

## OFFICE OF THE CHIEF OF POLICE

### **NOTICE**

September 3, 2021

8.1

**TO:** All Department Personnel

**FROM:** Chief of Police

**SUBJECT:** TRAFFIC COLLISION REPORT – REVISED

### **BACKGROUND**

In 1996, the Department adopted the California Highway Patrol (CHP) "Traffic Collision Report, CHP 555," to document and report traffic collisions. Since this time, law enforcement agencies throughout the State of California have adopted these forms to ensure consistent and accurate traffic collision reporting standards. Consequently, law enforcement agencies are guided by the reporting criteria established by the CHP and as delineated in the CHP's Collision Investigation Manual (CIM).

### **PURPOSE**

The purpose of this Notice is to advise that the CHP has made several revisions to the CIM and the CHP "Traffic Collision Report, CHP Form Set" utilized by the Department. These revisions have resulted in significant changes to terminology such as changing "collision" to "crash." The changes were implemented to ensure consistency with the National Highway Traffic Safety Administration.

A copy of the CHP Traffic Collision Report with the new revisions have been highlighted and are attached. The Multi-Disciplinary Collision Investigation Team (MCIT) has created a quick reference guide to assist with understanding the recent changes. The MCIT has prepared a power point presentation that has been uploaded on the Department's Local Area Network (LAN) to further outline the changes and provide guidance on the proper completion of the CHP Form Set. These changes have been incorporated into all in-service traffic collision investigation lesson plans presented by the MCIT.

The revised Forms are attached for immediate use and duplication and are also available in E-Forms on the Department's LAN. All other versions of these Forms shall be marked "Obsolete" and placed in the Divisional recycling bin. The revised Forms are available to order through Supply Division.

All Department Personnel

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

A handwritten signature in blue ink, appearing to be "MR. MOORE", with a stylized flourish at the end.

MICHEL R. MOORE  
Chief of Police

DISTRIBUTION "D"

Attachment



<b>SPECIAL CONDITIONS</b>		NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT		LOCAL REPORT NUMBER				
		NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT	BEAT	DAY OF WEEK	TOW AWAY			
							S M T W T F S	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>LOCATION</b>	CRASH OCCURRED ON				MO.	DAY	YEAR	TIME (2400)	NCIC #	OFFICER ID	
	MILEPOST INFORMATION				GPS COORDINATES				PHOTOGRAPHS BY: <input type="checkbox"/> NONE		
	FEET/MILES OF				LATITUDE				LONGITUDE		
	<input type="checkbox"/> AT INTERSECTION WITH				STATE HWY REL				<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> OR: FEET/MILES OF											
<b>PARTY</b>	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
<b>DRIVER</b>	NAME (FIRST, MIDDLE, LAST)										
<b>PEDESTRIAN</b>	STREET ADDRESS										
<b>PARKED VEHICLE</b>	CITY/STATE/ZIP										
<b>BICYCLIST</b>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	Mo.	Day	Year	RACE	
<b>OTHER</b>	HOME PHONE		BUSINESS PHONE								
<b>OPERATOR</b>	INSURANCE CARRIER		POLICY NUMBER								
	DIR OF TRAVEL	ON STREET OR HIGHWAY			LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	CA _____ DOT _____		
									CAL-T _____ TCP/PSC _____ MC/MX _____		
<b>PARTY</b>	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
<b>DRIVER</b>	NAME (FIRST, MIDDLE, LAST)										
<b>PEDESTRIAN</b>	STREET ADDRESS										
<b>PARKED VEHICLE</b>	CITY/STATE/ZIP										
<b>BICYCLIST</b>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	Mo.	Day	Year	RACE	
<b>OTHER</b>	HOME PHONE		BUSINESS PHONE								
<b>OPERATOR</b>	INSURANCE CARRIER		POLICY NUMBER								
	DIR OF TRAVEL	ON STREET OR HIGHWAY			LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	CA _____ DOT _____		
									CAL-T _____ TCP/PSC _____ MC/MX _____		
<b>PARTY</b>	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
<b>DRIVER</b>	NAME (FIRST, MIDDLE, LAST)										
<b>PEDESTRIAN</b>	STREET ADDRESS										
<b>PARKED VEHICLE</b>	CITY/STATE/ZIP										
<b>BICYCLIST</b>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	Mo.	Day	Year	RACE	
<b>OTHER</b>	HOME PHONE		BUSINESS PHONE								
<b>OPERATOR</b>	INSURANCE CARRIER		POLICY NUMBER								
	DIR OF TRAVEL	ON STREET OR HIGHWAY			LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	CA _____ DOT _____		
									CAL-T _____ TCP/PSC _____ MC/MX _____		
<b>PARTY</b>	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
<b>DRIVER</b>	NAME (FIRST, MIDDLE, LAST)										
<b>PEDESTRIAN</b>	STREET ADDRESS										
<b>PARKED VEHICLE</b>	CITY/STATE/ZIP										
<b>BICYCLIST</b>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	Mo.	Day	Year	RACE	
<b>OTHER</b>	HOME PHONE		BUSINESS PHONE								
<b>OPERATOR</b>	INSURANCE CARRIER		POLICY NUMBER								
	DIR OF TRAVEL	ON STREET OR HIGHWAY			LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	CA _____ DOT _____		
									CAL-T _____ TCP/PSC _____ MC/MX _____		
PREPARER'S NAME		DISPATCH NOTIFIED				REVIEWER'S NAME				DATE REVIEWED	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A									

Chp555 0320.pdf

**INJURED / WITNESS / PASSENGERS**

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DATE OF CRASH (MO. DAY YEAR)				TIME (2400)	NCIC #				OFFICER ID				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	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER	OPER.					
<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"/>	<input type="checkbox"/>
NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:					EMS RUN NUMBER					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"/>	<input type="checkbox"/>
NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:					EMS RUN NUMBER					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"/>	<input type="checkbox"/>
NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:					EMS RUN NUMBER					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"/>	<input type="checkbox"/>
NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:					EMS RUN NUMBER					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"/>	<input type="checkbox"/>
NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:					EMS RUN NUMBER					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"/>	<input type="checkbox"/>
NAME / D.O.B. / ADDRESS															TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:					EMS RUN NUMBER					TAKEN TO:								
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		

PREPARER'S NAME				ID NUMBER	MO. DAY YEAR		REVIEWER'S NAME				MO. DAY YEAR	



**QUICK REFERENCE GUIDE**  
Traffic Investigation Revisions  
Multi-Disciplinary Collision Investigation Team

**New Terminology**

**Collision → Crash** – All past references of “Collision” have changed to “Crash”

**Severe (A) Injury** shall now be referred to as **Suspected Serious Injury**

**Other Visible (B) Injury** shall now be referred to as **Suspected Minor Injury**

**Complaint of Pain (C) Injury** shall now be referred to as **Possible Injury**

**CHP 555 - TRAFFIC COLLISION REPORT**

**Page 1**

**Special Conditions Box**

- Enter “Autonomous Vehicle” if involved in reported crash

**Party – “Operator” check box added**

The Operator is the individual engaging autonomous mode either from driver seat (Level 3) or remotely (Level 4).

**Lane/Thru Lanes/Total Lanes added**

- Documenting lanes
  - **Lane:** Actual lane that the vehicle was in
  - **Thru Lanes:** Total number of lanes that traffic can go straight (same direction), excluding left turn only or right turn only lanes
  - **Total Lanes:** Total number of lanes including all lanes (Same direction)

**Page 2**

**Property Damage Section – Notification Updated**

- Line added to document the person that was notified of the property damage and method of notification

**Seating Position**

- Additional options added for 3<sup>rd</sup> row seat in SUVs and Minivans
- New information (not mentioned in 555 form set)
  - Motorcycle/Mopeds/Bicycle seating positions
    - Passenger position 2 is directly behind the driver
    - Passenger position 3 is the occupant of a side car
    - Passenger position 0 is to be any other location.

### “Motor Vehicle Involved With”- New box added

- If multiple AOI, mark first AOI, plus “K – Additional object struck”  
Example: Stop sign is struck after a sideswipe crash.

### Vehicle Automation Level

The following was added to document the level of Automation the vehicle is equipped to operate.

- **Level 0: No Automation**
  - No Automation; i.e. standard cruise control, blind spot monitoring,
- **Level 1: Driver Assistance**
  - Only 1 system of automation can be engaged at a time  
Example: Adaptive cruise control would not work simultaneously with lane keep assist.
- **Level 2: Partial Automation**
  - Both adaptive cruise control and lane keep assist work simultaneously with driver intervention as needed. Example: Tesla’s Autopilot, Cadillac’s Super Cruise
- **Level 3: Conditional Automation**
  - A company vehicle with testing permit, only in a specific designated location/area.
  - Driver can engage Automated Driving System and driver becomes operator.
  - Operator still seated in the driver’s seat
- **Level 4: High Automation**
  - A company vehicle with testing permit, only in a specific designated location/area.
  - Operator is not seated in the driver’s seat and remotely engage autonomous mode in the vehicle.
- **Level 5: Full Automation**
  - Vision of Autonomous vehicle with no limitation – No human!

### Vehicle Automation Engaged

- Document which level of Automation the driver/operator had engaged at the time of crash.  
Example: A Tesla Model Y, which is a Standard Level 2 equipped vehicle, was being driven and it did not have autopilot engaged when it crashed into the rear of another vehicle.
  - “Vehicle Automation Level” would be documented as *Level - 2*, because the vehicle is capable of Level – 2 driving.
  - “Vehicle Automation Engaged” would be documented as *No Automation*, because the Tesla did not have autopilot engaged at the time of crash

“Lane Splitting” box added to/or/for movement preceding crash

- To be used if a motorcycle was riding between rows of vehicles.

#### Sobriety-Drug-Physical

- Document ALL that applies.

Example: Jake conducted a DUI Investigation and DRE responded for an evaluation. The DRE opinion was cannabis and stimulants. This field would be marked: “Under Drug Influence,” “DRE Exam Conducted,” “Stimulant,” and “Cannabis.”

#### Special Information

- “Cell Phone Use Unknown” box was added

#### Bikeway Facility

The following boxes were added:

- **Shared Roadway**
  - No bike lanes present, just vehicle traffic lanes/ lane lines
- **Class I – Bike Path**
  - Special path, separated from cars, and shared by bikes and pedestrians
- **Class II – Bike Lane**
  - Marked bike lane on roadway, with no physical barrier between cars and bikes.
- **Class III – Bike Route**
  - Posted street signs for directional route as preferred route for bicycles specifically
- **Class IV – Separated Bikeway**
  - Marked bike lane on roadway, with a physical barrier between cars and bikes, such as parked cars or separated by traffic dividers.

#### Page 3

“EMS Run Number” was added to document the number created by an EMS when a patient is transported to medical center.