BEAT GRID

REDLANDS POLICE DEPARTMENT DELAYED TRAFFIC COLLISION REPORT

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1. 2. 3.	Fill o	re than two vo	s complet ehicles are	ely and acc e involved.	urately	as poss	sible l				eas blank. Us					
						nds Poli Ave., B				CA						
LOCATION OF	ACCIDENT	(on what street or in	itersection, or t	petween what str	reets)									WAS TH	is colli	SION A
DATE OF ACCIDENT (mo/day/yr) TIME OF ACCIDENT								HIT AND RUN AM DAY OF WEEK PM N								
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YOUR VEHICL YEAR MAKE MODEL			. С	COLOR		$\ \cdot \ $	YEAR MAKE			OTHER	MODEL MODEL			COLOR		
VEHICLE LI	CENSE NUM	JMBER LK		LIC STATE	LIC YE	AR	1	VEHICLE	VEHICLE LICENSE NUMBER		MBER		LIC. S	C. STATE LIC. Y		(EAR
DRIVER (print your full name)						DRIVER (print your full name)										
SEX	RACE	BIRTHDATE (mo/day/year) DRIVER			ENSE NO	STATE		SEX RACE			BIRTHDATE (mo/d	lay/year)	DRIVER'S LICENSE		ISE NO.	STATE
DRIVER'S A	DDRESS (st	reet and number)				.1		DRIVER:	S ADDRES	5S (st	treet and number)					
CITY AND STATE			HOME PHONE NUMBER			CITY AND STATE					HOME PHONE NUMBER					
EXPLAIN HO	OW ACCIDEN	NT OCCURRED (ii	nclude informa	tíon on property (damage or	any injuries	5)								••••••••••••••••••••••••••••••••••••••	
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-	- MATERIAL STATES								***************							
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CT CL		v 0	Т	P IS	SUED BY	i i	ACCE	PTED BY			DATE/TIME AC	CEPTED		APPROV	ED BY	