New Holstein Police Department
Traffic Statement

Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____

- ❑ Driver
- ❑ Passenger

Vehicle Description: _____
(Vehicle Make, Model, Color)

Location where event occurred: _____

Date and Time when event occurred: _____

Statement made by the above named person:
While writing your statement give direction of travel, estimated speed, number of feet when danger was first noticed, anything illegal, vehicle defects, physical description of the offender and any pertinent information regarding the number of vehicles involved, weather conditions as well as any defensive driving actions you may have attempted.

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Date Statement completed: _____ _____
(Signature of Person making the Statement)