## **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	□ A.M.	□ P.M.	
	STREET YOU WERE ON				ADDRESS OF ACCIDENT			
	AT INTERSECTION WITH (STREET)				CITY/TOWN			
YOUR VEHICLE (UNIT #1)		<u> </u>						
	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:	INSURANCE COMPANY	POLICY #			
	DRIVER'S LICENSE NUMBER			STATE OF ISSUE	VEHICLE LICENSE PLATE	LE LICENSE PLATE #		
	VEHICLE YEAR	& MAKE	VEHICLE I	MODEL	STYLE (4-DR, PICKUP, ETC.)	COLOR (S	S)	
	DAMAGE TO VEHICLE (DESCRIBE)			DAMAGE ESTIMATE \$				
	DRIVER (LAST, FIRST, MIDDLE)			OWNER (LAST, FIRST, MIDDLE)				
(UNIT #2)	DRIVER ADDRESS (HOUSE #, STREET, APT#)				OWNER ADDRESS (HOUSE #, STREET, APT#)			
	CITY, STATE, ZIP			PHONE	CITY, STATE, ZIP		PHONE	
HCLE	DRIVER DATE OF BIRTH (MM/DD/YYYY)			SEX:	INSURANCE COMPANY	POLICY #		
OTHER VEHICLE	DRIVER'S LICENSE NUMBER			STATE OF ISSUE	VEHICLE LICENSE PLATE	<del>- 1</del>	STATE OF ISSUE	
THE	VEHICLE YEAR & MAKE VEHICLE N		MODEL	STYLE (4-DR, PICKUP, ETC.)	COLOR (S	5)		
	DAMAGE TO VEHICLE (DESCRIBE)				DAMAGE ESTIMATE \$			
<b>DTHER</b>	DAMAGE TO OTH	HER PROPERTY _			DAMAGE ESTIMATE \$PHONE			
	DAMAGE TO OTHER PROPERTY DAMAGE ESTIMATE \$PHONE  OWNER (LAST, FIRST, MIDDLE)							
	DWNER ADDRESS (HOUSE #, STREET, APT# / CITY STATE ZIP)							
ACCIDENT REPORT		FOR RECORDS USE ONLY	CASE ASSIGNED BY		D	DATE	TIME	

## Reports may be mailed to: Canyon County Sheriff's Office 1115 Albany Street Caldwell, Idaho 83605

DESCRIBE HOW THE ACCIDENT HAPPENED:			
(SPECIFY ROAD CONDITION, TRAFFIC CONTROL D	DEVICES, ETC.)		
			x- 2-7-1-10
			ESH CENTRALES
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NOTICE: Filing a false police report is a crist stating that this information is true and co	me. By submittin errect to the best	ng the repor	t, you are owledge.
Printed name of person submitting this report:			
Address: House #, Street, Apt. #	City	Ctoto	7:
	Oity	State	Zip
Signature	Date	Time	2