Through a partnership with Crossroads Software, the Covina Police Department is able to provide access to collision reports on-line. This service is available if the collison was investigated by the Covina Police Department. If the collision occurred outside the city or was investigated by another agency, you must contact that agency for a copy of the collision report.

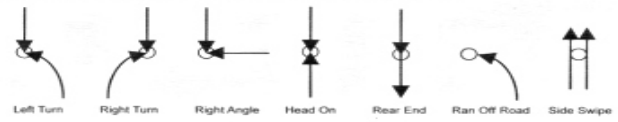
The fee for using this on-line service is $10.00 plus .10 cents per page. This fee is payable to Crossroads Software using a Visa or MasterCard credit card. You will be able to view, print and save an Adobe PDF copy of the report as well as receive an email copy of the report. In order to obtain your report on-line, you will need specific information to use the system.

COVINA POLICE DEPARTMENT
TRAFFIC COLLISION INFORMATION

YOU ARE REQUIRED BY LAW TO GIVE YOUR TRUE NAME, DRIVER'S LICENSE, REGISTRATION, AND ADDRESS AT THE SCENE OF AN ACCIDENT.

CR#	DATE OF COLLISION	TIME OF COLLISION		
COLLISION OCCURRED ON				R.D.
❒ AT INTERSECTION WITH ❒ OR: FEET OF				
P1 DRIVER ❒ PED ❒ PKD. VEH ❒ BICYCLE ❒ OTHER ❒	NAME (FIRST, MIDDLE, LAST)			GENDER M F
	RESIDENCE ADDRESS	CITY		ZIP
	DRIVERS LICENSE NO. STATE CLASS	BIRTHDATE	PHONE	
	VEHICLE LICENSE NO. OR V.I.N.	STATE	# OF PASSENGERS M F	
	YEAR OF VEH / MAKE	MODEL	BODY STYLE	COLOR
	REGISTERED OWNER OR LESSER			
	ADDRESS OF OWNER OR LESSER			
	INSURANCE CO. AND POLICY NO.			
INJURED ❒ Y ❒ N	SEATBELT USED ❒ YES ❒ NO	DIR. OF TRAVEL	VEHICLE DAMAGE	TOWED ❒ YES ❒ NO
P2 DRIVER ❒ PED ❒ PKD. VEH ❒ BICYCLE ❒ OTHER ❒	NAME (FIRST, MIDDLE, LAST)			GENDER M F
	RESIDENCE ADDRESS	CITY		ZIP
	DRIVERS LICENSE NO. STATE CLASS	BIRTHDATE	PHONE	
	VEHICLE LICENSE NO. OR V.I.N.	STATE	# OF PASSENGERS M F	
	YEAR OF VEH / MAKE	MODEL	BODY STYLE	COLOR
	REGISTERED OWNER OR LESSER			
	ADDRESS OF OWNER OR LESSER			
	INSURANCE CO. AND POLICY NO.			
INJURED ❒ Y ❒ N	SEATBELT USED ❒ YES ❒ NO	DIR. OF TRAVEL	VEHICLE DAMAGE	TOWED ❒ YES ❒ NO
P3 DRIVER ❒ PED ❒ PKD. VEH ❒ BICYCLE ❒ OTHER ❒	NAME (FIRST, MIDDLE, LAST)			GENDER M F
	RESIDENCE ADDRESS	CITY		ZIP
	DRIVERS LICENSE NO. STATE CLASS	BIRTHDATE	PHONE	
	VEHICLE LICENSE NO. OR V.I.N.	STATE	# OF PASSENGERS M F	
	YEAR OF VEH / MAKE	MODEL	BODY STYLE	COLOR
	REGISTERED OWNER OR LESSER			
	ADDRESS OF OWNER OR LESSER			
	INSURANCE CO. AND POLICY NO.			
INJURED ❒ Y ❒ N	SEATBELT USED ❒ YES ❒ NO	DIR. OF TRAVEL	VEHICLE DAMAGE	TOWED ❒ YES ❒ NO
DAMAGED PROPERTY	OWNER NAME			
PROPERTY OWNER ADDRESS	CITY	ZIP		
WEATHER INFORMATION ❒ CLEAR ❒ CLOUDY ❒ RAINING	PAVEMENT CONDITION ❒ WET ❒ DRY	❒ HIT AND RUN		

TYPE OF COLLISION (CIRCLE ONE AND I.D. DRIVER BY NUMBER)



PRIMARY COLLISION FACTOR _____ CVC DRIVER # ____
❒ CONSISTENT PARTY STATEMENTS ❒ INDEPENDENT WITNESS STATEMENTS
❒ CONFLICTING STATEMENTS / PCF UNKNOWN / NOT DETERMINED

OFFICER		ID#
SUPERVISOR/ID#		UCR(S)
CROSSROADS ENTRY BY/ID#	RMS ENTRY BY/ID#	DATE

9/05 WHITE: CPD COPY YELLOW: PARTY 1 PINK: PARTY 2 GOLD: PARTY 3

You will need two of the four items listed below to request a copy of a California Traffic Collision Report from the Covina Police Department:

1. The Case Number of the Report you are requesting
2. Proof of your identity (Driver's License, Passport, Identification Card, etc.)
3. Proof that you are a party to the collision (Driver's License, Vehicle Registration, Insurance Card, etc.)