

SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN FELONY	CITY			JUDICIAL DISTRICT	LOCAL REPORT NUMBER				
		NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY			REPORTING DISTRICT	BEAT	DAY OF WEEK			
									TOW AWAY			
									S M T W T F S <input type="checkbox"/> YES <input type="checkbox"/> NO			
LOCATION	COLLISION OCCURRED ON						MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.		
	MILEPOST INFORMATION			GPS COORDINATES					PHOTOGRAPHS BY: <input type="checkbox"/> NONE			
	(Click to line out) FEET/MILES OF <input type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR: (Click to line out) FEET/MILES OF			LATITUDE			LONGITUDE		STATE HWY REL <input type="checkbox"/> YES <input type="checkbox"/> NO			
PARTY 1	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	Mo. BIRTHDATE 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		CA _____ DOT _____		<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		
							CAL-T _____ TCP/PSC _____ MC/MX _____					
PARTY 2	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	Mo. BIRTHDATE 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		CA _____ DOT _____		<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		
							CAL-T _____ TCP/PSC _____ MC/MX _____					
PARTY 3	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	Mo. BIRTHDATE 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		CA _____ DOT _____		<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		
							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		AIR BAG
		OCCUPANTS 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 - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE M/C BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES		B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN
INATTENTION CODES 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				

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: <input type="checkbox"/> CITED 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
	TYPE OF COLLISION				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
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED				K				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*:				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.					N				N XING INTO OPPOSING LANE
F OTHER*:	MOTOR VEHICLE INVOLVED WITH				O				O PARKED
G WIND	A NON - COLLISION								P MERGING
	B PEDESTRIAN								Q TRAVELING WRONG WAY
LIGHTING	C OTHER MOTOR VEHICLE								R OTHER*:
A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				
B DUSK - DAWN	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATION: <input type="checkbox"/> CITED YES <input type="checkbox"/> NO				
C DARK - STREET LIGHTS	F TRAIN				B VC SECTION VIOLATION: <input type="checkbox"/> CITED YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	G BICYCLE				C VC SECTION VIOLATION: <input type="checkbox"/> CITED YES <input type="checkbox"/> NO	1	2	3	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL:				D				A HAD NOT BEEN DRINKING
ROADWAY SURFACE	I FIXED OBJECT:				E VISION OBSCUREMENT:				B HBD - UNDER THE INFLUENCE
A DRY	J OTHER OBJECT:				F INATTENTION*:				C HBD - NOT UNDER INFLUENCE*
B WET					G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
C SNOWY - ICY					H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)					I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS				J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN
A HOLES, DEEP RUT*	A NO PEDESTRIANS INVOLVED				K DEFECTIVE VEH. EQUIP.: <input type="checkbox"/> CITED YES <input type="checkbox"/> NO				H NOT APPLICABLE
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION				L UNINVOLVED VEHICLE				I SLEEPY / FATIGUED*
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				M OTHER*:				
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				N NONE APPARENT				
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				O RUNAWAY VEHICLE				
F FLOODED*	F NOT IN ROAD								
G OTHER*:	G APPROACHING / LEAVING SCHOOL BUS								
H NO UNUSUAL CONDITIONS									

<p>SKETCH</p> <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> INDICATE NORTH NOTE: Click in the SKETCH and INDICATE NORTH fields to import a graphic. If a separate page is used, indicate the location of the sketch here. </div>	<p>MISCELLANEOUS</p>
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INJURED / WITNESS / PASSENGERS

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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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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			

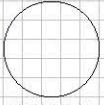
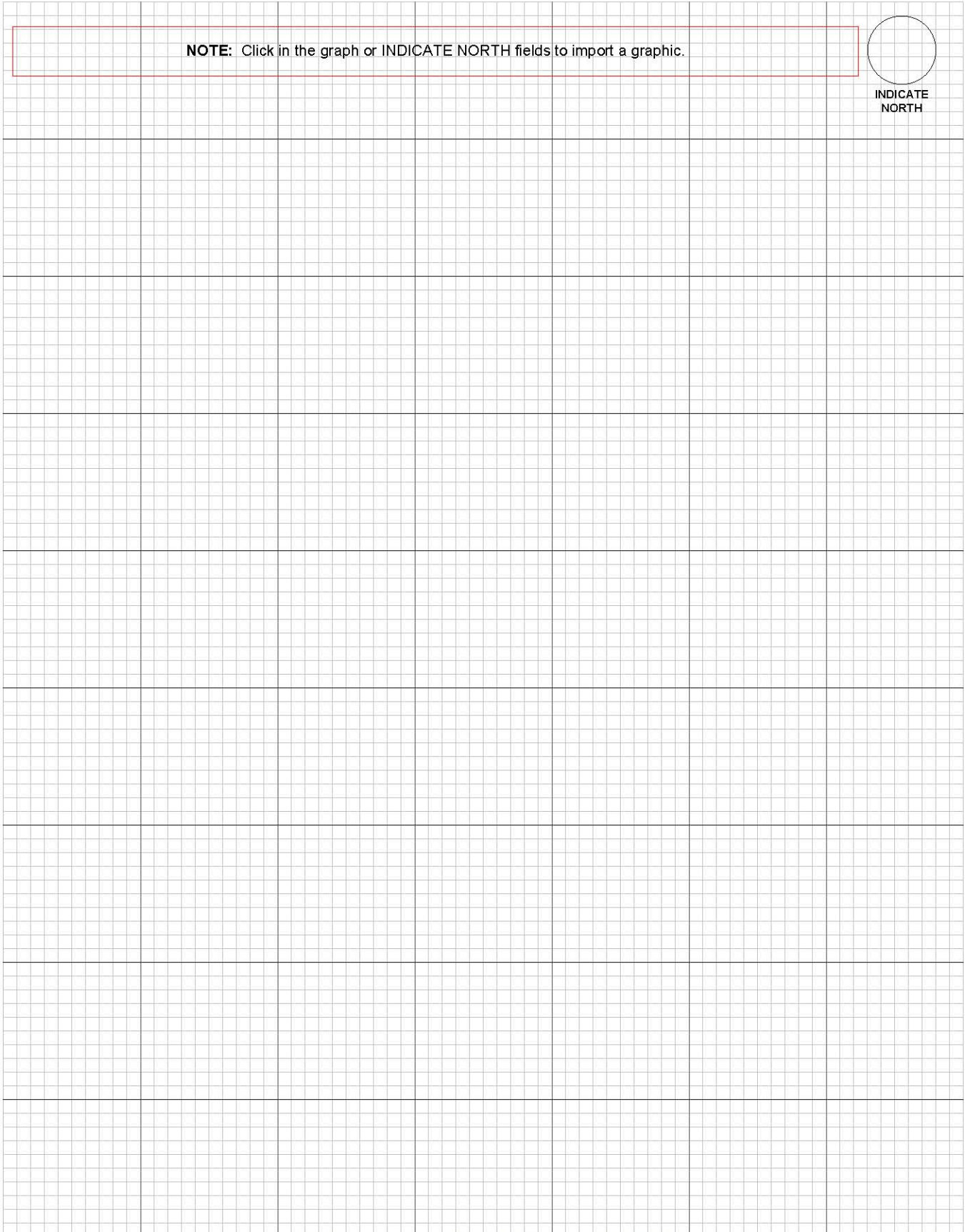
FACTUAL DIAGRAM

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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 =)

NOTE: Click in the graph or INDICATE NORTH fields to import a graphic.



INDICATE
NORTH

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