
COLLISION FORMS AND COMPLETION PROCEDURES

5010.1 PURPOSE

These procedures explain the use of the CHP traffic collision report forms and the revisions made on completing Class I and Class II reports.

5010.2 INTRODUCTION

The Santa Ana Police Department utilizes Crossroads Collision Software to prepare all collision reports. The reporting program has the capacity to create all commonly used forms. All completed reports prepared within the software shall be submitted for review. All Reports shall be submitted prior to the end of the officer's shift. Officers may complete a report on their next duty day with their immediate supervisor's approval. However, when a custodial arrest is made and the events include a collision report, the report shall be completed prior to ending their shift.

When Officers investigate a collision and determine that all involved parties are present, including the owners of damaged property, and there are policy requirements necessitating the completion a Class II report, officers may document the incident utilizing CHP form 555-03 (Short Form). The completed report must be submitted to the Station Supervisor's Office where it will be routed to the Collision Investigation Unit for review.

5010.3 CLASS I - COLLISION REPORTING REQUIREMENTS

5010.3.1 CLASS I - TRAFFIC COLLISIONS REQUIRING INVESTIGATION

1. Death
2. Injury (including complaint of pain)
3. DUI
4. Occupied School Bus (CVC 545) - If the CHP is unable to respond a Courtesy Report shall be completed
5. City, County, State, Federal Government property or on duty personnel
 - (a) Santa Ana Police vehicles are exempt when the collision involves Santa Ana Police Department property only, there is no injury, and the vehicle is not removed from service. Minor collisions (i.e., small dents, scratches, and paint transfers) will be reported on an administrative report. A collision report may be taken in any case where officer or supervisory discretion deems it necessary
6. For the purpose of this procedure, "police vehicle" shall mean any vehicle assigned to the Department and operated by a Department employee at the time of the collision
7. City liability may result
8. Hit-and-Run collision with follow-up possibility (information more specific than a general vehicle description and partial license plate)

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9. At the direction of a supervisor

5010.3.2 CLASS I - CHP COLLISION FORMS

1. Traffic Collision (Face page) - see 5010.6 Attachment 1
2. Injured/Witness/Passengers and Factual Diagram CHP Form 555-3 and 4 - 5010.7 Attachment 2
3. Narrative/Supplemental CHP Form 556 - see 5010.8 Attachment 3

5010.4 CLASS II - REPORT FORM

- (a) Hit and Run property damage only without follow-up possibility (only a general description of suspect and/or vehicle is available, i.e., small, white pick-up truck)
- (b) Property damage in which the damaged property is unattended and the owner cannot be located
- (c) Late Report (Report taken away from the scene where one or more of the involved parties are reporting an injury)
- (d) Counter Report (Report taken away from the scene)

5010.5 REPORT CORRECTIONS:

All submitted collision reports will be reviewed by officers assigned to the Collision Investigation Unit. In the event a report is found to be in need of corrections, it will be routed back to the originating officer with instructions for correction. Officers shall make the required corrections and resubmit the report on their next duty day.

5010.5.1 CLASS I REPORT REQUIREMENTS

Class I reports require the completion of the following CHP Collision Forms:

- Traffic Collision (Face page) - see 5010.6 Attachment 1
- Injured/Witness/Passengers and Factual Diagram CHP Form 555-3 and 4 - 5010.7 Attachment 2
- Narrative/Supplemental CHP Form 556 - see 5010.8 Attachment 3
 - The Narrative shall be written in the format listed below

Facts:

Notification:

1. Time of call, response location and time of arrival

Scene:

1. Road alignment, surface
2. Fixed or other objects
3. Type(s) of traffic control

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Parties:

1. Location of the driver arrival. How identified? How determined as driver?
2. Location of vehicle upon arrival
3. Observed mechanical defects
4. Repeat sequence for all parties

Injuries (If applicable):

1. Extent of injuries (basic description)
2. Name of address of hospital where treated
3. Name of who transported the injury party to the hospital

Physical Evidence (If applicable):

1. List evidence and location found if not handled by CSI (i.e., blood, skids, debris, etc.)
2. Disposition of collected/photographed evidence (i.e., booked, etc.)

CSI (If applicable):

1. Who conducted CSI and what they did (i.e., photos, evidence collection, etc.)

Hit and Run - Required for Hit and Run Collisions (If applicable):

1. What were the actions of the driver after the collision which contain the elements of Hit and Run
2. What is the description of the vehicle and driver and who provided this description (was it a driver or witness)
3. What investigation did you conduct and what was the outcome

Statements:

1. Obtained from all parties and witnesses - use # and last name - driver #1.
2. If no statement obtained, state why
3. Indicate location of the witness at the time of observance

Opinions and Conclusions:

Summary:

1. Opinion of how the collision occurred based on physical evidence, statements, etc.
2. Should be a complete description of how collision occurred and any investigation conducted.

Area(s) of Impact - Not Necessary on Private Property Collisions:

Intoxication Narrative - When One or More of the Drivers are Impaired:

1. Party's action (i.e. staggering, speech slurred, odor of alcohol detected, etc.)
2. FST given and conclusion (e.g., Under Influence and arrested)

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3. How identified as driver

Cause:

1. Who was at fault, describe why and indicate PCF by code section

Recommendations:

1. Note if any follow-up action is needed
2. Note the cite number of all citations issued as a result of the investigation

5010.5.2 CLASS II REPORTS - CHP 555-03 (SHORT FORM)

Class II Reports require the completion of the CHP 555-03 Form (Attachment 4 in section 5011.9)

The Narrative Supplemental shall be written in the format listed below.

On the reverse side of the face page, the officer will complete a "Summary" narrative including the date, time and location of where the investigation is being conducted. Additional headings are not required and a cause should not be determined unless all involved parties have been interviewed. There is no follow-up required on this type of report. The cite number of all citations issued as a result of the investigation should be included.

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5010.6 ATTACHMENT 1 - COLLISION REPORT PAGE 1-2

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
 CHP 555 Page 1 (Rev. 11-06) OPI 065

Page of

SPECIAL CONDITIONS		NUMBER INJURED	HT & RUN FELY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER		
		NUMBER KILLED	HT & RUN MISMEMOR	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 #	
	MILEPOST INFORMATION				GPS COORDINATES		PHOTOGRAPHS BY: <input type="checkbox"/> NONE	
	FEET/MILES OF		LATITUDE		LONGITUDE		STATE HWY REL <input type="checkbox"/> YES <input type="checkbox"/> NO	
AT INTERSECTION WITH		OR: FEET/MILES OF						
PARTY 1	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	
	DRIVER NAME (FIRST, MIDDLE, LAST)			LICENSE NUMBER	STATE	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		
	PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		
	PARKED VEHICLE <input type="checkbox"/>	CITY/STATE/ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
	BICYCLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
	OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE	
	DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____		DESCRIBE VEHICLE DAMAGE	
					CAL-T _____ TCPSPSC _____ MCMX _____		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	
						>		
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	
	DRIVER NAME (FIRST, MIDDLE, LAST)			LICENSE NUMBER	STATE	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		
	PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		
	PARKED VEHICLE <input type="checkbox"/>	CITY/STATE/ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
	BICYCLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
	OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE	
	DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____		DESCRIBE VEHICLE DAMAGE	
					CAL-T _____ TCPSPSC _____ MCMX _____		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	
						>		
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	
	DRIVER NAME (FIRST, MIDDLE, LAST)			LICENSE NUMBER	STATE	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		
	PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		
	PARKED VEHICLE <input type="checkbox"/>	CITY/STATE/ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
	BICYCLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
	OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:		VEHICLE TYPE	
	DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____		DESCRIBE VEHICLE DAMAGE	
					CAL-T _____ TCPSPSC _____ MCMX _____		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	
						>		
PREPARER'S NAME				DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME		
						DATE REVIEWED		

Destroy previous editions

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COLLISION FORMS AND COMPLETION PROCEDURES

5010.7 ATTACHMENT 2 - COLLISION REPORT PAGE 3-4

STATE OF CALIFORNIA
INJURED / WITNESS / PASSENGERS
 CHP 555 Page 3 (Rev. 11-06) OPI 065

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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																			
<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			

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STATE OF CALIFORNIA
FACTUAL DIAGRAM
CHP 555 Page 4 (Rev. 11-06) OPI 065.

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DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NDIC #	OFFICER I.D.	NUMBER
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)



INDICATE
NORTH

PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
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5010.8 ATTACHMENT 3 - COLLISION REPORT NARRATIVE

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
 CHP 556 (Rev. 7-90) OPI 061

Page

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
"X" ONE <input type="checkbox"/> Narrative		"X" ONE <input type="checkbox"/> Collision Report		TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA Update
<input type="checkbox"/> Supplemental		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Fatal
		<input type="checkbox"/> Hazardous Materials		<input type="checkbox"/> School Bus
CITY/COUNTY/JUDICIAL DISTRICT			REPORTING DISTRICT/BEAT	CITATION NUMBER
LOCATION/SUBJECT				STATE HIGHWAY RELATED
				<input type="checkbox"/> Yes <input type="checkbox"/> No
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
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10. _____				
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26. _____				
27. _____				
28. _____				
29. _____				
30. _____				
31. _____				
PREPARER'S NAME and I.D. NUMBER			DATE	REVIEWER'S NAME

Continued

Use previous editions until depleted.

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5010.9 ATTACHMENT 4 - CHP 555-03 Traffic Collision Report (Property Damage Only)

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		NO.	DAY	YEAR	TIME (2400)
<input type="checkbox"/> AT INTERSECTION WITH Or: <input type="checkbox"/> <u> </u> Feet/Miles Of <u> </u>		DAY OF WEEK		TOW AWAY <input type="checkbox"/> Yes <input type="checkbox"/> No	STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No
PARTY 1	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIPMENT
<input type="checkbox"/>	DRIVER NAME (FIRST, MIDDLE, LAST)	TELEPHONE NUMBER		(ALLIED AGENCY USE ONLY) Report taken <input type="checkbox"/> Yes <input type="checkbox"/> No Exchange of information <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	STREET ADDRESS (City)	(State)	(Zip Code)		
<input type="checkbox"/>	PK VEH SEX RACE BIRTHDATE	INSURANCE CARRIER	POLICY NUMBER		INDICATE NORTH
<input type="checkbox"/>	BICYCLE DIR. TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT		
<input type="checkbox"/>	OTHER VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	VEH. TYPE
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIPMENT
<input type="checkbox"/>	DRIVER NAME (FIRST, MIDDLE, LAST)	TELEPHONE NUMBER		INDICATE NORTH	
<input type="checkbox"/>	STREET ADDRESS (City)	(State)	(Zip Code)		
<input type="checkbox"/>	PK VEH SEX RACE BIRTHDATE	INSURANCE CARRIER	POLICY NUMBER		INDICATE NORTH
<input type="checkbox"/>	BICYCLE DIR. TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT		
<input type="checkbox"/>	OTHER VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	VEH. TYPE
<input type="checkbox"/>	WIT. R/D	AGE	SEX	NAME	ADDRESS
<input type="checkbox"/>	AGE	SEX	NAME	ADDRESS	PHONE NUMBER
<input type="checkbox"/>	PROP. NAME	ADDRESS	DAMAGED PROPERTY		PARTY NO.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	SPECIAL INFORMATION		MOVEMENT PRECEDING COLLISION	
		1	2	1	2
# A VC SECTION VIOLATED:	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	
E		E		E MAKING LEFT TURN	
	TYPE OF COLLISION	F		F MAKING U TURN	
	A HEAD-ON	G		G BACKING	
	B SIDESWIPE	H		H SLOWING / STOPPING	
	C REAR END	I		I PASSING OTHER VEHICLE	
	D BROADSIDE	J		J CHANGING LANES	
	E HIT OBJECT	K		K PARKING MANEUVER	
	F OVERTURNED	L		L ENTERING TRAFFIC	
	G VEHICLE / PEDESTRIAN	M		M OTHER UNSAFE TURNING	
	H OTHER*	N		N XING INTO OPPOSING LANE	
	MOTOR VEHICLE INVOLVED WITH	O		O PARKED	
	A NON-COLLISION			P MERGING	
	B PEDESTRIAN			Q TRAVELING WRONG WAY	
	C OTHER MOTOR VEHICLE			R OTHER*	
	D MOTOR VEHICLE ON OTHER HIGHWAY				
	E PARKED MOTOR VEHICLE				
	F TRAIN				
	G BICYCLE				
	H ANIMAL:				
	I FIXED OBJECT:				
	J OTHER OBJECT:				
	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				
	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				
	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				
	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				
	A VC SECTION VIOLATION:				
	B VC SECTION VIOLATION:				
	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*				
	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				
	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				

Destroy previous editions.

c55503-3/fp

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DATE OF COLLISION			TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER	PAGE
MO.	DAY	YR.					
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
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PREPARER'S NAME			I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME		MO. DAY YEAR

Destroy previous editions.

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