name:
Comments:				

Please submit this form to complete an accident report; include a Case Number in the comments if you have one. If not, one will be generated by the department. A copy of the complete report will be available free of charge within 14 days.