

For Office Use Only:
 Reviewed by: _____
 DR #: _____ Date: _____



IMPORTANT: Please read carefully before completing your counter report.

Citizens may complete a traffic collision "Counter Report" for insurance purposes under the following circumstances:

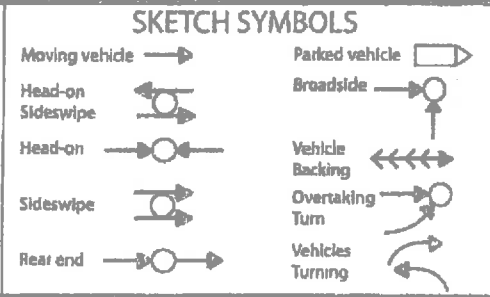
- A non-injury collision occurred on private property, such as a store parking lot
- A non-injury collision occurred on a public roadway and the involved parties have exchanged information, left the scene, or desire a "late-reported" accident.
- A non-injury hit and run collision occurred on private property or a public roadway and there are no identifying leads (i.e. license plate number) to follow-up or investigate.

This documentation will not be investigated or substantiated by the Orinda Police Department.

Please be as clear and complete as possible. If it does not apply to you, write "N/A." **PLEASE PRINT LEGIBLY.**

Return the report to the Orinda Police Department. A police officer will review the report and contact you with a report number.

SPECIAL CONDITIONS <input type="checkbox"/> Private Property <input type="checkbox"/> Counter Report <input type="checkbox"/> Late-Reported Accident		HIT & RUN <input type="checkbox"/> YES <input type="checkbox"/> NO		CITY Orinda		JUDICIAL DISTRICT Walnut Creek Superior Court		REPORT NUMBER	
		COUNTY Contra Costa County		REPORTING DISTRICT 0700		BEAT 81 / 82			
COLLISION OCCURRED ON				MO DAY YEAR		TIME (2400)		NCIC # 0700	
<input type="checkbox"/> AT INTERSECTION WITH _____				DAY OF WEEK S M T W T F S		TOWAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO		STATE HIGHWAY RELATED <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> OR: _____ FEET/MILES OF _____									
PARTY AT FAULT DRIVER <input type="checkbox"/>		DRIVER'S LICENSE NUMBER		STATE		CLASS		SHADE DAMAGED AREA SKETCH (Include all relevant roadway markings and signs) INDICATE NORTH	
PED <input type="checkbox"/>		NAME (FIRST, MIDDLE, LAST)		PHONE NUMBER		PARTY 1			
PK VEH <input type="checkbox"/>		STREET ADDRESS		CITY/STATE/ZIP					
BICYCLE <input type="checkbox"/>		SEX BIRTHDATE INSURANCE CARRIER POLICY NUMBER							
OTHER <input type="checkbox"/>		DIR OF TRAVEL ON STREET OR HIGHWAY SPEED LIMIT							
NOT AT FAULT DRIVER <input type="checkbox"/>		DRIVER'S LICENSE NUMBER		STATE		CLASS		SHADE DAMAGED AREA PARTY 2	
PED <input type="checkbox"/>		NAME (FIRST, MIDDLE, LAST)		PHONE NUMBER					
PK VEH <input type="checkbox"/>		STREET ADDRESS		CITY/STATE/ZIP					
BICYCLE <input type="checkbox"/>		SEX BIRTHDATE INSURANCE CARRIER POLICY NUMBER							
OTHER <input type="checkbox"/>		DIR OF TRAVEL ON STREET OR HIGHWAY SPEED LIMIT							
NOT AT FAULT DRIVER <input type="checkbox"/>		DRIVER'S LICENSE NUMBER		STATE		CLASS		SHADE DAMAGED AREA PARTY 3	
PED <input type="checkbox"/>		NAME (FIRST, MIDDLE, LAST)		PHONE NUMBER					
PK VEH <input type="checkbox"/>		STREET ADDRESS		CITY/STATE/ZIP					
BICYCLE <input type="checkbox"/>		SEX BIRTHDATE INSURANCE CARRIER POLICY NUMBER							
OTHER <input type="checkbox"/>		DIR OF TRAVEL ON STREET OR HIGHWAY SPEED LIMIT							
		WGT. R / O AGE SEX NAME ADDRESS PHONE NUMBER PARTY NO.							
		WGT. R / O AGE SEX NAME ADDRESS PHONE NUMBER PARTY NO.							
Property Owner		NAME ADDRESS DAMAGED PROPERTY							



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PLEASE PRINT LEGIBLY

1. Date of collision: _____ Time of collision: _____ AM / PM

2. Today's date: _____ Today's time: _____ AM / PM

3. What direction and street were you driving on? (i.e. southbound Camino Pablo, SB of Santa Maria)

4. What lane were you in? (#1 lane is closest to the center divider) _____

5. What was the nearest cross street? _____

6. What were you doing just before the collision? (i.e. stopped at a red light, backing up, making a right turn)

7. Where was the other vehicle in relation to your car? (i.e. rear, driver side, passenger side, front)

8. What direction, lane, and street was the other vehicle in? (i.e. NB # 2 lane of Camino Pablo)

9. What was the other vehicle doing just before the collision? (i.e. changing lanes, exiting driveway)

10. What and who do you believe caused the collision and why?

11. What happened after the collision?

12. Did you speak with the other driver? If so, what was said?

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IF YOUR CAR WAS INVOLVED IN A HIT AND RUN, complete the following:

13. If your car was parked, what was the location? (i.e. facing east in a marked stall at Safeway)

14. What was the date and time between leaving your car and discovering the damage?
(i.e. left car parked on Jan. 1, 2014 at 9:00 PM and discovered damage on Jan. 2, 2014 at 8:30 AM)

15. Where and what was the damage on your car? (i.e. dent and white paint transfer on rear bumper)

16. Do you have an opinion or idea of where the other vehicle might have damage?

17. Do you have a driver description? (i.e. gender, race, height, weight, build, hair color and length, facial hair)

18. Do you have any additional information that may be pertinent or helpful?

Name (please print): _____

Address / Phone #: _____

I declare under penalty of perjury that the foregoing is a true and factual account of the report collision.

Signature: _____ Date: _____