



Sedgwick County Sheriff's Office

Accident Statement Form
141 W. Elm, Wichita, KS 67203
(316) 660-3770

Case# _____

Deputy _____

Date _____ Time _____

Location of Accident _____

Driver's Name _____ DOB _____ Age _____

Driver's License Number _____ State _____ Class _____ Restrictions _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Vehicle Year _____ Color _____ Make _____

Model _____ Tag Number _____ State _____ Expiration Year _____ Mileage/Odometer _____

VIN _____ (VIN is found on your registration or insurance card)

Insurance Company _____ Policy Number _____ Expiration _____

Injuries to driver _____ Seatbelt (Y/N) _____

In detail describe your accident using your direction of travel, speed, street names, weather conditions, etc;

Driver's Signature _____ Date _____ Time _____

Deputy's Signature _____ Date _____ Time _____

DEPUTIES USE:

EMS ON SCENE (Y/N) _____ EMS UNIT _____ HOSPITAL _____

NOTES: _____

