

FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	COUNTY / CITY CODE	FEET or MILES	CITY OR TOWN	(Check if in City or Town)	60474600	
	AT NODE NO. or FEET or MILES	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	ON STREET, ROAD OR HIGHWAY	
	AT THE INTERSECTION OF	FEET or MILES	FROM INTERSECTION OF			

Section 1 Vehicle	DRIVER ACTION	1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	SHOW FIRST POINT OF VEHICLE CONTACT AND CIRCLE DAMAGED AREA(S)			
	TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE											
	VEHICLE TRAVELLING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	18. Undercarriage 19. Overturn 20. Windshield 21. Fire 22. Trailer				
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER		VEHICLE REMOVED BY:									
Section 1 Pedestrian	NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE					
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE					
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)			CITY & STATE / ZIP CODE		DATE OF BIRTH					
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.
HAZARDOUS MATERIALS BEING TRANSPORTED		1. Yes 2. No	PLACARDED	1. Yes 2. No	RECOMMEND DRIVER RE-EXAM	1. Yes 2. No	If Yes, Explain in Narrative	DRIVER'S PHONE NO.					
PASSENGER 'S NAME (Additional on Narrative Page)		CURRENT ADDRESS			CITY & STATE / ZIP CODE		AGE	LOC	INJ	S. EQUIP.	EJECT.		

Section 2 Vehicle	DRIVER ACTION	1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	SHOW FIRST POINT OF VEHICLE CONTACT AND CIRCLE DAMAGED AREA(S)			
	TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE											
	VEHICLE TRAVELLING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	18. Undercarriage 19. Overturn 20. Windshield 21. Fire 22. Trailer				
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER		VEHICLE REMOVED BY:									
Section 2 Pedestrian	NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE					
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE					
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)			CITY & STATE / ZIP CODE		DATE OF BIRTH					
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.
HAZARDOUS MATERIALS BEING TRANSPORTED		1. Yes 2. No	PLACARDED	1. Yes 2. No	RECOMMEND DRIVER RE-EXAM	1. Yes 2. No	If Yes, Explain in Narrative	DRIVER'S PHONE NO.					
PASSENGER 'S NAME (Additional on Narrative Page)		CURRENT ADDRESS			CITY & STATE / ZIP CODE		AGE	LOC	INJ	S. EQUIP.	EJECT.		

Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
	01 Automobile 02 Passenger Van 03 Pickup/Light Truck - 2 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Boatall) 07 Motor Home (RV) 08 Bus 09 Bicycle 10 Motorcycle 11 Moped 12 All Terrain Vehicle 13 Train 77 Other	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 77 Other	01 Single Semi Trailer 02 Tandem Semi Trailer (s) 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 77 Other	1 County of Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown DL TYPE: 1 A 2 B 3 C RACE: 1 White 2 Black 3 Hispanic 4 Other REQUIRED ENDORSEMENTS: 1 Yes 2 No 3 No Endorsement Required	1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY: 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALC/DRUG Test Results SAFETY EQUIPMENT IN USE: 1 Not In use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag 5 Safety Helmet 6 Eye Protection	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other EJECTED: 1 No 2 Yes 3 Partial

DRIVER ACTION	1. Phantom	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	SHOW FIRST POINT OF VEHICLE CONTACT AND CIRCLE DAMAGED AREA(S)																	
	2. Hit & Run								<table border="1"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td></td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table>								2	3	4	5	6	7	1	15	16	17
2	3	4	5	6	7																					
1	15	16	17	8																						
14	13	12	11	10	9																					
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed		EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE		18 Undercarriage 19 Overtum 20 Windshield 21 Fire 22 Trailer												
VEHICLE TRAVELLING		ON		AT		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE												
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List		3. Driver		2. Tow Owner's Request		4. Other														
NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																				
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																				
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH																				
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.												
HAZARDOUS MATERIALS BEING TRANSPORTED		1. Yes	2. No	PLACARDED	1. Yes	2. No	RECOMMEND DRIVER RE-EXAM	1. Yes	2. No	If Yes, Explain in Narrative		DRIVER'S PHONE NO.														
PASSENGER'S NAME (Additional on Narrative Page)		CURRENT ADDRESS		CITY & STATE / ZIP CODE		AGE		LOC	INJ	S. EQUIP.	EJECT.															

# 1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
# 2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS						
01 No Improper Driving / Action	1	2	3	01 No Defects	1	2	3	01 Straight Ahead	1	2	3	1 None	1	2	3
02 Careless Driving				02 Def. Brakes				02 Slowing / Stopped / Stalled				2 Farm			
03 Failed To Yield Right - of - Way				03 Worn / Smooth Tires				03 Making Left Turn				3 Police Pursuit			
04 Improper Backing				04 Defective / Improper Lights				04 Backing				4 Recreational			
05 Improper Lane Change				05 Puncture / Blowout				05 Making Right Turn				5 Emergency Operation			
06 Improper Turn				06 Steering Mech.				06 Changing Lanes				6 Construction / Maintenance			
07 Alcohol - Under Influence				07 Windshield Wipers				07 Entering / Leaving Parking Space							
08 Drugs - Under Influence				08 Equipment / Vehicle Defect				08 Property Parked							
09 Alcohol & Drugs - Under Influence				77 All Other (Explain In Narrative)				09 Improperly Parked							
10 Followed Too Closely				POINT OF VEHICLE IMPACT ON ROADWAY			PEDESTRIAN ACTION			LOCATION TYPE					
11 Disregarded Traffic Signal				01 On Road	1	2	3	01 Crossing Not at Intersection	07 Other Working In Road	1	2	3	1 Primarily Business		
12 Exceeded Safe Speed Limit				02 Not On Road				02 Crossing at Mid-block Crosswalk	08 Standing/Playing In Road				2 Primarily Residential		
13 Disregarded Stop Sign				03 Shoulder				03 Crossing at Intersection	09 Standing In Pedestrian Island				3 Open Country		
14 Failed To Maintain Equip. / Vehicle				04 Median				04 Walking Along Road With Traffic	77 All Other (Explain In Narrative)						
15 Improper Passing				05 Turn Lane / Safety Zone				05 Walking Along Road Against Traffic	88 Unknown						
16 Drove Left of Center				FIRST / SUBSEQUENT HARMFUL EVENT(S)			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION					
17 Exceeded Stated Speed Limit				01 Collision With MV in Transport(Rear End)	15 Collision With Animal	29 MV Ran Into Ditch/Culvert	F	S	01 Interstate	07 Forest Road	01 Daylight				
18 Obstructing Traffic				02 Collision With MV in Transport(Head On)	16 MV Hit Sign / Sign Post	30 Ran Off Road Into Water			02 U.S.	77 All Other (Explain In Narrative)	02 Dusk				
				03 Collision With MV in Transport(Angle)	17 MV Hit Utility Pole / Light Pole	31 Overturned			03 State		03 Dawn				
				04 Collision With MV in Transport(Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle			04 County		04 Dark (Street Light)				
				05 Collision With MV in Transport(Right Turn)	19 MV Hit Fence	33 Tractor / Trailer Jackknifed			05 Local		05 Dark (No Street Light)				
				06 Collision With MV in Transport(Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire			06 Turnpike / Toll		08 Unknown				
				07 Collision With MV in Transport(Backed Into)	21 MV Hit Bridge / Pier / Abutment / Rail	35 Explosion			ROAD SURFACE CONDITION WEATHER ROAD SURFACE TYPE						
				08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	77 All Other (Explain In Narrative)			01 Dry	01 Clear	01 Slag / Gravel / Stone				
				09 Collision With MV on Other Roadway	23 Collision With Construction Barricade Sign				02 Wet	02 Cloudy	02 Blacktop				
				10 Collision With Pedestrian	24 Collision With Traffic Gate				03 Slippery	03 Rain	03 Brick / Block				
				11 Collision With Bicycle	25 Collision With Crash Attenuators				04 Icy	04 Fog	04 Concrete				
				12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road				77 All Other (Explain In Narrative)	77 All Other (Explain In Narrative)	05 Dirt				
				13 Collision With Moped	27 MV Hit Other Fixed Object						77 All Other (Explain In Narrative)				
				14 Collision With Train	28 Collision With Moveable Object On Road										
ROAD CONDITIONS AT TIME OF CRASH			CONTRIBUTING CAUSES ENVIRONMENT			TRAFFIC CONTROL			SITE LOCATION			TRAFFICWAY CHARACTER			
01 No Defects			01 Vision Not Obscured		01 No Control			01 Not At Intersection / RR X-ing / Bridge		1. Straight - Level					
02 Obstruction With / Without Warning			02 Inclement Weather		02 School Zone			02 At Intersection		2. Straight - Upgrade / Downgrade					
03 Road Under Repair / Construction			03 Parked / Stopped Vehicle		03 Traffic Signal			03 Influenced By Intersection		3. Curve - Level					
04 Loose Surface Materials			04 Trees / Crops / Bushes		04 Stop Sign			04 Driveway Access		4. Curve - Upgrade / Downgrade					
05 Shoulders - Soft / Low / High			05 Load On Vehicle		05 Yield Sign			05 Railroad Crossing		TYPE SHOULDER					
06 Holes / Ruts / Unsafe Paved Edge			06 Building / Fixed Object		06 Flashing Light			06 Bridge		1. Paved					
07 Standing Water			07 Signs / Billboards		07 Railroad Signal			07 Entrance Ramp		2. Unpaved					
08 Worn / Polished Road Surface			08 Fog		08 Officer / Guard / Flagman			08 Exit Ramp		3. Curb					
77 All Other (Explain In Narrative)			09 Smoke		09 Posted No U-Turn			09 Parking Lot - Public							
			77 All Other (Explain In Narrative)		10 Special Speed Zone			10 Parking Lot - Private							

Violator(s)	SECTION #	NAME OF VIOLATOR (s)	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REPORT

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UPDATE CONTINUATION
 MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS
 TALLAHASSEE, FLORIDA 32399-0500

		COUNTY/CITY CODE		DATE OF CRASH		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER								
Section 1	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER							
	TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE											
	VEHICLE TRAVELING		ON		At		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	EST. TRAILER DAMAGE						
	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W								1 Disabling 2 Functional 3 No Damage	18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer						
	INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY:									
	OWNER'S FULL NAME (Check if Driver)				CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
	OWNER'S FULL NAME (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
	DRIVER (Exactly as on Driver License) / Pedestrian				CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH							
	DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	BAC TEST	3 Urine 1 Blood 2 Breath 4 Refused 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes	2 No	PLACARDED	1 Yes	2 No	RECOMMEND RE-EXAM	1 Yes	2 No	If YES, Explain in Narrative		DRIVER'S PHONE NO.			
PASSENGER'S NAME (Additional on Continuation Page)				CURRENT ADDRESS		CITY & STATE / ZIP		AGE	LOC.	INJ.	S. EQUIP.	EJECT.				
Section 2	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER							
	TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE											
	VEHICLE TRAVELING		ON		At		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	EST. TRAILER DAMAGE						
	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W								1 Disabling 2 Functional 3 No Damage	18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer						
	INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY:									
	OWNER'S FULL NAME (Check if Driver)				CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
	OWNER'S FULL NAME (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
	DRIVER (Exactly as on Driver License) / Pedestrian				CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH							
	DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	BAC TEST	3 Urine 1 Blood 2 Breath 4 Refused 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes	2 No	PLACARDED	1 Yes	2 No	RECOMMEND RE-EXAM	1 Yes	2 No	If YES, Explain in Narrative		DRIVER'S PHONE NO.			
PASSENGER'S NAME (Additional on Continuation Page)				CURRENT ADDRESS		CITY & STATE / ZIP		AGE	LOC.	INJ.	S. EQUIP.	EJECT.				
INVESTIGATOR - RANK AND SIGNATURE				ID/BADGE NUMBER		DEPARTMENT		FHP	SO	CPD	OTHER					

# 1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
# 2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
# 3	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
# 4	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

CONTRIBUTING CAUSES - DRIVER / PED.		VEHICLE DEFECT	VEHICLE MOVEMENT	VEHICLE SPECIAL FUNCTIONS
01 No Improper Driving / Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative)	01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn 11 Passing 12 Driverless or Runaway Veh. 77 All Other (Explain in Narrative)	1 None 2 Farm 3 Police Pursuit 4-Recreational 5 Emergency Operation 6 Construction / Maintenance
19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 27 All Other (Explain)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LOCATION ON ROADWAY		PEDESTRIAN ACTION
		1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone		01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road 07 Other Working in Road 08 Standing/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain) 88 Unknown

Additional Passengers / Narrative										
SEC. #	PASS. #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Loc.	Inj.	Safety Equip.	Eject

WITNESS - NAME	ADDRESS	CITY & STATE	ZIP
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WAS INVESTIGATION MADE AT SCENE? 1 Yes 2 No - Where?	IS INVESTIGATION COMPLETE? 1 Yes 2 No - Why?	DATE OF REPORT	PHOTOS TAKEN? 1 - Yes 2 - No 3 - Investigating Agency 4 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"/>

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

DO NOT WRITE IN THIS SPACE

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS
 TALLAHASSEE, FLORIDA 32399-0500

EMS INFO FATALS ONLY	TIME EMS NOTIFIED	AM	PM	TIME EMS ARRIVED	AM	PM	COUNTY / CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
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NARRATIVE / ADDITIONAL PASSENGERS

Large empty area for narrative and additional passenger information.

SEC. #	PASS. #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Loc.	Inj.	Safety Equip.	Eject

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #
VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #

WITNESS - NAME ADDRESS CITY & STATE ZIP

1

WITNESS - NAME ADDRESS CITY & STATE ZIP

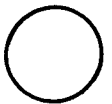
2

FIRST AID GIVEN BY - NAME: 1 Physician or Nurse 4 Certified 1st Aider INJURED TAKEN TO: BY - NAME:
 2 Paramedic or EMT 5 Other
 3 Police Officer

WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO WHERE? IS INVESTIGATION COMPLETE? 1 YES 2 NO WHY? DATE OF REPORT PHOTOS TAKEN? 1 YES 2 NO 3 INVEST. AGENCY 4 OTHER

INVESTIGATOR - RANK & SIGNATURE ID / BADGE NUMBER DEPARTMENT FHP SO CPD OTHER

DIAGRAM



INDICATE NORTH
WITH ARROW

FLORIDA TRAFFIC CRASH REPORT

DO NOT WRITE IN THIS SPACE

COMMERCIAL VEHICLE SUPPLEMENT

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES

TRAFFIC CRASH RECORDS

TALLAHASSEE, FLORIDA 32399-0500

COUNTY/CITY CODE

DATE OF CRASH

INVEST. AGENCY REPORT NUMBER

HSMV CRASH REPORT NUMBER

DO NOT COMPLETE THIS FORM UNLESS ONE OR MORE QUALIFYING VEHICLES WAS INVOLVED, AND ONE OR MORE OF THE FOLLOWING OCCURRED:

1. ONE OR MORE PERSONS SUSTAINED A FATAL INJURY OR WAS TRANSPORTED FOR TREATMENT 2. ONE OR MORE VEHICLES WAS TOWED FROM THE SCENE 3. ONE OR MORE VEHICLES WAS PROVIDED ASSISTANCE

QUALIFYING VEHICLES
Trucks with 6 or more Tires
or HAZ MAT Placard

Buses Designed To Carry
16 or more Persons

PERSONS
Sustaining Fatal Injuries

Transported For Immediate
Medical Treatment

VEHICLES
Provided Assistance or
Towed From the Scene Due to Damage

SOURCE
1. Shipping Papers
2. Vehicle Side
3. Driver
4. Other

CARRIER'S NAME

ADDRESS (Number and Street)

CITY

STATE

ZIP

IDENTIFICATION NUMBERS: U S DOT

ICC MC

NONE

STATE NUMBER

STATE

GROSS VEHICLE WEIGHT RATING

CARGO BODY TYPE

VEHICLE CONFIGURATION

HAZARDOUS MATERIAL INVOLVEMENT

Truck, Tractor or Bus

1. Bus
2. Van / Enclosed Box
3. Cargo Tank
4. Flat Bed
5. Dump
6. Concrete Mixer
7. Auto Transport
8. Garbage or Refuse
9. Other

0. Any 4-Tire Vehicle
1. Bus
2. Single Unit Truck (2 Axle / 6 or more Tires)
3. Single Unit Truck (3 or more Axles)
4. Truck with Trailer
5. Truck Tractor Only (Bobtail)
6. Tractor with Semi-Trailer
7. Tractor with Double Trailers
8. Tractor with Triple Trailers
9. Other - Unable To Classify

Did Vehicle Have a Hazardous
Material Placard?
1. Yes 2. No
If "YES", from Placard Indicate
Name or 4-Digit Number From
Diamond or Box

Trailer or Trailers (Total)

Total Number of Axles (Incl. Trailers)

1 Digit Number From Bottom
of Diamond

Was Hazardous Material
Released From This
Vehicle's Cargo?
1. Yes 2. No

SEQUENCE OF EVENTS (FOR THIS VEHICLE)

EVENT # 1

EVENT # 2

EVENT # 3

EVENT # 4

11. Ran Off Road
12. Jackknifed
13. Overturned or Rollover
14. Downhill Runaway
15. Cargo Loss or Shift
16. Explosion or Fire
17. Separation of Units
19. Other Events

COLLISION INVOLVING:

21. Pedestrian
22. Motor Vehicle in Transport
23. Parked Vehicle
24. Train
25. Pedalcycle
26. Animal
27. Fixed Object
29. Other Object

CARRIER'S NAME

ADDRESS (Number and Street)

CITY

STATE

ZIP

IDENTIFICATION NUMBERS: U S DOT

ICC MC

NONE

STATE NUMBER

STATE

GROSS VEHICLE WEIGHT RATING

CARGO BODY TYPE

VEHICLE CONFIGURATION

HAZARDOUS MATERIAL INVOLVEMENT

Truck, Tractor or Bus

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4. Truck with Trailer
5. Truck Tractor Only (Bobtail)
6. Tractor with Semi-Trailer
7. Tractor with Double Trailers
8. Tractor with Triple Trailers
9. Other - Unable To Classify

Did Vehicle Have a Hazardous
Material Placard?
1. Yes 2. No
If "YES", from Placard Indicate
Name or 4-Digit Number From
Diamond or Box

Trailer or Trailers (Total)

Total Number of Axles (Incl. Trailers)

1 Digit Number From Bottom
of Diamond

Was Hazardous Material
Released From This
Vehicle's Cargo?
1. Yes 2. No

SEQUENCE OF EVENTS (FOR THIS VEHICLE)

EVENT # 1

EVENT # 2

EVENT # 3

EVENT # 4

11. Ran Off Road
12. Jackknifed
13. Overturned or Rollover
14. Downhill Runaway
15. Cargo Loss or Shift
16. Explosion or Fire
17. Separation of Units
19. Other Events

COLLISION INVOLVING:

21. Pedestrian
22. Motor Vehicle in Transport
23. Parked Vehicle
24. Train
25. Pedalcycle
26. Animal
27. Fixed Object
29. Other Object