

STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION REPORT - Property Damage Only
 CHP 555-03 (Rev. 7-03) OPI 061

Original to Officer; copy(ies) to involved party(ies)

SPECIAL CONDITIONS	HIT & RUN	CITY	JUDICIAL DISTRICT	NUMBER
	COUNTY	REPORTING DISTRICT	BEAT	REPORTING OFFICER

COLLISION OCCURRED ON	MO.	DAY	YEAR	TIME (2400)	NCIC	OFFICER I.D.
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AT INTERSECTION WITH
 Or: Feet/Miles Of

DAY OF WEEK: Yes No

TOW AWAY: Yes No

STATE HIGHWAY RELATED: Yes No

PARTY 1	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIPMENT	SHADE DAMAGED AREA PARTY 1 SHADE DAMAGED AREA PARTY 2	(ALLIED AGENCY USE ONLY) Report taken <input type="checkbox"/> Yes <input type="checkbox"/> No Exchange of information <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> DRIVER	NAME (FIRST, MIDDLE, LAST)			TELEPHONE NUMBER						
<input type="checkbox"/> PED	STREET ADDRESS (City) (State) (Zip Code)									
<input type="checkbox"/> PK VEH	SEX	RACE	BIRTHDATE	INSURANCE CARRIER	POLICY NUMBER					
<input type="checkbox"/> BICYCLE	DIR. TRAVEL	ON STREET OR HIGHWAY			SPEED LIMIT					
<input type="checkbox"/> OTHER	VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE	VEH. TYPE				
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIPMENT					
<input type="checkbox"/> DRIVER	NAME (FIRST, MIDDLE, LAST)			TELEPHONE NUMBER						
<input type="checkbox"/> PED	STREET ADDRESS (City) (State) (Zip Code)									
<input type="checkbox"/> PK VEH	SEX	RACE	BIRTHDATE	INSURANCE CARRIER	POLICY NUMBER					
<input type="checkbox"/> BICYCLE	DIR. TRAVEL	ON STREET OR HIGHWAY			SPEED LIMIT					
<input type="checkbox"/> OTHER	VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE	VEH. TYPE				

<input type="checkbox"/> WIT.	<input type="checkbox"/> R/O	AGE	SEX	NAME	ADDRESS	PHONE NUMBER	PARTY NO.
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
PROP.	NAME				ADDRESS	DAMAGED PROPERTY	

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

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