## FLORIDA TRAFFIC CRASH REPORT DO NOT WRITE IN THIS SPACE MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537 DATE OF CRASH TIME OFFICER NOTIFIED TIME OF CRASH TIME OFFICER ARRIVED INVEST. AGENCY REPORT NUMBER ocation 70758105 AM ΔМ PM AM PM COUNTY / CITY CODE FEE MILE(S CITY OR TOWN (Check if in City or Town) N Ş E W AT NODE NO or FEET MILE(S) FROM NODE NO NEXT NODE NO. NO. OF LANES ON STREET, ROAD OR HIGHWAY 1. DIVIDED ø Time 2. UNDIVIDED AT THE INTERSECTION OF (street, road or highway) FROM INTERSECTION OF (street, road or highway) or FEET MILE(S) N S Ε W YEAR MAKE TYPE USE VEH. LICENSE NUMBER STATE VEHICLE IDENTIFICATION NUMBER 1. Phantom DRIVER 2 3 4 5 6 7 18 Undercarriage 2. Hit & Run ACTION 20. Windshield 8 21. Trailer 3. N /A 16 TRAILER OR TOWED VEHICLE TRAILER TYPE SHOW FIRST POINT INFORMATION 14 13 12 11 10 9 OF VEHICLE Posted Speed EST. VEHICLE DAMAGE EST. TRAILER DAMAGE VEHICLE TRAVELLING 1. Disabling 2. Functiona AND CIRCLE 3. No Damage DAMAGED AREA(S) MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER VEHICLE REMOVED BY: 1. Tow Rotation List 3. Driver 0 2. Tow Owner's Request 4.Other <u>ਹ</u> Vehi 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 Pedestrian US DOT or ICC MC IDENTIFICATION NUMBERS NAME OF MOTOR CARRIER (Commercial Vehicle Only) CURRENT ADDRESS (Number and Street) CITY . STATE AND 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 EJECT DL ALC/DRUG TEST TYPE RESULTS ALC/DRUG PHYS.DEF RES. RACE SEX INJ S. EQUIP. TYPE END. 1 Blood 3 Urine 5 None 2 Breath 4 Refused HAZARDOUS MATERIALS BEING TRANSPORTED IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. WAS HAZARDOUS MATERIAL SPILLED? PLACARDED RECOMMEND DRIVER RE-EXAM DRIVER'S PHONE NO. IF YES EXPLAIN IN NARRATIVE Yes 2 No 1 Yes 2 No 1 Yes 2 No 3 | 4 | 5 | 6 | 7 | 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer VEHICLE IDENTIFICATION NUMBER VEH. LICENSE NUMBER | STATE 1. Phantom YEAR MAKE TYPE USE DRIVER 2. Hit & Run 3. N /A TRAILER OR TOWED VEHICLE TRAILER TYPE SHOW FIRST POINT INFORMATION 14 13 12 11 10 OF VEHICLE Posted Speed EST. VEHICLE DAMAGE DAMAGE VEHICLE TRAVELLING ON AT EST. TRAILER DAMAGE Est. MPH 1. Disabling S E W AND CIRCLE 2. Functional 3. No Damage DAMAGED AREA(S) MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER VEHICLE REMOVED BY: 1. Tow Rotation List 3. Drive 2. Tow Owner's Request 4.Other NAME OF VEHICLE OWNER (Check Box If Same As Driver) CITY AND STATE CURRENT ADDRESS (Number and Street)) ZIP CODE NAME OF OWNER (Trailer or Towed Vehicle) CITY AND STATE ZIP CODE **CURRENT ADDRESS (Number and Street)** NAME OF MOTOR CARRIER (Commercial Vehicle Only) CURRENT ADDRESS (Number and Street) CITY . STATE AND ZIP CODE US DOT or ICC MC IDENTIFICATION NUMBERS NAME OF DRIVER ( Take From Driver License) / PEDESTRIAN CURRENT ADDRESS (Number and Street)) CITY, STATE & ZIP CODE DATE OF BIRTH

ACTION Vehicle Pedestrian DRIVER LICENSE NUMBER DL REQ. ALC/DRUG TEST TYPE ALC/DRUG PHYS.DEF EJECT RES. RACE INJ S. EQUIP. STATE RESULTS SEX TYPE END. 1 Blood 3 Urine 5 None 2 Breath 4 Refused WAS HAZARDOUS MATERIAL IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX WAS HAZARDOUS RECOMMEND DRIVER RE-EXAM DRIVER'S PHONE NO. BEING TRANSPORTED ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND MATERIAL SPILLED IF YES EXPLAIN IN NARRATIVE VEHICLE TYPE **VEHICLE USE** TRAILER TYPE RESIDENCE (Driver / Ped.) PHYSICAL DEFECTS ALCOHOL / DRUG USE LOCATION 01 Automobile 01 Single Semi Trailer 02 Tandem Semi Trailer Not Drinking or Using Drug:
 Alcohol - Under Influence 01 Private Transportation County of Crash 1 No De IN VEHICLE 02 Commercial Passengers 2 Elsewhere in State 2 Eyesight Defect 02 Van 03 Light Truck / P.U.- 2 or 4 rear tires 03 Commercial Cargo 03 Tank Trailer 3 Non-Resident Out of State 3 Fatique / Asleep 3 Drugs - Under Influence 1 Front Left 04 Medium Truck - 4 rear tires 04 Public Transportation 04 Saddle Mount / Flatbed 4 Foreign 5 Unknown 4 Hearing Defect 4 Alcohol & Drugs - Under Influence 2 Front Center\* DL TYPE 05 Heavy Truck - 2 or more rear axles 05 Public School Bus 05 Boat Trailer RACE 5 Illness 5 Had Been Drinking 3 Front Right 06 Truck Tractor (Cab-Bobtail) 06 Private School Bus 06 Utility Trailer 1 White 6 Seizure, Epilepsy, Blackout 6 Pending ALC/DRUG Test Results 4 Rear Left 07 Motor Home (RV) 4 D/ Chauffeur 07 Ambulance 07 House Trailer 2 Black 7 Other Physical Defect 5 Rear Center 08 Bus (driver + seats for 9-15) 08 Law Enforcement 08 Pole Trailer 5 E/ Operator 3 Hispanic SAFETY EQUIPMENT IN USE INJURY SEVERITY 6 Rear Right 09 Bus (driver + seats for over 15) 09 Fire / Rescue 09 Towed Vehicle 6 E/ Oper.-Rest. 4 Other In Body Of Truck 10 Bicycle 10 Military 10 Auto Transport 2 Possible 2 Seat Belt / Shoulder Harness 8 Bus Passenger Code 3 Non-Incapacitating 11 Motorcycle 11 Other Government 77 Other REQUIRED SEX 3 Child Restraint 9 Other 12 Moped **ENDORSEMENTS** 4 Incapacitating 5 Fatal (Within 30 Days) 12 Dump 1 Male 4 Air Bag - Deployed 13 All Terrain Vehicle 13 Concrete Mixer 1 Yes 2 Female 5 Air Bag - Not Deployed EJECTED 14 Train 14 Garbage or Refuse 2 No 6 Non-Traffic Fatality 6 Safety Helmet 1 No 15 Low Speed Vehicle 15 Cargo Van 3 No Endorsement 7 Eye Protection 2 Yes 77 Other 77 Other Required 3 Partia

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## FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

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