

VALLEY COUNTY SHERIFF

Telephone 208-382-7150

P.O Box 1350 Cascade, Idaho 83611

Fax 208-382-7170

WALK-IN TRAFFIC COLLISION STATEMENT

DRIVER'S INFORMATION

First _____ MI _____ Last _____ DOB _____
Address _____ City _____
State _____ Zip _____ Home# _____
Work# _____ Cell# _____
Occupation _____ Employer _____

ACCIDENT INFORMATION

Light Conditions Road Type Direction of Travel
 Dawn Concrete North
 Light Paved East
 Dusk Gravel South
 Dark Dirt West

Weather Conditions Road Surface Driving Action
 Clear Dry Straight
 Cloudy Wet Turning
 Rain Slush Stopping
 Snow Ice Swerving
 Sleet/Hail Snow Other
 Fog Mud/dirt/gravel

What Type of Protection device used (check all that apply,)

Lap and shoulder belt Lap Helmet

Does your Vehicle have Airbags? Yes / No

Did your Airbags Deploy? Yes / No

Driver Passenger

Driver's Side Passenger Side

Were you Injured? Yes / No

Where? _____

How many people were in vehicle? _____

How many people were injured? _____

Any mechanical problems prior: _____

Posted Speed Limit _____ Your Speed _____

Any Vision Obstructions: Yes / No

Describe: _____

Have you been on this road before: Yes / No

List all occupants in the vehicle below:

First _____ MI _____ Last _____ DOB _____
Address _____ City _____ State _____
Zip _____ Phone# _____ Sex M / F _____
Seating Position _____ Seatbelt/Child seat Yes / No _____

First _____ MI _____ Last _____ DOB _____
Address _____ City _____ State _____
Zip _____ Phone# _____ Sex M / F _____
Seating Position _____ Seatbelt/Child seat Yes / No _____

Sheriff's Office Use Only

Date _____ Time _____ am/pm

Department Event # _____

Department Report # _____

_____ Mile _____ of _____

DL# _____ St _____ Exp _____

Class _____ Ht _____ Wt _____ Eyes _____ Hair _____

Date of Collision _____ Time of Collision _____

Location of Collision _____

INSURANCE COMPANY _____

Policy # _____

Agents Name _____ phone# _____

VEHICLE INFORMATION

License Plate _____ Exp _____ Year _____

Make _____ Model _____ Color _____

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Home# _____ Work# _____

Cell# _____

OTHER VEHICLES

Was there another vehicle involved? Yes / No

If Yes where was it? _____ # Vehicles Involved _____

Driver's Name _____

Address _____ City _____

State _____ Zip _____ Phone# _____

Insurance Company _____

Policy Number _____

Driver's Name _____

Address _____ City _____

State _____ Zip _____ Phone# _____

Insurance Company _____

Policy Number _____

First _____ MI _____ Last _____ DOB _____

Address _____ City _____ State _____

Zip _____ Phone# _____ Sex M / F _____

Seating Position _____ Seatbelt/Child seat Yes / No _____

First _____ MI _____ Last _____ DOB _____

Address _____ City _____ State _____

Zip _____ Phone# _____ Sex M / F _____

Seating Position _____ Seatbelt/Child seat Yes / No _____

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Continue with occupants:

First MI Last DOB
Address City State
Zip Phone# Sex M / F
Seating Position Seatbelt/Child seat Yes / No

First MI Last DOB
Address City State
Zip Phone# Sex M / F
Seating Position Seatbelt/Child seat Yes / No

First MI Last DOB
Address City State
Zip Phone# Sex M / F
Seating Position Seatbelt/Child seat Yes / No

First MI Last DOB
Address City State
Zip Phone# Sex M / F
Seating Position Seatbelt/Child seat Yes / No

Be Specific and Describe what Happened:

Draw a simple diagram of what happened. Label vehicles and roads.

ADMONITION – IDAHO CODE SECTION 18-705

“Every person who willfully resists, delays, or obstructs any public officer, in the discharge, or attempt to discharge, of any duty of his office, or who knowingly gives a false report to any peace officer, when no other punishment is prescribed, is punishable by a fine not exceeding one thousand (\$1000) dollars, and imprisonment in the county jail not exceeding one (1) year.”

I have read and understand all writing on this page. All information is true and accurate.

SIGNATURE: _____

DATE: _____