

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.

**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 OF				
P1 DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PKD <input type="checkbox"/> VEH <input type="checkbox"/> BICYCLE <input type="checkbox"/> OTHER <input type="checkbox"/>	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 <input type="checkbox"/> Y <input type="checkbox"/> N	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 DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PKD <input type="checkbox"/> VEH <input type="checkbox"/> BICYCLE <input type="checkbox"/> OTHER <input type="checkbox"/>	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 <input type="checkbox"/> Y <input type="checkbox"/> N		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 DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PKD <input type="checkbox"/> VEH <input type="checkbox"/> BICYCLE <input type="checkbox"/> OTHER <input type="checkbox"/>		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 <input type="checkbox"/> Y <input type="checkbox"/> N	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)				
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

You will receive a copy of this report if you are listed below and you have provided your contact information. This report is the property of the Covina Police Department and is not to be distributed outside of the department. If you have any questions, please contact the Covina Police Department at (909) 967-1100.