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MOTOR POLICE REPORT

T.A.B. Number: _____ Police Station Phone: _____

Place of Accident: _____ Date of Accident: _____

Day of Week: _____ Time of Accident: _____

	First Party	Second Party	Third Party
Driver			
Home Address			
Business Address			
Contact Numbers			
Make / Model of Vehicle			
Registration Number			
Vehicle Owner			
Owner Address			
Owner Contact Number			
Number of Passengers			
Insurance Company			
Policy Number			
DAMAGE SUMMARY			

FURTHER TO THE ABOVE IT IS ADVISED THAT:

- (i) No criminal action is contemplated against either party. Under RITA YES
(ii) The accident is at present under investigation. Charges are preferred against the 1st Party/2nd Party/ 3rd Party
- The matter was taken to court on the _____ day of _____ 202__ & finalized as follows.
a) Offence
b) Verdict/Sentence
- A deposit fine of \$.....was paid for by _____ the 1st Party/2nd Party/ 3rd Party, for driving (WITHOUT DUE CARE AND ATTENTION), (NEGLIGENT), (NO DRIVERS LICENCE), (NO INSURANCE/MOTOR LICENCE), (DRIVING UNDER THE INFLUENCE OF DRUG AND ALCOHOL) : other reasons

Scene Attending Officer: _____ Rank: _____ Contact # _____

Investigating Police Officer: _____ Rank: _____ Contact # _____

Police Date & Stamp

Completed By: _____

Rank: _____

Signature: _____

Please note this document may be referenced for litigation purposes.

