



# ESSEX POLICE DEPARTMENT

NON-INVESTIGATED CRASH FORM  
145 Maple St. Essex Jct., Vermont 05452  
Phone: (802) 878-8331 Fax: (802) 878-1340  
[epd.records@essex.org](mailto:epd.records@essex.org)

**Instructions:** This form is being provided for your convenience to document the damage to your vehicle as either a minor or late reported crash. The Essex Police Department will not investigate a crash unless we are called to the scene. Minor and late reported crashes generally will not be investigated if the combined damage appears to be less than \$6,000.00 and no obvious injuries. ***This form does not relieve the reporting parties from complying with DMV Statute, T23. VSA §1129 Accidents – Reports.***

Case Number:		Date of Incident (if known):	
Officer:	Location:		
<b>PERSONAL INFORMATION (Operator / Owner 1)</b>			
Name:		DOB:	
Address:			
City:	State:	Zip:	
License #:	State:		
Home Phone:	Work Phone:	Email:	
Insurance Company:		Policy #:	
<b>VEHICLE 1 INFORMATION</b>			
Plate:	State:	Make:	Model:
Color:	Year:	VIN #:	
Damage:			
<b>PERSONAL INFORMATION (Operator / Owner 2)</b>			
Name:		DOB:	
Address:			
City:	State:	Zip:	
License #:	State:		
Home Phone:	Work Phone:	Email:	
Insurance Company:		Policy #:	
<b>VEHICLE 2 INFORMATION</b>			
Plate:	State:	Make:	Model:
Color:	Year:	VIN #:	
Damage:			

**THIS SECTION APPLIES TO WALK-IN or ONLINE COMPLAINTS ONLY:**

Before signing this document, verify that the content you are signing is correct. The information is true and accurate to the best of your ability under the pains and penalties of perjury. When the form is completed please send to [epd.records@essex.org](mailto:epd.records@essex.org). You will be contacted within 5 business days and provided a case number.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_