

CR # _____

Greenfield Police Department

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Phone (831) 674-5111

599 El Camino Real
Greenfield, CA 93927
CA0270400

Fax (831) 674-3747

PRINT ALL INFORMATION LEGIBLY - DO NOT WRITE ON SHADED AREAS

CODE SECTION	CLASSIFICATION	BCS CODE
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DATE and TIME From	DATE and TIME To	DATE and TIME Reported	SHIFT	AREA
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ST#	BLOCK	STREET NAME	TYPE	APT	CROSS STREET	CITY
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VEHICLE - NO. 1

DRIVER'S NAME (Last, First, Middle)		DRIVER'S LICENSE NO.	RACE	SEX	DOB	
RESIDENTIAL ADDRESS		CITY	STATE	ZIP	PHONE	
OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		ADDRESS	CITY	STATE	ZIP	
LICENSE NO.	STATE	VIN	YEAR	MAKE	MODEL	STYLE
PRI COLOR	SEC COLOR	MISCELLANEOUS INFORMATION				
INSURANCE COMPANY NAME AND POLICY NUMBER		VEHICLE DAMAGE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR		PARTS OF VEHICLE DAMAGED		

VEHICLE - NO. 2

DRIVER'S NAME (Last, First, Middle)		DRIVER'S LICENSE NO.	RACE	SEX	DOB	
RESIDENTIAL ADDRESS		CITY	STATE	ZIP	PHONE	
OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		ADDRESS	CITY	STATE	ZIP	
LICENSE NO.	STATE	VIN	YEAR	MAKE	MODEL	STYLE
PRI COLOR	SEC COLOR	MISCELLANEOUS INFORMATION				
INSURANCE COMPANY NAME AND POLICY NUMBER		VEHICLE DAMAGE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR		PARTS OF VEHICLE DAMAGED		

DAMAGE TO PROPERTY OTHER THAN VEHICLE (NAME OBJECT AND STATE NATURE OF DAMAGE)		DAMAGE COST \$
NAME OF OWNER OF OBJECT STRUCK	ADDRESS	DOB
NAME OF WITNESS	ADDRESS	DOB
NAME OF WITNESS	ADDRESS	DOB

DATA ENTRY BY: _____ DATE: _____

SUPERVISOR REVIEW: _____ DATE: _____

