SCOTTS VALLEY POLICE DEPARTMENT
COUNTER TRAFFIC COLLISION REPORT
(For Non-Injury / Property Damage)

Not Substantiated Or Investigated by Scotts Valley Police – For Record Purposes Only

Any Collision resulting in over $750.00 in damage, injury or death must be reported to D.M.V. within 10 days. Failure to do so may result in suspension of your driver's license per 16000(A) CVC.

TRAFFIC COLLISION REPORT - Property Damage Only
CHP 555-03 (Rev. 7-03) OPI 065

Original to Officer; copy(ies) to involved party(ies)

SPECIAL CONDITIONS: Counter Report	HIT & RUN	CITY: Scotts Valley		JUDICIAL DISTRICT	NUMBER
	COUNTY: Santa Cruz	REPORTING DISTRICT: Scotts Valley		BEAT	REPORTING OFFICER: N/A
COLLISION OCCURRED ON	MO.	DAY	YEAR	TIME (2400)	NCIC: 4404 / OFFICER I.D.: N/A
☐ AT INTERSECTION WITH / Or: Feet/Miles Of			DAY OF WEEK	TOW AWAY ☐ Yes ☐ No	STATE HIGHWAY RELATED ☐ Yes ☐ 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

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

SHADE DAMAGED AREA

PARTY 1

SHADE DAMAGED AREA

PARTY 2

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

INDICATE NORTH

WIT.	R/O	AGE	SEX	NAME	ADDRESS	PHONE NUMBER	PARTY NO.
☐	☐						
☐	☐	AGE	SEX	NAME	ADDRESS	PHONE NUMBER	PARTY NO.
PROP.	NAME				ADDRESS	DAMAGED PROPERTY	

Fill in each box as completely as possible. Dispatch will provide you with a case in the upper right hand box. Witness / Passengers and Personal Property Damage other than the vehicle(s) above (Example: a fence, mail box etc.) are listed in the bottom section of this form. Show where the damage is by shading in the area provided. Draw a sketch in the box to the right above, using the symbols listed below, showing the position of the vehicle(s) upon impact. Make sure the Party number corresponds with the same vehicle number. When completed with this side of the form, turn it over and write down in a chronological order how the collision occurred starting with direction, speed, position of the vehicle(s) and any weather conditions that had an effect on the outcome of this unplanned event. <u>When completed, sign and date the bottom of the form and return it to the Dispatcher for review and processing.</u>

SYMBOLS

VEHICLE / #

V-1

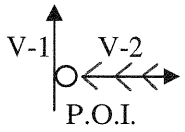
POINT OF IMPACT

P.O.I.

VEHICLE BACKING

V-2

EXAMPLE



Date of Collision	Time (2400)	Officer I.D.	Case Number

Preparers Name	I.D. Number	Month / Day / Year	Reviewer's Name	Month / Day / Year