

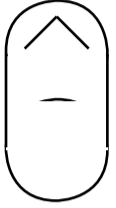
SPECIAL CONDITIONS	<input type="checkbox"/> HIT & RUN	CITY	JUDICIAL DISTRICT	NUMBER
		Marin Superior Court		
	COUNTY	REPORTING DISTRICT	BEAT	REPORTING OFFICER
	Marin			

COLLISION OCCURRED ON	MO	DAY	YEAR	TIME (2400)	NCIC	OFFICER I.D.
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<input type="checkbox"/> AT INTERSECTION WITH	DAY OF WEEK	TOW AWAY	STATE HIGHWAY RELATED
<input type="checkbox"/> Or: _____ Of _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTY 1	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP
<input type="checkbox"/>					
DRIVER	NAME (FIRST, MIDDLE, LAST)				
<input type="checkbox"/>					
PED	STREET ADDRESS (City) (State) (Zip Code)				
<input type="checkbox"/>					
PK VEH	SEX	RACE	BIRTHDATE	INSURANCE CARRIER	POLICY NUMBER
<input type="checkbox"/>					
BICYCLE	DIR. TRAVEL ON STREET OR HIGHWAY			SPEED LIMIT	
<input type="checkbox"/>					
OTHER	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	VEH. TYPE
<input type="checkbox"/>					

**SHADE DAMAGED AREA**



PARTY 1




PARTY 2

**(ALLIED AGENCY USE ONLY)**

Report taken  Yes  No

Exchange of information  Yes  No



INDICATE NORTH

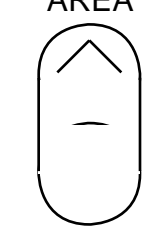
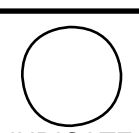
WIT.	R/O	AGE	SEX	NAME	ADDRESS	PHONE NUMBER	PARTY NO.
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
PROP.	NAME			ADDRESS		DAMAGED PROPERTY	
<input type="checkbox"/>							

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1		2		SPECIAL INFORMATION	1		2		MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATED:	A CONTROLS FUNCTIONING					A HAZARDOUS MATERIAL					A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*					B CELL PHONE HANDHELD IN USE					B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED					C CELL PHONE HANDSFREE IN USE					C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT/FACTOR*					D CELL PHONE NOT IN USE					D MAKING RIGHT TURN
E	<b>TYPE OF COLLISION</b>					E					E MAKING LEFT TURN
	A HEAD-ON					F					F MAKING U TURN
	B SIDESWIPE					G					G BACKING
	C REAR END					H					H SLOWING / STOPPING
	D BROADSIDE					I					I PASSING OTHER VEHICLE
	E HIT OBJECT					J					J CHANGING LANES
	F OVERTURNED					K					K PARKING MANEUVER
	G VEHICLE / PEDESTRIAN					L					L ENTERING TRAFFIC
	H OTHER*					M					M OTHER UNSAFE TURNING
	<b>MOTOR VEHICLE INVOLVED WITH</b>					N					N XING INTO OPPOSING LANE
	A NON-COLLISION					O					O PARKED
	B PEDESTRIAN										P MERGING
	C OTHER MOTOR VEHICLE										Q TRAVELING WRONG WAY
	D MOTOR VEHICLE ON OTHER ROADWAY			1	2	<b>OTHER ASSOCIATED FACTOR (MARK 1 TO 2 ITEMS)</b>					
	E PARKED MOTOR VEHICLE										
	F TRAIN					A VC SECTION VIOLATION:					R OTHER*
	G BICYCLE					B VC SECTION VIOLATION:					
	H ANIMAL:										
	I FIXED OBJECT:										
	J OTHER OBJECT:										
	<b>ROADWAY SURFACE</b>										
	A DRY										
	B WET										
	C SNOWY - ICY										
	D SLIPPERY (MUDDY, OILY, ETC.)										
	<b>ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)</b>										
	A HOLES, DEEP RUTS*					E VISION OBSCURMENT:					
	B LOOSE MATERIAL ON ROADWAY*					F INATTENTION*					
	C OBSTRUCTION ON ROADWAY*					G STOP & GO TRAFFIC					
	D CONSTRUCTION - REPAIR ZONE					H ENTERING / LEAVING RAMP					
	E REDUCED ROADWAY WIDTH					I PREVIOUS COLLISION					
	F FLOODED*					J UNFAMILIAR WITH ROAD					
	G OTHER*					K DEFECTIVE VEH. EQUIP.:					
	H NO UNUSUAL CONDITIONS					L UNINVOLVED VEHICLE					
						M OTHER*:					
						N NONE APPARENT:					
						O RUNAWAY VEHICLE					

DATE OF COLLISION MO.            DAY            YR.	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER	PAGE  2
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PREPARER'S NAME	I.D. NUMBER	MO    DAY    YEAR	REVIEWER'S NAME	MO    DAY    YEAR
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SPECIAL CONDITIONS		<input type="checkbox"/> HIT & RUN		CITY		JUDICIAL DISTRICT <b>Marin Superior Court</b>		NUMBER			
		COUNTY <b>Marin</b>		REPORTING DISTRICT		BEAT		REPORTING OFFICER			
COLLISION OCCURRED ON				MO	DAY	YEAR	TIME (2400)	NCIC	OFFICER I.D.		
<input type="checkbox"/> AT INTERSECTION WITH				DAY OF WEEK		TOW AWAY		STATE HIGHWAY RELATED			
<input type="checkbox"/> Or: _____ Of _____						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>PARTY 1</b>	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP		(ALLIED AGENCY USE ONLY) Report taken <input type="checkbox"/> Yes <input type="checkbox"/> No Exchange of information <input type="checkbox"/> Yes <input type="checkbox"/> No   INDICATE NORTH 			
<input type="checkbox"/> DRIVER	NAME (FIRST, MIDDLE, LAST)										
<input type="checkbox"/> PED	STREET ADDRESS		(City)	(State)	(Zip Code)						
<input type="checkbox"/> PK VEH	SEX	RACE	BIRTHDATE	INSURANCE CARRIER		POLICY NUMBER					
<input type="checkbox"/> BICYCLE	DIR. TRAVEL	ON STREET OR HIGHWAY			SPEED LIMIT						
<input type="checkbox"/> OTHER	VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE	VEH TYPE					
<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP					
<input type="checkbox"/> DRIVER	NAME (FIRST, MIDDLE, LAST)										
<input type="checkbox"/> PED	STREET ADDRESS		(City)	(State)	(Zip Code)						
<input type="checkbox"/> PK VEH	SEX	RACE	BIRTHDATE	INSURANCE CARRIER		POLICY NUMBER					
<input type="checkbox"/> BICYCLE	DIR. TRAVEL	ON STREET OR HIGHWAY			SPEED LIMIT						
<input type="checkbox"/> OTHER	VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE	VEH TYPE					
<input type="checkbox"/> WIT.	<input type="checkbox"/> R/O	AGE	SEX	NAME		ADDRESS		PHONE NUMBER	PARTY NO.		
<input type="checkbox"/>	<input type="checkbox"/>	AGE	SEX	NAME		ADDRESS		PHONE NUMBER	PARTY NO.		
PROP.	NAME		ADDRESS		DAMAGED PROPERTY						

**IMPORTANT - READ CAREFULLY**

**Keep this report.** This is your report of this accident. To comply with California Vehicle Code (VC) Section 20002 (**duty where property damaged**), you must either;

- 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 the 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 \$750 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, or as soon as possible.

Note: Failure to comply may result in suspension of your driver's license.

Form SR-1 may be obtained from the Department of Motor Vehicles, the California Highway Patrol, any police station, motor vehicle club, insurance agent, or DMV internet web site (SR-1A).

If city or state property is damaged, you will be contacted regarding possible liability.

Law enforcement reports do not satisfy the DMV report requirement.