McPHERSON
KANSAS
Police Department
1177 W. Woodside • McPherson, KS 67460
Office: (620) 245-1200 • Fax: (620) 245-1213

CHIEF OF POLICE
Mikel T. Golden

Emergency Accident Reporting Plan (E.A.R.P.) /
Courtesy Motor Vehicle Accident Report

Case Number (Office Use) _____ **Report Date** _____ **Report Time** _____

Location _____ **County** _____

Date _____ **Time** _____ **Day** _____ **Weather** _____

Estimated Value of Damage (all vehicles/property involved) $_____ **Hit and Run** _____yes_____no

Public Street or Private Property (circle one)

Vehicle #1

Color _____ **Year** _____ **Make** _____ **Model** _____ **Style** _____ **Odometer** _____

Tag Number _____ **State**_____ **Expires** _____ **VIN** _____

Insurance Company _____ **Policy Number** _____

Owner: Last Name_____ **First Name** _____ **Middle Name** _____

Address _____ **Phone** _____

(Street, City, State, Zip)

Driver: Last Name_____ **First Name** _____ **Middle Name** _____

Address _____ **Phone** _____

(Street, City, State, Zip)

DOB _____ **Driver's License #** _____ **State** _____ **Seatbelt** _____yes _____no

Direction of Travel _____ **Lane** _____ **Speed** _____ **Damage** _____

Vehicle #2

Color _____ **Year** _____ **Make** _____ **Model** _____ **Style** _____ **Odometer** _____

Tag Number _____ **State**_____ **Expires** _____ **VIN** _____

Insurance Company _____ **Policy Number** _____

Owner: Last Name_____ **First Name** _____ **Middle Name** _____

Address _____ **Phone** _____

(Street, City, State, Zip)

Driver: Last Name_____ **First Name** _____ **Middle Name** _____

Address _____ **Phone** _____

(Street, City, State, Zip)

DOB _____ **Driver's License #** _____ **State** _____ **Seatbelt** _____yes _____no

Direction of Travel _____ **Lane** _____ **Speed** _____ **Damage** _____

Object(s) Struck

Struck Object (description) _____

Owner: Last Name_____ **First Name** _____ **Middle Name** _____

Address _____ **Phone** _____

(Street, City, State, Zip)

Struck Object (description) _____

Owner: Last Name_____ **First Name** _____ **Middle Name** _____

Address _____ **Phone** _____

(Street, City, State, Zip)

Passengers/Witnesses

Last Name_____ **First Name** _____ **Middle Name** _____ __V1 ___V2 ____W
Address _____ **Phone** _____
<div align="center">(Street, City, State, Zip)</div>

Last Name_____ **First Name** _____ **Middle Name** _____ __V1 ___V2 ____W
Address _____ **Phone** _____
<div align="center">(Street, City, State, Zip)</div>

Last Name_____ **First Name** _____ **Middle Name** _____ __V1 ___V2 ____W
Address _____ **Phone** _____
<div align="center">(Street, City, State, Zip)</div>

Last Name_____ **First Name** _____ **Middle Name** _____ __V1 ___V2 ____W
Address _____ **Phone** _____
<div align="center">(Street, City, State, Zip)</div>

Detailed description of Collision

Driver #1 Statement

Driver #2 Statement