

STATE OF CALIFORNIA  
**TRAFFIC COLLISION REPORT**  
 CHP 555 Page 1 (Rev. 11-06) OPI 065

SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN FELONY <input type="checkbox"/>	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER	
		NUMBER KILLED	HIT & RUN INJURY/FACTOR <input type="checkbox"/>	COUNTY	REPORTING DISTRICT	BEAT	DAY OF WEEK
						S M T W T F S <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>LOCATION</b>	COLLISION OCCURRED ON:				MO.	DAY	YEAR
	MILEPOST INFORMATION				GPS COORDINATES		TIME (2400)
	FEET/MILES		OF	LATITUDE		LONGITUDE	
	AT INTERSECTION WITH				STATE HWY REL		PHOTOGRAPHS BY: <input type="checkbox"/> NONE
		OR: FEET/MILES OF				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>PARTY 1</b>	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
	DRIVER NAME (FIRST, MIDDLE, LAST)						MAKE/MODEL/COLOR
	STREET ADDRESS						LICENSE NUMBER
	CITY/STATE/ZIP						STATE
	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
	HOME PHONE		BUSINESS PHONE				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER
	INSURANCE CARRIER		POLICY NUMBER				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER
	DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
							PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
							VEHICLE IDENTIFICATION NUMBER:
						VEHICLE TYPE	
						DESCRIBE VEHICLE DAMAGE	
						SHADE IN DAMAGED AREA	
						<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 _____ MCMX _____	
						>	
<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
	DRIVER NAME (FIRST, MIDDLE, LAST)						MAKE/MODEL/COLOR
	STREET ADDRESS						LICENSE NUMBER
	CITY/STATE/ZIP						STATE
	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
	HOME PHONE		BUSINESS PHONE				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER
	INSURANCE CARRIER		POLICY NUMBER				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER
	DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
							PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
							VEHICLE IDENTIFICATION NUMBER:
						VEHICLE TYPE	
						DESCRIBE VEHICLE DAMAGE	
						SHADE IN DAMAGED AREA	
						<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 _____ MCMX _____	
						>	
<b>PARTY 3</b>	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
	DRIVER NAME (FIRST, MIDDLE, LAST)						MAKE/MODEL/COLOR
	STREET ADDRESS						LICENSE NUMBER
	CITY/STATE/ZIP						STATE
	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
	HOME PHONE		BUSINESS PHONE				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER
	INSURANCE CARRIER		POLICY NUMBER				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER
	DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
							PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
							VEHICLE IDENTIFICATION NUMBER:
						VEHICLE TYPE	
						DESCRIBE VEHICLE DAMAGE	
						SHADE IN DAMAGED AREA	
						<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 _____ MCMX _____	
						>	
PREPARED BY NAME			DISPATCH NOTIFIED			REVIEWER'S NAME	
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			DATE REVIEWED	

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				

<b>SEATING POSITION</b>  <p>1 - DRIVER                  2 TO 6 - PASSENGERS                  7 - STATION WAGON REAR                  8 - REAR OCC. TRK. OR VAN                  9 - POSITION UNKNOWN                  0 - OTHER</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	<b>SAFETY EQUIPMENT</b> L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED  <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	<b>M / C BICYCLE- HELMET</b> DRIVER PASSENGER V - NO X - NO W - YES Y - YES  <b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	<b>INATTENTION CODES</b> 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
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**ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE.**

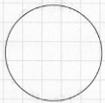
PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
<b>A</b> VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>A</b> CONTROLS FUNCTIONING				<b>A</b> HAZARDOUS MATERIAL				<b>A</b> STOPPED
<b>B</b> OTHER IMPROPER DRIVING*	<b>B</b> CONTROLS NOT FUNCTIONING*				<b>B</b> CELL PHONE HANDHELD IN USE				<b>B</b> PROCEEDING STRAIGHT
<b>C</b> OTHER THAN DRIVER*	<b>C</b> CONTROLS OBSCURED				<b>C</b> CELL PHONE HANDSFREE IN USE				<b>C</b> RAN OFF ROAD
<b>D</b> UNKNOWN*	<b>D</b> NO CONTROLS PRESENT / FACTOR*				<b>D</b> CELL PHONE NOT IN USE				<b>D</b> MAKING RIGHT TURN
	<b>E</b> HIT OBJECT				<b>E</b> SCHOOL BUS RELATED				<b>E</b> MAKING LEFT TURN
<b>WEATHER (MARK 1 TO 2 ITEMS)</b>	<b>F</b> OVERTURNED				<b>F</b> 75 FT MOTORTRUCK COMBO				<b>F</b> MAKING U TURN
<b>A</b> CLEAR	<b>G</b> VEHICLE / PEDESTRIAN				<b>G</b> 32 FT TRAILER COMBO				<b>G</b> BACKING
<b>B</b> CLOUDY	<b>H</b> OTHER*				<b>H</b>				<b>H</b> SLOWING / STOPPING
<b>C</b> RAINING	<b>MOTOR VEHICLE INVOLVED WITH</b>				<b>I</b>				<b>I</b> PASSING OTHER VEHICLE
<b>D</b> SNOWING	<b>A</b> NON - COLLISION				<b>J</b>				<b>J</b> CHANGING LANES
<b>E</b> FOG / VISIBILITY FT.	<b>B</b> PEDESTRIAN				<b>K</b>				<b>K</b> PARKING MANEUVER
<b>F</b> OTHER*	<b>C</b> OTHER MOTOR VEHICLE				<b>L</b>				<b>L</b> ENTERING TRAFFIC
<b>G</b> WIND	<b>D</b> MOTOR VEHICLE ON OTHER ROADWAY				<b>M</b>				<b>M</b> OTHER UNSAFE TURNING
<b>LIGHTING</b>	<b>E</b> PARKED MOTOR VEHICLE				<b>N</b>				<b>N</b> XING INTO OPPOSING LANE
<b>A</b> DAYLIGHT	<b>F</b> TRAIN				<b>O</b>				<b>O</b> PARKED
<b>B</b> DUSK - DAWN	<b>G</b> BICYCLE				<b>OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)</b>				<b>P</b> MERGING
<b>C</b> DARK - STREET LIGHTS	<b>H</b> ANIMAL:				<b>A</b> VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>Q</b> TRAVELING WRONG WAY
<b>D</b> DARK - NO STREET LIGHTS	<b>I</b> FIXED OBJECT:				<b>B</b> VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>R</b> OTHER*:
<b>E</b> DARK - STREET LIGHTS NOT FUNCTIONING*	<b>J</b> OTHER OBJECT:				<b>C</b> VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>ROADWAY SURFACE</b>	<b>PEDESTRIAN'S ACTIONS</b>				<b>D</b>				<b>SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)</b>
<b>A</b> DRY	<b>A</b> NO PEDESTRIANS INVOLVED				<b>E</b> VISION OBSCUREMENT:				<b>A</b> HAD NOT BEEN DRINKING
<b>B</b> WET	<b>B</b> CROSSING IN CROSSWALK - AT INTERSECTION				<b>F</b> INATTENTION*:				<b>B</b> HBD - UNDER INFLUENCE
<b>C</b> SNOWY - ICY	<b>C</b> CROSSING IN CROSSWALK - NOT AT INTERSECTION				<b>G</b> STOP & GO TRAFFIC				<b>C</b> HBD - NOT UNDER INFLUENCE*
<b>D</b> SLIPPERY (MUDDY, OILY, ETC.)	<b>D</b> CROSSING - NOT IN CROSSWALK				<b>H</b> ENTERING / LEAVING RAMP				<b>D</b> HBD - IMPAIRMENT UNKNOWN*
<b>ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)</b>	<b>E</b> IN ROAD - INCLUDES SHOULDER				<b>I</b> PREVIOUS COLLISION				<b>E</b> UNDER DRUG INFLUENCE*
<b>A</b> HOLES, DEEP RUT*	<b>F</b> NOT IN ROAD				<b>J</b> UNFAMILIAR WITH ROAD				<b>F</b> IMPAIRMENT - PHYSICAL*
<b>B</b> LOOSE MATERIAL ON ROADWAY*	<b>G</b> APPROACHING / LEAVING SCHOOL BUS				<b>K</b> DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>G</b> IMPAIRMENT NOT KNOWN
<b>C</b> OBSTRUCTION ON ROADWAY*					<b>L</b> UNINVOLVED VEHICLE				<b>H</b> NOT APPLICABLE
<b>D</b> CONSTRUCTION - REPAIR ZONE					<b>M</b> OTHER*:				<b>I</b> SLEEPY / FATIGUED*
<b>E</b> REDUCED ROADWAY WIDTH					<b>N</b> NONE APPARENT				
<b>F</b> FLOODED*					<b>O</b> RUNAWAY VEHICLE				
<b>G</b> OTHER*:									
<b>H</b> NO UNUSUAL CONDITIONS									

<b>SKETCH</b> <div style="text-align: center; margin-top: 20px;">                   INDICATE NORTH             </div>	<b>MISCELLANEOUS</b> _____ _____ _____
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DATE OF COLLISION (MO. DAY YEAR)				TIME (2400)	NCIC #	OFFICER I.D.					NUMBER								
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"/>	<input type="checkbox"/>						
NAME / D. O. B. / ADDRESS													TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:											
DESCRIBE INJURIES																			
													<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED						
<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"/>	<input type="checkbox"/>						
NAME / D. O. B. / ADDRESS													TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:											
DESCRIBE INJURIES																			
													<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED						
<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"/>	<input type="checkbox"/>						
NAME / D. O. B. / ADDRESS													TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:											
DESCRIBE INJURIES																			
													<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED						
<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"/>	<input type="checkbox"/>						
NAME / D. O. B. / ADDRESS													TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:											
DESCRIBE INJURIES																			
													<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED						
<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"/>	<input type="checkbox"/>						
NAME / D. O. B. / ADDRESS													TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:											
DESCRIBE INJURIES																			
													<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED						
PREPARER'S NAME				I.D. NUMBER				MO. DAY YEAR				REVIEWER'S NAME				MO. DAY YEAR			

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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