#### **Stowe Police Department**



#### **Late Reporting Vehicle Accident / Vehicle Damage**

The Stowe Police Department does not investigate vehicle accidents or vehicle damage where there has been a delay in reporting.

This form is for reporting vehicle accidents or vehicle damage that you or your vehicle were involved in, but left the area or delayed in reporting the vehicle accident or vehicle damage.

This form is for documentation purposes only and an officer will not be assigned to investigate this incident.

The Stowe Police Department is only accepting this form for documentation information or insurance purposes.

Filing this report does not meet the reporting requirements of the State of Vermont for crashes involving injury, death or property damage in excess of specified dollar amount. You are still obligated to comply with state reporting requirements per state law. (Title 23 VSA 1129)

Complete the form and return it to:

Stowe Police Department 350 South Main Street Stowe, VT 05672

Or

E-mail form to: <a href="mailto:police@stowevt.gov">police@stowevt.gov</a>

Once the form is received by the Stowe Police Department an Incident Number will be given and the form will be put on file.

If you need further information, please call the Stowe Police Department at (802) 253-7126.

## **Stowe Police Department**

## **Late Reporting Vehicle Accident / Vehicle Damage Form**

| Stowe Police Department Inciden                                  | t Number: (Department Use – Lea | ave Blank)               |                      |
|--|---------------------------------|--------------------------|----------------------|
|  |                                 |                          |                      |
| Date of Report:  |                                 |                          |                      |
|  |                                 |                          |                      |
|  |                                 |                          |                      |
|  |                                 |                          |                      |
| Date of Accident / Vehicle Damage:                               |                                 | Time Occurred:           |                      |
| Location Occurred: (Street, City,                                | State, Zip)                     |                          |                      |
|  |                                 |                          |                      |
| Last Name:   |                                 | First Name:              |                      |
| Address: (Street, City, State, Zip)                              |                                 |                          |                      |
|  |                                 |                          |                      |
| Date of Birth:   | License: (Number / State)       |                          | Phone Number:        |
| Vehicle Owner – Last Name:                                       |                                 | Vehicle Owner – First N  | ame:                 |
|  |                                 |                          |                      |
| Vehicle Owner – Address: (Street,                                | , City, State, Zip)             |                          |                      |
| Vehicle Owner – Address: (Street                                 | , City, State, Zip)             |                          |                      |
|  | , City, State, Zip)             |                          |                      |
| Vehicle Owner – Address: (Street<br>Vehicle: (Year, Make, Model) | , City, State, Zip)             | Vehicle Registration Pla | te: (Number / State) |
|  | , City, State, Zip)             | Vehicle Registration Pla | te: (Number / State) |
|  | , City, State, Zip)             | Vehicle Registration Pla | te: (Number / State) |
| Vehicle: (Year, Make, Model)                                     | , City, State, Zip)             | Vehicle Registration Pla | te: (Number / State) |
| Vehicle: (Year, Make, Model)                                     | , City, State, Zip)             | Vehicle Registration Pla | te: (Number / State) |
| Vehicle: (Year, Make, Model)                                     | , City, State, Zip)             | Vehicle Registration Pla | te: (Number / State) |
| Vehicle: (Year, Make, Model)                                     | , City, State, Zip)             | Vehicle Registration Pla | te: (Number / State) |

# **Stowe Police Department**

| Narrative: (Describe What Occurred) |      |           |
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| Person making Report:               |      |           |
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|                                     |      |           |
|                                     |      |           |
|                                     |      |           |
| Name (Print)                        | Date | Signature |
|                                     |      | -         |
|                                     |      |           |