



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

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