

Office of the Sheriff

Brian Asbell
Sheriff
County of Peoria



301 N. Maxwell Road
Peoria, IL 61604
Phone: (309) 697-8515
FAX: (309) 697-3734

TRAFFIC ACCIDENT COLLISION ALERT FORM

This form is to be used when a Peoria County Sheriff's Office Traffic Collision Alert is in effect.

The form can be downloaded and then filled out and returned, in person, to the Peoria County Sheriff's Office at 301 N. Maxwell Road. The must be turned in at the Sheriff's Office within 72 hours after the alert expires. At that time a deputy will be assigned to speak with you and complete the official accident report.

| | | | | | |
|---|--|----------------------|--------------------------|------------------------|--|
| <u>Driver Unit # 1</u> First Name: | | Middle Initial: | | Last Name: | |
| Street Address: | | | | City, State, Zip: | |
| Phone Number Including Area Code: | | | | | |
| Driver's License Number: | | | | Drivers License State: | |
| Insurance Company Name: | | | Insurance Policy Number: | | |
| Make of Car: | | Model of Car: | | Year of Car | |
| License Plate Number: (unit 1) | | License Plate State: | | | |
| Passengers in vehicle and seating position (if applicable) | | | | | |
| | | | | | |
| Date, Time, and Location where accident occurred. | | | | | |
| <u>Driver Unit # 2 (if applicable)</u> First Name: | | Middle Initial: | | Last Name: | |
| Street Address: | | | | City, State, Zip: | |
| Phone Number Including Area Code: | | | | | |

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| | | | |
|---|--|--------------------------|--|
| Driver's License Number: | | Drivers License State: | |
| Insurance Company Name: | | Insurance Policy Number: | |
| Make of Car: | | Model of Car: | |
| | | Year of Car | |
| Passengers in vehicle and seating position (if applicable) | | | |
| | | | |
| License Plate Number: (unit 2) | | License Plate State: | |
| Narrative (Briefly describe what happened in this accident): | | | |
| | | | |