



IDAHO SPRINGS POLICE DEPARTMENT
P.O. BOX 907 3000 COLORADO BLVD.
IDAHO SPRINGS, CO. 80452
303-567-4291

DRIVER'S STATEMENT

DATE:

CASE NUMBER:

Name: _____ Date of Birth: _____

Driver's License #: _____ Driver's License State: _____

Address: _____

Phone: _____ Email: _____

Seatbelt Used? Yes No **Air Bags Deployed?** Yes No **Driver Injured?** Yes No
 (If injured, describe in statement)

Your Vehicle Description: License Plate Number: _____ Make: _____

Model: _____ Year: _____ Color: _____ VIN: _____

Insurance Company: _____ Policy #: _____ Exp. Date: _____

Describe Events:

Signature:

(continued on back if necessary)

PASSENGER INFORMATION

Name: _____ Birthdate: / / _____ Phone # _____ Seatbelt Used YES NO
 Address: _____ Describe Injury: _____
 Describe where seated: _____

Name: _____ Birthdate: / / _____ Phone # _____ Seatbelt Used YES NO
 Address: _____ Describe Injury: _____
 Describe where seated: _____

Driver's Statement (continued)

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Diagram

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