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
711 Serra Street
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: 650-725-8485

or By delivery in person: Public Safety Building
711 Serra St. 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
711 Serra Street, Stanford, CA 94305
(650) 723-9633     FAX (650) 725-6485

<table>
<thead>
<tr>
<th>CASE #</th>
<th>DATE</th>
<th>TIME</th>
<th>DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**LOCATION OF INCIDENT**

**CROSS STREET**

**STANFORD, CA**

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>PARTY #1</th>
<th>LAST, FIRST, MIDDLE</th>
<th>MALE</th>
<th>DOB</th>
<th>DRIVERS LICENSE</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUAD #</td>
<td>ADDRESS</td>
<td>CITY, STATE</td>
<td>ZIP</td>
<td>PHONE</td>
<td>INSURANCE CARRIER</td>
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</tbody>
</table>

| QUAD #   | ADDRESS             | CITY, STATE | ZIP | PHONE           | INSURANCE CARRIER |

**LOC. CODE**

<table>
<thead>
<tr>
<th>REGISTERED OWNERS NAME</th>
<th>ADDRESS</th>
<th>CITY, STATE</th>
<th>ZIP</th>
<th>PHONE</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
</table>

**G DRIVER**

**G PEDESTRIAN**

**G PARKED VEHICLE**

**G BICYCLE**

**G OTHER**

**VEHICLE #1**

<table>
<thead>
<tr>
<th>DIR. of TRAVEL</th>
<th>YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
<th>COLOR</th>
<th>LICENSE PLATE</th>
<th>STATE</th>
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</thead>
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**RECORDS ROUTING**

<table>
<thead>
<tr>
<th>PARTY #2</th>
<th>LAST, FIRST, MIDDLE</th>
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<th>DOB</th>
<th>DRIVERS LICENSE</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEGAL</td>
<td>ADDRESS</td>
<td>CITY, STATE</td>
<td>ZIP</td>
<td>PHONE</td>
<td>INSURANCE CARRIER</td>
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</table>

| LEGAL    | ADDRESS             | CITY, STATE | ZIP | PHONE           | INSURANCE CARRIER |

**RISK MGMT.**

<table>
<thead>
<tr>
<th>REGISTERED OWNERS NAME</th>
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<th>PHONE</th>
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</tr>
</thead>
</table>

**G DRIVER**

**G PEDESTRIAN**

**G PARKED VEHICLE**

**G BICYCLE**

**G OTHER**

**VEHICLE #2**

<table>
<thead>
<tr>
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<th>MODEL</th>
<th>COLOR</th>
<th>LICENSE PLATE</th>
<th>STATE</th>
</tr>
</thead>
</table>

**WITNESS #1**

<table>
<thead>
<tr>
<th>AGE</th>
<th>SEX</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>PARTY #</th>
</tr>
</thead>
</table>

**WITNESS #2**

<table>
<thead>
<tr>
<th>AGE</th>
<th>SEX</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>PARTY #</th>
</tr>
</thead>
</table>

**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 your 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 #_____**