

HOW TO READ YOUR CALIFORNIA CAR ACCIDENT 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
- Estimated damage to each vehicle

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

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<input type="checkbox"/> DRIVER KILLED <input type="checkbox"/> HIT & RUN FELONY <input type="checkbox"/> HIT & RUN MISDEMEANOR		CITY		JUDICIAL DISTRICT		LOCAL REPORT NUMBER	
COUNTY		REPORTING DISTRICT		BEAT		DAY OF WEEK S M T W T F S <input type="checkbox"/> YES <input type="checkbox"/> NO	
MO. DAY YEAR		TIME (2400)		NOC #		OFFICER I.D.	
GPS COORDINATES LATITUDE		LONGITUDE		STATE HWY REL. <input type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY: <input type="checkbox"/> NONE	
STATE CLASS AIR BAG SAFETY EQUIP.		VEH. YEAR MAKE/MODEL/COLOR		LICENSE NUMBER		STATE	
OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
WEIGHT Mo. BIRTHDATE Day Year RACE		VEHICLE IDENTIFICATION NUMBER: 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 MCMX			
STATE CLASS AIR BAG SAFETY EQUIP.		VEH. YEAR MAKE/MODEL/COLOR		LICENSE NUMBER		STATE	
OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
WEIGHT Mo. BIRTHDATE Day Year RACE		VEHICLE IDENTIFICATION NUMBER: 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 MCMX			
STATE CLASS AIR BAG SAFETY EQUIP.		VEH. YEAR MAKE/MODEL/COLOR		LICENSE NUMBER		STATE	
OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
WEIGHT Mo. BIRTHDATE Day Year RACE		VEHICLE IDENTIFICATION NUMBER: 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 MCMX			
PREPARER'S NAME		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME		DATE REVIEWED	

Add Party (Pages 1 and 2)

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Chp555_0411.pdf

HOW TO READ YOUR
CALIFORNIA CAR ACCIDENT
REPORT

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION CODING
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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

[2400]		NCIC #		OFFICER I.D.		NUMBER					
OWNERS ADDRESS				NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO							
SAFETY EQUIPMENT											
OCCUPANTS NONE IN VEHICLE UNKNOWN LAP BELT USED LAP BELT NOT USED SHOULDER HARNESS USED SHOULDER HARNESS NOT USED LAP/SHOULDER HARNESS USED LAP/SHOULDER HARNESS NOT USED PASSIVE RESTRAINT USED PASSIVE RESTRAINT NOT USED NOT REQUIRED		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 EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN		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					
MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.											
TRAFFIC CONTROL DEVICES		1	2	3	SPECIAL INFORMATION		1	2	3	MOVEMENT PRECEDING COLLISION	
A CONTROLS FUNCTIONING					A HAZARDOUS MATERIAL					A STOPPED	
B CONTROLS NOT FUNCTIONING*					B CELL PHONE HANDHELD IN USE					B PROCEEDING STRAIGHT	
C CONTROLS OBSCURED					C CELL PHONE HANDSFREE IN USE					C RAN OFF ROAD	
D NO CONTROLS PRESENT / FACTOR*					D CELL PHONE NOT IN USE					D MAKING RIGHT TURN	
TYPE OF COLLISION					E SCHOOL BUS RELATED					E MAKING LEFT TURN	
A HEAD-ON					F 75 FT MOTORTRUCK COMBO					F MAKING U TURN	
					G 32 FT TRAILER COMBO					G BACKING	
					H					H SLOWING / STOPPING	
					I					I PASSING OTHER VEHICLE	
					J					J CHANGING LANES	
					K					K PARKING MANEUVER	
					L					L ENTERING TRAFFIC	
					M					M OTHER UNSAFE TURNING	
					N					N XING INTO OPPOSING LANE	
					O					O PARKED	
INVOLVED WITH										P MERGING	
										Q TRAVELING WRONG WAY	
HICLE										R OTHER*	
IN OTHER ROADWAY		1	2	3	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)						
VEHICLE					A VC SECTION VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO						
					B VC SECTION VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO						
					C VC SECTION VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO						
					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.: <input type="checkbox"/> YES <input type="checkbox"/> NO						
S ACTIONS					L UNINVOLVED VEHICLE						
INVOLVED					M OTHER*:						
SSWALK -					N NONE APPARENT						
SSWALK - NOT					O RUNAWAY VEHICLE						
I CROSSWALK											
ES SHOULDER											
EAVING SCHOOL BUS											
								MISCELLANEOUS			

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.

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

Clear Diagram

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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.

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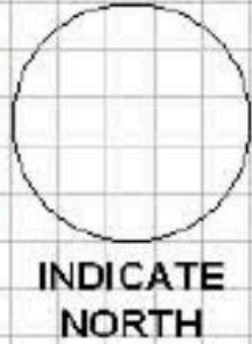
STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
FACTUAL DIAGRAM
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DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)

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.

NOTE: Click in the graph or INDICATE NORTH fields to import a graphic.



PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME

Clear Diagram

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