

**DEPARTMENT TRAFFIC COORDINATOR  
COUNTER-TERRORISM AND SPECIAL OPERATIONS BUREAU**

**NOTICE**

June 26, 2012

16.2

**TO:** All Commanding Officers

**FROM:** Department Traffic Coordinator, Counter-Terrorism and Special Operations Bureau

**SUBJECT:** CALIFORNIA MOTORCYCLE TRAFFIC COLLISION SUPPLEMENTAL  
DATA FORM

The California Office of the Traffic Safety, in partnership with California Highway Patrol and on behalf of the California Strategic Highway Safety Plan, has requested that the Department participate in a 12-month data collection program regarding motorcycle collisions. In an effort to capture the data necessary for the program, a California Motorcycle Collision Supplemental Data Form has been activated for this purpose. The form is confidential and is not intended for public release. The form **shall not** be attached to the original traffic collision report, distributed to the public or retained. The form shall be used until May 31, 2013.

Effective immediately, officers investigating all fatal and injury traffic collisions involving motorcycles shall complete a California Motorcycle Collision Supplemental Data Form. Upon completion of a fatal or injury motorcycle-related traffic collision investigation, a copy of the traffic collision report and the original California Motorcycle Collision Supplemental Data Form shall be forwarded to:

Emergency Operations Division  
Traffic Coordination Section  
Motorcycle Data  
Mail Stop: 400

If you have any questions regarding this Notice, please contact Traffic Coordination Section, Emergency Operations Division, at (213) 486-0690.

APPROVED:



MICHAEL P. DOWNING, Deputy Chief  
Department Traffic Coordinator  
Counter-Terrorism and Special Operations Bureau



STEPHEN R. JACOBS, Deputy Chief  
Chief of Staff  
Office of the Chief of Police

Attachment

DISTRIBUTION "B"

# CALIFORNIA MOTORCYCLE COLLISION SUPPLEMENTAL DATA FORM

CONFIDENTIAL - Not for public release. Do not retain at local area or agency level.

1-DATE (MM/DD/YYYY)	2-TIME (2400)	3-NCIC #	4-OFFICER BADGE #	P-PARTY #
5-LICENSE ENDORSEMENT: <input type="checkbox"/> M-1 <input type="checkbox"/> M-2 <input type="checkbox"/> Valid M/C Permit <input type="checkbox"/> None				
6-MOTORCYCLIST SOBRIETY: _____ BAC <input type="checkbox"/> N/A				
7-# WHEELS ON MOTORCYCLE: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				
8-WAS LANE SPLITTING INVOLVED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9a-WAS MOTORCYCLE REAR-ENDED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9b-DID MOTORCYCLE REAR-END OTHER VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10-SPEED OF MOTORCYCLE: _____ MPH				
11-SPEED OF SURROUNDING TRAFFIC: _____ MPH <input type="checkbox"/> N/A				
<b>MOTORCYCLIST</b>		<b>PASSENGER</b> <input type="checkbox"/> N/A		
12-RIDER TRANSPORTED: <input type="checkbox"/> Yes <input type="checkbox"/> No		RIDER TRANSPORTED: <input type="checkbox"/> Yes <input type="checkbox"/> No		
13-TYPES OF INJURY (check all that apply) <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> None visible <input type="checkbox"/> Torso <input type="checkbox"/> Arm/Leg <input type="checkbox"/> Fatal		TYPES OF INJURY (check all that apply) <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> None visible <input type="checkbox"/> Torso <input type="checkbox"/> Arm/Leg <input type="checkbox"/> Fatal		
14-TYPE OF HELMET: <input type="checkbox"/> Full-face <input type="checkbox"/> 1/2 Helmet <input type="checkbox"/> 3/4 Helmet <input type="checkbox"/> Modular up <input type="checkbox"/> Modular down <input type="checkbox"/> Modular unknown <input type="checkbox"/> None		TYPE OF HELMET: <input type="checkbox"/> Full-face <input type="checkbox"/> 1/2 Helmet <input type="checkbox"/> 3/4 Helmet <input type="checkbox"/> Modular up <input type="checkbox"/> Modular down <input type="checkbox"/> Modular unknown <input type="checkbox"/> None		
15-APPEARS TO MEET DOT STANDARD: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		APPEARS TO MEET DOT STANDARD: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
16-STANDARD LABEL ON HELMET: <input type="checkbox"/> DOT <input type="checkbox"/> DOT/SNELL <input type="checkbox"/> DOT/ECE <input type="checkbox"/> No Label <input type="checkbox"/> Unknown		STANDARD LABEL ON HELMET: <input type="checkbox"/> DOT <input type="checkbox"/> DOT/SNELL <input type="checkbox"/> DOT/ECE <input type="checkbox"/> No Label <input type="checkbox"/> Unknown		
17-COLLISION DAMAGE TO HELMET: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		COLLISION DAMAGE TO HELMET: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
18-HELMET REMAINED ON HEAD DURING COLLISION: <input type="checkbox"/> Yes <input type="checkbox"/> No		HELMET REMAINED ON HEAD DURING COLLISION: <input type="checkbox"/> Yes <input type="checkbox"/> No		
19-MC/HELMET/CLOTHING HAD HIGH VISIBILITY OR RETROREFLECTIVE MATERIAL: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		MC/HELMET/CLOTHING HAD HIGH VISIBILITY OR RETROREFLECTIVE MATERIAL: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		