

STATE OF CALIFORNIA  
**TRAFFIC COLLISION REPORT**

SPECIAL CONDITIONS	NUMBER INJURED	HT & RUN FELONY <input type="checkbox"/>	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	NUMBER KILLED	HT & RUN MISD. <input type="checkbox"/>	COUNTY	REPORTING DISTRICT	BEAT

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

<b>PARTY 1</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE				
DRIVER	NAME ( FIRST, MIDDLE, LAST )											
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER							
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER							
BICYCLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
OTHER <input type="checkbox"/>	HOME PHONE ( )		BUSINESS PHONE ( )		PRIOR MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>							
	INSURANCE CARRIER				POLICY NUMBER				CHP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
	DIR. OF TRAVEL	ON STREET OR HIGHWAY			SPEED LIMIT	PCF	ICC <input type="checkbox"/> PUC <input type="checkbox"/> CHP <input type="checkbox"/>		<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			

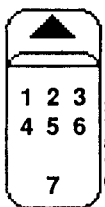
<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE				
DRIVER	NAME ( FIRST, MIDDLE, LAST )											
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER							
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER							
BICYCLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
OTHER <input type="checkbox"/>	HOME PHONE ( )		BUSINESS PHONE ( )		PRIOR MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>							
	INSURANCE CARRIER				POLICY NUMBER				CHP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
	DIR. OF TRAVEL	ON STREET OR HIGHWAY			SPEED LIMIT	PCF	ICC <input type="checkbox"/> PUC <input type="checkbox"/> CHP <input type="checkbox"/>		<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			

<b>PARTY 3</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE				
DRIVER	NAME ( FIRST, MIDDLE, LAST )											
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER							
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER							
BICYCLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
OTHER <input type="checkbox"/>	HOME PHONE ( )		BUSINESS PHONE ( )		PRIOR MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>							
	INSURANCE CARRIER				POLICY NUMBER				CHP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
	DIR. OF TRAVEL	ON STREET OR HIGHWAY			SPEED LIMIT	PCF	ICC <input type="checkbox"/> PUC <input type="checkbox"/> CHP <input type="checkbox"/>		<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			

PREPARER'S NAME	DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	REVIEWER'S NAME	DATE REVIEWED
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STATE OF CALIFORNIA  
**TRAFFIC COLLISION CODING**


DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I. D.	NUMBER
MO. DAY YEAR	OWNER'S NAME / ADDRESS			
PROPERTY DAMAGE	DESCRIPTION OF DAMAGE			
				NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO

<p><b>SEATING POSITION</b></p>  <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>SAFETY EQUIPMENT</b></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>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 V - NO W - YES PASSENGER X - NO Y - YES</p>	<p><b>EJECTED FROM VEHICLE</b></p> <p>0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN</p>
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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			TYPE OF VEHICLE	1 2 3			MOVEMENT PRECEDING COLLISION
		1	2	3		1	2	3	
# A VC SECTION VIOLATED: <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	A CONTROLS FUNCTIONING				A PASSENGER CAR / STATION WAGON				A STOPPED
# B OTHER IMPROPER DRIVING * :	B CONTROLS NOT FUNCTIONING *				B PASSENGER CAR W / TRAILER				B PROCEEDING STRAIGHT
C OTHER THAN DRIVER *	C CONTROLS OBSCURED				C MOTORCYCLE / SCOOTER				C RAN OFF ROAD
D UNKNOWN *	D NO CONTROLS PRESENT / FACTOR *				D PICKUP OR PANEL TRUCK				D MAKING RIGHT TURN
# E FELL ASLEEP *	TYPE OF COLLISION				E PICKUP / PANEL TRUCK W / TRAILER				E MAKING LEFT TURN
WEATHER ( MARK 1 TO 2 ITEMS )	A HEAD - ON				F TRUCK OR TRUCK TRACTOR				F MAKING U TURN
A CLEAR	B SIDESWIPE				G TRUCK / TRUCK TRACTOR W / TRLR.				G BACKING
B CLOUDY	C REAR END				H SCHOOL BUS				H SLOWING / STOPPING
C RAINING	D BROADSIDE				I OTHER BUS				I PASSING OTHER VEHICLE
D SNOWING	E HIT OBJECT				J EMERGENCY VEHICLE				J CHANGING LANES
E FOG / VISIBILITY FT.	F OVERTURNED				K HIGHWAY CONST. EQUIPMENT				K PARKING MANEUVER
F OTHER * :	G VEHICLE / PEDESTRIAN				L BICYCLE				L ENTERING TRAFFIC
G WIND	H OTHER * :				M OTHER VEHICLE				M OTHER UNSAFE TURNING
LIGHTING	MOTOR VEHICLE INVOLVED WITH				N PEDESTRIAN				N XING INTO OPPOSING LANE
A DAYLIGHT	A NON - COLLISION				O MOPED				O PARKED
B DUSK - DAWN	B PEDESTRIAN								P MERGING
C DARK - STREET LIGHTS	C OTHER MOTOR VEHICLE								Q TRAVELING WRONG WAY
D DARK - NO STREET LIGHTS	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	OTHER ASSOCIATED FACTOR(S) ( MARK 1 TO 2 ITEMS )				R OTHER * :
E DARK - STREET LIGHTS NOT FUNCTIONING *	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATION: <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
ROADWAY SURFACE	F TRAIN				B VC SECTION VIOLATION: <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
A DRY	G BICYCLE				C VC SECTION VIOLATION: <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3	SOBRIETY - DRUG PHYSICAL ( MARK 1 TO 2 ITEMS )
B WET	H ANIMAL :				D				A HAD NOT BEEN DRINKING
C SNOWY - ICY	I FIXED OBJECT :				E VISION OBSCUREMENT :				B HBD - UNDER INFLUENCE
D SLIPPERY ( MUDDY, OILY, ETC. )	J OTHER OBJECT :				F INATTENTION * :				C HBD - NOT UNDER INFLUENCE *
ROADWAY CONDITION(S) ( MARK 1 TO 2 ITEMS )	PEDESTRIAN'S INVOLVED				G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN *
A HOLES, DEEP RUT *	A NO PEDESTRIAN INVOLVED				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE *
B LOOSE MATERIAL ON ROADWAY *	B CROSSING IN CROSSWALK AT INTERSECTION				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL *
C OBSTRUCTION ON ROADWAY *	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				K DEFECTIVE VEH. EQUIP. : <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				H NOT APPLICABLE
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				L UNINVOLVED VEHICLE				I SLEEPY / FATIGUED
F FLOODED *	F NOT IN ROAD				M OTHER * :				SPECIAL INFORMATION
G OTHER * :	G APPROACHING / LEAVING SCHOOL BUS				N NONE APPARENT				A HAZARDOUS MATERIAL
H NO UNUSUAL CONDITIONS					O RUNAWAY VEHICLE				

SKETCH



INDICATE NORTH

MISCELLANEOUS

# INJURED / WITNESSES / PASSENGERS

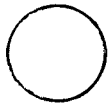
DATE OF COLLISION		TIME (2400)		NCIC NUMBER				OFFICER I.D.		NUMBER											
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ( "X" ONE )				INJURED WAS ( "X" ONE )					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED					
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	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																					
<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"/>									
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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	

STATE OF CALIFORNIA  
**FACTUAL DIAGRAM**

PAGE

DATE OF COLLISION			TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
MO.	DAY	YR.				

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =



INDICATE  
NORTH

DRAWN BY	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.
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**NARRATIVE/SUPPLEMENTAL**

CHP 556 (Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
*X* ONE <input type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		*X* ONE <input type="checkbox"/> Collision report <input type="checkbox"/> Other:		TYPE SUPPLEMENTAL (*X* APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Fatal <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:
CITY/COUNTY/JUDICIAL DISTRICT			REPORTING DISTRICT/BEAT	CITATION NUMBER
LOCATION/SUBJECT			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No	
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PREPARER'S NAME AND I.D. NUMBER		DATE	REVIEWER'S NAME	



DATE OF COLLISION			TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER	PAGE
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PREPARER'S NAME	I.D. NUMBER	MO	DAY	YEAR	REVIEWER'S NAME	MO.	DAY	YEAR