

CHICO POLICE DEPARTMENT

TRAFFIC COLLISION REPORT (TP)

Date	Time	Incident # (Chico PD)		
Location				
Type of Collision:	Head on	Rear end	Broadside	Sideswipe
Name: (first middle last)				
Address				
City			State	Zip
Drivers License #		State	DOB	Phone
Yr. of Veh.	Make	Color	Lic.#	
Direction of Travel/Street				
Name: (first middle last)				
Address				
City			State	Zip
Drivers License #		State	DOB	Phone
Yr. of Veh.	Make	Color	Lic.#	
Direction of Travel/Street				

V1=Vehicle 1, V2=Vehicle 2



COLLISION DIAGRAM

