



YUMA COUNTY SHERIFF'S OFFICE

CITIZEN'S REPORT OF AN ACCIDENT

141 S. 3rd Avenue
Yuma, AZ 85364
(928) 783-4427

PLEASE PRINT OR TYPE INFORMATION

YCSO USE ONLY
DATE RECEIVED TIME RECEIVED
EMPLOYEE/OFFICER NAME & ID NUMBER
DR NUMBER

Were there more than two vehicles? Yes No
Did the accident involve injuries that required medical treatment or hospitalization directly after the accident? Yes No
Did the accident involve County or Government property? Yes No
Was this accident a Hit and Run? Yes No

A "Yes" answer to any of these questions will require review by a Deputy

TIME AND LOCATION OF ACCIDENT

DATE OF ACCIDENT TIME OF ACCIDENT NAME OF STREET OR HIGHWAY
INTERSECTING STREET OR AVENUE DISTANCE
At From North South East West

DRIVER INFORMATION OF TRAFFIC UNIT #1

NAME STREET ADDRESS CITY, STATE, ZIP CODE PHONE NO.
Driver Pedestrian Pedal cyclist
DRIVER'S LICENSE NO. STATE CLASS WEIGHT EYES HAIR SEX DATE OF BIRTH AZ RESIDENT

TRAFFIC UNIT #1 INFORMATION

COLOR VEH. YEAR MAKE MODEL PLATE NO. STATE VEHICLE IDENTIFICATION NO.
OWNER'S NAME STREET ADDRESS CITY, STATE, ZIP CODE RESTRAINT USED
TRAILER/OTHER UNIT PLATE NO. STATE DESCRIPTION OF TRAILER OR OTHER UNIT POSTED SPEED LIMIT ESTIMATED SPEED
VEHICLE INSURANCE COMPANY PHONE NO. POLICY NO. EXP. DATE POLICY HOLDER

DRIVER INFORMATION OF TRAFFIC UNIT #2

NAME STREET ADDRESS CITY, STATE, ZIP CODE PHONE NO.
Driver Pedestrian Pedal cyclist
DRIVER'S LICENSE NO. STATE CLASS WEIGHT EYES HAIR SEX DATE OF BIRTH AZ RESIDENT

TRAFFIC UNIT #2 INFORMATION

COLOR VEH. YEAR MAKE MODEL PLATE NO. STATE VEHICLE IDENTIFICATION NO.
OWNER'S NAME STREET ADDRESS CITY, STATE, ZIP CODE RESTRAINT USED
TRAILER/OTHER UNIT PLATE NO. STATE DESCRIPTION OF TRAILER OR OTHER UNIT POSTED SPEED LIMIT ESTIMATED SPEED
VEHICLE INSURANCE COMPANY PHONE NO. POLICY NO. EXP. DATE POLICY HOLDER

Continue report on reverse side of this form

**OTHER PROPERTY DAMAGE**

OTHER PROPERTY DAMAGE (DESCRIBE)

OWNER'S NAME

ADDRESS

CITY, STATE, ZIP CODE

PHONE NO. (include area code)

**PASSENGERS**

UNIT #

NAME

ADDRESS

CITY, STATE, ZIP CODE

SEX

AGE

**WITNESSES**

NAME

ADDRESS

CITY, STATE, ZIP CODE

PHONE NO.

AGE

**ACCIDENT SUMMARY**

DESCRIBE WHAT HAPPENED (use separate sheet if necessary):

DRAW ACCIDENT DIAGRAM IN THE SPACE BELOW



To the best of my knowledge, this accident did not result in any injuries or total property damage in excess of \$1,000 and occurred as described.

PRINTED NAME OF REPORTING PARTY

SIGNATURE OF REPORTING PARTY

HOME PHONE NO.

WORK PHONE NO.

REVIEWED BY