TRAFFIC STATEMENT

Today's Date _____/_____/_____ **Officer** _____ **Case#** _____

Full Name _____ DOB _____/_____/_____

Address _____ PO Box _____ City _____ State ___

Home Phone _____Work Phone _____ Cell Phone _____

What was your involvement? DRIVER PASSENGER WITNESS

Circle below the best description for the following:

LIGHT CONDTIONS	WEATHER CONDTIONS	ROAD CONDITIONS	TRAFFIC CONDTIONS
Daylight Dawn	Cloudy Clear Fog	Snow Ice Muddy	Heavy Medium Light
Dark Dusk	Rain Mist Snow	Wet Oily Gravel	Road Construction
	Hail Windy Storm		

If you were the passenger or driver, were you wearing your seatbelt? YES NO N/A

DESCRIBE WHAT HAPPENED IN DETAIL. PLEASE INCLUDE DATE & TIME OF INCIDENT.

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Your signature: _____