



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

| TYPE OF COLLISION <input type="checkbox"/> Fatal <input type="checkbox"/> Hit & Run <input type="checkbox"/> Injury <input type="checkbox"/> Property Damage | DATE | TIME | INVESTIGATING OFFICER | | | AREA | | | |
|--|--------------|------|---|--|-------------------|---|------------------------|--|--|
| LOCATION | | | | | | WEATHER | | | |
| PERSONS INVOLVED NAME | 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"/> Motorcyclist <input type="checkbox"/> Bicyclist | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> E <input type="checkbox"/> S | | <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR <input type="checkbox"/> FATAL | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Motorcyclist <input type="checkbox"/> Bicyclist | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> E <input type="checkbox"/> S | | <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR <input type="checkbox"/> FATAL | <input type="checkbox"/> YES <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 |
|---------------|------|------|------------------------------|