

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 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.***

Stanford University Dept. of Public Safety Office of the Sheriff, Santa Clara County COLLISION REPORT 711 Serra Street, Stanford, CA 94305 (650) 723-9633 FAX (650) 725-8485										CASE #																
										DATE		TIME		DAY												
										OCCURRED																
REPORT TYPE (Office Use Only)										REPORTED																
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 (<i>duty where property is damaged</i>), 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, <i>Report of Traffic Accident</i> , 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 ____								