STATEMENT -- TRAFFIC

NAME	PHONE NO.	EVENT	☐ ACCIDENT ☐ VIOLATION	NUMBER	CASE OR FILE NO.
ADDRESS			STREET OR ROAD ON		
AGE / OCCUPATION / BUSINESS PHONE			AT INTERSECTION WITH OR DISTANCE FROM		
( ) Driver ( ) Passenger ( ) Ped. Hit ( ) Witness	IN WHAT VEHICLE (Make and Year) / DATE OF BIRTH		IN CITY, COUNTY		
	Position In Vehicle: DR. 2 3 / 4 5 6		HOUR M / DAY / MONTH / 19		
INSURANCE COMPANY	SEAT BELTS INSTALLED ( ) Yes ( ) No		MADE AT		
NAME OF OWNER	USED ( ) Yes ( ) No	STATEMENT	MADE TO		
ADDRESS			HOUR M / DAY / MONTH / 19		

1. I was driving (direction) _____ on highway _____

at _____ M.P.H. (THEN STATE IN YOUR OWN WORDS HOW THIS ACCIDENT OCCURRED).

I HAVE READ THE FOREGOING STATEMENT AND IT IS TRUE AND MADE BY MY OWN FREE WILL.

WITNESSED _____ SIGNED _____

_____

CONFIDENTIAL USE OF CITY OF DELAFIELD DEPARTMENT PERSONNEL