

To Use Stanford University Department of Public Safety Forms

Please print the necessary form, complete all requested information and add any supporting documentation. Return it to Stanford University Department of Public Safety.

It may be returned:

By Email: police-records@lists.stanford.edu

By U.S. Mail to: Stanford University
Department of Public Safety
Records Unit 233
Bonair Siding Rd.
Stanford, CA 94305-7240
(Please allow time for mail delivery)

By Campus ID Mail to: Public Safety
Mail Code 7240
(Please allow time for mail delivery)

By Fax to: 650-323-1185

or By delivery in person: Public Safety Building
233 Bonair Siding Rd.
Stanford, CA 94305-7240

***If you have any questions call
the SUDPS Records Unit at 650-723-9633.***

NON-INJURY COLLISION REPORT

Stanford University Dept. of Public Safety
 Office of the Sheriff, Santa Clara County
 233 Bonair Siding Rd., Stanford, CA 94305
 (650) 723-9633 FAX (650) 323-1185

CASE #			
	DATE	TIME	DAY
OCCURRED			
REPORTED			

REPORT TYPE (Office Use Only)	
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LOCATION OF INCIDENT	CROSS STREET
STANFORD, CA	

OFFICE USE ONLY	PARTY #1	LAST, FIRST, MIDDLE	MALE FEMALE	DOB	DRIVERS LICENSE	STATE
QUAD #	ADDRESS		CITY, STATE	ZIP	PHONE	INSURANCE CARRIER
LOC. CODE	REGISTERED OWNERS NAME	ADDRESS	CITY, STATE	ZIP	PHONE	POLICY NUMBER

	G DRIVER	G PEDESTRIAN	G PARKED VEHICLE	G BICYCLE	G OTHER		
VEHICLE #1	DIR. of TRAVEL	YEAR	MAKE	MODEL	COLOR	LICENSE PLATE	STATE

RECORDS ROUTING	PARTY #2	LAST, FIRST, MIDDLE	MALE FEMALE	DOB	DRIVERS LICENSE	STATE
LEGAL	ADDRESS		CITY, STATE	ZIP	PHONE	INSURANCE CARRIER
RISK MGMT.	REGISTERED OWNERS NAME	ADDRESS	CITY, STATE	ZIP	PHONE	POLICY NUMBER

	G DRIVER	G PEDESTRIAN	G PARKED VEHICLE	G BICYCLE	G OTHER		
VEHICLE #2	DIR. of TRAVEL	YEAR	MAKE	MODEL	COLOR	LICENSE PLATE	STATE

WITNESS #1	AGE	SEX	NAME	ADDRESS	PHONE	PARTY #
WITNESS #2	AGE	SEX	NAME	ADDRESS	PHONE	PARTY #

IMPORTANT – READ CAREFULLY

Keep a copy of this report. This is your record of this accident. To comply with California Vehicle Code (VC) Section 20002 (*duty where property is damaged*), you must:

- a. Give the owner or person in charge of such property the name and address of the driver and owner of the vehicle, or in absence of the owner,
- b. Leave a written notice in a conspicuous place on the other vehicle or damaged property, giving the name and address of the driver and owner of the vehicle involved and a statement of the circumstances.

This information is necessary for the completion of you state SR-1 Form, *Report of Traffic Accident*, and your insurance report.

VEHICLE CODE SECTION 16000

The driver of a vehicle involved in an accident resulting in damage to the property of any ONE party in excess of the amount stated in VC 16000 or in the injury or death of any person MUST submit a SR-1 Form to the California Department of Motor Vehicles within 10 days.

Note: Failure to comply may result in suspension of your driver's license.

SR-1 Forms may be obtained from the Department of Motor Vehicles, the California Highway Patrol, or any police station, motor vehicle club, or insurance agent. If city or state property is damaged, you will be contacted regarding possible liability.

STATEMENT: PARTY # _____	

RECEIVED BY	ID #	DATE	TIME	SUPERVISOR REVIEW	ID #	DATE	PG 1 of ____
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