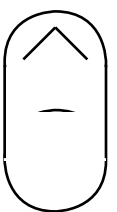
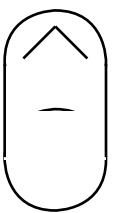
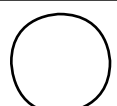


DATE OF COLLISION MO. DAY YR.	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER	PAGE 2
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PREPARER'S NAME	I.D. NUMBER	MO DAY YEAR	REVIEWER'S NAME	MO DAY YEAR
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SPECIAL CONDITIONS		<input type="checkbox"/> HIT & RUN		CITY		JUDICIAL DISTRICT		NUMBER			
		COUNTY		REPORTING DISTRICT		BEAT		REPORTING OFFICER			
		Marin				Marin Superior Court					
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		
PARTY 1	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  PARTY 1 SHADE DAMAGED AREA  PARTY 2 SHADE DAMAGED AREA  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					
PARTY 2	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.