



Alamosa Police Department

Voluntary Driver's Statement

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|----------------|-------------|-------------------|--|
| 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 No Airbag
 Vehicle Description:

| | | | |
|--------------------|----------------------|--------------------|--------------------|
| Year: | Make: | Model: | License # & State: |
| Color: | Direction of Travel: | | Estimated Speed: |
| Insurance Company: | | Policy # : | |
| Expiration Date: | | Insurance Phone #: | |

Describe Events (Before, During, & After Accident): *Continue to back side, if needed.*

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Passenger Information: (Use back of Statement for Extra Passengers)

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|----------------------|----------------|---|---|
| Name: | Date of Birth: | Home Phone #: | Seatbelt Used: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | | Cell Phone #: | Child Restraint: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Position in Vehicle: | | Airbag: <input type="checkbox"/> Yes, Airbag didn't Deploy <input type="checkbox"/> Yes, Airbag Deployed <input type="checkbox"/> No Airbag | |
| Name: | Date of Birth: | Home Phone #: | Seatbelt Used: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | | Cell Phone #: | Child Restraint: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Position in Vehicle: | | Airbag: <input type="checkbox"/> Yes, Airbag didn't Deploy <input type="checkbox"/> Yes, Airbag Deployed <input type="checkbox"/> No Airbag | |
| Name: | Date of Birth: | Home Phone #: | Seatbelt Used: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | | Cell Phone #: | Child Restraint: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Position in Vehicle: | | Airbag: <input type="checkbox"/> Yes, Airbag didn't Deploy <input type="checkbox"/> Yes, Airbag Deployed <input type="checkbox"/> No Airbag | |

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|----------------------|-------|
| Signature of Driver: | Date: |
|----------------------|-------|

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.

