



SCARSDALE POLICE DEPARTMENT
50 TOMPKINS ROAD * SCARSDALE, NY 10583
(914) 722-1200

SPD #75

AUTO ACCIDENT STATEMENT FORM

Please complete this statement form at the accident scene and give it to the reporting Police Officer. If this is not possible, return the completed form to the Scarsdale Police Department within 72 hours at the address listed above.

_____	_____	_____
Your Name	Your License Plate Number	State
_____	_____	
Street Address	City, State Zip	
_____	_____	
Year and Make of your vehicle	Date and Time of accident	
_____	_____	
Location of Accident	Police Report Number	

NARRATIVE: (Describe how accident occurred)

_____	_____
Your Signature	Date