

TRAFFIC COLLISION REPORT

CHP 555 Page 1 (Rev. 7-03) OPI 061 (CA ST PKS, EXCEL 6/10/2005)

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SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN FELONY <input type="checkbox"/>		CITY		JUDICIAL DISTRICT		LOCAL REPORT NUMBER	
		NUMBER KILLED	HIT & RUN MISDEMEANOR <input type="checkbox"/>		COUNTY		REPORTING DISTRICT BEAT			

LOCATION	COLLISION OCCURRED ON						MO. DAY YEAR		TIME (2400)		NCIC #		OFFICER I.D.	
	MILEPOST INFORMATION						DAY OF WEEK		TOW AWAY		PHOTOGRAPHS BY: <input type="checkbox"/> NONE			
	FEET/MILES OF						S M T W T F		<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> AT INTERSECTION WITH								STATE HWY REL					
<input type="checkbox"/> OR: FEET/MILES OF								<input type="checkbox"/> YES <input type="checkbox"/> NO						

PARTY 1	DRIVER'S LICENSE NUMBER				STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR				LICENSE NUMBER	STATE			
	DRIVER NAME (FIRST, MIDDLE, LAST)								OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER									
	STREET ADDRESS								OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER									
	CITY/STATE/ZIP								DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER									
	SEX	HAIR	EYES	HEIGHT	WEIGHT	Mo.	BIRTHDATE Day Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE									
	HOME PHONE				BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:									
	INSURANCE CARRIER								VEHICLE TYPE				DESCRIBE VEHICLE DAMAGE				SHADE IN DAMAGED AREA	
	POLICY NUMBER																	
	DIR OF TRAVEL				ON STREET OR HIGHWAY				SPEED LIMIT				CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____					

PARTY 2	DRIVER'S LICENSE NUMBER				STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR				LICENSE NUMBER	STATE			
	DRIVER NAME (FIRST, MIDDLE, LAST)								OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER									
	STREET ADDRESS								OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER									
	CITY/STATE/ZIP								DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER									
	SEX	HAIR	EYES	HEIGHT	WEIGHT	Mo.	BIRTHDATE Day Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE									
	HOME PHONE				BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:									
	INSURANCE CARRIER								VEHICLE TYPE				DESCRIBE VEHICLE DAMAGE				SHADE IN DAMAGED AREA	
	POLICY NUMBER																	
	DIR OF TRAVEL				ON STREET OR HIGHWAY				SPEED LIMIT				CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____					

PARTY 3	DRIVER'S LICENSE NUMBER				STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR				LICENSE NUMBER	STATE			
	DRIVER NAME (FIRST, MIDDLE, LAST)								OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER									
	STREET ADDRESS								OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER									
	CITY/STATE/ZIP								DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER									
	SEX	HAIR	EYES	HEIGHT	WEIGHT	Mo.	BIRTHDATE Day Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE									
	HOME PHONE				BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:									
	INSURANCE CARRIER								VEHICLE TYPE				DESCRIBE VEHICLE DAMAGE				SHADE IN DAMAGED AREA	
	POLICY NUMBER																	
	DIR OF TRAVEL				ON STREET OR HIGHWAY				SPEED LIMIT				CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____					

PREPARER'S NAME						DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME				DATE REVIEWED	
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