

STATE OF CALIFORNIA  
**TRAFFIC COLLISION REPORT**  
 CHP 555 Page 1 (Rev.7-03) OPI 061

SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN FELONY	CITY			JUDICIAL DISTRICT		LOCAL REPORT NUMBER	
		NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY			REPORTING DISTRICT		BEAT	

<b>LOCATION</b>	COLLISION OCCURRED ON					MO.	DAY	YEAR	TIME (2400)	NCIC #	OFFICER I.D.
	MILEPOST INFORMATION					DAY OF WEEK			TOW AWAY	PHOTOGRAPHS BY: <input type="checkbox"/> NONE	
	FEET/MILES OF					<b>S M T W T F S</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO		
AT INTERSECTION WITH					STATE HWY REL			<input type="checkbox"/> YES <input type="checkbox"/> NO			
OR: FEET/MILES OF											

<b>PARTY 1</b>	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
	DRIVER NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER						
	STREET ADDRESS		OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER						
	CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER								
	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	Mo.	Day	Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:						
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE			SHADE IN DAMAGED AREA		
	DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			>			
	CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____								

<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
	DRIVER NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER						
	STREET ADDRESS		OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER						
	CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER								
	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	Mo.	Day	Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:						
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE			SHADE IN DAMAGED AREA		
	DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			>			
	CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____								

<b>PARTY 3</b>	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
	DRIVER NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER						
	STREET ADDRESS		OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER						
	CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER								
	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	Mo.	Day	Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:						
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE			SHADE IN DAMAGED AREA		
	DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			>			
	CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____								

PREPARER'S NAME			DISPATCH NOTIFIED			REVIEWER'S NAME			DATE REVIEWED		
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A								

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
OWNER'S NAME		OWNER'S ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY DAMAGE DESCRIPTION OF DAMAGE				
SEATING POSITION		SAFETY EQUIPMENT		INATTENTION CODES
 <p>1 - DRIVER                  2 TO 6 - PASSENGERS                  7 - STATION WAGON REAR                  8 - REAR OCC. TRK. OR VAN                  9 - POSITION UNKNOWN                  0 - OTHER</p>		<p><b>OCCUPANTS</b>                  A - NONE IN VEHICLE                  B - UNKNOWN                  C - LAP BELT USED                  D - LAP BELT NOT USED                  E - SHOULDER HARNESS USED                  F - SHOULDER HARNESS NOT USED                  G - LAP/SHOULDER HARNESS USED                  H - LAP/SHOULDER HARNESS NOT USED                  J - PASSIVE RESTRAINT USED                  K - PASSIVE RESTRAINT NOT USED</p> <p><b>SAFETY EQUIPMENT</b>                  L - AIR BAG DEPLOYED                  M - AIR BAG NOT DEPLOYED                  N - OTHER                  P - NOT REQUIRED</p> <p><b>CHILD RESTRAINT</b>                  Q - IN VEHICLE USED                  R - IN VEHICLE NOT USED                  S - IN VEHICLE USE UNKNOWN                  T - IN VEHICLE IMPROPER USE                  U - NONE IN VEHICLE</p> <p><b>M / C BICYCLE- HELMET</b>                  DRIVER PASSENGER                  V - NO X - NO                  W - YES Y - YES</p> <p><b>EJECTED FROM VEHICLE</b>                  0 - NOT EJECTED                  1 - FULLY EJECTED                  2 - PARTIALLY EJECTED                  3 - UNKNOWN</p>		<p>A - CELLPHONE HANDHELD                  B - CELLPHONE HANDSFREE                  C - ELECTRONIC EQUIPMENT                  D - RADIO / CD                  E - SMOKING                  F - EATING                  G - CHILDREN                  H - ANIMALS                  I - PERSONAL HYGIENE                  J - READING                  K - OTHER</p>

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE				B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*				D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	<b>TYPE OF COLLISION</b>				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOWING / STOPPING
	D BROADSIDE				I				I PASSING OTHER VEHICLE
	E HIT OBJECT				J				J CHANGING LANES
	F OVERTURNED				K				K PARKING MANEUVER
	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
	H OTHER*				M				M OTHER UNSAFE TURNING
	<b>MOTOR VEHICLE INVOLVED WITH</b>				N				N XING INTO OPPOSING LANE
	A NON - COLLISION				O				O PARKED
	B PEDESTRIAN				<b>OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)</b>				P MERGING
	C OTHER MOTOR VEHICLE	1	2	3	A VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				Q TRAVELING WRONG WAY
	D MOTOR VEHICLE ON OTHER ROADWAY				B VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				R OTHER*:
	E PARKED MOTOR VEHICLE				C VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3	
	F TRAIN				D				<b>SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)</b>
	G BICYCLE				E VISION OBSCUREMENT:				A HAD NOT BEEN DRINKING
	H ANIMAL:				F INATTENTION*:				B HBD - UNDER INFLUENCE
	I FIXED OBJECT:				G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE*
	J OTHER OBJECT:				H ENTERING / LEAVING RAMP				D HBD - IMPAIRMENT UNKNOWN*
	<b>PEDESTRIAN'S ACTIONS</b>				I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE*
	A NO PEDESTRIANS INVOLVED				J UNFAMILIAR WITH ROAD				F IMPAIRMENT - PHYSICAL*
	B CROSSING IN CROSSWALK - AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				G IMPAIRMENT NOT KNOWN
	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				L UNINVOLVED VEHICLE				H NOT APPLICABLE
	D CROSSING - NOT IN CROSSWALK				M OTHER*:				I SLEEPY / FATIGUED*
	E IN ROAD - INCLUDES SHOULDER				N NONE APPARENT				
	F NOT IN ROAD				O RUNAWAY VEHICLE				
	G APPROACHING / LEAVING SCHOOL BUS								

SKETCH



INDICATE NORTH

MISCELLANEOUS

DATE OF COLLISION (MO. DAY YEAR)				TIME (2400)	NCIC #	OFFICER I.D.	NUMBER			
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WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

NAME / D. O. B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>													
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DESCRIBE INJURIES

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<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>													
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NAME / D. O. B. / ADDRESS TELEPHONE

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DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>													
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NAME / D. O. B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>													
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NAME / D. O. B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

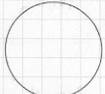
DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
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DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE = )



INDICATE  
NORTH

Sample

PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
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