

WALK-IN CRASH REPORT

OWYHEE COUNTY SHERIFF'S OFFICE

CONFIDENTIAL: CANNOT BE USED IN COURT OR ON DRIVER'S RECORD

CRASH OCCURRED ON PRIVATE PROPERTY YES NO

LIGHT CONDITIONS: DAY DAWN/DUSK DARK/STREET LIGHTS ON
 DARK/STREET LIGHTS OFF DARK/NO STREET LIGHTS

WEATHER CONDITIONS: CLEAR CLOUDY RAIN SNOW FOG SLEET/HAIL SEVERE CROSSWINDS

OTHER (DESCRIBE) _____

DATE OF CRASH: _____ TIME OF CRASH: _____ DAY OF WEEK: _____

OWYHEE COUNTY ON _____ STREET/HWY NEAREST CITY/TOWN _____

MILEPOST _____ OR _____ FEET OR MILES N E S W FROM NEAREST CROSSROAD _____
(CIRCLE ONE)

OR IN THE INTERSECTION OF _____ & _____

DRIVER'S INFORMATION

FULL LEGAL NAME: _____ M F DOB: _____
LAST FIRST M (YYYY/MM/DD)

ADDRESS: _____ ID _____
STREET CITY ST ZIP CODE

VEHICLE INFO: _____
LIC PLATE# ST EXP DATE YEAR OF VEH MAKE MODEL BODY TYPE COLOR

REGISTERED OWNER'S FULL NAME: _____

REGISTERED OWNER'S ADDRESS: _____

VEH INSURANCE INFO: _____
COMPANY POLICY # AGENT

2ND DRIVER/VEH INVOLVED

FULL LEGAL NAME: _____ M F DOB: _____
LAST FIRST M (YYYY/MM/DD)

ADDRESS: _____ ID _____
STREET CITY ST ZIP CODE

VEHICLE INFO: _____
LIC PLATE# ST EXP DATE YEAR OF VEH MAKE MODEL BODY TYPE COLOR

REGISTERED OWNER'S FULL NAME: _____

REGISTERED OWNER'S ADDRESS: _____

VEH INSURANCE INFO: _____
COMPANY POLICY # AGENT

EXPLANATION OF EVENTS: (IF YOU NEED MORE ROOM USE BACK OF SHEET OR ANOTHER PIECE OF PAPER)

SIGNATURE OF REPORTING DRIVER DATE