



VOLUNTARY CRASH STATEMENT FORM

Case#: _____

Dodge County Sheriff's Office
 124 West St
 Juneau, WI 53039-1055
 Phone (920)386-3726 Fax (920)386-3742

STATEMENT OF

Name: (First/Middle/Last) _____ Date of Birth: ____/____/____ Gender: M F

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Other: _____

Email Address: _____

I was the: Driver Passenger Witness

I was traveling on _____ in the _____ lane traveling _____
 Street / Highway Left / Right N / S / E / W

Describe in detail how crash occurred:

Are you a victim? Yes No

As a victim, do you consent to your information to be released to:

- Governmental entities (other law enforcement, public health, etc.)
- PAVE
- Open records requests

Warning! By signing this document, I certify, that this statement is true and correct to the best of my knowledge. Furthermore, I am also aware that making a false or misleading statement to a law enforcement officer could be considered a crime under 946.41 (Obstructing an Officer).

Witnessed By: _____

Signature of person providing the statement. _____

Date _____

DRIVER / PASSENGER STATEMENT

Condition at the Time of the Accident – circle one for each category

LIGHT CONDITION

1. Daylight
2. Dark
3. Dark w/Street Light
4. Dawn or Dusk

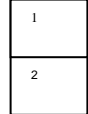
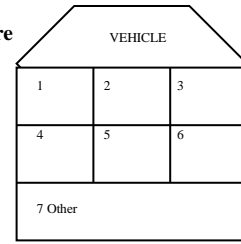
WEATHER CONDITION

1. Clear
2. Cloudy
3. Rain
4. Snow or Ice
5. Fog or Mist
6. Sleet

ROAD CONDITION

1. Dry
2. Snow or Ice
3. Wet
4. Gravel
5. Slush
6. Muddy
7. Oily
8. Other

Place an X where you were seated in this vehicle



**Cycle
Or Bicycle**

Crash Date _____ **Time of Crash** _____

Where were you coming from prior to the crash? _____

Where were you going? _____

On this trip, how long have you been driving / riding prior to this crash? _____

How often do you drive this vehicle? _____

As far as you know, was there anything wrong with this vehicle prior to the crash? No Yes **What?** _____

Who else was with you at the time of the crash? _____

Were you wearing your seat belt? No Yes

Do you have vehicle insurance? No Yes

What is your vehicle insurance company? _____

What were you doing prior to the crash? _____

Did anything interfere with your view at the time of the crash? No Yes

Were there any other vehicles nearby at the time of the crash? No Yes

Did any of these vehicles contribute to the crash? No Yes **How?** _____

How fast were you traveling? _____

What indicated to you that a crash would occur? _____

Did you do anything to avoid this crash, i.e. braking, turning, etc.? _____

In your opinion, why did this crash occur? _____

Have any of the vehicles been moved since the crash? No Yes **How?** _____

Have you taken any medication or alcohol within the 6 hours prior to the crash? No Yes **What?** _____

SIGNATURE: _____ **DATE:** _____

If you wish to draw a picture to help explain what happened, please include on a separate page.