



The City of Brea Police Department

1 CIVIC CENTER CIRCLE, BREA, CA 92821-5732

714-990-7625

www.breapolice.net

CASE # _____

DELAYED/COUNTER COLLISION REPORT

This form is for documentation purposes only.

Please complete as thoroughly as possible. A case number will be assigned when you are finished, and you will also receive a copy of the report. There is no fee for this service. If you need to draw a diagram or need additional space, please use the reverse side of this form.

LOCATION OF COLLISION: _____

DATE OF COLLISION: _____ TIME OF COLLISION: _____ AM/PM

YOUR INFORMATION

FULL NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE/STATE: _____ HOME PHONE: _____

INSURANCE COMPANY: _____ POLICY #: _____

VEHICLE PLATE/YEAR/MAKE/MODEL/COLOR: _____

OTHER PARTY

FULL NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE/STATE: _____ HOME PHONE: _____

INSURANCE COMPANY: _____ POLICY #: _____

VEHICLE PLATE/YEAR/MAKE/MODEL/COLOR: _____

YOUR STATEMENT OF COLLISION: _____

YOUR SIGNATURE: _____ DATE: _____

DMV advises that "you or your insurance agent, broker, or legal representative must complete an SR-1 report and send it to DMV within 10 days if someone is injured (no matter how minor the injury), or killed, or if property damage is over \$1000." This form must be filled out in addition to the police report, insurance report, or any other agency's report. This form is available at DMV offices or online at www.dmv.ca.gov.