INFORMAL STATEMENT BY:

- ☐ Driver
- ☐ Passenger
- ☐ Witness
- ☐ Officer From Other Department
- ☐ Other

NEVADA HIGHWAY PATROL

ACCIDENT NUMBER:

CITATION NUMBER:

OTHER NUMBER:

DATE:	TIME: ☐ AM ☐ PM	FULL NAME:		
RESIDENCE ADDRESS:	CITY:	STATE:	ZIP CODE:	TELEPHONE:
SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE NUMBER:	STATE:		
VEHICLE LICENSE NUMBER:	STATE:	YEAR AND MAKE OF VEHICLE:		

MY OBSERVATION OR INVOLVEMENT IN THIS MATTER WAS AS FOLLOWS:

SIGNATURE OF PERSON WRITING STATEMENT: