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

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	AM PM	AM PM	AM PM		

COUNTY / CITY CODE | FEET or MILE(S) | N S E W of | CITY OR TOWN | (Check if in City or Town) | COUNTY

AT NODE NO. or FEET or MILE(S) | FROM NODE NO. | NEXT NODE NO. | NO. OF LANES | 1. DIVIDED 2. UNDIVIDED | ON STREET, ROAD OR HIGHWAY

AT THE INTERSECTION OF (street, road or highway) or FEET | MILE(S) | N S E W | FROM INTERSECTION OF (street, road or highway)

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

18. Undercarriage 19. Overturn 20. Windshield 21. Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

Vehicle

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

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) | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

Pedestrian

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 1 Blood 3 Urine 5 None 2 Breath 4 Refused | 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 | 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? 1 Yes 2 No | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No | DRIVER'S PHONE NO. ( )

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

18. Undercarriage 19. Overturn 20. Windshield 21. Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

Vehicle

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

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) | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

Pedestrian

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 1 Blood 3 Urine 5 None 2 Breath 4 Refused | RESULTS | ALC/DRUG | PHYS.DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT.

WAS HAZARDOUS MATERIAL BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | 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? 1 Yes 2 No | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No | DRIVER'S PHONE NO. ( )

Code Information

VEHICLE TYPE
- 01 Automobile
- 02 Van
- 03 Light Truck / P.U. - 2 or 4 rear tires
- 04 Medium Truck - 4 rear tires
- 05 Heavy Truck - 2 or more rear axles
- 06 Truck Tractor (Cab-Bobtail)
- 07 Motor Home (RV)
- 08 Bus (driver + seats for 9-15)
- 09 Bus (driver + seats for over 15)
- 10 Bicycle
- 11 Motorcycle
- 12 Moped
- 13 All Terrain Vehicle
- 14 Train
- 15 Low Speed Vehicle
- 77 Other

VEHICLE USE
- 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
- 12 Dump
- 13 Concrete Mixer
- 14 Garbage or Refuse
- 15 Cargo Van
- 77 Other

TRAILER TYPE
- 01 Single Semi Trailer
- 02 Tandem Semi Trailer
- 03 Tank Trailer
- 04 Saddle Mount / Flatbed
- 05 Boat Trailer
- 06 Utility Trailer
- 07 House Trailer
- 08 Pole Trailer
- 09 Towed Vehicle
- 10 Auto Transport
- 77 Other

RESIDENCE (Driver / Ped.)
- 1 County of Crash
- 2 Elsewhere in State
- 3 Non-Resident Out of State
- 4 Foreign 5 Unknown

DL TYPE
- 1 A 2 B 3 C
- 4 D/ Chauffeur
- 5 E/ Operator
- 6 E/ Oper.-Rest.
- 7 None

REQUIRED ENDORSEMENTS
- 1 Yes
- 2 No
- 3 No Endorsement Required

RACE
- 1 White
- 2 Black
- 3 Hispanic
- 4 Other

SEX
- 1 Male
- 2 Female

PHYSICAL DEFECTS
- 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

ALCOHOL / DRUG USE
- 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 - Deployed
- 5 Air Bag - Not Deployed
- 6 Safety Helmet
- 7 Eye Protection

LOCATION IN VEHICLE
- 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

Section 3

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				

2 3 4 5 6 7 / 1 15 16 17 8 / 14 13 12 11 10 9
18. Undercarriage
19. Overturn
20. Windshield
21. Trailer
SHOW FIRST POINT OF VEHICLE

Vehicle

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) | 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

Pedestrian

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 1 Blood 3 Urine 5 None 2 Breath 4 Refused	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	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? 1 Yes 2 No	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No	DRIVER'S PHONE NO. ( )

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

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN (1 2 3)

01 No Improper Driving / Action
02 Careless Driving (Explain In Narrative)
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
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
24 Driver Distraction (Explain In Narrative)
77 All Other (Explain In Narrative)

VEHICLE DEFECT (1 2 3)

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)

POINT OF COLLISION (1 2 3)

01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane

WORK AREA (1 2 3)

01 None
02 Nearby
03 Entered

VEHICLE MOVEMENT (1 2 3)

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 Vehicle
77 All Other (Explain In Narrative)

VEHICLE SPECIAL FUNCTIONS (1 2 3)

1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance

SOURCE OF CARRIER INFORMATION (1 2 3)

1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

PEDESTRIAN ACTION (1 2 3)

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 Working In Road
08 Standing/Playing In Road
09 Standing In Pedestrian Island
77 All Other (Explain In Narrative)
88 Unknown

LOCATION TYPE

1 Primarily Business
2 Primarily Residential
3 Open Country

FIRST / SUBSEQUENT HARMFUL EVENT(S) (1 2 3)

01 Collision With MV in Transport(Rear End)
02 Collision With MV in Transport(Head On)
03 Collision With MV in Transport(Angle)
04 Collision With MV in Transport(Left Turn)
05 Collision With MV in Transport(Right Turn)
06 Collision With MV in Transport(Sideswipe)
07 Collision With MV in Transport(Backed Into)
08 Collision With Parked Car
09 Collision With MV on Roadway
10 Collision With Pedestrian
11 Collision With Bicycle
12 Collision With Bicycle (Bike Lane)
13 Collision With Moped
14 Collision With Train
15 Collision With Animal
16 MV Hit Sign / Sign Post
17 MV Hit Utility Pole / Light Pole
18 MV Hit Guardrail
19 MV Hit Fence
20 MV Hit Concrete Barrier Wall
21 MV Hit Bridge/Pier/Abutment/Rail
22 MV Hit Tree /Shrubbery
23 Collision With Construction Barricade Sign
24 Collision With Traffic Gate
25 Collision With Crash Attenuators
26 Collision With Fixed Object Above Road
27 MV Hit Other Fixed Object
28 Collision With Moveable Object On Road
29 MV Ran Into Ditch/Culvert
30 Ran Off Road Into Water
31 Overturned
32 Occupant Fell From Vehicle
33 Tractor/Trailer Jackknifed
34 Fire
35 Explosion
36 Downhill Runaway
37 Cargo Loss or Shift
38 Separation of Units
39 Median Crossover
77 All Other (Explain In Narrative)

ROAD SYSTEM IDENTIFIER

01 Interstate
02 U.S.
03 State
04 County
05 Local
06 Turnpike / Toll
07 Forest Road
08 Private Roadway
77 All Other (Explain In Narrative)

LIGHTING CONDITION

01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Light)
05 Dark (No Street Light)
88 Unknown

ROAD SURFACE CONDITION

01 Dry
02 Wet
03 Slippery
04 Icy
77 All Other (Explain In Narrative)

WEATHER

01 Clear
02 Cloudy
03 Rain
04 Fog
77 All Other (Explain In Narrative)

ROAD SURFACE TYPE

01 Slag/Gravel/Stone
02 Blacktop
03 Brick/Block
04 Concrete
05 Dirt
77 All Other (Explain In Narrative)

ROAD CONDITIONS AT TIME OF CRASH

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)

VISION OBSTRUCTED

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
10 Glare
77 All Other (Explain In Narrative)

TRAFFIC CONTROL

01 No Control
02 Special Speed Zone
03 Speed Control Sign
04 School Zone
05 Traffic Signal
06 Stop Sign
07 Yield Sign
08 Flashing Light
09 Railroad Signal
10 Officer / Guard / Flagperson
11 Posted No U-Turn
12 No Passing Zone
77 All Other (Explain In Narrative)

SITE LOCATION

01 Not At Intersection / RR X-ing / Bridge
02 At Intersection
03 Influenced By Intersection
04 Driveway Access
05 Railroad
06 Bridge
07 Entrance Ramp
08 Exit Ramp
09 Parking Lot - Public
10 Parking Lot - Private
11 Private Property
12 Toll Booth
13 Public Bus Stop Zone
77 All Other (Explain In Narrative)

TRAFFICWAY CHARACTER

01. Straight - Level
02. Straight - Upgrade / Downgrade
03. Curve - Level
04. Curve - Upgrade / Downgrade

TYPE SHOULDER

01. Paved
02. Unpaved
03. Curb

Violator(s)

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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FLORIDA TRAFFIC CRASH REPORT

☐ UPDATE ☐ CONTINUATION

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DO NOT WRITE IN THIS SPACE

DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER

Section — Vehicle

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

2 3 4 5 6 7 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer
1 15 16 17 8
14 13 12 11 10 9
SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

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

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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

Section — Pedestrian

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 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.

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Section — Vehicle

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NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY , STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

Section — Pedestrian

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

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE

WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO | IF NO , THEN WHERE?

IS INVESTIGATION COMPLETE? 1. YES 2. NO | IF NO , THEN WHY?

DATE OF REPORT

PHOTOS TAKEN 1. YES 2. NO | IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER

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

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN

01 No Improper Driving / Action
02 Careless Driving (Explain In Narrative)
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
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
24 Driver Distraction (Explain In Narrative)
77 All Other (Explain In Narrative)

VEHICLE DEFECT

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)

POINT OF COLLISION

01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane

WORK AREA

01 None
02 Nearby
03 Entered

VEHICLE MOVEMENT

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 Vehicle
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VEHICLE SPECIAL FUNCTIONS

1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance

SOURCE OF CARRIER INFORMATION

1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

PEDESTRIAN ACTION

01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
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06 Collision With MV in Transport(Sideswipe)
07 Collision With MV in Transport(Backed Into)
08 Collision With Parked Car
09 Collision With MV on Roadway
10 Collision With Pedestrian
11 Collision With Bicycle
12 Collision With Bicycle (Bike Lane)
13 Collision With Moped
14 Collision With Train
15 Collision With Animal
16 MV Hit Sign / Sign Post
17 MV Hit Utility Pole / Light Pole
18 MV Hit Guardrail
19 MV Hit Fence
20 MV Hit Concrete Barrier Wall
21 MV Hit Bridge/Pier/Abutment/Rail
22 MV Hit Tree /Shrubbery
23 Collision With Construction Barricade Sign
24 Collision With Traffic Gate
25 Collision With Crash Attenuators
26 Collision With Fixed Object Above Road
27 MV Hit Other Fixed Object
28 Collision With Moveable Object On Road
29 MV Ran Into Ditch/Culvert
30 Ran Off Road Into Water
31 Overturned
32 Occupant Fell From Vehicle
33 Tractor/Trailer Jackknifed
34 Fire
35 Explosion
36 Downhill Runaway
37 Cargo Loss or Shift
38 Separation of Units
39 Median Crossover
77 All Other (Explain In Narrative)

(ADDITIONAL NARRATIVE)

ADDITIONAL PASSENGERS

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

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	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)	TIME EMS ARRIVED (FATALITIES ONLY)	DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
☐ AM ☐ PM	☐ AM ☐ PM				

(NARRATIVE)

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

Violator(s)	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	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other ☐	INJURED TAKEN TO:	BY - NAME

WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO ☐	IF NO , THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES 2. NO ☐	IF NO , THEN WHY?	DATE OF REPORT	PHOTOS TAKEN 1. YES 2. NO ☐	IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER ☐

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

DIAGRAM

INDICATE NORTH
WITH ARROW