



McCall Police Department

550 Deinhard Lane, McCall, ID 83638
Telephone: (208)634-7144 or Fax: (208) 634-7983

DR Number:

Form Name: Nonreportable/Walk in Report

Form: MPD-005

Non-Reportable / Walk In Report

| | | | |
|---------------------|---------|-------------------------------|---|
| 1. Date of Accident | 2. Time | 3. Location Accident Occurred | Private Property <input type="checkbox"/> |
|---------------------|---------|-------------------------------|---|

Section 1. Vehicle and Driver Number 1

| | | | | | | | | | | |
|--|-----------|---|---|--------------------|--|---|-----------------|--|--|-----------------------------|
| 1. Driver's Name - Last, First, Middle Intl. | | | 2. Driver's License Number / State Issued | | 3. Date of Birth | | 4. Phone Number | | | |
| 5. Physical Address - City, State, Zip Code | | | | | 6. Mailing Address - City, State, Zip Code | | | | | |
| 7. Owner's Name | | Same as Driver <input type="checkbox"/> | | 8. Owner's Address | | Same as Driver <input type="checkbox"/> | | 9. Insurance Company | | 10. Insurance Policy Number |
| 11. License Plate | 12. State | 13. VIN Number | | 14. Year | 15. Make | 16. Model | 17. Color | 18. Seat Belt Used Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Section 2. Vehicle and Driver Number 2

| | | | | | | | | | | |
|--|-----------|---|---|--------------------|--|---|-----------------|--|--|-----------------------------|
| 1. Driver's Name - Last, First, Middle Intl. | | | 2. Driver's License Number / State Issued | | 3. Date of Birth | | 4. Phone Number | | | |
| 5. Physical Address - City, State, Zip Code: | | | | | 6. Mailing Address - City, State, Zip Code | | | | | |
| 7. Owner's Name | | Same as Driver <input type="checkbox"/> | | 8. Owner's Address | | Same as Driver <input type="checkbox"/> | | 9. Insurance Company | | 10. Insurance Policy Number |
| 11. License Plate | 12. State | 13. VIN Number | | 14. Year | 15. Make | 16. Model | 17. Color | 18. Seat Belt Used Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Section 3. Witnesses or Passengers

| | | | | | |
|---|--|------------------------------------|-----------------|-------------------|-----------|
| 1. Witness or Passenger's Name and Address: | | Witness <input type="checkbox"/> | 2. Phone Number | 3. Seat Belt Used | 4. Injury |
| | | Passenger <input type="checkbox"/> | | | |
| 1. Witness or Passenger's Name and Address: | | Witness <input type="checkbox"/> | 2. Phone Number | 3. Seat Belt Used | 4. Injury |
| | | Passenger <input type="checkbox"/> | | | |

Section 4. Additional Information and Damage Estimate

| | | |
|---------------------------------------|---------------------------|---------------------------|
| 1. ADDITIONAL INFORMATION NOT LISTED: | 2. Damage Location | |
| | Vehicle Number 1 | Vehicle Number 2 |
| | Front | Front |
| | Back | Back |
| | SHADE IN DAMAGED AREA | |
| | 3. Estimated Cost Veh. #1 | 4. Estimated Cost Veh. #2 |
| | | |
| | | |



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Section 5. **Written Statement**

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Section 6. **Diagram of Accident Scene**

| | |
|------------------|--|
| <h3>DIAGRAM</h3> | North  |
|------------------|--|

Section 7. **Signature of Person Filing / Officer Taking Statement**

IMPORTANT. PLEASE READ: By filling out and signing this report, I hereby certify that the information given is true and factual to the best of my knowledge. I understand that knowingly giving a false report to any peace officer is a crime under Idaho Code Section 18-705, and may be punished by a fine not to exceed one thousand dollars (\$1000) and jail time, not to exceed one (1) year.

Signature of Person Making Statement

Date

Name / Badge Number of Officer Taking Statement

Date