# STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL TRAFFIC COLLISION REPORT

CHP	555 Page 1 (Rev. 4-11) OPI 060				Page of	f
SPECIAL	CONDITIONS NUMBER HIT & RUN FELONY	CITY		JUDICIAL DISTRICT	LOCAL REPORT NUMBER	
	INSURED PEDINT					
	NUMBER KILLED HIT & RUN	COUNTY	REPORTING DISTRICT	BEAT	DAY OF WEEK TOW AWAY	
	MISDEMEANOR	₹			SMTWTFS YES	No
	COLLISION OCCURRED ON		MO. DAY YEAR	TIME (2400)	NCIC# OFFICER I.D.	
7	COLLISION OCCURRED ON		INO. DAT TEAR	TIME (2400)	OFFICER I.D.	
LOCATION						
E	MILEPOST INFORMATION  [(Click to line out)]	GPS COORDINATES			PHOTOGRAPHS BY: NONE	
()	(Click to line out) FEET/MILES OF	LATITUDE	LONGITUDE			
ŏ	AT INTERSECTION WITH			STATE HWY REL		
W228	(Click to line out) OR: FEET/MILES OF			YES NO		
Later Auto-Ac		CLASS AIR BAG SAFETY EQUIP.	VEH. YEAR MAKE/MODEL		LICENSE NUMBER STAT	TE
PARTY		<b>•</b> •				-
1	N 12					
DRIVER	NAME (FIRST, MIDDLE, LAST)			W		
Ш			OWNER'S NAME	SAME AS DRIVER		
PEDES- TRIAN	STREET ADDRESS					
			OWNER'S ADDRESS	SAME AS DRIVER		
PARKED	CITY/STATE/ZIP					
VEHICLE			DISPOSITION OF VEHICLE C	N ORDERS OF: OFFIC	ER DRIVER OTHER	
BICY-	SEX HAIR EYES HEIGHT WEIGHT	BIRTHDATE RACE		UT THE	Dittien Office	
CLIST	STATE OF THE PROPERTY OF THE P	Mo. Dav Year	DOLOD MEGUANION L DEFEO		- 1- Tologo (1960-197)	Secretary Control
Ш		<u> </u>	PRIOR MECHANICAL DEFEC		APPARENT REFER TO NARE	RATIVE
OTHER	HOME PHONE BUSINESS PH	IONE	VEHICLE IDENTIFICATION N	UMBER:		
			VEHICLE TYPE	DESCRIBE VEHICLE DAMAG	E SHADE IN DAMAGED	DAREA
	INSURANCE CARRIER	POLICY NUMBER		UNK. NONE	MINOR	#
				MOD. MAJOR	ROLL-OVER	
	DIR OF TRAVEL ON STREET OR HIGHWAY	SPEED LIMIT	CA	DOT		
			CAL-T T	CP/PSC MC/MX		-5/
PARTY	DRIVER'S LICENSE NUMBER STATE	CLASS AIR BAG SAFETY EQUIP.	VEH. YEAR MAKE/MODEL		LICENSE NUMBER STAT	TE
2	▼					
DRIVER	NAME (FIRST, MIDDLE, LAST)					
			OWNER'S NAME	Пемечение		
PEDES-	STREET ADDRESS			SAME AS DRIVER		
TRIAN	OTTLE   ADDITION		OWNER'S ADDRESS			
DARKER	DUD/OTATE/TIP		OWNER'S ADDRESS	SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP		Total expension colline. Mediumant international or linear transport	ozhate znosteno opvione		
Ш		T	DISPOSITION OF VEHICLE C	ON ORDERS OF: OFFIC	CER DRIVER OTHER	
BICY- CLIST	SEX HAIR EYES HEIGHT WEIGHT	BIRTHDATE RACE Mo. Day Year				
			PRIOR MECHANICAL DEFEC	TS: NONE	APPARENT REFER TO NARE	RATIVE
OTHER	HOME PHONE BUSINESS PH	IONE	VEHICLE IDENTIFICATION N	UMBER:		
П			VEHICLE TYPE	DESCRIBE VEHICLE DAMAG	SHADE IN DAMAGED	DAREA
	INSURANCE CARRIER	POLICY NUMBER	1	UNK. NONE	MINOR	===
			<b>•</b>	MOD. MAJOR	ROLL-OVER	D
	DIR OF ON STREET OR HIGHWAY	SPEED LIMIT	CA	DOT		~)
	TRAVEL		NAME AND DESCRIPTION OF THE PROPERTY OF THE PR	And the characters		
		CLASS AIR BAG SAFETY EQUIP.	CAL-T TO TO THE VEH. YEAR MAKE/MODEL	CP/PSC MC/MX	LICENSE NUMBER STAT	TE
PARTY	DRIVERS LICENSE NOMBER	The second secon	MARKET MODEL		Jan	14.00
3	200					
DRIVER	NAME (FIRST, MIDDLE, LAST)		2007, 10, 20, 20, 20, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1			
Ш			OWNER'S NAME	SAME AS DRIVER		
PEDES- TRIAN	STREET ADDRESS					
			OWNER'S ADDRESS	SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP		1			
			DISPOSITION OF VEHICLE C	ON ORDERS OF: OFFIC	ER DRIVER OTHER	
BICY- CLIST	SEX HAIR EYES HEIGHT WEIGHT	BIRTHDATE RACE	1	No. 12		
		Mo. Day Year	PRIOR MECHANICAL DEFEC	TS: NONE	APPARENT REFER TO NARE	RATIVE
OTHER	HOME PHONE BUSINESS PH	IONE	VEHICLE IDENTIFICATION N			
			VEHICLE TYPE	DESCRIBE VEHICLE DAMAG	E SHADE IN DAMAGED	DAREA
	INSURANCE CARRIER	POLICY NUMBER	1000100200000 - 10.00000000	DUNK. DNONE	MINOR	
	one promotion with the control of the transfer of the control of t	recognitions to the second sec				
	DIR OF ON STREET OR HIGHWAY	SPEED LIMIT		MOD. MAJOR	ROLL-OVER	>
	TRAVEL	SPECED CHAIL	CA	DOT		
DDCC**	EDIC NAME	DIPPATOU NOTICIO		CP/PSC MC/MX		
PREPAR	ER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME		DATE REVIEWED	
1		TYES NO TIMA				

## TRAFFIC COLLISION CODING

CHP 555 Page 2 (Rev. 4-11) OPI 060 Page DATE OF COLLISION (MO. DAY OFFICER I.D. NUMBER NCIC# OWNER'S NAME OWNER'S ADDRESS NOTIFIED **PROPERTY** YES NO DESCRIPTION OF DAMAGE DAMAGE **INATTENTION CODES** 

## SEATING POSITION ٨

1 2 3

4 5 6

7

- DRIVER 2 TO 6 - PASSENGERS OCCUPANTS

A - NONE IN VEHICLE B - UNKNOWN

C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED

J - PASSIVE RESTRAINT USED

F - SHOULDER HARNESS NOT USED

K - PASSIVE RESTRAINT NOT USED

7 - STATION WAGON REAR 8 - REAR OCC. TRK. OR VAN 9 - POSITION UNKNOWN

G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED 0-OTHER

## SAFETY EQUIPMENT

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 DRIVER V - NO X-NO

Y - YES

W-YES

#### **AIR BAG**

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

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

	P-NOT REQUIRED						_		_	
PRIMARY COLLISION FACTOR	S MARKED BELOW FOLLOWED BY AN AS									MOVEMENT PRECEDING
LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	½	1	2	3	COLLISION
A VC SECTION VIOLATED: CITED YES	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL					A STOPPED
□NO	B CONTROLS NOT FUNCTIONING*				<b>B</b> CELL PHONE HANDHELD IN I	JSE				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					<b>D</b> MAKING RIGHT TURN
C OTHER THAN DRIVER*	TYPE OF COLLISION				E SCHOOL BUS RELATED					E MAKING LEFT TURN
D UNKNOWN*	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				Н					H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE									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
<b>D</b> SNOWING	H OTHER*:				M					M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.					N					N XING INTO OPPOSING LANE
F OTHER*:	MOTOR VEHICLE INVOLVED WITH				0					O PARKED
G WIND	A NON - COLLISION				)1660A					P MERGING
LIGHTING	B PEDESTRIAN				3					Q TRAVELING WRONG WAY
A DAYLIGHT	C OTHER MOTOR VEHICLE		2	3	OTHER ASSOCIATED FACTO	DR(S)				R OTHER*:
B DUSK-DAWN	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	(MARK 1 TO 2 ITEMS)	12 (2)				
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE	$\Box$			A VC SECTION VIOLATION:	CITED YES				
D DARK - NO STREET LIGHTS	F TRAIN	1				⊟ио				
E DARK-STREET LIGHTS NOT	G BICYCLE				B VC SECTION VIOLATION:	CITED YES				
FUNCTIONING*	H ANIMAL:					□NO				SOBRIETY - DRUG
ROADWAY SURFACE	755 -				C VC SECTION VIOLATION:	CITED YES	1	2	3	PHYSICAL
A DRY	FIXED OBJECT:					□NO			Paul	(MARK 1 TO 2 ITEMS)
B WET					D					A HAD NOT BEEN DRINKING
C SNOWY - ICY	J OTHER OBJECT:				E VISION OBSCUREMENT:					B HBD - UNDER THE INFLUENC
D SLIPPERY (MUDDY, OILY, ETC.)					F INATTENTION*:					C HBD - NOT UNDER INFLUENCE
ROADWAY CONDITIONS	į.				G STOP & GO TRAFFIC					D HBD - IMPAIRMENT UNKNOW
(MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS				H ENTERING / LEAVING RAMP					E UNDER DRUG INFLUENCE*
A HOLES, DEEP RUT*	A NO PEDESTRIANS INVOLVED				PREVIOUS COLLISION	Ì				F IMPAIRMENT - PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK-				J UNFAMILIAR WITH ROAD					G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*	AT INTERSECTION				K DEFECTIVE VEH. EQUIP.::	CITED				H NOT APPLICABLE
D CONSTRUCTION - REPAIR ZONE	C CROSSING IN CROSSWALK-NOT	1				□vec.				I SLEEPY / FATIGUED*
E REDUCED ROADWAY WIDTH	AT INTERSECTION					□YES. □NO				
F FLOODED*	D CROSSING - NOT IN CROSSWALK		ı		L UNINVOLVED VEHICLE					
G OTHER*:	E IN ROAD - INCLUDES SHOULDER	П	T		M OTHER*:					
H NO UNUSUAL CONDITIONS	F NOT IN ROAD				N NONE APPARENT					
	G APPROACHING / LEAVING SCHOOL BUS	1 1			O RUNAWAY VEHICLE				T	

SKETCH



## 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

**MISCELLANEOUS** 

CHP 555	Page 3 (Re	ev. 4-11	) OPI (	060	!										Pa	ige	of
DATE OF CO	LLISION (MO.	DAY Y	EAR)	TIME (2400)		NCIC#		OFFICER	I.D.				NUMBER				
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WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL	SEVERE	OF INJURY ("X"	COMPLAINT		Kamananan		S ("X" (	7 20	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
<b>#</b>				INJURY	INJURY	INJURY	OF PAIN	DRIVER	PASS.	PED.	BICYCLIS	OTHER					
	B. / ADDRESS	57		2				Ш	g		22				TELEPH	ONE	
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An Internationally Accredited Agency

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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