

# Police Report Template Form

|                                                                                                                                                                                                                                                         |                           |                                                                                                                                       |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>MOTOR VEHICLE<br/>ACCIDENT REPORT</b>                                                                                                                                                                                                                |                           | Please read the<br>Privacy Act State-<br>ment on Page 3.                                                                              |         | INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Sections XI, Items 7-2<br>thru 8-2 are filled out by the operator's supervisor. Sections XI thru 8-2 are filled out by an<br>accident investigator for bodily injury, fatality, and/or damage exceeding \$500. |                                                                                 |
| <b>SECTION I - FEDERAL VEHICLE DATA</b>                                                                                                                                                                                                                 |                           |                                                                                                                                       |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| 1. DRIVER'S NAME (Last, first, middle)                                                                                                                                                                                                                  |                           | 2. DRIVER'S LICENSE NO./STATE/LIMITATIONS                                                                                             |         | 3. DATE OF ACCIDENT                                                                                                                                                                                                                                                                     |                                                                                 |
| 4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS                                                                                                                                                                                                  |                           |                                                                                                                                       |         | 4b. WORK TELEPHONE NUMBER<br>E    J                                                                                                                                                                                                                                                     |                                                                                 |
| 5. TAG OR IDENTIFICATION NUMBER                                                                                                                                                                                                                         | 6. EST. REPAIR COST<br>\$ | 7. YEAR OF VEHICLE                                                                                                                    | 8. MAKE | 9. MODEL                                                                                                                                                                                                                                                                                | 10. SEAT BELTS USED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| 11. DESCRIBE VEHICLE DAMAGE                                                                                                                                                                                                                             |                           |                                                                                                                                       |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| <b>SECTION II - OTHER VEHICLE DATA (Use Section VII if additional space is needed.)</b>                                                                                                                                                                 |                           |                                                                                                                                       |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| 12. DRIVER'S NAME (Last, first, middle)                                                                                                                                                                                                                 |                           | 13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS                                                                                         |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| 14a. DRIVER'S WORK ADDRESS                                                                                                                                                                                                                              |                           | 14b. WORK TELEPHONE NUMBER<br>E    J                                                                                                  |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| 15a. DRIVER'S HOME ADDRESS                                                                                                                                                                                                                              |                           | 15b. HOME TELEPHONE NUMBER<br>E    J                                                                                                  |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| 16. DESCRIBE VEHICLE DAMAGE                                                                                                                                                                                                                             |                           | 17. ESTIMATED REPAIR COST<br>\$                                                                                                       |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| 18. YEAR OF VEHICLE                                                                                                                                                                                                                                     | 19. MAKE OF VEHICLE       | 20. MODEL OF VEHICLE                                                                                                                  |         | 21. TAG NUMBER AND STATE                                                                                                                                                                                                                                                                |                                                                                 |
| 22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS                                                                                                                                                                                                        |                           |                                                                                                                                       |         | 22b. POLICY NUMBER                                                                                                                                                                                                                                                                      |                                                                                 |
|                                                                                                                                                                                                                                                         |                           |                                                                                                                                       |         | 23a. TELEPHONE NUMBER<br>E    J                                                                                                                                                                                                                                                         |                                                                                 |
|                                                                                                                                                                                                                                                         |                           |                                                                                                                                       |         | 23b. TELEPHONE NUMBER<br>E    J                                                                                                                                                                                                                                                         |                                                                                 |
| 23. VEHICLE IS:<br><input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL<br><input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED                                                                                        |                           | 24a. OWNER'S NAME: (Last, first, middle)                                                                                              |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| 25. OWNER'S ADDRESS(es)                                                                                                                                                                                                                                 |                           |                                                                                                                                       |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| <b>SECTION III - KILLED OR INJURED (Use Section VII if additional space is needed.)</b>                                                                                                                                                                 |                           |                                                                                                                                       |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| 26. NAME (Last, first, middle)                                                                                                                                                                                                                          |                           | 27. SEX                                                                                                                               |         | 28. DATE OF BIRTH                                                                                                                                                                                                                                                                       |                                                                                 |
| 29. ADDRESS                                                                                                                                                                                                                                             |                           |                                                                                                                                       |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| A. 30. MARK "X" IN TWO APPROPRIATE BOXES:<br><input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER<br><input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN |                           | 31. IN WHICH VEHICLE<br><input type="checkbox"/> PED <input type="checkbox"/> OTHER (2)                                               |         | 32. LOCATION IN VEHICLE                                                                                                                                                                                                                                                                 |                                                                                 |
| 33. FIRST AID GIVEN BY                                                                                                                                                                                                                                  |                           |                                                                                                                                       |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| 34. TRANSPORTED BY                                                                                                                                                                                                                                      |                           | 35. TRANSPORTED TO                                                                                                                    |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| 36. NAME (Last, first, middle)                                                                                                                                                                                                                          |                           | 37. SEX                                                                                                                               |         | 38. DATE OF BIRTH                                                                                                                                                                                                                                                                       |                                                                                 |
| 39. ADDRESS                                                                                                                                                                                                                                             |                           |                                                                                                                                       |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| B. 40. MARK "X" IN TWO APPROPRIATE BOXES:<br><input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER<br><input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN |                           | 41. IN WHICH VEHICLE<br><input type="checkbox"/> PED <input type="checkbox"/> OTHER (2)                                               |         | 42. LOCATION IN VEHICLE                                                                                                                                                                                                                                                                 |                                                                                 |
| 43. FIRST AID GIVEN BY                                                                                                                                                                                                                                  |                           |                                                                                                                                       |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| 44. TRANSPORTED BY                                                                                                                                                                                                                                      |                           | 45. TRANSPORTED TO                                                                                                                    |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| 4. NAME OF STREET OR HIGHWAY                                                                                                                                                                                                                            |                           | 5. DIRECTION OF PEDESTRIAN (SW, corner or NW corner, etc.)<br>FROM    TO                                                              |         |                                                                                                                                                                                                                                                                                         |                                                                                 |
| 46. Pedes-<br>trian                                                                                                                                                                                                                                     |                           | 6. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, or roadway) |         |                                                                                                                                                                                                                                                                                         |                                                                                 |

# Portland Police File Report

**Tobias Bleicker**

A red circular graphic with a gradient, appearing as a stylized arrow or a light effect, positioned to the right of the Tobias Bleicker text bar.

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