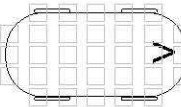
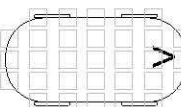
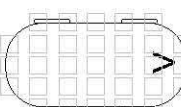



SPECIAL CONDITIONS <input type="checkbox"/>	NUMBER INJURED <input type="checkbox"/>	HIT & RUN FELONY <input type="checkbox"/>	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER				
NUMBER KILLED <input type="checkbox"/>	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY	REPORTING DISTRICT	BEAT	DAY OF WEEK <b>S M T W T F S</b>				
TOW AWAY <input type="checkbox"/> YES <input type="checkbox"/> NO									
LOCATION	COLLISION OCCURRED ON			MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.		
	MILEPOST INFORMATION ((Click to line out)) FEET/MILES OF			GPS COORDINATES		PHOTOGRAPHS BY: <input type="checkbox"/> NONE			
	AT INTERSECTION WITH 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.		
	DRIVER NAME (FIRST, MIDDLE, LAST)			VEH. YEAR MAKE/MODEL/COLOR				LICENSE NUMBER	STATE
	STREET ADDRESS			OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
	CITY/STATE/ZIP			OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
	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					
	HOME PHONE BUSINESS PHONE			PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
	INSURANCE CARRIER POLICY NUMBER			VEHICLE IDENTIFICATION NUMBER:					
	DIR OF TRAVEL ON STREET OR HIGHWAY SPEED LIMIT			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
				<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					
				CA _____ DOT _____					
			CAL-T _____ TCP/PSC _____ MC/MX _____						
PARTY 2	DRIVER'S LICENSE NUMBER			STATE	CLASS	AIR BAG	SAFETY EQUIP.		
	DRIVER NAME (FIRST, MIDDLE, LAST)			VEH. YEAR MAKE/MODEL/COLOR				LICENSE NUMBER	STATE
	STREET ADDRESS			OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
	CITY/STATE/ZIP			OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
	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					
	HOME PHONE BUSINESS PHONE			PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
	INSURANCE CARRIER POLICY NUMBER			VEHICLE IDENTIFICATION NUMBER:					
	DIR OF TRAVEL ON STREET OR HIGHWAY SPEED LIMIT			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
				<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					
				CA _____ DOT _____					
			CAL-T _____ TCP/PSC _____ MC/MX _____						
PARTY 3	DRIVER'S LICENSE NUMBER			STATE	CLASS	AIR BAG	SAFETY EQUIP.		
	DRIVER NAME (FIRST, MIDDLE, LAST)			VEH. YEAR MAKE/MODEL/COLOR				LICENSE NUMBER	STATE
	STREET ADDRESS			OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
	CITY/STATE/ZIP			OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
	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					
	HOME PHONE BUSINESS PHONE			PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
	INSURANCE CARRIER POLICY NUMBER			VEHICLE IDENTIFICATION NUMBER:					
	DIR OF TRAVEL ON STREET OR HIGHWAY SPEED LIMIT			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
				<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					
				CA _____ DOT _____					
			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				

<b>SEATING POSITION</b>   <p>1 - DRIVER                  2 TO 6 - PASSENGERS                  7 - STATION WAGON REAR                  8 - REAR OCC. TRK. OR VAN                  9 - POSITION UNKNOWN                  0 - OTHER</p>	<b>SAFETY EQUIPMENT</b> <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 - NOT REQUIRED  <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  <b>M / C BICYCLE HELMET</b> DRIVER PASSENGER V - NO X - NO W - YES Y - YES	<b>AIR BAG</b> B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED  <b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	<b>INATTENTION CODES</b> 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
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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	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
<b>A</b> VC SECTION VIOLATED: <input type="checkbox"/> CITED YES <input type="checkbox"/> NO	<b>A</b> CONTROLS FUNCTIONING				<b>A</b> HAZARDOUS MATERIAL				<b>A</b> STOPPED
<b>B</b> OTHER IMPROPER DRIVING*:	<b>B</b> CONTROLS NOT FUNCTIONING*				<b>B</b> CELL PHONE HANDHELD IN USE				<b>B</b> PROCEEDING STRAIGHT
<b>C</b> OTHER THAN DRIVER*	<b>C</b> CONTROLS OBSCURED				<b>C</b> CELL PHONE HANDSFREE IN USE				<b>C</b> RAN OFF ROAD
<b>D</b> UNKNOWN*	<b>D</b> NO CONTROLS PRESENT / FACTOR*				<b>D</b> CELL PHONE NOT IN USE				<b>D</b> MAKING RIGHT TURN
	<b>TYPE OF COLLISION</b>				<b>E</b> SCHOOL BUS RELATED				<b>E</b> MAKING LEFT TURN
	<b>A</b> HEAD - ON				<b>F</b> 75 FT MOTORTRUCK COMBO				<b>F</b> MAKING U TURN
	<b>B</b> SIDE SWIPE				<b>G</b> 32 FT TRAILER COMBO				<b>G</b> BACKING
	<b>C</b> REAR END				<b>H</b>				<b>H</b> SLOWING / STOPPING
<b>WEATHER (MARK 1 TO 2 ITEMS)</b>	<b>D</b> BROADSIDE				<b>I</b>				<b>I</b> PASSING OTHER VEHICLE
<b>A</b> CLEAR	<b>E</b> HIT OBJECT				<b>J</b>				<b>J</b> CHANGING LANES
<b>B</b> CLOUDY	<b>F</b> OVERTURNED				<b>K</b>				<b>K</b> PARKING MANEUVER
<b>C</b> RAINING	<b>G</b> VEHICLE / PEDESTRIAN				<b>L</b>				<b>L</b> ENTERING TRAFFIC
<b>D</b> SNOWING	<b>H</b> OTHER*				<b>M</b>				<b>M</b> OTHER UNSAFE TURNING
<b>E</b> FOG / VISIBILITY FT.					<b>N</b>				<b>N</b> XING INTO OPPOSING LANE
<b>F</b> OTHER*:	<b>MOTOR VEHICLE INVOLVED WITH</b>				<b>O</b>				<b>O</b> PARKED
<b>G</b> WIND	<b>A</b> NON - COLLISION								<b>P</b> MERGING
	<b>B</b> PEDESTRIAN								<b>Q</b> TRAVELING WRONG WAY
<b>LIGHTING</b>	<b>C</b> OTHER MOTOR VEHICLE				<b>OTHER ASSOCIATED FACTOR(S)</b> (MARK 1 TO 2 ITEMS)				<b>R</b> OTHER*:
<b>A</b> DAYLIGHT	<b>D</b> MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	<b>A</b> VC SECTION VIOLATION: <input type="checkbox"/> CITED YES <input type="checkbox"/> NO				
<b>B</b> DUSK - DAWN	<b>E</b> PARKED MOTOR VEHICLE				<b>B</b> VC SECTION VIOLATION: <input type="checkbox"/> CITED YES <input type="checkbox"/> NO				
<b>C</b> DARK - STREET LIGHTS	<b>F</b> TRAIN				<b>C</b> VC SECTION VIOLATION: <input type="checkbox"/> CITED YES <input type="checkbox"/> NO	1	2	3	<b>SOBRIETY - DRUG PHYSICAL</b> (MARK 1 TO 2 ITEMS)
<b>D</b> DARK - NO STREET LIGHTS	<b>G</b> BICYCLE				<b>D</b>				<b>A</b> HAD NOT BEEN DRINKING
<b>E</b> DARK - STREET LIGHTS NOT FUNCTIONING*	<b>H</b> ANIMAL:				<b>E</b> VISION OBSCUREMENT:				<b>B</b> HBD - UNDER THE INFLUENCE
<b>ROADWAY SURFACE</b>	<b>I</b> FIXED OBJECT:				<b>F</b> INATTENTION*:				<b>C</b> HBD - NOT UNDER INFLUENCE*
<b>A</b> DRY	<b>J</b> OTHER OBJECT:				<b>G</b> STOP & GO TRAFFIC				<b>D</b> HBD - IMPAIRMENT UNKNOWN*
<b>B</b> WET					<b>H</b> ENTERING / LEAVING RAMP				<b>E</b> UNDER DRUG INFLUENCE*
<b>C</b> SNOWY - ICY	<b>PEDESTRIAN'S ACTIONS</b>				<b>I</b> PREVIOUS COLLISION				<b>F</b> IMPAIRMENT - PHYSICAL*
<b>D</b> SLIPPERY (MUDDY, OILY, ETC.)	<b>A</b> NO PEDESTRIANS INVOLVED				<b>J</b> UNFAMILIAR WITH ROAD				<b>G</b> IMPAIRMENT NOT KNOWN
<b>ROADWAY CONDITIONS</b> (MARK 1 TO 2 ITEMS)	<b>B</b> CROSSING IN CROSSWALK - AT INTERSECTION				<b>K</b> DEFECTIVE VEH. EQUIP.: <input type="checkbox"/> CITED YES <input type="checkbox"/> NO				<b>H</b> NOT APPLICABLE
<b>A</b> HOLES, DEEP RUT*	<b>C</b> CROSSING IN CROSSWALK - NOT AT INTERSECTION				<b>L</b> UNINVOLVED VEHICLE				<b>I</b> SLEEPY / FATIGUED*
<b>B</b> LOOSE MATERIAL ON ROADWAY*	<b>D</b> CROSSING - NOT IN CROSSWALK				<b>M</b> OTHER*:				
<b>C</b> OBSTRUCTION ON ROADWAY*	<b>E</b> IN ROAD - INCLUDES SHOULDER				<b>N</b> NONE APPARENT				
<b>D</b> CONSTRUCTION - REPAIR ZONE	<b>F</b> NOT IN ROAD				<b>O</b> RUNAWAY VEHICLE				
<b>E</b> REDUCED ROADWAY WIDTH	<b>G</b> APPROACHING / LEAVING SCHOOL BUS								
<b>F</b> FLOODED*									
<b>G</b> OTHER*:									
<b>H</b> NO UNUSUAL CONDITIONS									

<b>SKETCH</b>  <div style="text-align: center;">   <b>INDICATE NORTH</b>  <b>NOTE:</b> 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>	<b>MISCELLANEOUS</b>
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**INJURED / WITNESS / PASSENGERS**

CHP 555 Page 3 (Rev. 4-11) OPI 060

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

CHP 555 Page 4 (Rev. 4-11) OPI 060

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](#)