

# New Plymouth Police Cyclist traffic complaint form

## **Introduction:**

This form is produced to encourage better driving or riding behaviour in relation to cyclists on New Plymouth Roads.

It is recognised that you may not be able to fill in all the details required in this form. In some cases you may need to be contacted to have a formal statement taken from you. All police files are now required to be entered in a computer system which allows easy tracking of the file. Some of your personal details are required to enter this complaint; those details will not be passed onto the other party.

We do need an accurate description of where and when the incident occurred and what happened. As much details as you can get to identify the other party is also helpful to help us locate and speak with the other party.

We will investigate the incident to the best of our ability and as we understand the law we will decide what the best course of action is. Any decision will be reviewed by a supervisor (Sergeant).

It is helpful if you can indicate what your expectations are and if you are prepared to attend court to give evidence if the matter is that serious.

Thank you for reporting this matter and safe riding.

## Informant details

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone numbers: Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Location description: \_\_\_\_\_

Your bike/vehicle details \_\_\_\_\_

## Suspect/Offender details

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Driver Licence #: \_\_\_\_\_

Address: \_\_\_\_\_

Vehicle details: Registration #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Colour: \_\_\_\_\_ Condition: \_\_\_\_\_

Marks/signs/damage on vehicle: \_\_\_\_\_

Occupants?: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Hair: \_\_\_\_\_

## Where and When

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Location: \_\_\_\_\_

Light: \_\_\_\_\_ Road/weather conditions: \_\_\_\_\_

## What Happened

I was travelling North/South/East/West on \_\_\_\_\_

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continue on blank paper if necessary

Independent Witnesses

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Location Map

Please assist us by drawing a map of the roads, your direction of travel, the other vehicles direction of travel and indicate north if possible:

Are you reporting this matter;

To have the other driver spoken to and warned Yes/No

To have the driver prosecuted if appropriate Yes/No  
(Note you may be required to give evidence in court)