



Stowe Police Department

Late Reporting Vehicle Accident / Vehicle Damage

The Stowe Police Department does not investigate vehicle accidents or vehicle damage where there has been a delay in reporting.

This form is for reporting vehicle accidents or vehicle damage that you or your vehicle were involved in, but left the area or delayed in reporting the vehicle accident or vehicle damage.

This form is for documentation purposes only and an officer will not be assigned to investigate this incident.

The Stowe Police Department is only accepting this form for documentation information or insurance purposes.

Filing this report does not meet the reporting requirements of the State of Vermont for crashes involving injury, death or property damage in excess of specified dollar amount. You are still obligated to comply with state reporting requirements per state law. (Title 23 VSA 1129)

Complete the form and return it to:

Stowe Police Department
350 South Main Street
Stowe, VT 05672

Or

E-mail form to: contact.stowepolice@stowepolice.com

Once the form is received by the Stowe Police Department an Incident Number will be given and the form will be put on file.

If you need further information, please call the Stowe Police Department at (802) 253-7126.

Stowe Police Department

Late Reporting Vehicle Accident / Vehicle Damage Form

Stowe Police Department Incident Number: (Department Use – Leave Blank)

Date of Report:

Date of Accident / Vehicle Damage:		Time Occurred:	
Location Occurred: (Street, City, State, Zip)			
Operator – Last Name:		Operator - First Name:	
Operator – Address: (Street, City, State, Zip)			
Operator – Date of Birth:	Operator – License: (Number / State)		Phone Number:
Vehicle Owner – Last Name:		Vehicle Owner – First Name:	
Vehicle Owner – Address: (Street, City, State, Zip)			
Vehicle: (Year, Make, Model)		Vehicle Registration Plate: (Number / State)	
Vehicle Damage: (Describe)			

Stowe Police Department

Narrative: (Describe What Occurred)

Person making Report:

Name (Print)	Date	Signature
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Subscribed and sworn to before me on this: _____ day of _____ 20_____

Notary Public