

CHAPTER 9

**INSTRUCTIONS FOR COMPLETING THE CHP 555-03,
TRAFFIC CRASH REPORT – PROPERTY DAMAGE ONLY**

REVISED APRIL 2021

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CHAPTER 9

INSTRUCTIONS FOR COMPLETING THE CHP 555-03, TRAFFIC CRASH REPORT – PROPERTY DAMAGE ONLY

2. **SCOPE.** This chapter provides instructions for completing the CHP 555-03, Traffic Crash Report – Property Damage Only. This form is used to document traffic crash location and driver information when an officer was not present at the scene. The CHP 555-03 is to be completed by the involved party; however, law enforcement personnel may provide assistance.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC CRASH REPORT – PROPERTY DAMAGE ONLY
CHP 555-03 (Rev. 3-19) OPI 060

Original to Officer, copy(ies) to involved party(ies) Page ____ of ____

SPECIAL CONDITIONS		HIT & RUN	CITY	JUDICIAL DISTRICT		NUMBER
COUNTY		REPORTING DISTRICT		SBAT		REPORTING OFFICER
CRASH OCCURRED ON		NO.	DAY	YEAR	TIME (2400)	NCIC
AT INTERSECTION WITH		DAY OF WEEK		TOWAWAY		STATE HIGHWAY RELATED
Or: Feet/Miles Of				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">PARTY 1</td> <td style="width: 10%;">DRIVER LICENSE NUMBER</td> <td style="width: 10%;">STATE</td> <td style="width: 10%;">CLASS</td> <td style="width: 10%;">AIR BAG</td> <td style="width: 10%;">SAFETY EQUIPMENT</td> <td style="width: 10%;">SHADE DAMAGED AREA</td> </tr> <tr> <td><input type="checkbox"/></td> <td>DRIVER</td> <td colspan="2">NAME (FIRST MIDDLE LAST)</td> <td colspan="2">TELEPHONE NUMBER</td> <td colspan="2" rowspan="5" style="text-align: center; vertical-align: middle;"> (ALLIED AGENCY USE ONLY) Report taken <input type="checkbox"/> Yes <input type="checkbox"/> No Exchange of information <input type="checkbox"/> Yes <input type="checkbox"/> No INDICATE NORTH </td> </tr> <tr> <td><input type="checkbox"/></td> <td>PED</td> <td colspan="2">STREET ADDRESS</td> <td colspan="2">(City) (State) (Zip Code)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PKVH</td> <td>SEX (RAE)</td> <td>BIRTHDATE</td> <td>INSURANCE CARRIER</td> <td>POICY NUMBER</td> </tr> <tr> <td><input type="checkbox"/></td> <td>BICYCLE</td> <td>DIR. 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PRIMARY CRASH FACTOR LIST NUMBER (R OF PARTY AT FAULT)	TRAFFIC CONTROL DEVICES	SPECIAL INFORMATION		MOVEMENT PRECEDING CRASH	
		1	2	1	2
A CVC SECTION VIOLATED	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 OBSOBUED	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	
E	E TYPE OF CRASH	E CELL PHONE USE UNKNOWN		E MAKING LEFT TURN	
F WEATHER (MARK 1 TO 2 ITEMS)	F HEAD-ON	F SCHOOL BUS RELATED		F MAKING U TURN	
G CLEAR	G SIDEWIPE	G BIKWAY FACILITY		G BACKING	
H CLOUDY	H REAR END	H SHARED ROADWAY		H SLOWING / STOPPING	
I RAINING	I BROADSIDE	I CLASS I - BIKE PATH*		I PASSING OTHER VEHICLE	
J SNOWING	J HIT OBJECT	J CLASS II - BIKE LANE*		J CHANGING LANES	
K FOGGIBILITY	K OVERTURNED	K CLASS III - BIKE ROUTE*		K PARKING MANEUVER	
L OTHER*	L VEHICLE / PEDESTRIAN	L CLASS IV - SEPARATED BIKWAY*		L ENTERING TRAFFIC	
M WIND	M OTHER*	M VEHICLE AUTOMATION		M OTHER UNSAFE TURNING	
N LIGHTING	N MOTOR VEHICLE INVOLVED WITH	N SAE LEVEL*		N INTO OPPOSING LANE	
O DRY	O NONCOLLISION	O AUTOMATION ENGAGED*		O PARKED	
P WET	P PEDESTRIAN	P AUTOMATION ENGAGED*		P MERGING	
Q SNOWY / ICY	Q OTHER MOTOR VEHICLE	Q OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)		Q TRAVELING WRONGWAY	
R SLEETRY (MUDDY, OILY, ETC.) ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	R MOTOR VEHICLE ON OTHER HIGHWAY	R A CVC SECTION VIOLATED:		R OTHER*	
S HOLES, DEEP RUTS*	S PARKED MOTOR VEHICLE	S B CVC SECTION VIOLATED:		S LANE SPLITTING	
T LOOSE MATERIAL ON ROADWAY*	T TRAM	T D VISION OBSCUREMENT:		T SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)	
U OBSTRUCTION ON ROADWAY*	U BICYCLE	U F INATTENTION:		A HAD NOT BEEN DRINKING	
V CONSTRUCTION - REPAIR ZONE	V ANIMAL:	U G STOP & GO TRAFFIC		B HRD - UNDER INFLUENCE	
W REDUCED ROADWAY WIDTH	W FIXED OBJECT:	U H ENTERING / LEAVING RAMP		C HRD - NO UNDER INFLUENCE*	
X FLOODED*	X ADDITIONAL OBJECT(S) STRUCK:	U I PREVIOUS CRASH		D HRD - IMPAIRMENT UNKNOWN*	
Y OTHER*	Y PEDESTRIAN ACTIONS	U J UNUSUAL WITH ROAD		E UNDER DRUG INFLUENCE*	
Z NO UNUSUAL CONDITIONS	Z A NO PEDESTRIAN INVOLVED	U K DEFECTIVE VEH. EQUIP:		DRE EXAM. CONDUCTED	
	Z B CROSSING IN CROSSWALK AT INTERSECTION	U L UNINVOLVED VEHICLE		STIMULANT	
	Z C CROSSING IN CROSSWALK - NOT AT INTERSECTION	U M OTHER*		HALLUCINOGEN	
	Z D CROSSING - NOT IN CROSSWALK	U N NONE APPARENT		DISSOCIATIVE ANALGESIC	
	Z E IN ROAD - INCLUDES SHOULDER	U O RUNAWAY VEHICLE		NARCOTIC ANALGESIC	
	Z F NOT IN ROAD			INHALANT	
	Z G APPROACHING / LEAVING SCHOOL BUS			CANNABIS	
				DEPRESSANT	
				F IMPAIRMENT - PHYSICAL*	
				G IMPAIRMENT NOT KNOWN	
				H NOT APPLICABLE	
				I SLEEPY / FATIGUED	

Destroy Previous Editions chp555-03_19.pdf

DATE OF CRASH			TIME (2400)	NCIC NUMBER	OFFICER ID	NUMBER	PAGE
MO.	DAY	YR.					____ of ____
1.							
2.							
3.							
4.							
5.							
6.							
7.							
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23.							
24.							
25.							
26.							
27.							
28. PREPARER'S NAME			ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR	

TRAFFIC CRASH REPORT – PROPERTY DAMAGE ONLY

CHP 555-03 (Rev. 3-19) OPI 060 (Destroy previous editions)

Original to Officer; copy(ies) to involved party(ies) Page ____ of ____

SPECIAL CONDITIONS		HIT & RUN	CITY		JUDICIAL DISTRICT		NUMBER
		COUNTY	REPORTING DISTRICT		BEAT	REPORTING OFFICER	
CRASH OCCURRED ON				MO.	DAY	YEAR	TIME (2400)
				NCIC	OFFICER ID		
<input type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> Or: _____ Feet/Miles Of _____				DAY OF WEEK		TOW AWAY <input type="checkbox"/> Yes <input type="checkbox"/> No STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No	
PARTY 1	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIPMENT	
DRIVER	NAME (FIRST MIDDLE LAST)			TELEPHONE NUMBER			
PED	STREET ADDRESS (City)			(State)	(Zip Code)		
PK VEH	SEX	RACE	BIRTHDATE	INSURANCE CARRIER	POLICY NUMBER		
BICYCLE	DIR. TRAVEL	ON STREET OR HIGHWAY			SPEED LIMIT		
OTHER	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	VEH. TYPE		
OPERATOR	[REDACTED]						
PARTY 2	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIPMENT	
DRIVER	NAME (FIRST MIDDLE LAST)			TELEPHONE NUMBER			
PED	STREET ADDRESS (City)			(State)	(Zip Code)		
PK VEH	SEX	RACE	BIRTHDATE	INSURANCE CARRIER	POLICY NUMBER		
BICYCLE	DIR. TRAVEL	ON STREET OR HIGHWAY			SPEED LIMIT		
OTHER	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	VEH. TYPE		
OPERATOR	[REDACTED]						
WIT.	R/O	AGE	SEX	NAME		ADDRESS	PHONE NUMBER
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	AGE	SEX	NAME		ADDRESS	PHONE NUMBER
<input type="checkbox"/>	<input type="checkbox"/>						
PROP.	NAME		ADDRESS			DAMAGED PROPERTY	

(ALLIED AGENCY USE ONLY)
Report taken Yes No
Exchange of information Yes No

INDICATE NORTH

PARTY 1

PARTY 2

IMPORTANT - READ CAREFULLY

Keep this report. This is your record of this crash.

To comply with California Vehicle Code Section 20002 (duty where property damaged), you must either:

- a. Give the owner or person in charge of such property the name and address of the driver and owner of the vehicle; or in the absence of the owner,
- b. Leave a written notice in a conspicuous place on the other vehicle or damaged property, giving the name and address of the driver and owner of the vehicle involved and a statement of the circumstances.

This information is necessary for the completion of your state SR-1 Form, Report of Traffic Accident, and your insurance report.

CALIFORNIA VEHICLE CODE SECTION 16000

The driver of a vehicle involved in an accident resulting in damage to the property of any ONE party in excess of \$1,000 or in the injury or death of any person MUST submit a SR-1 Form to the California Department of Motor Vehicles (DMV) within 10 days, or as soon as possible.

Note: Failure to comply may result in suspension of your driver's license.

Forms SR-1 and SR-1A may be obtained from the DMV, the California Highway Patrol, any police station, motor vehicle club, insurance agent, or DMV internet Web site.

If city or state property is damaged, you will be contacted regarding possible liability.

Law enforcement reports do not satisfy DMV reporting requirements.

3. USE OF THE CHP 555-03.

a. The California Highway Patrol (CHP) should use the CHP 555-03 only when an involved party comes into the CHP office to fill out a report (Counter Report) and the crash involves:

- (1) One or more parties, and
- (2) No injuries or fatalities, or
- (3) Noninjury hit and run crashes where no follow-up information is available.

b. The Area commander may establish local policy allowing use of the CHP 555-03 for solo vehicle, noninjury crashes during extreme weather conditions when Area resources have been redirected to provide the greatest level of service.

c. Crashes which do not meet the above criteria shall be documented using the CHP 555, Traffic Crash Report.

NOTE: **FOR CHP ONLY**—The CHP shall use the CHP 555-03 to document all Counter Reports, as defined in Chapter 2, Definitions and Classifications of Crashes.

4. DESCRIPTION OF THE CHP 555-03.

a. The CHP 555-03 is a multipage form printed on pressure sensitive paper.

b. The first page is two-sided and becomes the agency's copy. The first page contains location, party, witness, registered owner, and property owner/damage information; the sketch box, various other informational boxes; and crash analysis data. The reverse side, shown on page 9-4, may be used to record narrative information.

c. The upper portion of the second and third page is a pressure sensitive copy of the crash information on page 1. The lower portion provides instructions for compliance with California Vehicle Code (CVC) Section 20002 and reporting of financial responsibility to the Department of Motor Vehicles. These pages should be given to the reporting parties.

NOTE: **FOR CHP ONLY**—On the involved party copy of the CHP 555-03, the Area office address should be stamped in the space to the left or right of the heading "Important - Read Carefully."

5. COMPLETING THE CHP 555-03.

a. Instructions. Refer to Chapter 3, Instructions for Completing the CHP 555, Page 1, Traffic Crash Report, and Chapter 4, Instructions for Completing the CHP 555, Page 2, Traffic Crash Coding, for information on completing items on Page 1 which are comparable to items on the CHP 555, Page 1 and Page 2. The following items not included on the CHP 555 are to be completed as follows:

(1) Page of. Enter the page number and total page number on all pages of the report.

(2) Witness/Registered Owner. Mark an X in the appropriate box to indicate the following information pertains to a witness (WIT.) or a registered owner (R/O).

(a) When the "WIT." box is marked, leave the "Party No." box blank. Complete the remaining boxes.

(b) When the "R/O" box is marked, leave the "Age" and "Sex" boxes blank. Enter the applicable party number and complete the remaining boxes with the R/O information. If the party and R/O are the same, enter "same."

(3) Property Damage. This field is to be completed when there is damage to property, other than vehicle damage, as a result of the crash.

(a) Enter the name and complete address of the owner or person in charge of the damaged property.

(b) Enter a description of the damaged property.

(4) Local agencies should check the appropriate box located above the sketch box to indicate whether a report has been taken or if there was an exchange of information only. If a report is taken, a narrative should be completed and the report sent to the Statewide Integrated Traffic Records System (SWITRS). If used for exchange of information purposes only, do NOT send the information to SWITRS.

b. Narrative. The crash narrative should follow the Report narrative format and be documented on the back of Page 1. If the form is used as a Counter Report, no determination of fault shall be established in the narrative. (Refer to CVC Section 20015.)

6. TRANSMITTAL PROCEDURES. If allied agencies use the CHP 555-03 to document property-damage-only traffic crashes, the original, with the crash analysis, should be retained by the investigating or receiving agency. A photocopy should be sent to the CHP Headquarters, Mail Process File Unit. (For distribution and address information, refer to Chapter 10, Form Requirements and Procedures.)

7. COUNTER REPORTS. When utilizing the CHP 555-03 as a Counter Report, mark an X in the “D - Unknown” box in the “Primary Crash Factor” section. No determination of fault shall be established in a Counter Report. (Refer to CVC Section 20015.) Coding of the crash analysis data is optional and may be completed with the assistance of the receiving officer. Do NOT send Counter Reports to SWITRS.

NOTE: **FOR CHP ONLY**—Commands should continue utilizing the Area Information System or other local procedures for the numbering of Counter Reports. Counter Reports should not be entered into the California Automated Reporting System.