



Incident # _____

LATE REPORTED ACCIDENT for Insurance Purposes

Reports of accidents that have occurred in the City of South Burlington only are accepted.

*Date of Accident: _____ *Time of Accident: _____

*Location of Accident: _____

Owner/Operator #1:

*Name: _____

*DOB: _____ Driver's License #: _____ State: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone #: _____ E-mail Address: _____

Vehicle #1:

*Plate #: _____ *State: _____

Vehicle Year: _____ Make: _____ Model: _____

Estimated Damage: _____

Owner/Operator #2:

Name: _____

DOB: _____ Driver's License #: _____ State: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone #: _____ E-mail Address: _____

Vehicle #2:

Plate #: _____ State: _____

Vehicle Year: _____ Make: _____ Model: _____

Estimated Damage: _____



Narrative:

(Briefly describe the events including location, date, time, and damages to the vehicles involved.)

Complainant's Signature: _____

Date: _____

This information is for documentation purposes only. At no point will an officer be assigned to investigate this incident. Should you or your insurance company require a copy of this documented information, or confirmation that this information is on file, you can contact the South Burlington Police Department's Records Office at 802-846-4162. Per Vermont State Law, Title 23 VSA 1129(a), the operator of every motor vehicle involved in a crash which results in injury or death or total property damage of \$3,000.00 or more, must make a report to the State of Vermont Agency of Transportation, Department of Motor Vehicles, 120 State Street, Montpelier, VT 05603-0001. You must report even if the vehicle was parked. The failure or refusal of any person to report is punishable by a penalty of up to \$175.00.

If mailing this document in, please mail it to the attention of SBPD Records.

*Indicates Required Information

NOTE: eMail addresses are used to correspond with those reporting crashes.