

Vehicular Intimidation / Road Safety Incident Report

Date:

Time:

Location (street, city, state):

Vehicle Information (Other Party)

Plate Number:

Vehicle Description:

Color:

Year:

Make:

Model (if known):

Driver Description (If Observable)

(Complete only what was clearly observed. Do not guess.)

Driver Name (if known):

Driver Ethnicity (if stated or clearly self-identified):

Hair Color:

Eye Color:

Approximate Weight:

Approximate Height:

Observations

(Objective, factual observations only. Avoid assumptions.)

Example: speed, distance, gestures, lane behavior, proximity, duration.

Incident Description

(Describe exactly what occurred, in sequence.)

Personal Experience

(Describe how the incident affected your sense of safety.)

Emotional or Physical Stress

(Check all that apply or describe.)

- Fear
- Panic
- Shock
- Disorientation
- Elevated heart rate
- Physical pain or injury
- Lingering distress
- Other: _____

Vehicle Damage

Vehicle Damage: Yes No

If Yes, Description of Damage:

Witnesses (If Any)

Names / Contact Information:

Additional Notes

Reporting Individual Name:

Signature (if applicable):

Date Submitted: