



Sheriff Chris Watkins

301 N. Maxwell Road • Peoria, Illinois 61604

(309) 697-8515 • Fax: (309) 697-3734

www.peoriacounty.org/sheriff

TRAFFIC ACCIDENT COLLISION ALERT FORM

Complete this form and bring it to the Peoria County Sheriff's Office within 72 hours, after the Traffic Accident Collision Alert has expired. This form needs to be brought to the Peoria County Sheriff's Office in person.

<i>Driver Unit # 1</i> 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.					
<i>Driver Unit # 2 (if applicable)</i> 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	



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Passengers in vehicle and seating position (if applicable)

License Plate Number: (unit 2)		License Plate State:		
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Narrative (Briefly describe what happened in this accident):