Citizen Report Form

Fax: 905-513-0679

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 entirely 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

Details of Incident continued...

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