

CITIZEN REPORT FORM

Incident No. _____

Fax: 905-456-5911

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 _____

FOR EMERGENCIES CALL 911