

## COLCHESTER POLICE DEPARTMENT

835 Blakely Road  
Colchester, Vermont 05446Business: 802-264-5556  
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GO # 30

APPENDIX A

## NON-INVESTIGATED CRASH REPORT

This form is being provided for your convenience to report damage to your vehicle either through a non-investigated or a late reported crash. It is the policy of the Colchester Police Department to not investigate crashes unless we are called to the scene and the combined damage exceeds \$4,000. **We will not investigate this incident and are providing you with an incident number for insurance purpose only.** Use of this form does not relieve the reporting party from complying with DMV rules which require the operator of a motor vehicle involved in certain crashes to submit a REPORT OF MOTOR VEHICLE CRASH. **\*\*Please note that insurance fraud and false reports to law enforcement are illegal.**

DATE OF INCIDENT: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

NAME OF PERSON COMPLETING FORM: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

VEHICLE #1

OPERATOR NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DL#/STATE: \_\_\_\_\_

VEHICLE STATE/REG: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_

INSURANCE INFO: \_\_\_\_\_

VEHICLE #2

OPERATOR NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DL#/STATE: \_\_\_\_\_

VEHICLE STATE/REG: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_

INSURANCE INFO: \_\_\_\_\_

\*\*\*\*\*TO BE COMPLETED BY CPD EMPLOYEE ONLY\*\*\*\*\*

INCIDENT #: \_\_\_\_\_

OFFICER: REPORTS OFFICER