

Page two of the crash report includes several details about the accident.

At the beginning of the page, there's documentation of any property damage caused by the crash, including the property owner's name, address, and a description of the damage.

DATE OF COLLISION (MO DAY YEAR)		TIME (2400)	NCIC #	OFFICER I.D.	
PROPERTY DAMAGE	OWNER'S NAME		OWNER'S ADDRESS		
	DESCRIPTION OF DAMAGE				
SEATING POSITION		SAFETY EQUIPMENT		AIR BAG	
<p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</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		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	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 D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER					

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
		1	2	3		1	2	3	
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 OR MORE				F MAKING TURN
	B SIDE SWIPE				G 32 FT TO 75 FT				H SLOWING / STOPPING
	C REAR END				H OTHER*				J CHANGING LANES
	D BROADSIDE				I OTHER*				K PARKING / MANEUVER
WEATHER (MARK 1 TO 2 ITEMS)	E HIT OBJECT				J OTHER*				L OTHER UNSAFE TURNING
A CLEAR	F OVERTURNED				K OTHER*				M OTHER UNSAFE TURNING
B CLOUDY	G VEHICLE / PEDESTRIAN				L OTHER*				N OTHER*
C RAINING	H OTHER*				M OTHER*				O OTHER*
D SNOWING					N OTHER*				
E FOG / VISIBILITY FT.					O OTHER*				
F OTHER*									
G WIND	MOTOR VEHICLE INVOLVED WITH								
	A NON - COLLISION								
LIGHTING	B PEDESTRIAN								
A DAYLIGHT	C OTHER MOTOR VEHICLE								
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3					
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE								
D DARK - NO STREET LIGHTS	F TRAIN								
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE								
	H ANIMAL:								
ROADWAY SURFACE	I FIXED OBJECT:								
A DRY	J OTHER OBJECT:								
B WET									
C SNOWY - ICY									
D SLIPPERY (MUDDY, OILY, ETC.)									
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS								
A HOLES, DEEP RUT*	A NO PEDESTRIANS INVOLVED								
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION								
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION								
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK								
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER								
F FLOODED*	F NOT IN ROAD								
G OTHER*	G APPROACHING / LEAVING SCHOOL BUS								
H NO UNUSUAL CONDITIONS									

The police also use specific codes to document various aspects of the crash, detailed as follows:

- The seating positions of all vehicle occupants.
- The type of safety equipment utilized (such as seat belts and child restraints).
- Airbag deployment status.
- Instances of occupants being fully or partially ejected from the vehicle.
- Driver inattention contributing to the crash.
- Environmental and situational factors like weather, lighting, road conditions that contributed to the crash.
- Types and functioning of traffic control devices present.
- The nature of the crash.
- Types of vehicles, objects, and parties involved.
- Actions of any pedestrians involved at the time of the crash.
- Vehicle dynamics prior to the crash.
- Involvement of drunk or drugged drivers.

Additionally, the report includes a sketch illustrating the sequence of events during the crash.

SKETCH

INDICATE NORTH

NOTE: If a sketch is used, indicate the location of the sketch here.

The third page of the report focuses on individuals affected by the crash, detailing injured parties, witnesses, and passengers.

In its top section, it classifies the injuries as fatal, severe, or other visible types, and identifies who was injured (driver, passenger, pedestrian, bicyclist, or other party).

WITNESS ONLY				PASSENGER ONLY				EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)			
AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	NUMBER	POS.	BAG	EQUIP.	EJECTED
<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															
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:							
DESCRIBE INJURIES															
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED															

The rest of the page provides specific information about the injured, including their name, address, phone number, injury type, the hospital they were taken to, and the party responsible for their transportation.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

FACTUAL DIAGRAM

CHP 555 Page 4 (Rev. 4-11) OPI 060

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
----------------------------------	-------------	--------	--------------	--------

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



At the page's conclusion, the name and ID number of the investigating officer are prominently displayed.

Page four presents a decisive and exact diagram illustrating the events of the crash, which is drawn from pure fact, devoid of any interpretation by the investigating officer.

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

Clear Diagram