



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			
PERSONS INVOLVED	PARTY NO.	AGE	SEX	SAFETY EQUIP USED	CITY OF RESIDENCE	DIR. of TRAVEL	VEHICLE YEAR & MAKE	INJURY/HOSPITAL	*ARREST
<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
<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

*** 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