Windsor Road Watch
Citizen Report Form

Do not attempt to complete this form while driving your vehicle.

Incident Date: _____ Time: _____ A.M./ P.M.

Incident Location in Windsor: _____

_____

How to submit your information:
1. **Print** this form and fill in the information
2. **Fax:** Fill out this form and fax to (519) 255-7467.
3. **Drop off:** Completed forms can be dropped of at Windsor Police Headquarters - Main Office. Your completed form will be forwarded to the Traffic Branch.
4. **Mail:** Completed forms can be mailed to

Windsor Police Service, P.O. Box 60 Windsor, ON N9A 6J5

Please ensure to affix proper postage before mailing.

Unsafe Driver and Plate # _____ Province _____ Driver: ☐ **M or** ☐ **F**

Vehicle Information ☐ Car ☐ Truck ☐ Van ☐ Motorcycle Model _____ Colour _____

Reported by: Name: _____ Signature: _____

(This area must be Address: _____

completed and signed) City: _____ Postal Code: _____

Your name will be Kept confidential. Phone: ( ) _____ Bus.: ( ) _____

Details of Incident: _____

_____

_____

_____

_____

_____

FOR EMERGENCIES CALL 911

This form can be printed, completed and sent to Windsor Police Service Headquarters. All forms received will be forwarded to the Windsor Road Watch committee for your convenience only!