



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
*An Internationally Accredited Agency*  
**REPORT OF COLLISION - NEWS RELEASE**

TYPE OF COLLISION	DATE	TIME	INVESTIGATING OFFICER			AREA			
<input type="checkbox"/> Fatal <input type="checkbox"/> Hit & Run									
<input type="checkbox"/> Injury <input type="checkbox"/> Property Damage	LOCATION					WEATHER			
<b>PERSONS INVOLVED</b>	<b>PARTY NO.</b>	<b>AGE</b>	<b>SEX</b>	<b>SAFETY EQUIP USED</b>	<b>CITY OF RESIDENCE</b>	<b>DIR. of TRAVEL</b>	<b>VEHICLE YEAR &amp; MAKE</b>	<b>INJURY/HOSPITAL</b>	<b>*ARREST</b>
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian			<input type="checkbox"/> M <input type="checkbox"/> YES	<input type="checkbox"/> YES		<input type="checkbox"/> N		<input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR <input type="checkbox"/> FATAL	<input type="checkbox"/> YES
<input type="checkbox"/> Motorcyclist <input type="checkbox"/> Bicyclist			<input type="checkbox"/> F <input type="checkbox"/> NO	<input type="checkbox"/> NO		<input type="checkbox"/> W <input type="checkbox"/> E <input type="checkbox"/> S			<input type="checkbox"/> NO
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian			<input type="checkbox"/> M <input type="checkbox"/> YES	<input type="checkbox"/> YES		<input type="checkbox"/> N		<input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR <input type="checkbox"/> FATAL	<input type="checkbox"/> YES
<input type="checkbox"/> Motorcyclist <input type="checkbox"/> Bicyclist			<input type="checkbox"/> F <input type="checkbox"/> NO	<input type="checkbox"/> NO		<input type="checkbox"/> W <input type="checkbox"/> E <input type="checkbox"/> S			<input type="checkbox"/> NO
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian			<input type="checkbox"/> M <input type="checkbox"/> YES	<input type="checkbox"/> YES		<input type="checkbox"/> N		<input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR <input type="checkbox"/> FATAL	<input type="checkbox"/> YES
<input type="checkbox"/> Motorcyclist <input type="checkbox"/> Bicyclist			<input type="checkbox"/> F <input type="checkbox"/> NO	<input type="checkbox"/> NO		<input type="checkbox"/> W <input type="checkbox"/> E <input type="checkbox"/> S			<input type="checkbox"/> NO
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<input type="checkbox"/> Motorcyclist <input type="checkbox"/> Bicyclist			<input type="checkbox"/> F <input type="checkbox"/> NO	<input type="checkbox"/> NO		<input type="checkbox"/> W <input type="checkbox"/> E <input type="checkbox"/> S			<input type="checkbox"/> NO
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian			<input type="checkbox"/> M <input type="checkbox"/> YES	<input type="checkbox"/> YES		<input type="checkbox"/> N		<input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR <input type="checkbox"/> FATAL	<input type="checkbox"/> YES
<input type="checkbox"/> Motorcyclist <input type="checkbox"/> Bicyclist			<input type="checkbox"/> F <input type="checkbox"/> NO	<input type="checkbox"/> NO		<input type="checkbox"/> W <input type="checkbox"/> E <input type="checkbox"/> S			<input type="checkbox"/> NO

**\* Information provided on this document is in accordance with Government Code sections 6254(f) and 6254(f)(2).**

**For purposes of the CHP 288, fatal victim information is releasable through the coroner.**

SUMMARY

SUBMITTED BY:	DATE	TIME	CORONER'S OFFICE CASE NUMBER