

LOS ANGELES POLICE DEPARTMENT

MICHEL R. MOORE
Chief of Police



KAREN BASS
Mayor

P. O. Box 30158
Los Angeles, Calif. 90030
Telephone: (213) 922-3614
TDD: (877) 275-5273
Ref #: 8.1

February 15, 2024

The Honorable City Council
City of Los Angeles
200 North Spring Street, Room 465
Los Angeles, California 90012

Honorable Councilmembers:

On November 8, 2023, the City Council adopted the Transportation Committee's report relative to the implementation of a policy to utilize the terms "crash," "collision," and "incident," in lieu of the term "accident" when discussing traffic crashes in any Los Angeles Police Department (Department) document or communication, except for instances where the Los Angeles City Attorney deems it necessary to use "accident" in litigation and related matters (Council File No. 23-1051). Traffic violence in Los Angeles is a serious problem. In 2022, 312 Angelenos lost their lives to traffic violence, the most in more than 20 years. As of September 2, 2023, there have been 206 deaths. It was requested that the Department report within 90 days regarding implementation of the new policy, as detailed in this Motion.

An Office of the Chief of Police (OCOP) Notice, titled *Traffic Collision Report – Revised*, dated September 3, 2021, directed Department personnel to utilize the terminology "crash" rather than "collision," to ensure consistency with the National Highway Traffic Safety Administration. Previous to the aforementioned OCOP Notice, a Support Services Bureau Notice, titled *Change in Traffic Accident Terminology*, dated April 20, 1992, directed Department personnel to utilize the terminology "traffic collision" rather than "traffic accident." Therefore, the terminology "accident" has not been used within the Department since 1992.

The Department's current use of the terminology "crash," rather than "collision" or "accident," reinforces the acknowledgment for traffic crash crime victims, wherein motorists intentionally crash into other vehicles, bicyclists, or pedestrians, or when a collision results from reckless behavior, such as drunk driving or street racing. Furthermore, this Department change from 2021 has aligned the City with other state and federal entities, which had already adopted this change in support of greater accuracy and consistency.

The Honorable City Council

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Should you or your staff have any questions concerning this matter, please contact Deputy Chief Donald R. Graham, Jr., Commanding Officer, Transit Services Bureau, at (213) 922-3614.

Respectfully,

A handwritten signature in blue ink, appearing to read "MICHEL R. MOORE". The signature is stylized with a large loop and a long, sweeping tail that extends upwards and to the right.

MICHEL R. MOORE
Chief of Police

Enclosures

OFFICE OF THE CHIEF OF POLICE

September 3, 2021

NOTICE

8.1

TO: All Department Personnel

FROM: Chief of Police

SUBJECT: TRAFFIC COLLISION REPORT – REVISED

BACKGROUND

In 1996, the Department adopted the California Highway Patrol (CHP) “Traffic Collision Report, CHP 555,” to document and report traffic collisions. Since this time, law enforcement agencies throughout the State of California have adopted these forms to ensure consistent and accurate traffic collision reporting standards. Consequently, law enforcement agencies are guided by the reporting criteria established by the CHP and as delineated in the CHP’s Collision Investigation Manual (CIM).

PURPOSE

The purpose of this Notice is to advise that the CHP has made several revisions to the CIM and the CHP “Traffic Collision Report, CHP Form Set” utilized by the Department. These revisions have resulted in significant changes to terminology such as changing “collision” to “crash.” The changes were implemented to ensure consistency with the National Highway Traffic Safety Administration.

A copy of the CHP Traffic Collision Report with the new revisions have been highlighted and are attached. The Multi-Disciplinary Collision Investigation Team (MCIT) has created a quick reference guide to assist with understanding the recent changes. The MCIT has prepared a power point presentation that has been uploaded on the Department’s Local Area Network (LAN) to further outline the changes and provide guidance on the proper completion of the CHP Form Set. These changes have been incorporated into all in-service traffic collision investigation lesson plans presented by the MCIT.

The revised Forms are attached for immediate use and duplication and are also available in E-Forms on the Department’s LAN. All other versions of these Forms shall be marked “Obsolete” and placed in the Divisional recycling bin. The revised Forms are available to order through Supply Division.

All Department Personnel

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If you have any questions regarding this Notice, please contact Traffic Coordination Section, Traffic Group, at (213) 486-0690.

A handwritten signature in blue ink, appearing to read 'MICHEL R. MOORE', with a stylized flourish at the end.

MICHEL R. MOORE
Chief of Police

DISTRIBUTION "D"

Attachment

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC CRASH REPORT
CHP 555 Page 1 (Rev. 3-20) OPI 060

SPECIAL CONDITIONS		<input checked="" type="checkbox"/> NUMBER INJURED	<input type="checkbox"/> HIT & RUN FELONY	CITY		JUDICIAL DISTRICT		LOCAL REPORT NUMBER			
		<input checked="" type="checkbox"/> NUMBER KILLED	<input type="checkbox"/> HIT & RUN MISDEMEANOR	COUNTY		REPORTING DISTRICT		BEAT			
LOCATION		CRASH OCCURRED ON				MO.	DAY	YEAR	TIME (2400)	DAY OF WEEK S M T W T F S	TOW AWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
		MILEPOST INFORMATION				GPS COORDINATES				PHOTOGRAPHS BY: <input type="checkbox"/> NONE	
		FEET/MILES <input type="checkbox"/> OF <input type="checkbox"/>		LATITUDE		LONGITUDE		STATE HWY REL <input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> AT INTERSECTION WITH									
		<input type="checkbox"/> OR: FEET/MILES <input checked="" type="checkbox"/> OF <input type="checkbox"/>									
PARTY		DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
<input type="checkbox"/>		NAME (FIRST, MIDDLE, LAST)						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>		STREET ADDRESS						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>		CITY/STATE/ZIP						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
<input type="checkbox"/>		SEX	HAIR	EYES	HEIGHT	WEIGHT	Mo. BIRTHDATE Day Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/>		HOME PHONE		BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:			
<input type="checkbox"/>		INSURANCE CARRIER		POLICY NUMBER				VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	
		DIR OF TRAVEL <input checked="" type="checkbox"/>		ON STREET OR HIGHWAY		LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	SHADE IN DAMAGED AREA	
		CA _____ DOT _____									
		CAL-T _____ TCP/PSC _____ MC/MX _____									
PARTY		DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
<input type="checkbox"/>		NAME (FIRST, MIDDLE, LAST)						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>		STREET ADDRESS						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>		CITY/STATE/ZIP						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
<input type="checkbox"/>		SEX	HAIR	EYES	HEIGHT	WEIGHT	Mo. BIRTHDATE Day Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/>		HOME PHONE		BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:			
<input type="checkbox"/>		INSURANCE CARRIER		POLICY NUMBER				VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	
		DIR OF TRAVEL <input checked="" type="checkbox"/>		ON STREET OR HIGHWAY		LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	SHADE IN DAMAGED AREA	
		CA _____ DOT _____									
		CAL-T _____ TCP/PSC _____ MC/MX _____									
PARTY		DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
<input type="checkbox"/>		NAME (FIRST, MIDDLE, LAST)						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>		STREET ADDRESS						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
<input type="checkbox"/>		CITY/STATE/ZIP						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
<input type="checkbox"/>		SEX	HAIR	EYES	HEIGHT	WEIGHT	Mo. BIRTHDATE Day Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/>		HOME PHONE		BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:			
<input type="checkbox"/>		INSURANCE CARRIER		POLICY NUMBER				VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	
		DIR OF TRAVEL <input checked="" type="checkbox"/>		ON STREET OR HIGHWAY		LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	SHADE IN DAMAGED AREA	
		CA _____ DOT _____									
		CAL-T _____ TCP/PSC _____ MC/MX _____									
PREPARER'S NAME		DISPATCH NOTIFIED		REVIEWER'S NAME		DATE REVIEWED					
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A									

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
PROPERTY DAMAGE		OWNER'S NAME		
OWNER'S ADDRESS		TELEPHONE NUMBER		
PERSON NOTIFIED		METHOD OF NOTIFICATION (MARK ALL THAT APPLY)		LOG / INCIDENT NUMBER
<input type="checkbox"/> SAME AS OWNER		<input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422		

DESCRIPTION OF DAMAGE

SEATING POSITION  <p>1 TO 9 - STANDARD SEATING POSITION</p> <p>10 - REAR OCC. TRK, VAN, STATION WAGON, ETC.*</p> <p>11 - POSITION UNKNOWN*</p> <p>0 - OTHER*</p>	SAFETY EQUIPMENT OCCUPANTS 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 CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE MC / BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	AIR BAG B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	VEHICLE AUTOMATION LEVEL	MOVEMENT PRECEDING CRASH
A CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	A CONTROLS FUNCTIONING	A SAE LEVEL - 0	A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*	B SAE LEVEL - 1	B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED	C SAE LEVEL - 2	C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	D SAE LEVEL - 3	D MAKING RIGHT TURN
	TYPE OF CRASH	E SAE LEVEL - 4	E MAKING LEFT TURN
	A HEAD - ON	F SAE LEVEL - 5	F MAKING U TURN
	B SIDE SWIPE	G UNKNOWN*	G BACKING
	C REAR END	VEHICLE AUTOMATION ENGAGED	H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE	A NO AUTOMATION	I PASSING OTHER VEHICLE
A CLEAR	E HIT OBJECT	B DRIVER ASSISTANCE	J CHANGING LANES
B CLOUDY	F OVERTURNED	C PARTIAL AUTOMATION	K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN	D CONDITIONAL AUTOMATION	L ENTERING TRAFFIC
D SNOWING	H OTHER*:	E HIGH AUTOMATION	M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)	F FULL AUTOMATION	N XING INTO OPPOSING LANE
F OTHER*:	A NONCOLLISION	G UNKNOWN*	O PARKED
G WIND	B PEDESTRIAN	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)	P MERGING
LIGHTING	C OTHER MOTOR VEHICLE	A CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	Q TRAVELING WRONG WAY
A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY	B CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	R OTHER*:
B DUSK - DAWN	E PARKED MOTOR VEHICLE	C CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	S LANE SPLITTING
C DARK - STREET LIGHTS	F TRAIN	D	SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)
D DARK - NO STREET LIGHTS	G BICYCLE	E VISION OBSCUREMENT:	A HAD NOT BEEN DRINKING
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL:	F INATTENTION*:	B HBD - UNDER THE INFLUENCE
ROADWAY SURFACE	I FIXED OBJECT:	G STOP & GO TRAFFIC	C HBD - NOT UNDER INFLUENCE*
A DRY	J OTHER OBJECT:	H ENTERING / LEAVING RAMP	D HBD - IMPAIRMENT UNKNOWN*
B WET	K ADDITIONAL OBJECT(S) STRUCK	I PREVIOUS CRASH	E UNDER DRUG INFLUENCE*
C SNOWY - ICY	PEDESTRIAN'S ACTIONS	J UNFAMILIAR WITH ROAD	DRE EXAM. CONDUCTED
D SLIPPERY (MUDDY, OILY, ETC.)	A NO PEDESTRIANS INVOLVED	K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	STIMULANT
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	B CROSSING IN CROSSWALK - AT INTERSECTION	L UNINVOLVED VEHICLE	HALLUCINOGEN
A HOLES, DEEP RUT*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION	M OTHER*:	DISSOCIATIVE ANESTHETICS
B LOOSE MATERIAL ON ROADWAY*	D CROSSING - NOT IN CROSSWALK	N NONE APPARENT	NARCOTIC ANALGESIC
C OBSTRUCTION ON ROADWAY*	E IN ROAD - INCLUDES SHOULDER	O RUNAWAY VEHICLE	INHALANT
D CONSTRUCTION - REPAIR ZONE	F NOT IN ROAD		CANNABIS
E REDUCED ROADWAY WIDTH	G APPROACHING / LEAVING SCHOOL BUS		DEPRESSANT
F FLOODED*			F IMPAIRMENT - PHYSICAL*
G OTHER*:			G IMPAIRMENT NOT KNOWN
H NO UNUSUAL CONDITIONS			H NOT APPLICABLE
			I SLEEPY / FATIGUED*

SKETCH



INDICATE NORTH

MISCELLANEOUS

SPECIAL INFORMATION

A HAZARDOUS MATERIAL

B CELL PHONE HANDHELD IN USE

C CELL PHONE HANDSFREE IN USE

D CELL PHONE NOT IN USE

E CELL PHONE USE UNKNOWN

F SCHOOL BUS RELATED

BIKEWAY FACILITY

A SHARED ROADWAY

B CLASS I - BIKE PATH*

C CLASS II - BIKE LANE*

D CLASS III - BIKE ROUTE*

E CLASS IV - SEPARATED BIKEWAY*

DATE OF CRASH (MO. DAY YEAR)				TIME (2400)	NCIC #	OFFICER ID	NUMBER										
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<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:							
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<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:							
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<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:							
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<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:							
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<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:							
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME				ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME				MO. DAY YEAR							

QUICK REFERENCE GUIDE
Traffic Investigation Revisions
Multi-Disciplinary Collision Investigation Team

New Terminology

Collision → Crash – All past references of “Collision” have changed to “Crash”

Severe (A) Injury shall now be referred to as **Suspected Serious Injury**

Other Visible (B) Injury shall now be referred to as **Suspected Minor Injury**

Complaint of Pain (C) Injury shall now be referred to as **Possible Injury**

CHP 555 - TRAFFIC COLLISION REPORT

Page 1

Special Conditions Box

- Enter “Autonomous Vehicle” if involved in reported crash

Party – “Operator” check box added

The Operator is the individual engaging autonomous mode either from driver seat (Level 3) or remotely (Level 4).

Lane/Thru Lanes/Total Lanes added

- Documenting lanes
 - **Lane:** Actual lane that the vehicle was in
 - **Thru Lanes:** Total number of lanes that traffic can go straight (same direction), excluding left turn only or right turn only lanes
 - **Total Lanes:** Total number of lanes including all lanes (Same direction)

Page 2

Property Damage Section – Notification Updated

- Line added to document the person that was notified of the property damage and method of notification

Seating Position

- Additional options added for 3rd row seat in SUVs and Minivans
- New information (not mentioned in 555 form set)
 - Motorcycle/Mopeds/Bicycle seating positions
 - Passenger position 2 is directly behind the driver
 - Passenger position 3 is the occupant of a side car
 - Passenger position 0 is to be any other location.

“Motor Vehicle Involved With”- New box added

- If multiple AOI, mark first AOI, plus “K – Additional object struck”
Example: Stop sign is struck after a sideswipe crash.

Vehicle Automation Level

The following was added to document the level of Automation the vehicle is equipped to operate.

- **Level 0: No Automation**
 - No Automation; i.e. standard cruise control, blind spot monitoring,
- **Level 1: Driver Assistance**
 - Only 1 system of automation can be engaged at a time
Example: Adaptive cruise control would not work simultaneously with lane keep assist.
- **Level 2: Partial Automation**
 - Both adaptive cruise control and lane keep assist work simultaneously with driver intervention as needed. Example: Tesla’s Autopilot, Cadillac’s Super Cruise
- **Level 3: Conditional Automation**
 - A company vehicle with testing permit, only in a specific designated location/area.
 - Driver can engage Automated Driving System and driver becomes operator.
 - Operator still seated in the driver’s seat
- **Level 4: High Automation**
 - A company vehicle with testing permit, only in a specific designated location/area.
 - Operator is not seated in the driver’s seat and remotely engage autonomous mode in the vehicle.
- **Level 5: Full Automation**
 - Vision of Autonomous vehicle with no limitation – No human!

Vehicle Automation Engaged

- Document which level of Automation the driver/operator had engaged at the time of crash.
Example: A Tesla Model Y, which is a Standard Level 2 equipped vehicle, was being driven and it did not have autopilot engaged when it crashed into the rear of another vehicle.
 - “Vehicle Automation Level” would be documented as *Level - 2*, because the vehicle is capable of Level – 2 driving.
 - “Vehicle Automation Engaged” would be documented as *No Automation*, because the Tesla did not have autopilot engaged at the time of crash

“Lane Splitting” box added to/or/for movement preceding crash

- To be used if a motorcycle was riding between rows of vehicles.

Sobriety-Drug-Physical

- Document ALL that applies.

Example: Jake conducted a DUI Investigation and DRE responded for an evaluation. The DRE opinion was cannabis and stimulants. This field would be marked: “Under Drug Influence,” “DRE Exam Conducted,” “Stimulant,” and “Cannabis.”

Special Information

- “Cell Phone Use Unknown” box was added

Bikeway Facility

The following boxes were added:

- **Shared Roadway**
 - No bike lanes present, just vehicle traffic lanes/ lane lines
- **Class I – Bike Path**
 - Special path, separated from cars, and shared by bikes and pedestrians
- **Class II – Bike Lane**
 - Marked bike lane on roadway, with no physical barrier between cars and bikes.
- **Class III – Bike Route**
 - Posted street signs for directional route as preferred route for bicycles specifically
- **Class IV – Separated Bikeway**
 - Marked bike lane on roadway, with a physical barrier between cars and bikes, such as parked cars or separated by traffic dividers.

Page 3

“EMS Run Number” was added to document the number created by an EMS when a patient is transported to medical center.

SUPPORT SERVICES BUREAU

SA
mv

N O T I C E

April 20, 1992

TO: All Concerned Personnel

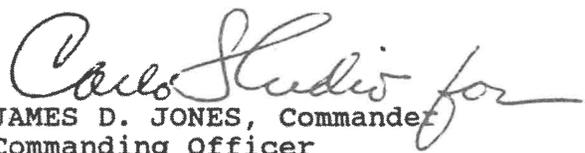
FROM: Commanding Officer, Support Services Bureau

SUBJECT: CHANGE IN TRAFFIC ACCIDENT TERMINOLOGY

The Commission On Peace Officer Standards And Training (POST) has informed the Department of terminology changes involving accident investigations. References to the term Traffic Accident should be replaced with the term Traffic Collision and the abbreviation TA should be replaced with TC.

"Accident Investigation Section" and "Accident Investigation Follow-up" (AIFU) shall be changed to "Collision Investigation Section" and "Collision Investigation Follow-up" (CIFU), respectively. The Department Manual, the Traffic Accident Reporting, Form 4.01, and related traffic reporting forms will be amended at the next printing to reflect the change in terminology. Emergency Command Control Communications System Division will update and modify the Computer Aided Dispatch system to conform to the change in term usage.

Department personnel shall use the new terminology in all applicable Department reports to bring the Department into conformance with the terminology standards established by POST.


JAMES D. JONES, Commander
Commanding Officer
Support Services Bureau

DISTRIBUTION "M"

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