LOS ANGELES POLICE DEPARTMENT
TRAFFIC COLLISION INFORMATION
70-04.37 (R 5/04)

IMPORTANT: THE INFORMATION REQUESTED ON THIS CARD WILL BE NECESSARY IF YOU ARE REQUIRED TO COMPLETE A STATE SR-1 REPORT AND INSURANCE REPORT.

LOCATION OF COLLISION: CHANDLER BL W/O TUJUNGA BL
DATE & TIME OF COLLISION: 08-13-07 1325
YOUR NAME: TYLER STANDARD ROSE
INSURANCE CO.:
ADDRESS:
DRIVER'S LIC. NO.:
BIRTHDATE:
PHONE NO.:
REGISTERED OWNER'S NAME:
INSURANCE CO.: SAME AS ABOVE
ADDRESS:
VEHICLE YEAR & MAKE: 2007 LINC
BODY TYPE: NAVIGATOR
COLOR(S): BLK
LIC. NO.:
YEAR:
STATE:
VEHICLE DAMAGE & / OR KILLED OR INJURED PERSONS: FRONT RT SIDE
LOCATION OF IMPOUND:

Read Reverse Side Carefully