








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 collision 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.

Yozv. The God has 56th of Danites listed below and various families. God's own 40th wife
 the beginning of the 19th century. The God has 56th of Danites listed below and various families. God's own 40th wife

**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.
<input type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR: FEET OF				
P1	NAME (FIRST, MIDDLE, LAST)			GENDER M F
DRIVER <input type="checkbox"/>	RESIDENCE ADDRESS			CITY ZIP
PED <input type="checkbox"/>	DRIVERS LICENSE NO.		STATE CLASS	BIRTHDATE PHONE
PKD VEH <input type="checkbox"/>	VEHICLE LICENSE NO. OR V.I.N.		STATE	# OF PASSENGERS M F
BICYCLE <input type="checkbox"/>	YEAR OF VEH	MAKE	MODEL	BODY STYLE COLOR
OTHER <input type="checkbox"/>	REGISTERED OWNER OR LESSER			
ADDRESS OF OWNER OR LESSER				
INSURANCE CO. AND POLICY NO.				
INJURED <input type="checkbox"/>	SEATBELT USED <input type="checkbox"/> YES <input type="checkbox"/> NO	DIR. OF TRAVEL	VEHICLE DAMAGE	TOWED <input type="checkbox"/> YES <input type="checkbox"/> NO
P2	NAME (FIRST, MIDDLE, LAST)			GENDER M F
DRIVER <input type="checkbox"/>	RESIDENCE ADDRESS			CITY ZIP
PED <input type="checkbox"/>	DRIVERS LICENSE NO.		STATE CLASS	BIRTHDATE PHONE
PKD VEH <input type="checkbox"/>	VEHICLE LICENSE NO. OR V.I.N.		STATE	# OF PASSENGERS M F
BICYCLE <input type="checkbox"/>	YEAR OF VEH	MAKE	MODEL	BODY STYLE COLOR
OTHER <input type="checkbox"/>	REGISTERED OWNER OR LESSER			
ADDRESS OF OWNER OR LESSER				
INSURANCE CO. AND POLICY NO.				
INJURED <input type="checkbox"/>	SEATBELT USED <input type="checkbox"/> YES <input type="checkbox"/> NO	DIR. OF TRAVEL	VEHICLE DAMAGE	TOWED <input type="checkbox"/> YES <input type="checkbox"/> NO
P3	NAME (FIRST, MIDDLE, LAST)			GENDER M F
DRIVER <input type="checkbox"/>	RESIDENCE ADDRESS			CITY ZIP
PED <input type="checkbox"/>	DRIVERS LICENSE NO.		STATE CLASS	BIRTHDATE PHONE
PKD VEH <input type="checkbox"/>	VEHICLE LICENSE NO. OR V.I.N.		STATE	# OF PASSENGERS M F
BICYCLE <input type="checkbox"/>	YEAR OF VEH	MAKE	MODEL	BODY STYLE COLOR
OTHER <input type="checkbox"/>	REGISTERED OWNER OR LESSER			
ADDRESS OF OWNER OR LESSER				
INSURANCE CO. AND POLICY NO.				
INJURED <input type="checkbox"/>	SEATBELT USED <input type="checkbox"/> YES <input type="checkbox"/> NO	DIR. OF TRAVEL	VEHICLE DAMAGE	TOWED <input type="checkbox"/> YES <input type="checkbox"/> NO
DAMAGED PROPERTY		OWNER NAME		
PROPERTY OWNER ADDRESS		CITY		ZIP
WEATHER INFORMATION <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAINING		PAVEMENT CONDITION <input type="checkbox"/> WET <input type="checkbox"/> DRY		<input type="checkbox"/> HIT AND RUN
TYPE OF COLLISION (CIRCLE ONE AND I.D. DRIVER BY NUMBER)				
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Left Turn</p> </div> <div style="text-align: center;">  <p>Right Turn</p> </div> <div style="text-align: center;">  <p>Right Angle</p> </div> <div style="text-align: center;">  <p>Head On</p> </div> <div style="text-align: center;">  <p>Rear End</p> </div> <div style="text-align: center;">  <p>Ran Off Road</p> </div> <div style="text-align: center;">  <p>Side Swipe</p> </div> </div>				
PRIMARY COLLISION FACTOR		CVC		DRIVER #
<input type="checkbox"/> CONSISTENT PARTY STATEMENTS		<input type="checkbox"/> INDEPENDENT WITNESS STATEMENTS		
<input type="checkbox"/> 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
------	-----------------	-----------------	---------------	---------------