DYS Report
Letter of Explanation

The DYS (Do it yourself) Report has been created for people who need a report for insurance reasons (Auto / Home Owner's) and Police involvement is NOT necessary. You can take this report home or complete it in the lobby. **IT MUST BE completed thoroughly**.

- It is important that ALL <mark>highlighted</mark> fields be filled out.
  - Name, Phone #, Address, Damage to Vehicle, Direction of travel, Etc.
  - This includes completing a statement documenting what transpired.

- All information must be legible.

- Incomplete or Illegible reports will not be processed.
  - If your report is not complete, and your name and phone # is legible you will be given a call letting you know your report needs to be completed properly.

- NO FOLLOW-UPs will be made for any DYS Incident Reports.
  - If there is any evidence or additional information that could be useful in your incident and you want it to be investigated, DO NOT COMPLETE THIS FORM. You will need to meet with an Officer to complete a report.

- If you have previously been given a Police Call # (On the bottom of a motorist Exchange of Information Form) Please include it on your DYS Accident Report.

- Once complete, your DYS Report will be given to the Traffic Division to be reviewed to ensure it has been filled out in its entirety.
  - Then it will be given a case number.
  - This case number can then be given to your insurance company.

CRANSTON POLICE SELF REPORTING ACCIDENT FORM

Reporting Agency: **Cranston Police**   Report #: _____-AC   Crash Date: _____

City of Cranston   Walk in Report: **Yes**   Parking Lot: ☐   Crash Time: _____

Location or address of accident: _____ # of Lanes: _____ Speed Limit: _____

Closest Intersecting Street: _____

Unit: 1 (Info Mandatory)   ☐ Parked (no driver info)

Driver: _____ DOB _____
Last   first

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Seat Belt ☐Y ☐N

License #: _____ State: _____

Owner: ☐ Same _____ DOB: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Plate: _____ State: _____

VIN #: _____

Yr: _____ Make: _____ Model: _____

Color: _____ Direction: ☐N ☐S ☐E ☐W

Vehicle Type: ☐ pass car ☐ comm ☐other: _____

Insurance Co: _____

Policy #: _____

Passenger: _____ DOB: _____

Address: _____ Phone: _____

Unit: 2   ☐ Hit and Run   ☐ Parked (no driver info)

Driver: _____ DOB _____
Last   First

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Seat Belt ☐Y ☐N

License #: _____ State: _____

Owner: ☐ Same _____ DOB: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Plate: _____ State: _____

VIN #: _____

Yr: _____ Make: _____ Model: _____

Color: _____ Direction: ☐N ☐S ☐E ☐W

Vehicle Type: ☐ pass car ☐ comm ☐other: _____

Insurance Co: _____

Policy #: _____

Passenger: _____ DOB: _____

Address: _____ Phone: _____

Non Vehicle Property Damage (any damage to private or public property)

Owner: _____ Address: _____

Phone: _____ Damage: _____

(Circle One for each Column)

Road Type:	Road Surface:	Light	Weather	Impact	
Two Way Not Divided (1)	Dry (1)	Daylight (1)	Clear (1)	Not w/vehicle (1)	Angle (7)
Two Way Divided (2)	Wet (2)	Dawn (2)	Fog (3)	Rear End (2)	Side-swipe (8)
One Way (5)	Snow (3)	Dusk (3)	Rain (4)	Head On (3)	Other (12)
Other (6)	Other (10)	Dark (4)	Snow (6)	Broadside (6)	

Traffic Controls	Environment	Road	Most Harmful Event/Sequence	
No Controls (1)	None (1)	None (1)	Other Vehicle (13)	Jersey Barrier (26)
Traffic Signal (3)	Weather (2)	Road Surface (ice, wet etc) (2)	Animal (12)	Tree (28)
Stop Sign (6)	Glare (4)	Debris (3)	Curb (21)	Utility Pole (30)
Yield Sign (7)	Animal (5)	Obstruction (7)	Embankments (23)	Fence (37)
Other (11)	Other (6)	Other (6)	Guard Rail (24)	Other (39)

I swear that the information contained in this report is truthful under the penalty of RIGL. Receipt of money from an insurance company from the filing of any false claim of damage is subject to prosecution. If your report involves a pedestrian or bicyclist, you are not eligible to use this report; you must contact the Traffic Division.   This report will be assigned an accident report number and will be available to you in 3-5 business days. Forward any information to your insurance company for additional investigation.

Name (Print) _____ Date: _____

Signature: _____ Officer Approval ID#: _____

CONTINUED ON OTHER SIDE

Damage Vehicle 1
No Damage Observed (1)
Minor Damage (under $1,000.00) (2)
Functional Damage (over $1,000.00) (3)
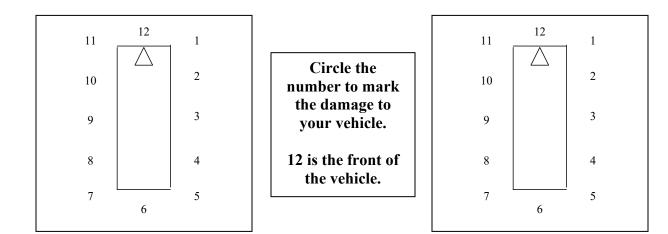Disabling Damage (4)

Damage Vehicle 2:
No Damage Observed (1)
Minor Damage (under $1,000.00) (2)
Functional Damage (over $1,000.00) (3)
Disabling Damage (4)

Impact Damage Vehicle 1: #_____

Impact Damage Vehicle 2: #_____

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        12                           12
  11    /\    1               11    /\    1
  10          2               10          2
  9           3               9           3
  8           4               8           4
  7           5               7           5
        6                           6
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Circle the number to mark the damage to your vehicle.

12 is the front of the vehicle.

Vehicle Action Prior to Impact Vehicle 1

Straight (1)	Slowing (10)
Backing (2)	Parked (12)
Turning Right (5)	Stopped in Traffic (13)
Turning Left (6)	Other (14)
Entering Traffic (9)	Unknown (15)

Vehicle Action Prior to Impact Vehicle 2

Straight (1)	Slowing (10)
Backing (2)	Parked (12)
Turning Right (5)	Stopped in Traffic (13)
Turning Left (6)	Other (14)
Entering Traffic (9)	Unknown (15)

Narrative (print your version of the event)