ROAD WATCH CITIZEN REPORT FORMS

Working together for Safer Roads

DATE OF INCIDENT D_____ M_____ Y_____

TIME OF INCIDENT _____ AM _____PM_____

LOCATION OF INCIDENT _____

VEHICLE & UNSAFE DRIVER_____

_____

VEHICLE: AUTO ___ TRUCK___ VAN____ OTHER ____

PLATE # _____ PROV. _____

VEHICLE YEAR _____ COLOUR _____

MAKE _____ MODEL _____

DRIVER: SEX _____ AGE _____

INCIDENT REPORTED BY:

SURNAME _____

FIRST NAME _____

ADDRESS _____

_____

TOWN _____ CODE _____

PHONE ( ) _____ BUS ( ) _____

*Your name will be kept **confidential and not disclosed**. This Citizen Report form is to be dropped off at one of the "**Drop** Box Locations " noted on this brochure,or you can fax it to: 416-946-1184 or mail to:*

Road Watch C/O York Regional Police
2 District, 17250 Yonge Street,
Newmarket, ON L3Y 4W5

WHAT HAPPENED? *Please give details*:

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Thank you for your co-operation. For more information about the Road Watch program, please contact York Regional Police at (905) 895-1221 Extension 7200 or by e-mail to: **roadwatch@police.york.on.ca**