



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

YUMA COUNTY SHERIFF'S OFFICE

CITIZEN'S REPORT OF AN ACCIDENT

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 <input type="checkbox"/> No <input type="checkbox"/>
Did the accident involve injuries that required medical treatment or hospitalization directly after the accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the accident involve County or Government property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this accident a Hit and Run?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> AM <input type="checkbox"/> PM	NAME OF STREET OR HIGHWAY
INTERSECTING STREET OR AVENUE At <input type="checkbox"/> From <input type="checkbox"/>		DISTANCE <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West

DRIVER INFORMATION OF TRAFFIC UNIT #1

NAME	STREET ADDRESS	CITY, STATE, ZIP CODE	PHONE NO. (include area code)
<input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedal cyclist	DRIVER'S LICENSE NO.	STATE CLASS WEIGHT EYES HAIR SEX	DATE OF BIRTH AZ RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

TRAFFIC UNIT #1 INFORMATION

COLOR	VEH. YEAR	MAKE	MODEL	PLATE NO.	STATE	VEHICLE IDENTIFICATION NO.
OWNER'S NAME	<input type="checkbox"/> SAME AS DRIVER	STREET ADDRESS	CITY, STATE, ZIP CODE	RESTRAINT USED <input type="checkbox"/> Lap/Shoulder <input type="checkbox"/> None <input type="checkbox"/> Lap Only		
TRAILER/OTHER UNIT PLATE NO.	STATE	DESCRIPTION OF TRAILER OR OTHER UNIT	POSTED SPEED LIMIT MPH	ESTIMATED SPEED MPH		
VEHICLE INSURANCE COMPANY	PHONE NO. (include area code)	POLICY NO.	EXP. DATE	POLICY HOLDER <input type="checkbox"/> SAME AS DRIVER		

DRIVER INFORMATION OF TRAFFIC UNIT #2

NAME	STREET ADDRESS	CITY, STATE, ZIP CODE	PHONE NO. (include area code)
<input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedal cyclist	DRIVER'S LICENSE NO.	STATE CLASS WEIGHT EYES HAIR SEX	DATE OF BIRTH AZ RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

TRAFFIC UNIT #2 INFORMATION

COLOR	VEH. YEAR	MAKE	MODEL	PLATE NO.	STATE	VEHICLE IDENTIFICATION NO.
OWNER'S NAME	<input type="checkbox"/> SAME AS DRIVER	STREET ADDRESS	CITY, STATE, ZIP CODE	RESTRAINT USED <input type="checkbox"/> Lap/Shoulder <input type="checkbox"/> None <input type="checkbox"/> Lap Only		
TRAILER/OTHER UNIT PLATE NO.	STATE	DESCRIPTION OF TRAILER OR OTHER UNIT	POSTED SPEED LIMIT MPH	ESTIMATED SPEED MPH		
VEHICLE INSURANCE COMPANY	PHONE NO. (include area code)	POLICY NO.	EXP. DATE	POLICY HOLDER <input type="checkbox"/> SAME AS DRIVER		

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