

Alamosa Police Department

Voluntary Driver's Statement

Name:		Date of Accident:					
Address:				Time of Accident:			
City:			State:		Zip:		
Date of Birth:			Cell Phone:				
Home Phone:			Work Phone:				
Seatbelt Used: No Yes Driver Injured: No Yes, Describe: Driver Airbag: Yes, Airbag didn't Deploy Yes, Airbag Deployed Vehicle Description: No							
Year:	Make:	Model:	Model:		License # & State:		
Color:	Direction of Travel:			Estima	Estimated Speed:		
Insurance Company: Polic		Policy #	· # :				
Expiration Date:		Insurance Phone #:					
Describe Events (Before, During, & After Accident): Continue to back side, if needed.							
Passenger Inform	nation: (Use back of State	ment for Ext	ra Passengers)				
Name:	Date of Birth:		me Phone #:		Seatbelt Used: 🗌 Yes	🗌 No	
Address:		Cel	ll Phone #:		Child Restraint: 🗌 Yes	🗌 No	
Position in Vehicle:		Air	bag: 🗌 Yes, Airbag	didn't Deploy	Yes, Airbag Deployed No	Airbag	
Name:	Date of Birth:	Но	me Phone #:		Seatbelt Used: 🗌 Yes	🗌 No	
Address:		Cel	l Phone #:		Child Restraint: 🗌 Yes	🗌 No	
Position in Vehicle:		Air	bag: 🗌 Yes, Airbag	didn't Deploy	☐ Yes, Airbag Deployed ☐ No	Airbag	
Name:	Date of Birth:	Но	me Phone #:		Seatbelt Used: 🗌 Yes	🗌 No	
Address:		Cel	ll Phone #:		Child Restraint: 🗌 Yes	🗌 No	
Position in Vehicle:		Air	bag: 🗌 Yes, Airbag	didn't Deploy	☐ Yes, Airbag Deployed ☐ No	Airbag	

Signature of Driver:

I make the statement on both sides of this report of my own free will, with no force or threats used against me, and no promises made or implied to induce me to make these statements. I swear that all the information contained in this report is true and correct.

Date: