STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC COLLISION REPORT - Property Damage Only

CHP 555-03 (Rev. 7-03) OPI 065

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.

☐ AT INTERSECTION WITH
☐ Or: Feet/Miles Of

DAY OF WEEK | TOW AWAY ☐ Yes ☐ No | STATE HIGHWAY RELATED ☐ Yes ☐ No

(ALLIED AGENCY USE ONLY)
Report taken ☐ Yes ☐ No
Exchange of information ☐ Yes ☐ No

PARTY 1	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIPMENT
DRIVER ☐	NAME *(FIRST, MIDDLE, LAST)*			TELEPHONE NUMBER	
PED ☐	STREET ADDRESS *(City)* *(State)* *(Zip Code)*				
PK VEH ☐	SEX / RACE / BIRTHDATE	INSURANCE CARRIER		POLICY NUMBER	
BICYCLE ☐	DIR. TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT	
OTHER ☐	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	VEH. TYPE

SHADE DAMAGED AREA — PARTY 1

INDICATE NORTH

PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIPMENT
DRIVER ☐	NAME *(FIRST, MIDDLE, LAST)*			TELEPHONE NUMBER	
PED ☐	STREET ADDRESS *(City)* *(State)* *(Zip Code)*				
PK VEH ☐	SEX / RACE / BIRTHDATE	INSURANCE CARRIER		POLICY NUMBER	
BICYCLE ☐	DIR. TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT	
OTHER ☐	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	VEH. TYPE

SHADE DAMAGED AREA — PARTY 2

WIT.	R/O	AGE	SEX	NAME	ADDRESS	PHONE NUMBER	PARTY NO.
☐	☐						
☐	☐						

PROP.	NAME	ADDRESS	DAMAGED PROPERTY

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

- # A VC SECTION VIOLATED:
- # B OTHER IMPROPER DRIVING *
- C OTHER THAN DRIVER *
- D UNKNOWN*
- E

WEATHER *(MARK 1 TO 2 ITEMS)*

- A CLEAR
- B CLOUDY
- C RAINING
- D SNOWING
- E FOG/VISIBILITY
- F OTHER:*
- G WIND

LIGHTING

- A DAYLIGHT
- B DUSK - DAWN
- C DARK - STREET LIGHTS
- D DARK - NO STREET LIGHTS
- E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE

- A DRY
- B WET
- C SNOWY - ICY
- D SLIPPERY *(MUDDY, OILY, ETC.)*

ROADWAY CONDITION(S)
(MARK 1 TO 2 ITEMS)

- A HOLES, DEEP RUTS*
- 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

TRAFFIC CONTROL DEVICES

- A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING*
- C CONTROLS OBSCURED
- D NO CONTROLS PRESENT/FACTOR*

TYPE OF COLLISION

- A HEAD-ON
- B SIDESWIPE
- C REAR END
- D BROADSIDE
- E HIT OBJECT
- F OVERTURNED
- G VEHICLE / PEDESTRIAN
- H OTHER:*

MOTOR VEHICLE INVOLVED WITH

- A NON-COLLISION
- B PEDESTRIAN
- C OTHER MOTOR VEHICLE
- D MOTOR VEHICLE ON OTHER HIGHWAY
- E PARKED MOTOR VEHICLE
- F TRAIN
- G BICYCLE
- H ANIMAL:
- I FIXED OBJECT:
- J OTHER OBJECT:

PEDESTRIAN'S ACTIONS

- A NO PEDESTRIAN 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

	1	2	SPECIAL INFORMATION
A			HAZARDOUS MATERIAL
B			CELL PHONE HANDHELD IN USE
C			CELL PHONE HANDSFREE IN USE
D			CELL PHONE NOT IN USE
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			

	1	2	OTHER ASSOCIATED FACTOR(S) *(MARK 1 TO 2 ITEMS)*
A			VC SECTION VIOLATION:
B			VC SECTION VIOLATION:
E			VISION OBSCUREMENT:
F			INATTENTION*
G			STOP & GO TRAFFIC
H			ENTERING / LEAVING RAMP
I			PREVIOUS COLLISION
J			UNFAMILIAR WITH ROAD
K			DEFECTIVE VEH. EQUIP.:
L			UNINVOLVED VEHICLE
M			OTHER*:
N			NONE APPARENT:
O			RUNAWAY VEHICLE

	1	2	MOVEMENT PRECEDING COLLISION
A			STOPPED
B			PROCEEDING STRAIGHT
C			RAN OFF ROAD
D			MAKING RIGHT TURN
E			MAKING LEFT TURN
F			MAKING U TURN
G			BACKING
H			SLOWING / STOPPING
I			PASSING OTHER VEHICLE
J			CHANGING LANES
K			PARKING MANEUVER
L			ENTERING TRAFFIC
M			OTHER UNSAFE TURNING
N			XING INTO OPPOSING LANE
O			PARKED
P			MERGING
Q			TRAVELING WRONG WAY
R			OTHER:*

	1	2	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*

DATE OF COLLISION MO. DAY YR.	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