

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.***

<h2 style="margin: 0;">NON-INJURY COLLISION REPORT</h2> <p style="margin: 5px 0 0 40px;"> 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 </p>												CASE # _____							
REPORT TYPE (Office Use Only)												OCCURRED		DATE		TIME		DAY	
												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 _____	