

**Citizen Report Form**  
Fax: (905) 456-5911

Incident No. \_\_\_\_\_

**Do not attempt to complete this form while you are operating your vehicle.**



Incident Date \_\_\_\_\_ Time \_\_\_\_\_ A.M. P.M.

Incident Location \_\_\_\_\_

\_\_\_\_\_

**Unsafe Driver and Vehicle Information**

Driver Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Male  Female Age \_\_\_\_\_ Hair \_\_\_\_\_

Auto  Truck  Bicycle Other \_\_\_\_\_

**Plate #** \_\_\_\_\_

Province \_\_\_\_\_ Vehicle Year \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_

Colour \_\_\_\_\_ Other Features \_\_\_\_\_

**Details of Incident**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Incident Reported By:**

You **must complete** this section in its entirety before the form can be processed. Your name will be kept confidential and not disclosed.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Bus #: (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

**Details of Incident continued...**

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**FOR EMERGENCIES CALL 911**