

## When to fill out a “Counter” Traffic Collision Report

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It is the policy of the Fairfax Police Department for a police officer to respond to all reported traffic collisions occurring on public roadways in Fairfax. Private citizens may complete "Counter" collision reports for traffic collisions under the following circumstances:

- A non-injury collision occurred on **private property**, such as a store parking lot
- A non-injury collision occurred on a **public roadway**. The involved parties have exchanged information and left the scene, the involved vehicles have already been moved, and there are no extenuating circumstances like hit and run. Typically, this type of report is for insurance uses only.

### Instructions for filling out a property-damage only traffic collision report (CHP 555-03):

1. Please fill out the information about yourself under “Party 1” and the other driver under “Party 2”.
2. Please be as clear as possible about the location of the collision. We need both the main street and the closest cross street. For example, if the collision occurred at the intersection of Sir Francis Drake and Claus, write “**Sir Francis Drake**” on the line that says, “*COLLISION OCCURRED ON*”, check the box on the line below that says “*AT INTERSECTION WITH*” and then write “**Claus**.” If the intersection did not occur in an intersection, check the box labeled “OR” under the “Intersection” box and write the estimated distance to the nearest cross street. For example, for “*COLLISION OCCURRED ON*” write “**Sir Francis Drake**” and on the line below write “**300 feet east of Claus**”.
3. Page 2 is for you to write a narrative account of how the collision happened.
4. Deliver one copy to the law enforcement agency **having jurisdiction over the collision location**. If the collision occurred within the city limits of Fairfax, deliver the report to:

Fairfax Police Department  
144 Bolinas Road  
Fairfax, CA 94930

If the collision occurred in an unincorporated (non-city) area, please call the California Highway Patrol for further instructions. The telephone number for CHP is:

415-924-1100

5. Be sure to keep copies for yourself and your insurance company.
6. If you have any questions about filling out and filing this report, or you need to know the police report number that was assigned to your report, call the Fairfax Police Department at 415-453-5330.

# TRAFFIC COLLISION REPORT - Property Damage Only

CHP 555-03 (Rev. 9-99) OPI 061

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

SPECIAL CONDITIONS	HIT & RUN	CITY	JUDICIAL DISTRICT	NUMBER
<b>Counter</b>	COUNTY	REPORTING DISTRICT	BEAT	REPORTING OFFICER

COLLISION OCCURRED ON	MO.	DAY	YEAR	TIME (2400)	NCIC	OFFICER I.D.
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AT INTERSECTION WITH  
 Or: Feet/Miles Of

DAY OF WEEK: \_\_\_\_\_

TOW AWAY:  Yes  No

STATE HIGHWAY RELATED:  Yes  No

<b>PARTY 1</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIPMENT	SHADE DAMAGED AREA	 PARTY 1	(ALLIED AGENCY USE ONLY) Report taken <input type="checkbox"/> Yes <input type="checkbox"/> No Exchange of information <input type="checkbox"/> Yes <input type="checkbox"/> No
DRIVER	NAME (FIRST, MIDDLE, LAST)				 PARTY 2		
PED	STREET ADDRESS						
PK VEH	SEX	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		

WIT.	R/O	AGE	SEX	NAME	ADDRESS	PHONE NUMBER	PARTY NO.
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
PROP.	NAME				ADDRESS	DAMAGED PROPERTY	

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	TYPE OF VEHICLE		MOVEMENT PRECEDING COLLISION	
		1	2	1	2
# A VC SECTION VIOLATED:	A CONTROLS FUNCTIONING	A PASSENGER CAR / STATION WAGON		A STOPPED	
	B CONTROLS NOT FUNCTIONING	B PASSENGER CAR W/TRAILER		B PROCEEDING STRAIGHT	
# B OTHER IMPROPER DRIVING *	C CONTROLS OBSCURED	C MOTORCYCLE / SCOOTER		C RAN OFF ROAD	
	D NO CONTROLS PRESENT/FACTOR*	D PICKUP OR PANEL TRUCK		D MAKING RIGHT TURN	
C OTHER THAN DRIVER *	TYPE OF COLLISION			E MAKING LEFT TURN	
D UNKNOWN*	A HEAD-ON	F TRUCK OR TRUCK TRACTOR		F MAKING U TURN	
E FELL ASLEEP *	B SIDESWIPE	G TRUCK / TRUCK TRACTOR W/TRAILER		G BACKING	
	C REAR END	H SCHOOL BUS		H SLOWING / STOPPING	
	D BROADSIDE	I OTHER BUS		I PASSING OTHER VEHICLE	
WEATHER (MARK 1 TO 2 ITEMS)	E HIT OBJECT	J EMERGENCY VEHICLE		J CHANGING LANES	
A CLEAR	F OVERTURNED	K HIGHWAY CONST. EQUIPMENT		K PARKING MANEUVER	
B CLOUDY	G VEHICLE / PEDESTRIAN	L BICYCLE		L ENTERING TRAFFIC	
C RAINING	H OTHER:	M OTHER VEHICLE		M OTHER UNSAFE TURNING	
D SNOWING	MOTOR VEHICLE INVOLVED WITH			N XING INTO OPPOSING LANE	
E FOG/VISIBILITY	A NON-COLLISION	O MOPED		O PARKED	
F OTHER:	B PEDESTRIAN			P MERGING	
G WIND	C OTHER MOTOR VEHICLE	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)		Q TRAVELING WRONG WAY	
LIGHTING	D MOTOR VEHICLE ON OTHER HIGHWAY			R OTHER:*	
A DAYLIGHT	E PARKED MOTOR VEHICLE				
B DUSK - DAWN	F TRAIN				
C DARK - STREET LIGHTS	G BICYCLE				
D DARK - NO STREET LIGHTS	H ANIMAL:				
E DARK - STREET LIGHTS NOT FUNCTIONING	I FIXED OBJECT:				
ROADWAY SURFACE	J OTHER OBJECT:				
A DRY					
B WET					
C SNOWY - ICY					
D SLIPPERY (MUDDY, OILY, ETC.)					
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS				
A HOLES, DEEP RUTS*	A NO PEDESTRIAN INVOLVED				
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION				
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				
F FLOODED*	F NOT IN ROAD				
G OTHER:*	G APPROACHING / LEAVING SCHOOL				
H NO UNUSUAL CONDITIONS					

DATE OF COLLISION			TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER	PAGE
MO.	DAY	YR.					

1. \_\_\_\_\_
2. \_\_\_\_\_
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6. \_\_\_\_\_
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PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
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**IMPORTANT - READ CAREFULLY**

**VEHICLE CODE SECTION 16000**

The driver of a vehicle involved in an accident resulting in damage to the property of any ONE party in excess of \$500 or in the injury or death of any person MUST submit a SR-1 Form to the California Department of Motor Vehicles within 10 days, or as soon as possible.

Note: Failure to comply may result in suspension of your driver's license.

Form SR-1 may be obtained from the Department of Motor Vehicles, the California Highway Patrol, any police station, motor vehicle club, insurance agent, or DMV internet web site (SR-1A).

If city or state property is damaged, you will be contacted regarding possible liability.

Law enforcement reports do not satisfy the DMV report requirement.