



TAKE THIS FLYER WITH YOU TO THE:  
**COLLISION REPORTING CENTER**  
 631 Abney Road, Roanoke, Va. 24012  
 for more info visit:

[www.roanokecountyva.gov/2541/collision-reporting-center](http://www.roanokecountyva.gov/2541/collision-reporting-center)

Phone: 540-512-9879

Hours of Operation

Mon - Fri 9AM - 7PM

Saturday 10AM - 4PM

ACCIDENT  
SUPPORT  
SERVICES



Location of Incident		Date	Time	Incident #
<b>Vehicle # 1</b>		Driver Fled scene <input type="radio"/>	<b>Vehicle # 2</b>	
Drivers Name (Last, First, Middle)		Gender <input type="radio"/> M <input type="radio"/> F	Drivers Name (Last, First, Middle)	
Address		Address		
City	ST	ZIP	City	ST ZIP
Summons Issued <input type="radio"/>	Offense Charged		Summons Issued <input type="radio"/>	Offense Charged
Owners Name (Last, First, Middle)		Same as Driver <input type="radio"/>	Owners Name (Last, First, Middle)	
Address		Address		
City	ST	ZIP	City	ST ZIP
Vehicle Year	Make	Model	Vehicle Year	Make Model
Vehicle Plate #	ST	Driver contact #	Vehicle Plate #	ST Driver contact #
VIN	Secondary #		VIN	Secondary #
Insurance Company		Insurance Company		
<b>Vehicle # 3</b>		Driver Fled scene <input type="radio"/>	<b>Vehicle # 4</b>	
Drivers Name (Last, First, Middle)		Gender <input type="radio"/> M <input type="radio"/> F	Drivers Name (Last, First, Middle)	
Address		Address		
City	ST	ZIP	City	ST ZIP
Summons Issued <input type="radio"/>	Offense Charged		Summons Issued <input type="radio"/>	Offense Charged
Owners Name (Last, First, Middle)		Same as Driver <input type="radio"/>	Owners Name (Last, First, Middle)	
Address		Address		
City	ST	ZIP	City	ST ZIP
Vehicle Year	Make	Model	Vehicle Year	Make Model
Vehicle Plate #	ST	Driver contact #	Vehicle Plate #	ST Driver contact #
VIN	Secondary #		VIN	Secondary #
Insurance Company		Insurance Company		

**OFFICER NOTE:**

RCPD -U96

White - Driver Copy

Yellow-Driver Copy

Pink - Driver Copy

Gold-Officer or Driver Copy

1/2020

