

# FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

<b>Time &amp; Location</b>	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER <b>70758105</b>
	COUNTY / CITY CODE	FEET or MILE(S)	N S E W	CITY OR TOWN	(Check if in City or Town)	COUNTY
	AT NODE NO.	FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED
AT THE INTERSECTION OF (street, road or highway)		FEET	MILE(S)	N S E W	FROM INTERSECTION OF (street, road or highway)	

<b>Section 1 Vehicle</b>	DRIVER ACTION	1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)				
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE											
	VEHICLE TRAVELLING	N S E W	ON	AT	Est MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S)				
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other							
	NAME OF VEHICLE OWNER (Check Box If Same As Driver)	<input type="checkbox"/>	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 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							
	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	PLACARDED	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?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO. ( )							

<b>Section 2 Vehicle</b>	DRIVER ACTION	1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)				
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE											
	VEHICLE TRAVELLING	N S E W	ON	AT	Est MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S)				
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other							
	NAME OF VEHICLE OWNER (Check Box If Same As Driver)	<input type="checkbox"/>	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 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							
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	WAS HAZARDOUS MATERIAL BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO. ( )							

<b>Code Information</b>	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped.)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
	01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 County of Crash	1 No Defects Known	1 Not Drinking or Using Drugs	1 Front Left
	02 Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center*
	03 Light Truck / P.U. - 2 or 4 rear tires	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident Out of State	3 Fatigue / Asleep	3 Drugs - Under Influence	3 Front Right
	04 Medium Truck - 4 rear tires	04 Public Transportation	04 Saddle Mount / Flatbed	4 Foreign	4 Hearing Defect	4 Alcohol & Drugs - Under Influence	4 Rear Left
	05 Heavy Truck - 2 or more rear axles	05 Public School Bus	05 Boat Trailer	DL TYPE	5 Illness	5 Had Been Drinking	5 Rear Center
	06 Truck Tractor (Cab-Boat)	06 Private School Bus	06 Utility Trailer	1 A 2 B 3 C	6 Seizure, Epilepsy, Blackout	6 Pending ALC/DRUG Test Results	6 Rear Right
	07 Motor Home (RV)	07 Ambulance	07 House Trailer	4 D/ Chauffeur	7 Other Physical Defect		7 In Body Of Truck
	08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer	5 E/ Operator	INJURY SEVERITY	SAFETY EQUIPMENT IN USE	8 Bus Passenger
	09 Bus (driver + seats for over 15)	09 Fire / Rescue	09 Towed Vehicle	6 E/ Oper.-Rest.	1 None	1 Not in use	9 Other
10 Bicycle	10 Military	10 Auto Transport	7 None	2 Possible	2 Seat Belt / Shoulder Harness	EJECTED	
11 Motorcycle	11 Other Government	77 Other	REQUIRED ENDORSEMENTS	3 Non-Incapacitating	3 Child Restraint	1 No	
12 Moped	12 Dump		1 Yes	4 Incapacitating	4 Air Bag - Deployed	2 Yes	
13 All Terrain Vehicle	13 Concrete Mixer		2 No	5 Fatal (Within 30 Days)	5 Air Bag - Not Deployed	3 Partial	
14 Train	14 Garbage or Refuse		3 No Endorsement Required	6 Non-Traffic Fatality	6 Safety Helmet		
15 Low Speed Vehicle	15 Cargo Van				7 Eye Protection		
77 Other	77 Other						

Section 3

DRIVER ACTION	1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 8 9	18 Undercarriage 19. Overturn 20. Windshield 21. Trailer			
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE					15 16 17	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)			
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							
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 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							
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	PLACARDED	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?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.						

# 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

<b>CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN</b>			<b>VEHICLE DEFECT</b>			<b>VEHICLE MOVEMENT</b>			<b>VEHICLE SPECIAL FUNCTIONS</b>						
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 (Explain In Narrative)				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				<b>SOURCE OF CARRIER INFORMATION</b>			
08 Drugs - Under Influence				08 Equipment / Vehicle Defect				08 Property Parked				1 Not Applicable	1	2	3
09 Alcohol & Drugs - Under Influence				77 All Other (Explain In Narrative)				09 Improperly Parked				2 Shipping Papers			
10 Followed Too Closely				<b>POINT OF COLLISION</b>				10 Making U-Turn				3 Vehicle Side			
11 Disregarded Traffic Signal				01 On Road	1	2	3					4 Driver			
12 Exceeded Safe Speed Limit				02 Not On Road				<b>PEDESTRIAN ACTION</b>				5 Other			
13 Disregarded Stop Sign				03 Shoulder				01 Crossing Not at Intersection							
14 Failed To Maintain Equip. / Vehicle				04 Median				02 Crossing at Mid-block Crosswalk							
15 Improper Passing				05 Turn Lane				03 Crossing at Intersection							
16 Drove Left of Center				<b>WORK AREA</b>				04 Walking Along Road With Traffic							
17 Exceeded Stated Speed Limit				01 None	1	2	3	05 Walking Along Road Against Traffic							
18 Obstructing Traffic				02 Nearby				06 Working on Vehicle In Road							
				03 Entered				07 Working In Road							
				77 All Other (Explain In Narrative)				08 Standing/Playing							
								09 Standing In Pedestrian Island							
								77 All Other (Explain In Narrative)							
								88 Unknown							

<b>FIRST / SUBSEQUENT HARMFUL EVENT(S)</b>			<b>ROAD SYSTEM IDENTIFIER</b>			<b>LIGHTING CONDITION</b>		
01 Collision With MV in Transport( Rear End)	15 Collision With Animal	29 MV Ran Into Ditch/Culvert	1	2	3	01 Interstate	07 Forest Road	01 Daylight
02 Collision With MV in Transport( Head On)	16 MV Hit Sign / Sign Post	30 Ran Off Road Into Water				02 U.S.	08 Private Roadway	02 Dusk
03 Collision With MV in Transport( Angle)	17 MV Hit Utility Pole / Light Pole	31 Overturned				03 State	77 All Other (Explain In Narrative)	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		88 Unknown
07 Collision With MV in Transport( Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	35 Explosion				<b>ROAD SURFACE CONDITION</b>	<b>WEATHER</b>	<b>ROAD SURFACE TYPE</b>
08 Collision With Parked Car	22 MV Hit Tree /Shrubbery	36 Downhill Runaway				01 Dry	01 Clear	01 Slag/Gravel/Stone
09 Collision With MV on Roadway	23 Collision With Construction Barricade Sign	37 Cargo Loss or Shift				02 Wet	02 Cloudy	02 Blacktop
10 Collision With Pedestrian	24 Collision With Traffic Gate	38 Separation of Units				03 Slippery	03 Rain	03 Brick/Block
11 Collision With Bicycle	25 Collision With Crash Attenuators	39 Median Crossover				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)	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							

<b>ROAD CONDITIONS AT TIME OF CRASH</b>			<b>VISION OBSTRUCTED</b>			<b>TRAFFIC CONTROL</b>			<b>SITE LOCATION</b>			<b>TRAFFICWAY CHARACTER</b>																																							
01 No Defects	02 Obstruction With Warning	03 Obstruction Without Warning	04 Road Under Repair / Construction	05 Loose Surface Materials	06 Shoulders - Soft / Low / High	07 Holes / Ruts / Unsafe Paved Edge	08 Standing Water	09 Worn / Polished Road Surface	77 All Other (Explain In Narrative)	01 Vision Not Obscured	02 Inclement Weather	03 Parked / Stopped Vehicle	04 Trees / Crops / Bushes	05 Load On Vehicle	06 Building / Fixed Object	07 Signs / Billboards	08 Fog	09 Smoke	77 All Other (Explain In Narrative)	10 Glare	01 No Control	02 Special Speed Zone	03 Speed Control Sign	04 School Zone	05 Traffic Signal	11 Posted No U-Turn	06 Stop Sign	12 No Passing Zone	07 Yield Sign	77 All Other (Explain In Narrative)	08 Flashing Light	09 Railroad Signal	10 Officer / Guard / Flagperson	01 Not At Intersection / RR X-ing / Bridge	02 At Intersection	03 Influenced By Intersection	04 Driveway Access	05 Railroad	11 Private Property	06 Bridge	12 Toll Booth	07 Entrance Ramp	13 Public Bus Stop Zone	08 Exit Ramp	77 All Other (Explain In Narrative)	09 Parking Lot - Public	10 Parking Lot - Private	01. Straight - Level	02. Straight - Upgrade / Downgrade	03. Curve - Level	04. Curve - Upgrade / Downgrade

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

# 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

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
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(NARRATIVE)

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

<b>Violator(s)</b>	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
FIRST AID GIVEN BY - NAME				INJURED TAKEN TO:			
1. Physician or Nurse <input type="checkbox"/> 2. Paramedic or EMT <input type="checkbox"/> 3. Police Officer <input type="checkbox"/> 4. Certified 1st Aider <input type="checkbox"/> 5. Other <input type="checkbox"/>				BY - NAME			
WAS INVESTIGATION MADE AT SCENE? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>		IF NO, THEN WHY?	
INVESTIGATOR - RANK & SIGNATURE		ID/BADGE NUMBER		DEPARTMENT		PHOTOS TAKEN 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> IF YES, BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER	
						FHP <input type="checkbox"/> SO <input type="checkbox"/> PD <input type="checkbox"/> OTHER <input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

FLORIDA TRAFFIC CRASH REPORT  
 NARRATIVE DIAGRAM  
 THIS REPORT IS TO BE FILED IN THE CRASH REPORT FILE OF THE COUNTY WHERE THE CRASH OCCURRED.  
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INDICATE NORTH WITH ARROW



PLATE NO.	VEHICLE TYPE	MAKE	MODEL	YEAR	DRIVER'S LICENSE NO.	DRIVER'S NAME	DRIVER'S ADDRESS	CITY	STATE	ZIP	INSURANCE CO.	INSURANCE NO.	INSURANCE CLASS.	INSURANCE RATE.	INSURANCE POLICY NO.	INSURANCE POLICY CLASS.	INSURANCE POLICY RATE.	INSURANCE POLICY NO.	INSURANCE POLICY CLASS.	INSURANCE POLICY RATE.