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) 323-1165

**LOCATION OF INCIDENT**  
CROSS STREET  
STANFORD, CA

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
<th>PARTY #1</th>
<th>LAST, FIRST, MIDDLE</th>
<th>MALE/FEMALE</th>
<th>DOB</th>
<th>DRIVERS LICENSE</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUAD #</td>
<td>ADDRESS</td>
<td>CITY, STATE, ZIP</td>
<td>PHONE</td>
<td></td>
<td>INSURANCE CARRIER</td>
<td></td>
</tr>
<tr>
<td>LOC. CODE</td>
<td>REGISTERED OWNERS NAME</td>
<td>ADDRESS</td>
<td>CITY, STATE</td>
<td>ZIP</td>
<td>PHONE</td>
<td>POLICY NUMBER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLE #1</th>
<th>DIR. of TRAVEL</th>
<th>YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
<th>COLOR</th>
<th>LICENSE PLATE</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRIVER</td>
<td>PEDESTRIAN</td>
<td>PARKED VEHICLE</td>
<td>BICYCLE</td>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLE #2</th>
<th>DIR. of TRAVEL</th>
<th>YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
<th>COLOR</th>
<th>LICENSE PLATE</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
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<td>PEDESTRIAN</td>
<td>PARKED VEHICLE</td>
<td>BICYCLE</td>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 |

**VEHICLE #2 | DIR. of TRAVEL | YEAR | MAKE | MODEL | COLOR | LICENSE PLATE | STATE |
<table>
<thead>
<tr>
<th></th>
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<td>PEDESTRIAN</td>
<td>PARKED VEHICLE</td>
<td>BICYCLE</td>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 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 #_______**

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**RECEIVED BY**  
ID #  
DATE  
TIME  
SUPERVISOR REVIEW  
ID #  
DATE

PG.1 of ___