

CITIZEN REPORT FORM

COMMUNITY



No.

For office use only

A community road safety programme in the Municipality of Clarington sponsored in cooperation with the Durham Regional Police and the Ontario Provincial Police.

Please Print Clearly

Incident Reported By: (this section MUST be completed)

Surname: _____ Given Name: _____

Address: _____

Town: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Date Incident Was Reported:

Date (DD/MM/YYYY): _____ Time: _____ AM: PM:

Date Incident Occurred:

Date (DD/MM/YYYY): _____ Time: _____ AM: PM:

Information of Vehicle Involved:

License Plate Number: _____ Province: _____

Type of Vehicle: Car Truck Van SUV Other (specify): _____

Vehicle Make: _____ Colour: _____

Information of Driver Involved:

Sex: Male Female Other Information: _____

Description of Incident: (please describe the incident and note any other important information)

Signature: _____ Date: _____

Report MUST be signed. Your name will be kept confidential and not disclosed. This Citizen Report Form is to be dropped off at the confidential box locations noted on the back of this form.