141 S. 3rd Avenue

Yuma, AZ 85364

YUMA COUNTY SHERIFF'S OFFICE

CITIZEN'S REPORT OF AN ACCIDENT

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

(928) 783-4427			PLEA	SE PRIN	T OR TYP	E INFORN	ΛΑΤΙΟΙ	V						
Were there mo	ore than tw	vo vehic	cles?									,	res 🗌	No 🗌
Did the accider	nt involve i	njuries	that req	uired m	edical tre	eatment o	or hosp	oitalizati	on dire	ctly afte	r the acci	dent? `	res 🗌	No 🗌
Did the accider	nt involve (County	or Gove	rnment	property	?						•	res 🗌	No 🗌
Was this accide	ent a Hit aı	nd Run?)									•	res 🗌	No 🗌
		Α"	'Yes" ans	wer to a	ny of thes	se questio	ns will	require r	eview b	y a Depu	ıty			
					-	OCATIO		<u> </u>			•			
DATE OF ACCIDENT		TIME C					F STREET OR HIGHWAY							
					☐ PM									
INTERSECTING STRE	ET OR AVENUE							_	٦		DISTAN	NCE		
At								=	North East	South West				
			D	RIVER	INFORM	IATION (OF TR	AFFIC U	JNIT #	1	<u>'</u>			
NAME			STREE	STREET ADDRESS				CITY, STATE, ZIP CODE			PHONE NO. (include area code)			
	NVED/C LICENIC	'E NO	CTAT	CLACC	WEIGHT	EVEC		LUAID		Lery	DATE	OF DIDTH	AZ DECID	FAIT
Driver DF	RIVER'S LICENS	E NO.	STATE	CLASS	WEIGHT	EYES		HAIR		SEX	DATEC	OF BIRTH	AZ RESID	ENI
Pedal cyclist													YES	□ NO
201.00	1 1/511 1/515	1.4445				INIT #1 I				Lygungig	D 5 1 T 1 5 1 0 4 T 1			
COLOR	VEH. YEAR	MAKE		MOI	JEL		PLATE NO. STATE VEH			VEHICLE	HICLE IDENTIFICATION NO.			
OWNER'S NAME SAME AS DRIVER STREET ADDRESS						CITY, STATE, ZIP CODE				RESTRAINT USED Lap/Shoulder None Lap Only				
TRAILER/OTHER UNI	T PLATE NO.	STATE	DESCRIPT	ION OF TRA	AILER OR OT	HER UNIT					POSTED SP	EED LIMIT	ESTIMAT	ED SPEED
												MPH		MPH
VEHICLE INSURANCE COMPANY PHO			PHONE N	PHONE NO. (include area code) POLICY NO				EXP. DATE			POLICY HOLDER SAME AS DRIVER			
										_				
NAME				RIVER .		IATION (AFFIC U		2	DHONE	NO. (inclu	ıda araa ca	do)
IVAIVIL			JIKE	T ADDICES	•		C111, 3	IAIL, ZIF C	ODL		FIIONL	. NO. (IIICIC	ide alea co	uej
	RIVER'S LICENS	E NO.	STATE	CLASS	WEIGHT	EYES	•	HAIR		SEX	DATE C	OF BIRTH	AZ RESID	ENT
Pedestrian Pedal cyclist													YES	□ №
				TR	AFFIC U	INIT #2 I	NFOR	MATIO	N					
COLOR	VEH. YEAR	MAKE		MOI	DEL		PLATE I	NO.	STATE	VEHICLE I	DENTIFICATI	ON NO.		
OWNER'S NAME SAME AS DRIVER STREET ADDRESS			(CITY, STATE, ZIP CODE			RESTRAINT USED Lap/Shoulder None Lap Only					
TRAILER/OTHER UNI	T PLATE NO.	STATE	DESCRIPT	ION OF TRA	AILER OR OT	HER UNIT					POSTED SP	EED LIMIT	ESTIMAT	ED SPEED
												MPH	1	MPH
VEHICLE INSURANCE COMPANY		PHONE NO. (include area code)			POLICY NO	NO. EXP. DATE			TE	E POLICY HOLDER ☐ SAME AS DRIVER				

			OTHER F	PROPER	RTY DAMAGE			
OTHER PR	OPERTY DAMAGE (DESC	CRIBE)						
						1		
OWNER'S NAME ADDRESS			DRESS		CITY, STATE, ZIP CODE	PHONE	NO. (include a	rea code)
			n	ACCEN	CEDC			
UNIT# NAME ADDRESS			PASSEN	CITY, STATE, ZIP CODE		SEX	AGE	
	IVAIVIL						-	
				LAZITRITA	CCEC			
NAME			ADDRESS	WITNE	CITY, STATE, ZIP CODE	PHONE	NO	AGE
IVAIVIL			ADDICESS		CITT, STATE, ZII CODE	THONE	NO.	AGE
				_				
DECORIDE	WHAT HAPPENED (use			DENT S	UMMARY			
DBAW AC	CIDENT DIAGRAM IN TH	IE CDACE DELOV						
DRAW AC	CIDENT DIAGRAM IN TE	IE SPACE BELOV	V				ا د شد	V La
								X
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							374	S. Se
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To 41	hast of many limited.	odac #l=!= =	acido at did a a turi il 1	in en::!:	المناسب و مسلم المغم و مواسيان	o in avenue - f	¢1 000 - :	d
	best of my knowled as described.	eage, this a	ccident did not result i	in any ir	juries or total property damag	e in excess of	\$1,000 an	a
	NAME OF REPORTING PA	ARTY		1	SIGNATURE OF REPORTING PARTY			
MINITO	VALVIL OF INFORTING PA	-MAT I			SIGNATURE OF REFORMING PARTY			
HOME PH	ONE NO.	lwo	RK PHONE NO.		REVIEWED BY			