

**CHAPTER 5**

**INSTRUCTIONS FOR COMPLETING THE CHP 555, PAGE 3,  
INJURED/WITNESS/PASSENGERS**

**REVISED JUNE 2017**

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# CHAPTER 5

## INSTRUCTIONS FOR COMPLETING THE CHP 555, PAGE 3,

1. SCOPE. This chapter provides instructions for completing the CHP 555, Page 3, Injured/Witness/Passengers. This page is used only when the collision involves an injured party, a passenger (whether injured or not), or there is a witness. The numbers on the following paragraphs correspond to the numbers on the sample form on this page.

|  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
|--|--|--------------------------|------------|--------------------------|--|--------------------------|--|----------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--------------|--|
| STATE OF CALIFORNIA<br>DEPARTMENT OF CALIFORNIA HIGHWAY PATROL<br><b>INJURED / WITNESS / PASSENGERS</b><br>CHP 555 Page 3 (Rev. 11-16) OPI 080 |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | Page <b>4</b>            |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| DATE OF COLLISION: DAY MONTH YEAR  |  |                          | TIME OF    |                          |  | NIC#                     |  |                            | OFFICER I.D.             |                          |                          | NUMBER                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| <b>(2)</b>   |  |                          | <b>(2)</b> |                          |  | <b>(2)</b>               |  |                            | <b>(2)</b>               |                          |                          | <b>(3)</b>            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| WITNESS ONLY   |  | PASSENGER ONLY           |            | AGE                      |  | SEX                      |  | EXTENT OF INJURY ("X" ONE) |                          |                          |                          | INJURED WAS ("X" ONE) |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| <input type="checkbox"/>   |  | <input type="checkbox"/> |            | <input type="checkbox"/> |  | <input type="checkbox"/> |  | FATAL INJURY               | SUSPECTED SERIOUS INJURY | SUSPECTED MINOR INJURY   | POSSIBLE INJURY          |                       | DRIVER                   | PASS.                    | PED.                     | BICYCLIST                | OTHER                    | PARTY NUMBER             | SEAT POS.                | AIR BAG                  | SAFETY EQUIP.            | EJECTED                  |                          |  |  |              |  |
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |              |  |
| NAME / D. O. B. / ADDRESS  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| TELEPHONE  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| (INJURED ONLY) TRANSPORTED BY:   |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | EMS RUN NUMBER:          |                          |                          | TAKEN TO:                |                          |                          |                          |                          |                          |  |  |              |  |
| <b>(16)</b>  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | <b>(17)</b>              |                          |                          | <b>(18)</b>              |                          |                          |                          |                          |                          |  |  |              |  |
| DESCRIBE INJURIES  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
|  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| <input type="checkbox"/> VICTIM OF <b>(19)</b> CRIME NOTIFIED  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
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| NAME / D. O. B. / ADDRESS  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| TELEPHONE  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| (INJURED ONLY) TRANSPORTED BY:   |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | EMS RUN NUMBER:          |                          |                          | TAKEN TO:                |                          |                          |                          |                          |                          |  |  |              |  |
| <b>(16)</b>  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | <b>(17)</b>              |                          |                          | <b>(18)</b>              |                          |                          |                          |                          |                          |  |  |              |  |
| DESCRIBE INJURIES  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
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| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
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| NAME / D. O. B. / ADDRESS  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| TELEPHONE  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| (INJURED ONLY) TRANSPORTED BY:   |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | EMS RUN NUMBER:          |                          |                          | TAKEN TO:                |                          |                          |                          |                          |                          |  |  |              |  |
| <b>(16)</b>  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | <b>(17)</b>              |                          |                          | <b>(18)</b>              |                          |                          |                          |                          |                          |  |  |              |  |
| DESCRIBE INJURIES  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
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| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
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| NAME / D. O. B. / ADDRESS  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| TELEPHONE  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| (INJURED ONLY) TRANSPORTED BY:   |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | EMS RUN NUMBER:          |                          |                          | TAKEN TO:                |                          |                          |                          |                          |                          |  |  |              |  |
| <b>(16)</b>  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | <b>(17)</b>              |                          |                          | <b>(18)</b>              |                          |                          |                          |                          |                          |  |  |              |  |
| DESCRIBE INJURIES  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
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| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
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| NAME / D. O. B. / ADDRESS  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| TELEPHONE  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| (INJURED ONLY) TRANSPORTED BY:   |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | EMS RUN NUMBER:          |                          |                          | TAKEN TO:                |                          |                          |                          |                          |                          |  |  |              |  |
| <b>(16)</b>  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | <b>(17)</b>              |                          |                          | <b>(18)</b>              |                          |                          |                          |                          |                          |  |  |              |  |
| DESCRIBE INJURIES  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
|  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
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| NAME / D. O. B. / ADDRESS  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| TELEPHONE  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| (INJURED ONLY) TRANSPORTED BY:   |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | EMS RUN NUMBER:          |                          |                          | TAKEN TO:                |                          |                          |                          |                          |                          |  |  |              |  |
| <b>(16)</b>  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | <b>(17)</b>              |                          |                          | <b>(18)</b>              |                          |                          |                          |                          |                          |  |  |              |  |
| DESCRIBE INJURIES  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
|  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
|  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| PREPARER'S NAME  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | I.D. NUMBER              |                          |                          | MO. DAY YEAR             |                          |                          | REVIEWER'S NAME          |                          |                          |  |  | MO. DAY YEAR |  |
| <b>(20)</b>  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          | <b>(20)</b>              |                          |                          | <b>(20)</b>              |                          |                          | <b>(21)</b>              |                          |                          |  |  | <b>(21)</b>  |  |
| An Internationally Accredited Agency   |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |
| Chp555_1116.pdf  |  |                          |            |                          |  |                          |  |                            |                          |                          |                          |                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |              |  |

2. DATE OF COLLISION/TIME/NCIC #/OFFICER ID. Enter the numeric month, day, four-digit year, time, National Crime Information Center (NCIC) number, and the investigating officer's ID or badge number as completed on the CHP 555, Page 1, Traffic Collision Report. These four categories are used to identify each collision reported to the Statewide Integrated Traffic Records System database. (Refer to Chapter 3, Instructions for Completing the CHP 555, Page 1, Traffic Collision Report.)
  
3. NUMBER. Enter the original report or case number assigned to the collision by the California Highway Patrol (CHP) Area or local law enforcement agency as completed on the CHP 555, Page 1. (Refer to Chapter 3.)
  
4. PAGE NUMBER. Enter the page number sequentially as it appears in the report. If there are multiple CHP 555, Page 3s, number each page, do not use 3a, 3b, 3c, etc. The total number of pages entry is only required on the first and last pages of the report.
  
5. INJURED/WITNESS/PASSENGERS. The information entered in this section identifies an injured party or passenger, an uninjured passenger, and/or a witness. List injured persons first on this page.
  - a. The term "Injured" refers to a person who has incurred any injury, complains of pain, or has been exposed to a hazardous materials release as a result of the collision.
  
  - b. The term "Witness" refers to a non-injured and noninvolved person who can provide relevant information based on what they saw, heard, or otherwise had knowledge of.
  
  - c. The term "Passenger" refers to the occupants of an involved vehicle, other than the driver.
  
6. WITNESS ONLY/PASSENGER ONLY. Mark an X in the appropriate box to indicate if the person is a witness or an uninjured passenger. For passenger only, do not complete the "Extent of Injury" section. For witnesses, do not complete the Extent of Injury, "Injured Was," "Party Number," "Seat Pos.," "Air Bag," "Safety Equip.," or "Ejected" sections. If reasonably possible, all passengers shall be listed.
  
7. AGE. Enter the age of the person. If the person's age is estimated, indicate by entering a question mark after the estimated age in the box.
  
8. SEX. Enter "M" for male or "F" for female.

9. EXTENT OF INJURY. Mark an X in the box which best describes the condition of the injured party.

NOTE: Do not complete the Extent of Injury section and do not include in the number injured count on the CHP 555, Page 1, for injuries sustained after the collision as a result of a hazardous material exposure.

a. Fatal Injury. A fatal injury is any injury that results in death within 30 days after the motor vehicle collision in which the injury occurred. If the person did not die at the scene but died within 30 days of the motor vehicle collision in which the injury occurred, the injury classification should be changed from the injury previously assigned to "Fatal Injury."

NOTE: The death of a fetus involved in a traffic collision will be documented as a fatal injury if the coroner classifies the injury as a death and attributes the death to the collision.

b. Suspected Serious Injury. A suspected serious injury is any injury other than fatal which results in one or more of the following:

- (1) Severe laceration resulting in exposure of underlying tissues/muscles/organs or resulting in significant loss of blood.
- (2) Broken or distorted extremity (arm or leg).
- (3) Crush injuries.
- (4) Suspected skull, chest or abdominal injury other than bruises or minor lacerations.
- (5) Significant burns (second and third degree burns over 10% or more of the body).
- (6) Unconsciousness when taken from the collision scene.
- (7) Paralysis.

c. Suspected Minor Injury. A minor injury is any injury that is evident at the scene of the collision, other than fatal or serious injuries. Examples include lump on the head, abrasions, bruises, and minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle).

d. Possible Injury. A possible injury is any injury reported or claimed which is not a fatal, suspected serious, or suspected minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those which are reported by the person or are indicated by their behavior, but no wounds or injuries are readily evident.

10. INJURED WAS. Mark an X in the appropriate box which best describes the injured person. If "Other" is marked, explain in the narrative. Use the "Describe Injuries" section to document uninvolved persons sustaining an injury due to a postcollision hazardous material exposure.

11. PARTY NUMBER. Enter the number of the involved party with which the person is associated.

12. SEAT POSITION. Enter the appropriate numeric code from the "Seating Position" legend on the CHP 555, Page 2, Traffic Collision Coding.

a. Uninjured and injured passengers in a collision involving a school bus may be listed on an attached page with the students numbered according to the seat position indicated on the CHP 555E, School Bus Collision Supplemental Report. Injured passengers will also be entered on the CHP 555, Page 3, and coded with the same alphanumeric (row/seat) code noted on the CHP 555E.

b. If the driver of a vehicle with a right-side driving position is injured, use a "1" for the driver's position and explain in the narrative.

c. Seating positions for motorcycles/mopeds and bicycles are as follows:

(1) Passenger position "2" is directly behind the driver or operator.

(2) Passenger position "3" is the occupant of a sidecar.

(3) Passenger position "0" is to be used for passengers in any other location on the motorcycle/moped or bicycle.

d. The 0 code is used for other occupants. This may be used for a fourth (or additional) passenger in the front seat of a pickup or front or rear seat of a passenger vehicle.

13. AIR BAG. Enter the alpha code from the "Air Bag" legend on the CHP 555, Page 2, which best describes the condition of the air bag.

NOTE: Do not use the alpha codes listed in the "Safety Equipment" section of the legend in the Air Bag box.

- a. If the vehicle was manufactured without an air bag, enter "P" (Not Required).
- b. If the vehicle was manufactured with only a driver's side air bag, enter P (Not Required) for other seated positions.
- c. If the vehicle was originally equipped with an air bag, yet at the time of the collision an air bag was not installed, enter "N" (Other) and explain in the narrative.
- d. If a party is injured, enter the appropriate alpha code for the air bag on both the CHP 555, Page 1, and the CHP 555, Page 3.
- e. Enter N (Other) for a collision when an air bag did not deploy and, in the investigating officer's opinion, circumstances existed which should have led to such deployment.
- f. When the investigating officer is unable to determine any information for these categories during the investigation, enter "B" (Unknown) in the box.

14. SAFETY EQUIPMENT. Enter the appropriate alpha code from the Safety Equipment legend on the CHP 555, Page 2. (Refer to Annex A.)

NOTE: Do not use the alpha codes listed in the Air Bag section of the legend in the Safety Equip. box.

- a. A motorcyclist or passenger involved in a collision while wearing an unapproved helmet will be marked "V" (No Helmet) for the driver and "X" (No Helmet) for the passenger.
- b. If a party is injured, enter the appropriate alpha code for safety equipment on both the CHP 555, Page 1, and the CHP 555, Page 3.
- c. Investigating officers for the CHP shall conduct a visual inspection of the safety restraint systems (seat belt, air bag, or child restraint) of any vehicle involved in a collision where an occupant received or complained of any injury.
- d. If, in the investigating officer's opinion, a failure is observed or suspected, the following shall apply:
  - (1) The observed or suspected failure shall be documented in the "Party/Vehicle Information" section of the Investigation narrative.

(2) The appropriate Division commander shall be notified and the Multidisciplinary Accident Investigation Team may be consulted.

(3) If, in the officer's opinion, no failure is observed or suspected, they shall document in the Party/Vehicle Information section of the investigation narrative a visual inspection was conducted and no failure was observed.

NOTE: Do not leave the Air Bag or Safety Equip. boxes blank unless the coding does not apply (e.g., a pedestrian for both boxes or a bicyclist/motorcyclist for the Air Bag box only).

15. EJECTED. For all injured passengers or parties listed, enter the appropriate numeric code from the "Ejected from Vehicle" legend on the CHP 555, Page 2.

16. NAME/DOB/ADDRESS/TELEPHONE. Enter the person's full name, date of birth (DOB), address with zip code, and home and/or business telephone numbers, including area codes. Entries such as Party #1, Driver #2, Bicyclist #3, or Pedestrian #4 are acceptable if the person is identified as an involved party on the face page. The "Age," "Sex," Extent of Injury, Injured Was, Party Number, Seat Pos., Air Bag, Safety Equip., and Ejected boxes should be completed in all cases, except that Seat Pos., Safety Equip., and Ejected boxes will be left blank for pedestrians.

17. TRANSPORTED BY/EMS RUN NUMBER/TAKEN TO. If transported, enter the name of the ambulance service or person who transported the injured victim, along with the emergency medical services (EMS) run number, if applicable. Enter the name of the hospital or doctor, and the city and state where the injured person was transported. If the person will seek their own aid, enter the applicable information. The following are examples which may be used:

- a. Declined transport/Will seek own aid
- b. Transported by Susan Brown (sister)/Will see Dr. Smith, Palo Alto, CA
- c. American Medical Response/24F16-094238/Roseville Community Hospital, Roseville, CA
- d. Sacramento City Fire, #6/16F16-136481/UCDMC, Sacramento, CA

NOTE: On late-reported collisions where injuries are claimed, the officer shall ascertain if medical treatment was received. As applicable, enter the name of the hospital or doctor, and the city and state where the injured person received treatment, or enter "no medical treatment."



18. DESCRIBE INJURIES. If injured, briefly describe the type of injury sustained by the person. If the victim dies, include the date and time when death was pronounced, where, by whom, and the coroner's case number.

a. In the event of a hazardous material release, describe the known or suspected material, exposure/contamination injuries to uninvolved persons, and the method of exposure (e.g., inhalation, ingestion, injection, absorption).

b. When an officer contacts a foreign national who has been injured in a traffic collision or in any other event falling under the jurisdiction of the Department, they should advise the person the Department will notify the appropriate consulate if the injured party desires. If the person requests their consulate be notified, officers shall request the CHP communications center notify the appropriate embassy/consulate as soon as practical. If notification or attempt is made, it should be noted in the narrative.

19. VICTIM OF VIOLENT CRIME NOTIFIED. Law enforcement agencies are required to advise victims of a violent crime of certain entitlements. A crime of violence includes collisions where specific vehicle code violations have occurred. To comply with this requirement, CHP officers shall use the CHP 170, Notice to Victims of Violent Crimes. Mark an X in this box when notification was made utilizing the CHP 170 or similar form for local agencies. Refer to policy outlined in Highway Patrol Manual 11.1, Administrative Procedures Manual, Chapter 9, Civil Actions, Defense of Employees, Small Claims Actions, Constitutionalist Actions, Indemnification of Citizens, Victims of Violent Crimes, paragraph 11. (Refer to Annex B.)

20. PREPARER'S NAME/ID NUMBER/MO. DAY YEAR. Enter the name and ID number of the person preparing the document. Enter the date (month [mo.], day, and four-digit year) the document was completed.

21. REVIEWER'S NAME/MO. DAY YEAR. Print the reviewer's name and the date (mo., day, and four-digit year) reviewed in the appropriate boxes.

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## ANNEX A

### SEAT BELT CODING

- A - NONE IN VEHICLE
- B - UNKNOWN
- C - LAP BELT USED
- D - LAP BELT NOT USED
- E - SHOULDER HARNESS USED
- F - SHOULDER HARNESS NOT USED
- G - LAP/SHOULDER HARNESS USED
- H - LAP/SHOULDER HARNESS NOT USED
- J - PASSIVE RESTRAINT USED
- K - PASSIVE RESTRAINT NOT USED
- P - NOT REQUIRED

Above is the CHP 555, Traffic Collision Report, list for coding seat belt use by occupants in a vehicle involved in a collision. Do not use the codes listed for the status of air bag usage. A partial list of seat belt coding examples follows:

- A            Use if the vehicle was once equipped but the restraint system has been removed.
- B            Use if unable to determine the seat belt configuration or usage (e.g., hit and run).
- C or D       Use to describe occupants wearing a lap-only type seat belt.
- G or H       Use to describe occupants wearing the normal 3-point seat belt.
- J or K       Use to describe a passive restraint using an *automatic system* to contain occupants. An example of this type of system would be found in an older model Toyota Camry. When the door is closed, this system automatically moves across the occupant's body.
- P            Use if the vehicle was manufactured prior to the regulation requiring a safety restraint system.

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## ANNEX B

### NOTIFICATION TO VICTIMS OF VIOLENT CRIMES

1. Chapter 5, Indemnification of Private Citizens, Article 1, Victims of Violent Crime Statute, Government Code Sections 13959 through 13969, requires every local law enforcement agency to inform victims of crimes of the provisions of this chapter, of the existence of local victim centers, and in counties where no local victim center exists, to provide application forms to victims who desire to seek assistance pursuant to this article. The following acts involving the operation of a motor vehicle are crimes of violence:

- a. Where injury or death was intentionally inflicted through use of a motor vehicle.
- b. Where injury was caused by a driver in violation of California Vehicle Code Sections 20001, 23152, or 23153.

2. The following individuals (both California residents and nonresidents) qualify and shall be notified via CHP 170, Notice to Victims of Violent Crimes (or similar allied agency form), either in person or by mail:

- a. A person who sustains physical injury or death.
- b. Anyone legally dependent for their support upon a person who sustains physical injury or death.
- c. Any individual who legally assumes the obligation or who voluntarily pays the medical or burial expenses in the event of a death.

NOTE: The paragraph below applies to California Highway Patrol (CHP) ONLY.

3. Highway Patrol Manual 11.1, Administrative Procedures Manual, Chapter 9, Civil Actions, Defense of Employees, Small Claims Actions, Constitutionalist Actions, Indemnification of Citizens, Victims of Violent Crimes, paragraph 11, requires the issuance of the CHP 170 "where it is believed by the CHP investigating officer that a person(s) may qualify under the Victims' Program." Commanders shall take necessary steps to ensure the issuance of the CHP 170 by including appropriate procedures in local Area Standard Operating Procedures.

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