



CANYON COUNTY SHERIFF'S OFFICE

CITIZEN'S WALK-IN VEHICLE ACCIDENT REPORT

FOR RECORDS USE ONLY
POLICE REPORT # (CASE#)

NOTICE: This form is provided for a driver involved in an accident who wishes to make a voluntary report, or as may be required for insurance purposes. Since your accident was not investigated at the scene, **no police action will be taken.**

WHERE/ WHEN	DATE OF ACCIDENT (MM/DD/YYYY)	TIME OF ACCIDENT	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
	STREET YOU WERE ON	ADDRESS OF ACCIDENT		
	AT INTERSECTION WITH (STREET)	CITY/TOWN		

YOUR VEHICLE (UNIT #1)	DRIVER (LAST, FIRST, MIDDLE)		OWNER (LAST, FIRST, MIDDLE)	
	DRIVER ADDRESS (HOUSE #, STREET, APT#)		OWNER ADDRESS (HOUSE #, STREET, APT#)	
	CITY, STATE, ZIP	PHONE	CITY, STATE, ZIP	PHONE
	DRIVER DATE OF BIRTH (MM/DD/YYYY)	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	INSURANCE COMPANY	POLICY #
	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	VEHICLE LICENSE PLATE #	STATE OF ISSUE
	VEHICLE YEAR & MAKE	VEHICLE MODEL	STYLE (4-DR, PICKUP, ETC.)	COLOR (S)
	DAMAGE TO VEHICLE (DESCRIBE)			DAMAGE ESTIMATE \$

OTHER VEHICLE (UNIT #2)	DRIVER (LAST, FIRST, MIDDLE)		OWNER (LAST, FIRST, MIDDLE)	
	DRIVER ADDRESS (HOUSE #, STREET, APT#)		OWNER ADDRESS (HOUSE #, STREET, APT#)	
	CITY, STATE, ZIP	PHONE	CITY, STATE, ZIP	PHONE
	DRIVER DATE OF BIRTH (MM/DD/YYYY)	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	INSURANCE COMPANY	POLICY #
	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	VEHICLE LICENSE PLATE #	STATE OF ISSUE
	VEHICLE YEAR & MAKE	VEHICLE MODEL	STYLE (4-DR, PICKUP, ETC.)	COLOR (S)
	DAMAGE TO VEHICLE (DESCRIBE)			DAMAGE ESTIMATE \$

OTHER	DAMAGE TO OTHER PROPERTY _____	DAMAGE ESTIMATE \$ _____	PHONE _____
	OWNER (LAST, FIRST, MIDDLE) _____		
	OWNER ADDRESS (HOUSE #, STREET, APT# / CITY STATE ZIP) _____		

ACCIDENT REPORT	FOR RECORDS USE ONLY	CASE ASSIGNED BY _____	DATE _____	TIME _____
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