

Non-Reportable

Citizen Crash Receipt

City of Erie, Bureau of Police

Exchange of Accident Identification Information

Accident Location		
Accident Education		

SHASY					Pleas			Point Pen – No C	arbon Paper Required	ı				
Date of 0	Date of Crash Day			Time		County Erie #2				Erie #302	Incident Number			
	Operators License Number		State	Sex	DOB		Lega	ally Parked	☐ Illegal	ly Parked	☐ Hit & Ru	n		
H	Drivers Name Address							•			Home Phone			
T	Owners Name Address										Business Phone			
Z	VIN Number Ye					Year *	Make *	Model *	Color *	Body Type *	Vehicle Reg	Plate	State	
NUMBER	Vehicle Speed	Speed Limit	Direction	Descri	iption of I	Oriver				1		Seat Belts Used	Not Used	
BE	Insurance Company						Agents Name & Phone Number Policy N				ımber			
オー	Passengers Name, Address, DOB 1)							2)						
	3)							4)						
				*_	DO NOT	USE CODE	S FROM STAT	E CRASH REPO	ORT. USE PLAIN E	NGLISH				
	Operators License Number			State	Sex	DOB		Legally Parked			☐ Illegally Parked		☐ Hit & Run	
9	Drivers Name Address									•	Home Phone			
	Owners Name Address							Business Phone						
Z	VIN Number					Year *	Make *	Model *	Color *	Body Type *	Vehicle Reg	Plate	State	
Z	Vehicle Speed	Speed Limit	Direction	Description of Driver Seat Belts Used U								Not Used		
UMBER	Insurance Company					Agents N	Agents Name & Phone Number			Policy Numb	Policy Number			
ス	Passengers Name, Address, DOB 1)							2)						
	3)							4)						
Witness 1)	Witness Name, Address & Phone Numbers 1)							2)						
3)								4)						

For further information concerning this incident Call Traffic Investigation at 870-1171 or 870-1419

DIAGRAM & NARRATIVE

(If additional space is needed use a blank piece of paper.)

§3748. False Reports of PMVC

Any person who gives information in oral or written reports required by this subchapter knowing or having reason to believe that the information is false is guilty of a summary offense and shall, upon conviction, be sentenced to pay a fine of \$200.