

For Office Use Only: Revised 03/2013  
 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 Lafayette 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 Lafayette Police Department. A police officer will review it 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 Lafayette	JUDICIAL DISTRICT Walnut Creek Superior Court	REPORT NUMBER		
COUNTY Contra Costa County		REPORTING DISTRICT 0700	BEAT 40 / 41				
COLLISION OCCURRED ON		MO DAY YEAR	TIME (2400)	NCIC # 0700			
<input type="checkbox"/> AT INTERSECTION WITH _____		DAY OF WEEK <b>S M T W T F S</b>		TOW AWAY <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> OR: FEET/MILES OF _____				STATE HIGHWAY RELATED <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>PARTY AT FAULT</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	<b>SKETCH</b> (Include all relevant roadway markings and signs) <div style="text-align: right;">  INDICATE NORTH                 </div>			
<input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)	PHONE NUMBER					
<input type="checkbox"/>	STREET ADDRESS		CITY/STATE/ZIP				
<input type="checkbox"/>	SEX	BIRTHDATE	INSURANCE CARRIER			POLICY NUMBER	
<input type="checkbox"/>	DIR OF TRAVEL	ON STREET OR HIGHWAY				SPEED LIMIT	
<input type="checkbox"/>	VEH. YR	MAKE / MODEL / COLOR				LICENSE NUMBER	STATE
<b>NOT AT FAULT</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	<b>SKETCH SYMBOLS</b> Moving vehicle →      Parked vehicle Head-on       Broadside Sideswipe       Vehicle Backing Head-on       Overtaking Turn Sideswipe       Vehicles Turning Rear end			
<input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)	PHONE NUMBER					
<input type="checkbox"/>	STREET ADDRESS		CITY/STATE/ZIP				
<input type="checkbox"/>	SEX	BIRTHDATE	INSURANCE CARRIER			POLICY NUMBER	
<input type="checkbox"/>	DIR OF TRAVEL	ON STREET OR HIGHWAY				SPEED LIMIT	
<input type="checkbox"/>	VEH. YR	MAKE / MODEL / COLOR				LICENSE NUMBER	STATE
<b>NOT AT FAULT</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	PARTY 3			
<input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)	PHONE NUMBER					
<input type="checkbox"/>	STREET ADDRESS		CITY/STATE/ZIP				
<input type="checkbox"/>	SEX	BIRTHDATE	INSURANCE CARRIER			POLICY NUMBER	
<input type="checkbox"/>	DIR OF TRAVEL	ON STREET OR HIGHWAY				SPEED LIMIT	
<input type="checkbox"/>	VEH. YR	MAKE / MODEL / COLOR				LICENSE NUMBER	STATE
WIT. <input type="checkbox"/>	R / O <input type="checkbox"/>	AGE	SEX	NAME	ADDRESS	PHONE NUMBER	PARTY NO.
<input type="checkbox"/>	<input type="checkbox"/>	AGE	SEX	NAME	ADDRESS	PHONE NUMBER	PARTY NO.
Property Owner	NAME					ADDRESS	DAMAGED PROPERTY

Lafayette Police Department / Traffic Collision Counter Report Continuation Form

Report Number: \_\_\_\_\_ Page 3 of 3

**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, 2012 at 9:00 PM and discovered damage on Jan.2, 2012 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. sex, 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: \_\_\_\_\_

Lafayette Police Department / Traffic Collision Counter Report Continuation Form

Report Number: \_\_\_\_\_ Page 2 of 3

**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. eastbound Mt.Diablo Blvd, NB First Street)

\_\_\_\_\_

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 red light, backing, making left turn)

\_\_\_\_\_

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

\_\_\_\_\_

8. What direction, lane, and street was the other vehicle in? (i.e. EB #1 lane of Deer Hill Road)

\_\_\_\_\_

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?

\_\_\_\_\_

\_\_\_\_\_