

ACCIDENT REPORT

Completed reports may be submitted in person, mailed or emailed to:
 Nixa Police Department – Attention Records
 PO Box 395, Nixa, MO 65714
 Call 417-725-2510 for additional information
 Email: records@nixa.com

| Office Use Only | | |
|--|--------------------------|------------------------------------|
| Case #: | Date of Accident Report: | # Of Vehicles Involved: |
| LEAVING THE SCENE | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Vehicle 1 |
| <input type="checkbox"/> Property Damage Only | | <input type="checkbox"/> Vehicle 2 |
| REVIEWED By/DSN | | |

| | | | |
|-------------------|--|---|--|
| Date of Accident: | Time of Accident: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | If Accident was on parking lot, Name of Business: | Location of Accident: (Must be within the City limits of Nixa, MO) |
|-------------------|--|---|--|

| DRIVER VEHICLE #1 INFORMATION (YOU) | | | |
|-------------------------------------|--------------------------|-------------------------|-------------------------|
| Driver's Name: | Driver's License Number: | Driver's License State: | Driver's Date of Birth: |
| Driver's Street Address: | City: | State: | Zip: Phone #: |

| VEHICLE / OWNER INFORMATION VEHICLE #1 INFORMATION (YOU) | | | |
|--|------------------|--------------------------|---|
| Vehicle Information | | Mark All Areas Of Damage | Vehicle Owner Information <input type="checkbox"/> Same as driver #1 Information |
| Year: | Make: | Model: | Vehicle Owner's Name: Phone #: |
| Color: | License Plate #: | State: | Vehicle Owner's Street Address: |
| Insurance Company: | Policy #: | City: | State: Zip: |

| DRIVER VEHICLE #2 INFORMATION | | | |
|-------------------------------|--------------------------|-------------------------|-------------------------|
| Driver's Name: | Driver's License Number: | Driver's License State: | Driver's Date of Birth: |
| Driver's Street Address: | City: | State: | Zip: Phone #: |

| VEHICLE / OWNER INFORMATION VEHICLE #2 INFORMATION | | | |
|--|------------------|--------------------------|---|
| Vehicle Information | | Mark All Areas Of Damage | Vehicle Owner Information <input type="checkbox"/> Same as driver #2 Information |
| Year: | Make: | Model: | Vehicle Owner's Name: Phone #: |
| Color: | License Plate #: | State: | Vehicle Owner's Street Address: |
| Insurance Company: | Policy #: | City: | State: Zip: |

| INVOLVEMENT OF OTHER PERSONS (if more attach a separate sheet) | | | |
|---|------|--------------------------|---------|
| Type | Name | Address, City, State Zip | Phone # |
| <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Witness | | | |
| <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Witness | | | |
| <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Witness | | | |
| <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Witness | | | |
| <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Witness | | | |
| <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Witness | | | |
| <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Witness | | | |

| DAMAGE TO PROPERTY OTHER THAN VEHICLES | | | | | | |
|--|---------|------|-------|-----|---------|------------------|
| Property Owner Name | Address | City | State | Zip | Phone # | Extent of Damage |
| | | | | | | |
| | | | | | | |

ACCIDENT INFORMATION

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|--|--|--|---|
| <p>Collision Involving</p> <input type="checkbox"/> 1. Animal <input type="checkbox"/> 2. Bicyclist <input type="checkbox"/> 3. Fixed Object <input type="checkbox"/> 4. Pedestrian <input type="checkbox"/> 5. MV in Transport* <input type="checkbox"/> 6. Parked Vehicle* *If 5 or 6 are checked please mark one box below: <input type="checkbox"/> Head On <input type="checkbox"/> Rear End <input type="checkbox"/> Sideswipe-Meeting <input type="checkbox"/> Sideswipe-Passing <input type="checkbox"/> Angle <input type="checkbox"/> Backed Into <input type="checkbox"/> Other | <p>Traffic Control</p> You V1 V2 <input type="checkbox"/> <input type="checkbox"/> Stop Sign <input type="checkbox"/> <input type="checkbox"/> Elec. Signal <input type="checkbox"/> <input type="checkbox"/> Yield Sign <input type="checkbox"/> <input type="checkbox"/> RR Signal/Gate <input type="checkbox"/> <input type="checkbox"/> Officer/Flagman <input type="checkbox"/> <input type="checkbox"/> No Passing Zone <input type="checkbox"/> <input type="checkbox"/> Turn Restricted <input type="checkbox"/> <input type="checkbox"/> Construction Zone <input type="checkbox"/> <input type="checkbox"/> School Zone Signal <input type="checkbox"/> <input type="checkbox"/> None | <p>Vision Obstructed</p> You V1 <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Vehicle <input type="checkbox"/> Trees/Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment <input type="checkbox"/> Signboards <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Cars <input type="checkbox"/> Moving Cars <input type="checkbox"/> Glare <input type="checkbox"/> Not Obstructed | <p>Road Conditions</p> <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Slush <input type="checkbox"/> Mud <p>Light Conditions</p> <input type="checkbox"/> Daylight <input type="checkbox"/> Dark w/Street Lights On <input type="checkbox"/> Dark w/ Street Lights Off <input type="checkbox"/> Dark No Street Lights |
|--|--|--|---|

| | | |
|-------------------------|---|---|
| ACCIDENT DIAGRAM | Vehicle #1 (YOU) Going <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | Vehicle #2 Going <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West |
|-------------------------|---|---|

A picture of the accident diagram with north indicated will be attached to the email Indicate North



DESCRIBE THE ACCIDENT IN DETAIL (if additional space is needed, attach separate page)

| | | |
|-----------------|------------------|--------------|
| Report Made by: | Reviewed By/DSN: | Approved By: |
|-----------------|------------------|--------------|