

# Brattleboro Police Department Non-Investigated Crash Report

\*If there was any injury as a result of this crash, do not fill out this form.  
You must contact an officer and fill out a Vermont Uniform Crash Report

Incident Number \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Officer: \_\_\_\_\_

Location/Street Address of Crash : \_\_\_\_\_

Posted speed in area of crash: \_\_\_\_\_ Vehicle occupied? Yes or No \_\_\_\_\_

## Your Information:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Your Race: \_\_\_\_\_ (White, Black, Hispanic, Asian)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_

Insurance Company for the Vehicle: \_\_\_\_\_ Policy # \_\_\_\_\_

Are you the owner of the vehicle involved in the crash? Y N

If you are not the owner, please provide the name and address of the owner:

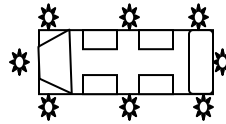
Name: \_\_\_\_\_ Address: \_\_\_\_\_

## Your Vehicle Information

Registration(plate) # \_\_\_\_\_ VIN # \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_



Fill in the circle/s where damage occurred or circle below:  
Hood Roof Trunk Undercarriage

Estimated Speed when crash occurred: \_\_\_\_\_

Direction you were traveling (or pointed if stationary): N\_\_ S\_\_ E\_\_ W\_\_

## Driver #2 Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_

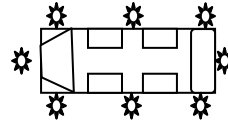
Insurance Company for the Vehicle: \_\_\_\_\_ Policy # \_\_\_\_\_

## Vehicle #2 Information

Registration(plate) # \_\_\_\_\_ VIN # \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_



Fill in the circle where damage occurred or circle one below:  
Hood Roof Trunk Undercarriage

Estimated Speed when crash occurred: \_\_\_\_\_

Direction he/she was traveling (or pointed if stationary) Circle one: N\_\_ S\_\_ E\_\_ W\_\_

Please Describe the Crash: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use reverse if more room needed)

Signed : \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_