

Incident Notes

Case Number

Lane Clearance Date Time

___ / ___ / ___ ___:___

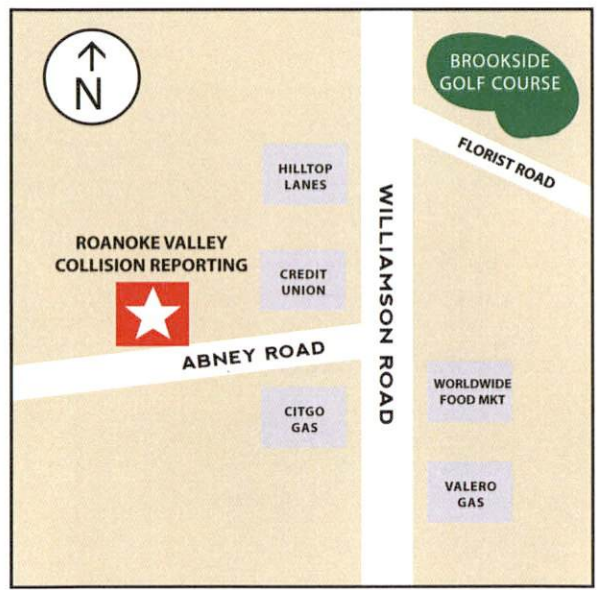
Scene Clearance Date Time

___ / ___ / ___ ___:___

Roanoke County Police
 (540) 562-3265



Phone: (540) 512-9879
 www.accsupport.com



Roanoke Collision Reporting Center
 631 Abney Road
 Roanoke, Virginia 24012



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 Roanoke, Virginia 24012

Phone: (540) 512-9879
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Hours of Operation

Monday - Friday 9 a.m. to 7 p.m.
 Saturday 10 a.m. to 4 p.m.

Closed Sundays and Holidays



WHAT IS A COLLISION REPORTING CENTER?

A Collision Reporting Center is a facility where the public in Roanoke reports traffic collisions.

MOTOR VEHICLE COLLISIONS

Steps to be taken by all drivers in the event of a collision:

1. Call 911 to report the incident.
2. If it is safe to do so, remove vehicle(s) from the roadway.
3. Exchange information with the other involved parties, including any witnesses. Obtain the names, addresses, phone numbers, insurance and vehicle information (make, model, etc.) and the license plate number.
4. **After being referred by the responding officer**, take your vehicle to the Collision Reporting Center. You have 48 hours to report your accident at the Collision Reporting Center. In the event your vehicle is towed, the officer will take photographs on-scene. The vehicle will not need to be taken to the Collision Reporting Center in this case.
5. **BRING YOUR DOCUMENTATION** with you to the Collision Reporting Center, including Driver's License, current registration and valid Insurance ID card or declarations page. **The driver MUST accompany the vehicle unless towed.**



WHEN SHOULD A DRIVER REPORT TO THE COLLISION REPORTING CENTER?

All drivers involved in a property damage collision will report the collision to the Collision Reporting Center during business hours, with the following exceptions:

-- EXCEPTIONS --

Police officers will prepare reports for the exceptions listed below.

1. **Injury and/or death.**
2. **Criminal activity. Examples may include Impaired Driving, Road Rage, or other criminal offenses.**
3. **Hit and Run.**
4. **Federal, State or Local government vehicles.**
5. **Hazardous Materials.**
6. **Bicycles and pedestrians.**
7. **Other incidents at officer discretion.**

OTHER DRIVER/VEHICLE INFORMATION

DRIVER _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE _____

DRIVER'S LICENSE # _____

VEHICLE PLATE # _____

MAKE _____ MODEL _____

VEHICLE COLOR _____

VEHICLE OWNER _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE _____

INSURANCE CO. _____

POLICY # _____

WITNESS INFORMATION

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE _____