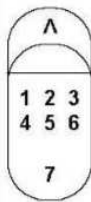



SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN FELONY <input type="checkbox"/>	CITY			JUDICIAL DISTRICT			LOCAL REPORT NUMBER					
		NUMBER KILLED	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY			REPORTING DISTRICT			BEAT		DAY OF WEEK	TOW AWAY		
										S M T W T F S		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
LOCATION	COLLISION OCCURRED ON						MO.	DAY	YEAR	TIME (2400)		NCIC #	OFFICER I.D.		
	MILEPOST INFORMATION (Click to line out) FEET/MILES OF						GPS COORDINATES LATITUDE						LONGITUDE		PHOTOGRAPHS BY: <input type="checkbox"/> NONE
	<input type="checkbox"/> AT INTERSECTION WITH						STATE HWY REL.						<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> OR: (Click to line out) FEET/MILES OF															
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)						OWNERS NAME <input type="checkbox"/> SAME AS DRIVER								
	STREET ADDRESS						OWNERS 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						POLICY NUMBER								
	DIR OF TRAVEL		ON STREET OR HIGHWAY				SPEED LIMIT		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 _____						
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)						OWNERS NAME <input type="checkbox"/> SAME AS DRIVER								
	STREET ADDRESS						OWNERS 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						POLICY NUMBER								
	DIR OF TRAVEL		ON STREET OR HIGHWAY				SPEED LIMIT		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 _____						
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)						OWNERS NAME <input type="checkbox"/> SAME AS DRIVER								
	STREET ADDRESS						OWNERS 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						POLICY NUMBER								
	DIR OF TRAVEL		ON STREET OR HIGHWAY				SPEED LIMIT		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			

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
PROPERTY DAMAGE	OWNER'S NAME		OWNER'S ADDRESS	
	DESCRIPTION OF DAMAGE		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	INATTENTION CODES
 <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	<p>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</p> <p>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</p> <p>M/C BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES</p>	<p>B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED</p> <p>EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN</p>	<p>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</p>


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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE				B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	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
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED				K				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.					N				N XING INTO OPPOSING LANE
F OTHER*	MOTOR VEHICLE INVOLVED WITH				O				O PARKED
G WIND	A NON - COLLISION								P MERGING
LIGHTING	B PEDESTRIAN								Q TRAVELING WRONG WAY
A DAYLIGHT	C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTOR(S)				R OTHER*
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	(MARK 1 TO 2 ITEMS)				
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	F TRAIN				B VC SECTION VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO				
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				C VC SECTION VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3	SOBRIETY - DRUG PHYSICAL
ROADWAY SURFACE	H ANIMAL								(MARK 1 TO 2 ITEMS)
A DRY	I FIXED OBJECT:				D				A HAD NOT BEEN DRINKING
B WET	J OTHER OBJECT:				E VISION OBSCUREMENT:				B HBD - UNDER THE INFLUENCE
C SNOWY - ICY					F INATTENTION*:				C HBD - NOT UNDER INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)					G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
ROADWAY CONDITIONS	PEDESTRIAN'S ACTIONS				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
(MARK 1 TO 2 ITEMS)	A NO PEDESTRIANS INVOLVED				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
A HOLES, DEEP RUT*	B CROSSING IN CROSSWALK - AT INTERSECTION				J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN
B LOOSE MATERIAL ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: <input type="checkbox"/> YES <input type="checkbox"/> NO				H NOT APPLICABLE
C OBSTRUCTION ON ROADWAY*	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				I SLEEPY / FATIGUED*
D CONSTRUCTION - REPAIR ZONE	E IN ROAD - INCLUDES SHOULDER				M OTHER*:				
E REDUCED ROADWAY WIDTH	F NOT IN ROAD				N NONE APPARENT				
F FLOODED*	G APPROACHING / LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				
G OTHER*									
H NO UNUSUAL CONDITIONS									

<p>SKETCH</p> <div style="text-align: center;">  <p>INDICATE NORTH</p> <p>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.</p> </div>	<p>MISCELLANEOUS</p>
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DATE OF COLLISION (MO. DAY YEAR)				TIME (2400)	NCIC #	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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NAME / D.O.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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NAME / D.O.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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NAME / D.O.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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NAME / D.O.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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NAME / D.O.B. / ADDRESS													TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:											
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
PREPARER'S NAME				I.D. NUMBER				MO. DAY YEAR				REVIEWER'S NAME				MO. DAY YEAR			

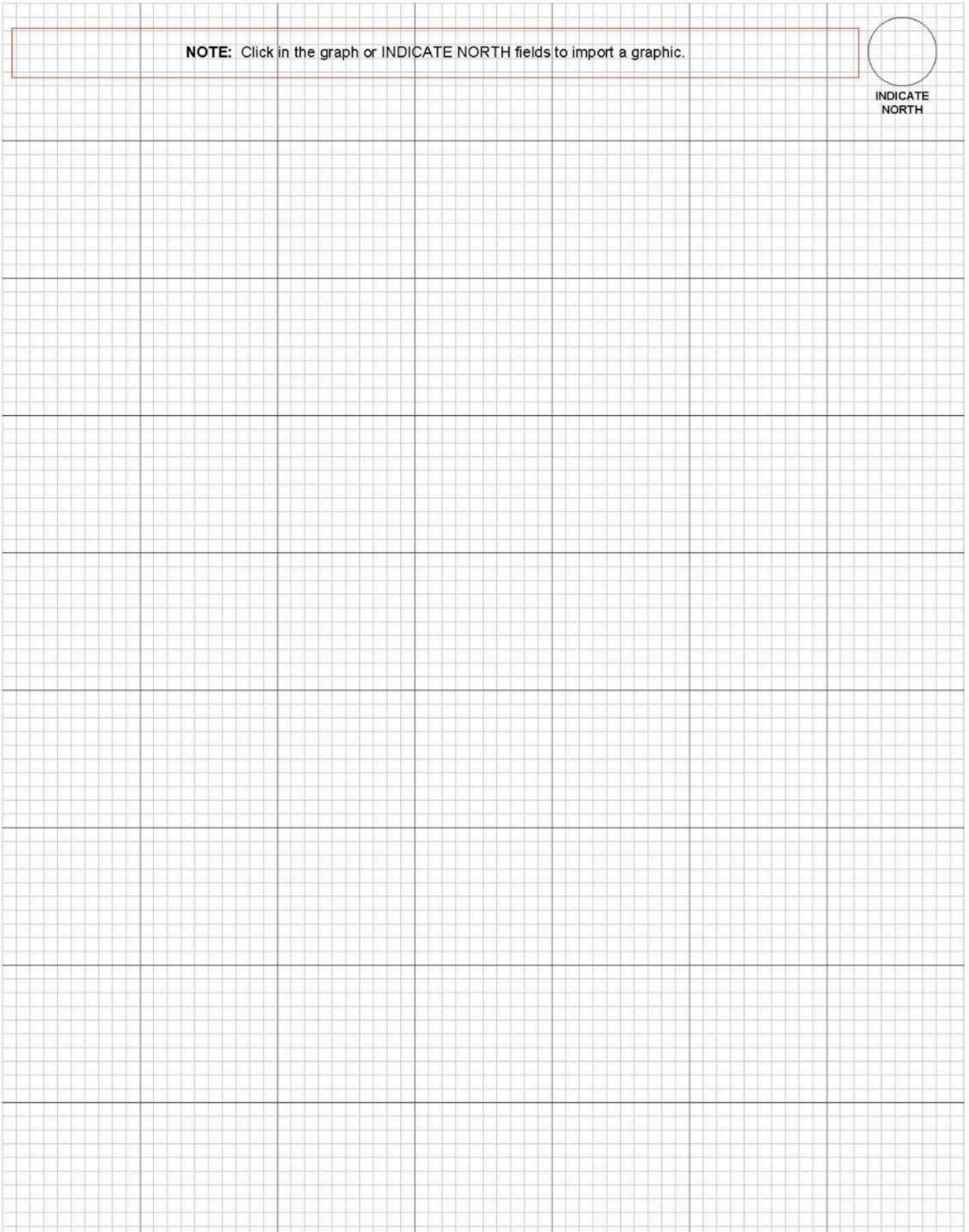
FACTUAL DIAGRAM

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DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	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
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