

CITIZEN VEHICLE REPORT FORM

Please complete each line as completely as possible.

Date of Incident: _____ State Vehicle License Number: **E**_____

Location of Incident: _____ Time of Incident: _____

City / State: _____

Street(s): _____

Direction of Travel: _____

Describe Incident. Please be as specific and accurate as possible.

Description of Vehicle: Make _____ Model: _____ Color: _____

Description of Driver: _____

Description of Passengers: _____

Would you like a written response from Risk Management? Yes No

If your answer is yes, please complete the information below.

Name: _____

Address: _____

City / State / Zip: _____

Email Address: _____