### Traffic Collision Report

**State of California**

**Traffic Collision Report**

CHP 555 Page 1 (Rev.7-03) OPI 061

<table>
<thead>
<tr>
<th>Special Conditions</th>
<th>Number Involved</th>
<th>Hit &amp; Run</th>
<th>FELONY</th>
<th>CITY</th>
<th>Judicial District</th>
<th>Local Report Number</th>
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<tr>
<th>Location</th>
<th>Milepost Information</th>
<th>Feet/Miles of</th>
<th>Day of Week</th>
<th>Tow Away</th>
<th>Photography</th>
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<td>S M T W T F S</td>
<td>YES</td>
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<table>
<thead>
<tr>
<th>Part 1</th>
<th>Driver's License Number</th>
<th>State</th>
<th>Class</th>
<th>Air Bag</th>
<th>Safety Equip</th>
<th>Year Make/Model/Color</th>
<th>License Number</th>
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<tr>
<th>Other</th>
<th>Home Phone</th>
<th>Business Phone</th>
<th>Insurance Carrier</th>
<th>Policy Number</th>
<th>DIR of Travel</th>
<th>On Street or Highway</th>
<th>Speed Limit</th>
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<tr>
<th>Part 2</th>
<th>Driver's License Number</th>
<th>State</th>
<th>Class</th>
<th>Air Bag</th>
<th>Safety Equip</th>
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<th>Part 3</th>
<th>Driver's License Number</th>
<th>State</th>
<th>Class</th>
<th>Air Bag</th>
<th>Safety Equip</th>
<th>Year Make/Model/Color</th>
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<tr>
<th>Preparer's Name</th>
<th>Dispatch Notified</th>
<th>Reviewer's Name</th>
<th>Date Reviewed</th>
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<tbody>
<tr>
<td></td>
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STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 7-03) OPI 061

DATE OF COLLISION (MD. DAY. YEAR)
TIME (24HR)
NCIC #
OFFICER I.D.
NUMBER

PROPERTY DAMAGE
DESCRIPTION OF DAMAGE

SEATING POSITION
1. DRIVER
2. PASSENGER
3. STATION WAGON REAR
4. TRUCK OR VAN REAR
5. POSITION UNKNOWN
6. OTHER

SAFETY EQUIPMENT
- L - AIR BAG DEPLOYED
- M - AIR BAG NOT DEPLOYED
- N - OTHER
- P - NOT REQUIRED
- V - NO/passenger
- W - YES
- Y - YES

INATTENTION CODES
- A - CELL PHONE HANDHELD
- B - CELL PHONE 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.

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PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT

TRAFFIC CONTROL DEVICES
A - CONTROLS FUNCTIONING
B - CONTROLS NOT FUNCTIONING
C - OTHER THAN DRIVER
D - UNKNOWN

WEATHER (MARK 1 TO 2 ITEMS)
A - CLEAR
B - CLOUDY
C - RAINING
D - SNOWING
E - FOG / VISIBILITY FT
F - OTHER
G - WIND

LIGHTING
A - NON - COLLISION
B - PEDESTRIAN
C - OTHER MOTOR VEHICLE
D - MOTOR VEHICLE ON OTHER ROADWAY
E - PARKED MOTOR VEHICLE

ROADWAY SURFACE
A - DRY
B - WET
C - SNOWY - ICY
D - SLIPPERY (MUD, OIL, ETC.)

ROADWAY CONDITION(S)
A - HOLES, DEEP RUT
B - LOOSE MATERIAL ON ROADWAY
C - OBSTRUCTION ON ROADWAY
D - CONSTRUCTION / REPAIR ZONE
E - REDUCED ROADWAY WIDTH
F - FLOODED
G - OTHER
H - NO UNUSUAL CONDITIONS

MOTOR VEHICLE INVOLVED WITH
A - HEAD - ON
B - SIDE SWIPE
C - REAR END
D - BROADSIDE
E - HIT OBJECT
F - OVERTURNED
G - VEHICLE / PEDESTRIAN
H - OTHER

PEDESTRIAN'S ACTIONS
A - NO PEDESTRIANS INVOLVED
B - CROSSING IN CROSSWALK - AT INTERSECTION
C - CROSSING IN CROSSWALK - NOT AT INTERSECTION
D - CROSSING NOT IN CROSSWALK
E - IN ROAD - INCLUDES SHOULDER
F - NOT IN ROAD
G - APPROACHING / LEAVING SCHOOL BUS

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
I - PASSIVE RESTRAINT USED
J - PASSIVE RESTRAINT NOT USED

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
V - PASSENGER
W - DRIVER
X - NO
Y - YES

SOBERITY - DRUG PHYSICAL
A - HAD NOT BEEN DRINKING
B - HBD - UNDER INFLUENCE
C - HBD - NOT UNDER INFLUENCE
D - HBD - IMPAIRMENT UNKNOWN
E - UNDER DRUG INFLUENCE
F - IMPAIRMENT - PHYSICAL
G - IMPAIRMENT NOT KNOWN
H - NOT APPLICABLE
I - SLEEPY / FATIGUED
J - OTHER

SPECIAL INFORMATION 1 2 3
A - HAZARDOUS MATERIAL
B - CELL PHONE HANDHELD IN USE
C - CELL PHONE HANDSFREE IN USE
D - CELL PHONE NOT IN USE
E - SCHOOL BUS RELATED
F - 75 FT MOTORMUCK COMBO
G - 32 FT TRAILER COMBO
H - CHANGING LANES
I - PASSING OTHER VEHICLE
J - ENTERING TRAFFIC
K - PARKING MANEUVER
L - OTHER UNSAFE TURNING
M - XING INTO OPPSING LANE
N - PARKED
O - MERGING
P - TRAVELING WRONG WAY
Q - OTHER
R - OTHER

SPECIAL INFORMATION 1 2 3
A - STOPPED
B - PROCEEDING STRAIGHT
C - RAN OFF ROAD
D - MAKING RIGHT TURN
E - MAKING LEFT TURN
F - MAKING U TURNS
G - BACKING
H - SLOWING / STOPPING
I - OTHER
J - OTHER
K - OTHER
L - OTHER

SPECIAL INFORMATION 1 2 3
A - VC SECTION VIOLATED
B - VC SECTION VIOLATION
C - VC SECTION VIOLATION

SKETCH

MISCELLANEOUS

INDICATE NORTH

OSP 03 79147
<table>
<thead>
<tr>
<th>WITNESS ONLY</th>
<th>PASSENGER ONLY</th>
<th>AGE</th>
<th>SEX</th>
<th>EXTENT OF INJURY (&quot;X&quot; ONE)</th>
<th>INJURED WAS (&quot;X&quot; ONE)</th>
<th>PARTY NUMBER</th>
<th>SEAT POS.</th>
<th>AIR BAG</th>
<th>SAFETY EQUIP</th>
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NAME: O. B./ ADDRESS

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

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(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

PREPARER'S NAME: I.D. NUMBER

MO: DAY: YEAR

REVIEWER'S NAME: MO: DAY: YEAR
ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE = )

INDICATE NORTH