

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION REPORT - Property Damage Only
CHP 555-03 (Rev. 9-99) 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.	
<input type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> Or: Feet/Miles Of				DAY OF WEEK		TOW AWAY <input type="checkbox"/> Yes <input type="checkbox"/> No		STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No		
PARTY 1		DRIVER'S LICENSE NUMBER		STATE	CLASS	SAFETY EQUIPMENT				
<input type="checkbox"/> DRIVER		NAME (FIRST, MIDDLE, LAST)								
<input type="checkbox"/> PED		STREET ADDRESS								
<input type="checkbox"/> PK VEH		SEX	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	SAFETY EQUIPMENT				
<input type="checkbox"/> DRIVER		NAME (FIRST, MIDDLE, LAST)								
<input type="checkbox"/> PED		STREET ADDRESS								
<input type="checkbox"/> PK VEH		SEX	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"/>	AGE	SEX	NAME		ADDRESS		PHONE NUMBER	PARTY NO.
PROP.		NAME				ADDRESS		DAMAGED PROPERTY		
PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES		1	2	TYPE OF VEHICLE		1	2	MOVEMENT PRECEDING COLLISION
# A	VC SECTION VIOLATED.	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 CONTROLS OBSCURED				C MOTORCYCLE / SCOOTER				C RAN OFF ROAD
		D NO CONTROLS PRESENT/FACTOR*				D PICKUP OR PANEL TRUCK				D MAKING RIGHT TURN
C	OTHER THAN DRIVER *	TYPE OF COLLISION				E PICKUP / PANEL TRUCK W/TRAILER				E MAKING LEFT TURN
D	UNKNOWN*	A HEAD-ON				F TRUCK OR TRUCK TRACTOR				F MAKING U TURN
E	FELL ASLEEP *	B SIDESWIPE				G TRUCK / TRUCK TRACTOR W/TRAILER				G BACKING
WEATHER (MARK 1 TO 2 ITEMS)		C REAR END				H SCHOOL BUS				H SLOWING / STOPPING
A	CLEAR	D BROADSIDE				I OTHER BUS				I PASSING OTHER VEHICLE
B	CLOUDY	E HIT OBJECT				J EMERGENCY VEHICLE				J CHANGING LANES
C	RAINING	F OVERTURNED				K HIGHWAY CONST. EQUIPMENT				K PARKING MANEUVER
D	SNOWING	G VEHICLE / PEDESTRIAN				L BICYCLE				L ENTERING TRAFFIC
E	FOG/VISIBILITY	H OTHER				M OTHER VEHICLE				M OTHER UNSAFE TURNING
F	OTHER	MOTOR VEHICLE INVOLVED WITH				N PEDESTRIAN				N XING INTO OPPOSING LANE
G	WIND	A NON-COLLISION				O MOPED				O PARKED
LIGHTING		B PEDESTRIAN				OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				P MERGING
A	DAYLIGHT	C OTHER MOTOR VEHICLE				A VC SECTION VIOLATION:				Q TRAVELING WRONG WAY
B	DUSK - DAWN	D MOTOR VEHICLE ON OTHER HIGHWAY				B VC SECTION VIOLATION:				R OTHER *
C	DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE								
D	DARK - NO STREET LIGHTS	F TRAIN								
E	DARK - STREET LIGHTS NOT FUNCTIONING	G BICYCLE								
ROADWAY SURFACE		H ANIMAL								
A	DRY	I FIXED OBJECT:								
B	WET	J OTHER OBJECT:								
C	SNOWY - ICY	PEDESTRIAN'S ACTIONS				E VISION OBSCUREMENT:				
D	SLIPPERY (MUDDY, OILY, ETC.)	A NO PEDESTRIAN INVOLVED				F INATTENTION*				
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)		B CROSSING IN CROSSWALK AT INTERSECTION				G STOP & GO TRAFFIC				
A	HOLES, DEEP RUTS*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				H ENTERING / LEAVING RAMP				
B	LOOSE MATERIAL ON ROADWAY*	D CROSSING - NOT IN CROSSWALK				I PREVIOUS COLLISION				
C	OBSTRUCTION ON ROADWAY*	E IN ROAD - INCLUDES SHOULDER				J UNFAMILIAR WITH ROAD				
D	CONSTRUCTION - REPAIR ZONE	F NOT IN ROAD				K DEFECTIVE VEH. EQUIP.:				
E	REDUCED ROADWAY WIDTH	G APPROACHING / LEAVING SCHOOL				L UNINVOLVED VEHICLE				
F	FLOODED*					M OTHER*				
G	OTHER*					N NONE APPARENT:				
H	NO UNUSUAL CONDITIONS					O RUNAWAY VEHICLE				
SOBRIETY - DRUG / PHYSICAL (MARK 1 TO 2 ITEMS)										
A HAD NOT BEEN DRINKING										
B HBD - UNDER INFLUENCE										
C HBD - NO UNDER INFLUENCE										
D HBD - IMPAIRMENT UNKNOWN*										
E UNDER DRUG INFLUENCE*										
F IMPAIRMENT - PHYSICAL										
G IMPAIRMENT NOT KNOWN										
H NOT APPLICABLE										
I SLEEPY / FATIGUED										
SPECIAL INFORMATION										
A HAZARDOUS MATERIAL										

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

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PREPARER'S NAME	I.D. NUMBER	MO.	DAY	YEAR	REVIEWER'S NAME	MO.	DAY	YEAR