

How to read your CHP 555 Traffic Collision Report

At the top of page one of your CHP 555 Traffic Collision Report, you'll find the date, time, and location (city, county, and district) of the crash. In addition, police will document towaways and photographs taken at the crash scene.

Page one will also include driver and vehicle information such as:

- Type of parties involved (driver, pedestrian, parked vehicle, bicyclist or other)
- Driver name, address, and phone number
- License plate number
- Vehicle year, make, model and color
- Vehicle identification number (VIN)
- Insurance carrier and policy number

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION REPORT
CHP 555 Page 1 (Rev. 4-11) OPI 060 (05/09)

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SPECIAL CONDITIONS		NUMBER INJURED	NUMBER KILLED	MT & RUN FELLOW	MT & RUN W/ENGINE	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
						COUNTY	REPORTING DISTRICT	BEAT
							DAY OF WEEK	TOW AWAY
							SMTWTFS	YES <input type="checkbox"/> NO <input type="checkbox"/>
COLLISION OCCURRED ON		MILEPOST INFORMATION		GPS COORDINATES		PHOTOGRAPHS BY:		OFFICER I.D.
		OF		LATITUDE		LONGITUDE		NONE <input type="checkbox"/>
AT INTERSECTION WITH		OF		STATE HWY REL		YES <input type="checkbox"/> NO <input type="checkbox"/>		
OR		OF						
PARTY 1		DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
DRIVER		NAME (FIRST, MIDDLE, LAST)						MAKE/MODEL/COLOR
PEDESTRIAN		STREET ADDRESS		OWNERS NAME		SAME AS DRIVER <input type="checkbox"/>		LICENSE NUMBER
PASSENGER		CITY/STATE/ZIP		OWNERS ADDRESS		SAME AS DRIVER <input type="checkbox"/>		STATE
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	Mo. Day Year
OTHER		HOME PHONE	BUSINESS PHONE		DISPOSITION OF VEHICLE ON ORDERS OF:		OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <input type="checkbox"/>	
		INSURANCE CARRIER		POLICY NUMBER		PRIOR MECHANICAL DEFECTS:		NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>
		DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT		VEHICLE IDENTIFICATION NUMBER:	
							VEHICLE TYPE	
								DESCRIBE VEHICLE DAMAGE
								SHADE IN DAMAGED AREA
								UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/>
								MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER <input type="checkbox"/>
PARTY 2		DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
DRIVER		NAME (FIRST, MIDDLE, LAST)						MAKE/MODEL/COLOR
PEDESTRIAN		STREET ADDRESS		OWNERS NAME		SAME AS DRIVER <input type="checkbox"/>		LICENSE NUMBER
PASSENGER		CITY/STATE/ZIP		OWNERS ADDRESS		SAME AS DRIVER <input type="checkbox"/>		STATE
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	Mo. Day Year
OTHER		HOME PHONE	BUSINESS PHONE		DISPOSITION OF VEHICLE ON ORDERS OF:		OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <input type="checkbox"/>	
		INSURANCE CARRIER		POLICY NUMBER		PRIOR MECHANICAL DEFECTS:		NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>
		DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT		VEHICLE IDENTIFICATION NUMBER:	
							VEHICLE TYPE	
								DESCRIBE VEHICLE DAMAGE
								SHADE IN DAMAGED AREA
								UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/>
								MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER <input type="checkbox"/>
PARTY 3		DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
DRIVER		NAME (FIRST, MIDDLE, LAST)						MAKE/MODEL/COLOR
PEDESTRIAN		STREET ADDRESS		OWNERS NAME		SAME AS DRIVER <input type="checkbox"/>		LICENSE NUMBER
PASSENGER		CITY/STATE/ZIP		OWNERS ADDRESS		SAME AS DRIVER <input type="checkbox"/>		STATE
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	Mo. Day Year
OTHER		HOME PHONE	BUSINESS PHONE		DISPOSITION OF VEHICLE ON ORDERS OF:		OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <input type="checkbox"/>	
		INSURANCE CARRIER		POLICY NUMBER		PRIOR MECHANICAL DEFECTS:		NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>
		DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT		VEHICLE IDENTIFICATION NUMBER:	
							VEHICLE TYPE	
								DESCRIBE VEHICLE DAMAGE
								SHADE IN DAMAGED AREA
								UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/>
								MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER <input type="checkbox"/>
		DISPATCH NOTIFIED		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		REVIEWER'S NAME		DATE REVIEWED

Add Party (Pages 1 and 2)

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CALIFORNIA CAR ACCIDENT REPORT

At the top of page two, police will document any property that was damaged during the crash. This will include the property owner's name and address, as well as a description of the damage.

In the second section of page two, police will document certain details in number and letter codes. These details include:

- The seating position of each vehicle occupant
- Any safety equipment used at the time of the crash (seat belts, child restraints, etc.)
- Whether or not an airbag deployed in the crash
- If anyone was fully or partially ejected from the vehicle
- Inattention that likely contributed to or caused the crash
- Factors that contributed to the crash (weather, lighting, and road surface and conditions)
- Traffic control devices
- Type of crash
- Types of vehicles, objects and parties involved in the crash
- Pedestrian actions at the time of the crash (if a pedestrian was involved)
- Vehicle movement that occurred prior to the crash
- If a drunk or drugged driver was involved in the crash

The bottom section of the report will include a brief sketch of how the crash occurred.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION CODING
CHP 555 Page 2 (Rev. 4-11) OPI 060 (05/03)

DATE OF COLLISION (MO., DAY, YEAR) TIME (24HR) NCIC# OFFICER I.D. NUMBER

OWNERS NAME OWNERS ADDRESS NOTIFIED
PROPERTY DAMAGE DESCRIPTION OF DAMAGE YES NO

SEATING POSITION

OCCUPANTS
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

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
V - NO X - NO
W - YES Y - YES

AIR BAG
B - UNKNOWN
L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
P - NOT REQUIRED

INATTENTION CODES
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

EJECTED FROM VEHICLE
0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBERS (1 OF PARTY AT FAULT)	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
A VEHICLE VIOLATION: 1- DRIVER 2- TO 6- PASSENGERS 7- STATION WAGON REAR 8- REAR OCC. TRK. OR VAN 9- POSITION UNKNOWN 0- OTHER	A CONTROLS FUNCTIONING B CONTROLS NOT FUNCTIONING* C CONTROLS OBTAINED D NO CONTROLS PRESENT / FACTOR*				A HAZARDOUS MATERIAL B CELL PHONE HANDHELD IN USE C CELL PHONE HANDSFREE IN USE D CELL PHONE NOT IN USE E SCHOOL BUS RELATED F 75 FT MOTORTRUCK COMBO G 32 FT TRAILER COMBO H I J K L M N O				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 DRIVING INTO OPPOSING LANE O PARKED P MERGING Q TRAVELING WRONG WAY R OTHER*
WEATHER (MARK 1 TO 2 ITEMS) A CLEAR B CLOUDY C RAINING D SNOWING E FOG / VISIBILITY FT. F OTHER* G WIND	E HIT OBJECT F OVERTURNED G VEHICLE / PEDESTRIAN H OTHER* I J K L M N O				OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS) A VEHICLE VIOLATION: B VEHICLE VIOLATION: C VEHICLE VIOLATION: D E VISION OBSCUREMENT: F INATTENTION* G STOP & GO TRAFFIC H ENTERING / LEAVING RAMP I PREVIOUS COLLISION J UNFAMILIAR WITH ROAD K DEFECTIVE VEH. EQUIP. (YES/NO) L UNINVOLVED VEHICLE M OTHER* N NONE APPARENT O RUNAWAY VEHICLE				SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS) A HAD NOT BEEN DRINKING B HAD - UNDER THE INFLUENCE C HAD - NOT UNDER INFLUENCE* D HAD - IMPAIRMENT UNKNOWN* E UNDER DRUG INFLUENCE* F IMPAIRMENT - PHYSICAL* G IMPAIRMENT NOT KNOWN H NOT APPLICABLE I SLEEPY / FATIGUED*
ROADWAY SURFACE A DRY B WET C SNOWY - ICY D SLIPPERY (MUDDY, OILY, ETC.)	PEDESTRIAN'S ACTIONS A NO PEDESTRIANS 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 BUS								
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS) A HOLES, DEBRIS* 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									

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.

Clear Diagram

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CALIFORNIA CAR ACCIDENT REPORT

On the third page of your report, you'll find information pertaining to injured parties, witnesses, and passengers. In the top section, police will document the extent of the injuries (fatal, severe, or other visible injury), and who was injured (driver, passenger, pedestrian, bicyclist, or other party).

The rest of page three documents information on injured parties. This includes the name, address, telephone number, and type of injury. It also includes the hospital where the injured party was taken to and who was responsible for transporting them there.

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL INJURED / WITNESS / PASSENGERS CHP 555 Page 3 (Rev. 4-11) OPI 060 (03/04)															Page of		
DATE OF COLLISION (MO. DAY YEAR)				TIME (400)		NOC #		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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NAME / O.C.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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NAME / O.C.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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NAME / O.C.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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NAME / O.C.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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NAME / O.C.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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NAME / O.C.B. / ADDRESS															TELEPHONE		
INJURED ONLY: TRANSPORTED BY:															TAKEN TO:		
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	

PREPARED BY'S NAME

I.D. NUMBER

MO. DAY YEAR

REVIEWER'S NAME

MO. DAY YEAR

Add Inj/Wit/Pass (Page 3)

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HOW TO READ YOUR

CLANCY & DIAZ, LLP
PERSONAL INJURY ATTORNEYS

CALIFORNIA CAR ACCIDENT REPORT

On page four, you'll find the factual diagram of how the crash occurred. This should be strictly factual and not based on the investigating officer's opinion.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
FACTUAL DIAGRAM
CHP 555 Page 4 (Rev. 4-11) OPI 060 (CHP 555)

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DATE OF COLLISION (MO. DAY YEAR)	TIME (24HR)	DOC#	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

[Clear Diagram](#) *An Internationally Accredited Agency* Chp555_0411.pdf

At the bottom of the page, you'll find the investigating officer's name and ID number.