

# VALLEY COUNTY SHERIFF

Telephone 208-382-7150

P.O Box 1350 Cascade, Idaho 83611

Fax 208-382-7170

## TRAFFIC COLLISION STATEMENT

### DRIVER'S INFORMATION

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Date of Collision \_\_\_\_\_ Time of Collision \_\_\_\_\_

Location of Collision \_\_\_\_\_

### ACCIDENT INFORMATION

#### Light Conditions

- Dawn
- Light
- Dusk
- Dark

#### Road Type

- Paved
- Gravel
- Dirt

#### Weather Conditions

- Clear
- Cloudy
- Rain
- Snow
- Sleet/Hail
- Fog

#### Road Surface

- Dry
- Wet
- Slush
- Ice
- Snow
- Mud/dirt/gravel

#### Direction of Travel

- North
- East
- South
- West

#### Driving Action

- Straight
- Turning
- Stopping
- Swerving
- Other

### Sheriff's Office Use Only

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Department Event # \_\_\_\_\_

Department Report # \_\_\_\_\_

\_\_\_\_\_ Mile \_\_\_\_\_ of \_\_\_\_\_

DL# \_\_\_\_\_ St \_\_\_\_\_

Exp \_\_\_\_\_ Class \_\_\_\_\_

INSUR COMP: \_\_\_\_\_

Policy # \_\_\_\_\_

Agents Name \_\_\_\_\_

Phone# \_\_\_\_\_

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? \_\_\_\_\_

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

Injured during accident:  Yes  No

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone# \_\_\_\_\_ Sex M / F \_\_\_\_\_

Seating Position \_\_\_\_\_  Seatbelt  Child seat

Injured during accident:  Yes  No

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## ***TRAFFIC COLLISION STATEMENT***

**Continue with occupants:**

First	MI	Last	DOB		
Address	City		State		
Zip	Phone#	Sex		M / F	
Seating Position	<input type="checkbox"/>	Seatbelt	<input type="checkbox"/>	Child seat	
Injured during accident:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

First	MI	Last	DOB		
Address	City		State		
Zip	Phone#	Sex		M / F	
Seating Position	<input type="checkbox"/>	Seatbelt	<input type="checkbox"/>	Child seat	
Injured during accident:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

**Be Specific and Describe what Happened:**

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**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:** \_\_\_\_\_