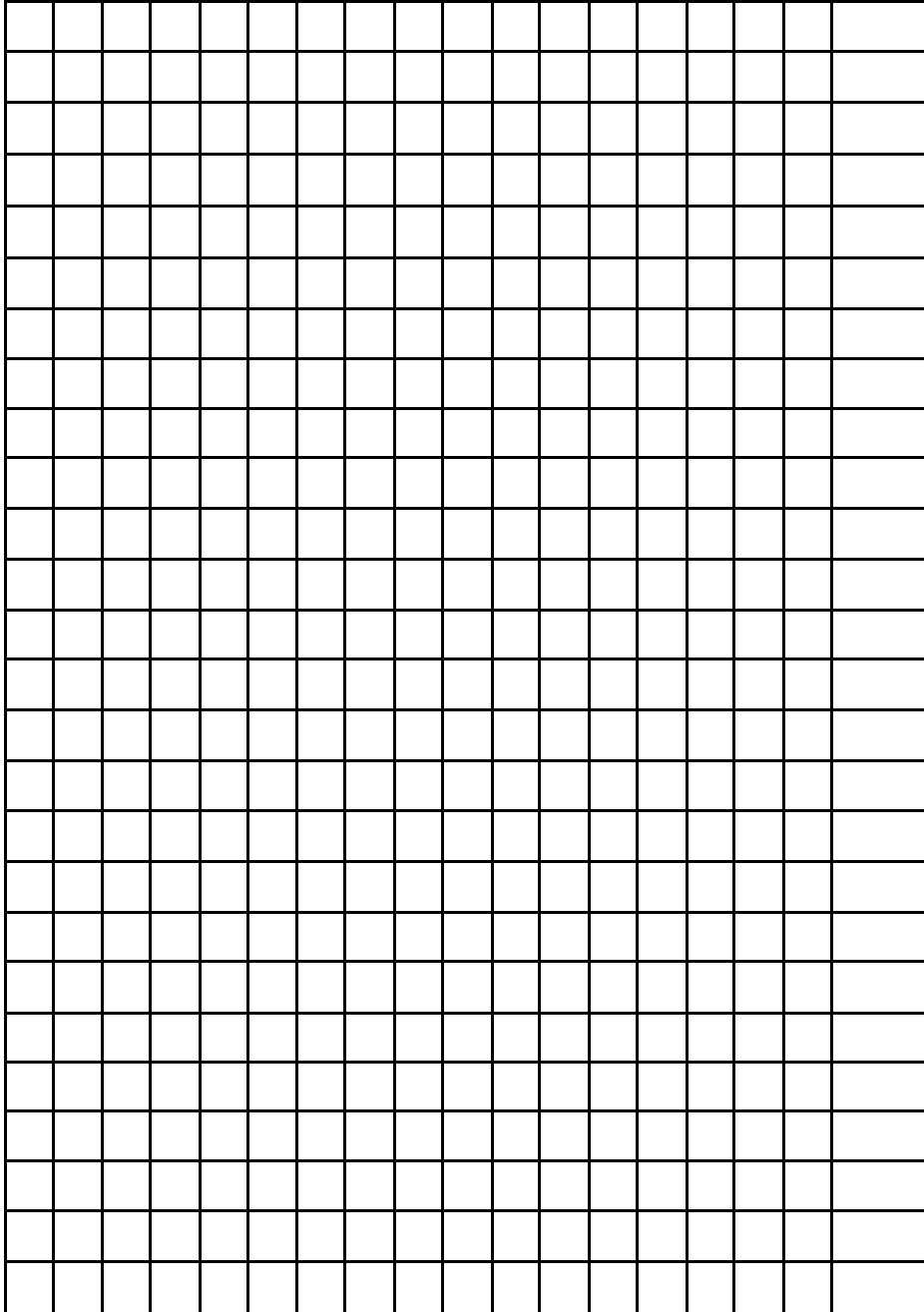


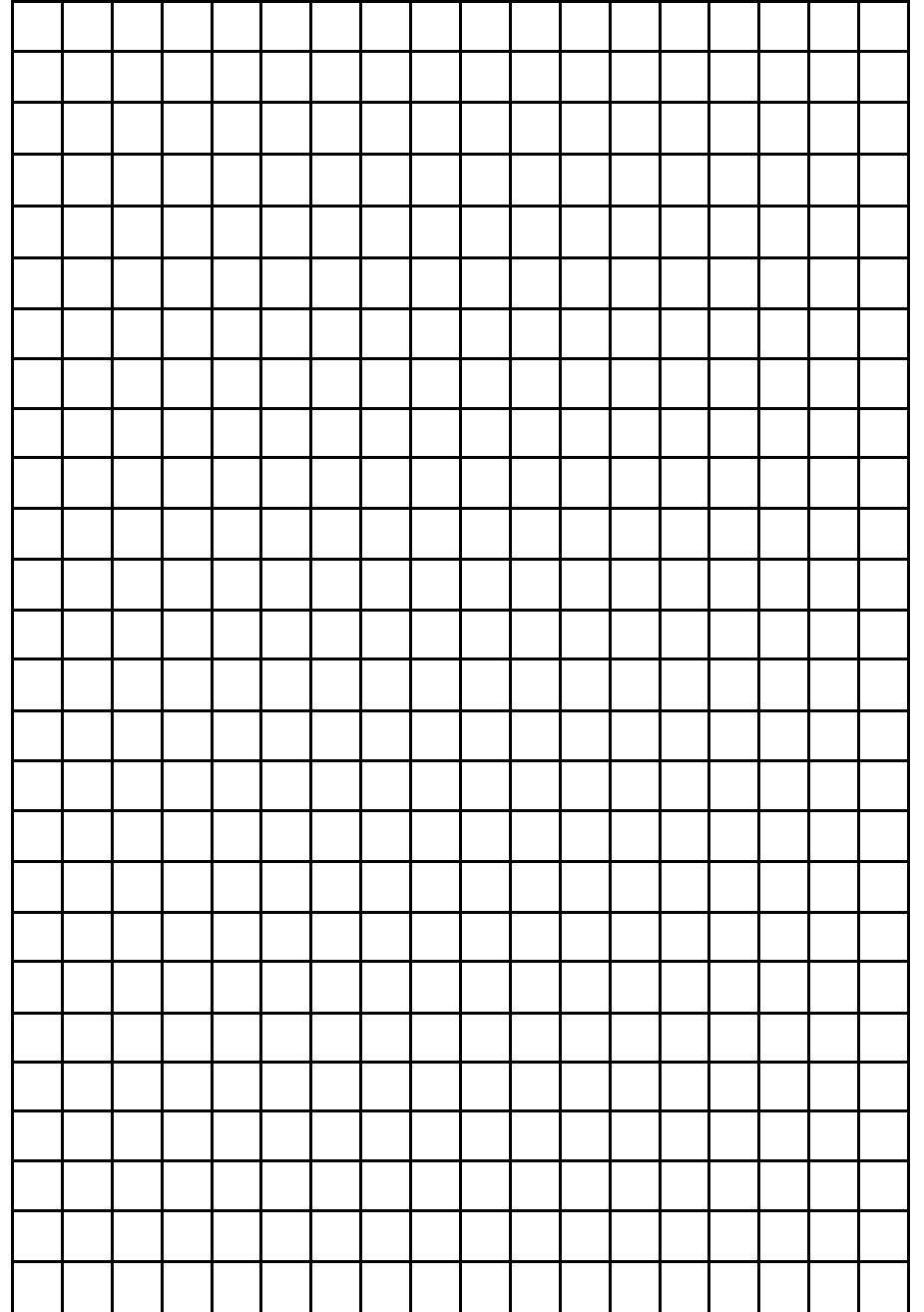
# DIAGRAM

North ↑



# DIAGRAM

North ↑



# Larimer County Vehicle Information Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
County Unit #: \_\_\_\_\_  
Incident Location: \_\_\_\_\_  
Citizen's Name: \_\_\_\_\_  
Citizen's Address: \_\_\_\_\_  
Citizen's Phone: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Vehicle Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Owner Contact #: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Witnesses Name & Contact Info:

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Location/Extent of Damage/Comments:

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**Completed by:**

Employee Name: \_\_\_\_\_  
Employee Department: \_\_\_\_\_  
Employee Phone #: \_\_\_\_\_

# Larimer County Vehicle Information Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
County Unit #: \_\_\_\_\_  
Incident Location: \_\_\_\_\_  
Citizen's Name: \_\_\_\_\_  
Citizen's Address: \_\_\_\_\_  
Citizen's Phone: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Vehicle Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Owner Contact #: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Witnesses Name & Contact Info:

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Location/Extent of Damage/Comments:

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**Completed by:**

Employee Name: \_\_\_\_\_  
Employee Department: \_\_\_\_\_  
Employee Phone #: \_\_\_\_\_