CITIZEN CRASH REPORT

OZARK POLICE DEPARTMENT

Completed reports may be submitted in person, mailed or emailed
to: Ozark Police Department – Attention: Records Unit
201 E. Brick Street, Ozark, MO 65721
Email: records@ozarkpd.org
Please Call 417-581-6600 for additional information.

OFFICE USE ONLY	
Case #:	Beat:
Date of Crash Report:	Time of Crash Report:
# of Vehicles Involved:	# of Persons Injured:
Leaving the Scene	
☐ Yes ☐ No ☐ Property Damage Only	☐ Vehicle # 1 ☐ Vehicle # 2
Reviewed By/DSN:	

Date of Crash:	Time of Crash: ☐ A.M. ☐ P.M.
If Crash was on a parking lot, Name of Business:	
Location of Crash: (Must be within City limits of Ozark, MO)	

DRIVER VEHICLE #1 INFORMATION (YOU)

Driver's Name:		Driver's License Number:		Driver's Date of Birth:
Driver's Street Address:	City:	State:	Zip:	Phone #:

VEHICLE/OWNER INFORMATION VEHICLE #1 (YOU)

Vehicle Information			Damage	Vehicle Owner Information ☐ Same as Driver #1 Information		
Year:	Make:	Model:	Check All Areas of Damage	Vehicle Owner's Name:	Phone #:	
Color:	License Plate #:	State:	Front VEH Rear	Vehicle Owner's Street Address:		
Insurance Company:				City:	State:	Zip:

DRIVER VEHICLE #2 INFORMATION

Driver's Name:		Driver's License Number:		Driver's Date of Birth:
Driver's Street Address:	City:	State:	Zip:	Phone #:

VEHICLE/OWNER INFORMATION VEHICLE #2

Vehicle Information			Damage	Vehicle Owner Information ☐ Same as Driver #2 Information		
Year:	Make:	Model:	Check All Areas of Damage	Vehicle Owner's Name:	Phone #:	
Color:	License Plate #:	State:	Front VEH Rear	Vehicle Owner's Street Address:		
Insurance Company:				City:	State:	Zip:

INVOLVEMENT OF OTHER PERSONS

Type	Name	Address	City	State	Zip	Phone #	Extent of Injuries
☐Pedestrian ☐Passenger ☐ Witness							
☐Pedestrian ☐Passenger ☐ Witness							
☐Pedestrian ☐Passenger ☐ Witness							

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Property Owner's Name	Address	City	State	Zip	Phone #	Extent of Damage

CRASH INFORMATION

Collision Involving

- ☐ 1. Animal
- ☐ 2. Bicyclist
- ☐ 3. Fixed Object
- ☐ 4. Pedestrian
- ☐ 5. MV in Transport*
- ☐ 6. Parked Vehicle*

*If 5 or 6 are checked please mark one box below:

- ☐ Head On
- ☐ Rear End
- ☐ Sideswipe-Meeting
- ☐ Sideswipe-Passing
- ☐ Angle
- ☐ Backed Into
- ☐ Other

Your Vehicle's Actions

Please enter your vehicle's action(s) from the first event to its final rest in the space provided:

____/____/____

1. Going Straight
2. Overturning
3. Making Right Turn
4. Right Turn on Red
5. Making Left Turn
6. Making U Turn
7. Skidding/Sliding
8. Slowing/Stopping
9. Start in Traffic
10. Start From Parked
11. Backing
12. Stopped in Traffic
13. Parked

Traffic Control

You V1	V2	
☐	☐	Stop Sign
☐	☐	Elec. Signal
☐	☐	RR Signal/Gate
☐	☐	Yield Sign
☐	☐	Officer/Flagman
☐	☐	No Passing Zone
☐	☐	Turn Restricted
☐	☐	Construction Zone
☐	☐	School Zone Signal
☐	☐	None

Vision Obstructed

You V1	
☐	Windshield
☐	Load on Vehicle
☐	Trees/Brush
☐	Building
☐	Embankment
☐	Signboards
☐	Hillcrest
☐	Parked Cars
☐	Moving Cars
☐	Glare
☐	Not Obstructed

Road Conditions

- ☐ Dry
- ☐ Wet
- ☐ Snow
- ☐ Ice
- ☐ Slush
- ☐ Mud

Light Conditions

- ☐ Daylight
- ☐ Dark w/Street Light On
- ☐ Dark w/Street Lights Off
- ☐ Dark No Street Lights

CRASH DIAGRAM

Vehicle #1 (YOU) Going ☐ North ☐ South ☐ East ☐ West

Vehicle #2 Going ☐ North ☐ South ☐ East ☐ West

NOTE: If this form has been completed using the fillable form feature, please complete and attach the diagram of the accident on another page.

Indicate North

DESCRIBE THE CRASH IN DETAIL (if additional space is needed, attach separate page)

Signature of Reporting Party:	Date Signed: