

# Vehicular Intimidation / Road Safety Incident Report

Date:

Time:

Location (street, city, state):

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## Vehicle Information (Other Party)

Plate Number:

Vehicle Description:

Color:

Year:

Make:

Model (if known):

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## 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:

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## Observations

*(Objective, factual observations only. Avoid assumptions.)*

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

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## Incident Description

*(Describe exactly what occurred, in sequence.)*

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## Personal Experience

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

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## Emotional or Physical Stress

*(Check all that apply or describe.)*

- ☐ Fear
  - ☐ Panic
  - ☐ Shock
  - ☐ Disorientation
  - ☐ Elevated heart rate
  - ☐ Physical pain or injury
  - ☐ Lingering distress
  - ☐ Other: \_\_\_\_\_
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## Vehicle Damage

**Vehicle Damage:** ☐ Yes ☐ No

**If Yes, Description of Damage:**

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## Witnesses (If Any)

**Names / Contact Information:**

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## Additional Notes

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**Reporting Individual Name:**

**Signature (if applicable):**

**Date Submitted:**