

# DRIVER'S REPORT OF TRAFFIC ACCIDENT Palo Alto Police Department

DATE/TIME RECEIVED  
LEAVE BLANK



PALO ALTO POLICE DEPARTMENT  
275 FOREST AVENUE  
PALO ALTO, CA 94301  
(650) 329-2406

CITY: Palo Alto  
JUDICIAL DISTRICT: Santa Clara Co.  
COUNTY: Santa Clara Co.  
REPORTING DISTRICT: \_\_\_\_\_  
BEAT: \_\_\_\_\_

LOCAL REPORT NUMBER  
LEAVE BLANK

LOCATION	COLLISION OCCURRED ON		MO.	DAY	YEAR	TIME (2400)	NCIC #	CJIC #			
	MILEPOST INFORMATION		DAY OF WEEK			TOW AWAY	STATE HIGHWAY				
	FEET/MILES OF		S	M	T	W	TH	F	S	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> AT INTERSECTION WITH											
<input type="checkbox"/> OR: FEET/MILES OF											

<b>PARTY 1</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	S. BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE			
<input type="checkbox"/>	NAME ( FIRST, MIDDLE, LAST )										
<input type="checkbox"/>	STREET ADDRESS				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER						
<input type="checkbox"/>	CITY / STATE / ZIP				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER						
<input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	DAY	YEAR	RACE	DISPOSITION OF VEHICLE ON: <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> TOWED <input type="checkbox"/> LEFT AT SCENE	
<input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE						
INSURANCE CARRIER		POLICY NUMBER		DESCRIBE VEHICLE DAMAGE				SHADE IN DAMAGED AREA			
DIR. TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		<input type="checkbox"/> UNK.	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR	FRONT				
				<input type="checkbox"/> MOD.	<input type="checkbox"/> MAJOR	<input type="checkbox"/> TOTAL					

<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	S. BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE			
<input type="checkbox"/>	NAME ( FIRST, MIDDLE, LAST )										
<input type="checkbox"/>	STREET ADDRESS				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER						
<input type="checkbox"/>	CITY / STATE / ZIP				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER						
<input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	DAY	YEAR	RACE	DISPOSITION OF VEHICLE: <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> TOWED <input type="checkbox"/> LEFT AT SCENE	
<input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE						
INSURANCE CARRIER		POLICY NUMBER		DESCRIBE VEHICLE DAMAGE				SHADE IN DAMAGED AREA			
DIR. TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		<input type="checkbox"/> UNK.	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR	FRONT				
				<input type="checkbox"/> MOD.	<input type="checkbox"/> MAJOR	<input type="checkbox"/> TOTAL					

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	WITNESS WAS ( "X" ONE )					SKETCH
				DRIVER	PASS	PED	BICYCIST	OTHER	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<p>INDICATE NORTH</p>				
NAME		DOB							
ADDRESS		CITY/STATE		TELEPHONE					

  

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	WITNESS WAS ( "X" ONE )					SKETCH
				DRIVER	PASS	PED	BICYCIST	OTHER	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<p>INDICATE NORTH</p>				
NAME		DOB							
ADDRESS		CITY/STATE		TELEPHONE					

