



# **BOUNDARY COUNTY SHERIFF'S OFFICE**

Walk- in and past tense accident documentation form

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## **Driver Information**

Drivers full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Drivers license number: \_\_\_\_\_ State of issue: \_\_\_\_\_ Expire date: \_\_\_\_\_

Drivers physical address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Drivers home phone number:\_(\_\_\_\_)\_\_\_\_\_ Other phone number:\_(\_\_\_\_)\_\_\_\_\_

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## **Vehicle Information**

Vehicle year: \_\_\_\_\_ Vehicle make: \_\_\_\_\_ Vehicle model: \_\_\_\_\_ Color(s): \_\_\_\_\_

Vehicle license plate number: \_\_\_\_\_ State: \_\_\_\_\_ VIN number: \_\_\_\_\_

Damaged area(s) of vehicle: \_\_\_\_\_

Approx. dollar amount of damage(s): \_\_\_\_\_

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## **Insurance Information**

Insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

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## **Incident Location and Circumstances**

Road or Highway: \_\_\_\_\_ Mile post or closest intersection: \_\_\_\_\_

Direction of travel prior to collision: \_\_\_\_\_ Seatbelt worn? **Yes No** Airbag deploy? **Yes No**

Time of collision: \_\_\_\_\_

**See reverse, this is a two sided form**



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**In block printing, describe how collision occurred:**

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*I understand that providing false information about the above mentioned collision or circumstances surrounding it are crimes punishable under Idaho Law. I further understand that upon completion of this reporting form there will be no additional reports, or other documentation, generated by the Boundary County Sheriff's Office regarding this incident and that I will not be contacted by a Deputy in reference to it.*

Driver's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*BCSO Use Only*

BCSO employee disseminating form: \_\_\_\_\_ Date: \_\_\_\_\_

**BCSO assigned case number:** \_\_\_\_\_