

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	N S E W	CITY OR TOWN	(Check if in City or Town)	61006544
	AT NODE NO. or FEET or MILES	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED	ON STREET, ROAD OR HIGHWAY
	AT THE INTERSECTION OF	FEET or MILES	N S E W	FROM INTERSECTION OF		

Section 1 Vehicle Pedestrian	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									18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer				
	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						
	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.		

Section 2 Vehicle Pedestrian	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									18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer				
	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						
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	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.		

Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	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 Passenger Van	02 Commercial Passengers	02 Tandem Semi Trailer (s)	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center
	03 Pickup/Light Truck - 2 rear tires	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident 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 5 Unknown	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-Bootal)	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	1 White	7 Other Physical Defect		7 In Body Of Truck
	08 Bus	08 Law Enforcement	08 Pole Trailer	2 Black	INJURY SEVERITY	SAFETY EQUIPMENT IN USE	8 Bus Passenger
	09 Bicycle	09 Fire / Rescue	09 Towed Vehicle	3 Hispanic	1 None	1 Not In use	9 Other
	10 Motorcycle	10 Military	77 Other	4 Other	2 Possible	2 Seat Belt / Shoulder Harness	
	11 Moped	11 Other Government		5 E/ Operator	3 Non-Incapacitating	3 Child Restraint	
	12 All Terrain Vehicle	77 Other		6 E/ Oper - Rest	4 Incapacitating	4 Air Bag	
	13 Train			7 Other	5 Fatal (Within 30 Days)	5 Safety Helmet	
	77 Other			REQUIRED ENDORSEMENTS	6 Non-Traffic Fatality	6 Eye Protection	
				1 Yes			EJECTED
				2 No			1 No
				3 No Endorsement Required			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	SHOW FIRST POINT OF VEHICLE CONTACT AND DAMAGED AREA(S)						
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE					
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 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								
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DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALCOHOL TEST TYPE	RESULTS	ALCOHOL	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	
02 Careless Driving				02 Def. Brakes				02 Slowing / Stopped / Stalled				
03 Failed To Yield Right - of - Way				03 Worn / Smooth Tires				03 Making Left Turn				
04 Improper Backing				04 Defective / Improper Lights				04 Backing				
05 Improper Lane Change				05 Puncture / Blowout				05 Making Right Turn	11 Passing			
06 Improper Turn				06 Steering Mech.				06 Changing Lanes	12 Driverless or Runaway Vehicle			
07 Alcohol - Under Influence				07 Windshield Wipers				07 Entering / Leaving Parking Space	77 All Other (Explain In Narrative)			
08 Drugs - Under Influence				08 Equipment / Vehicle Defect				08 Properly 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	1	2	3
12 Exceeded Safe Speed Limit	19 Improper Load			02 Not On Road				02 Crossing at Mid-block Crosswalk	In Road			
13 Disregarded Stop Sign	20 Disregarded Other Traffic Control			03 Shoulder				03 Crossing at Intersection	08 Standing/Playing In Road			
14 Failed To Maintain Equip. / Vehicle	21 Driving Wrong Side / Way			04 Median				04 Walking Along Road With Traffic	09 Standing In Pedestrian Island			
15 Improper Passing	22 Fleeing Police			05 Turn Lane / Safety Zone				05 Walking Along Road Against Traffic	77 All Other (Explain In Narrative)			
16 Drove Left of Center	23 Vehicle Modified							06 Working on Vehicle In Road	88 Unknown			
17 Exceeded Stated Speed Limit	24 Driver Distraction											
18 Obstructing Traffic	77 All Other (Explain In Narrative)											

FIRST / SUBSEQUENT HARMFUL EVENT(S)				ROAD SYSTEM IDENTIFIER				LIGHTING CONDITION			
01 Collision With MV in Transport(Rear End)	15 Collision With Animal	29 MV Ran Into Ditch/Culvert		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	F S	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		06 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			07 All Other (Explain In Narrative)		07 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		11 No Passing Zone	05 Railroad Crossing					
06 Holes / Ruts / Unsafe Paved Edge			06 Building / Fixed Object			06 Flashing Light		77 All Other (Explain In Narrative)	06 Bridge		11 Private Property			
07 Standing Water			07 Signs / Billboards			07 Railroad Signal			07 Entrance Ramp		77 All Other (Explain In Narrative)			
08 Worn / Polished Road Surface			08 Fog			08 Officer / Guard / Flagman			08 Exit Ramp			TYPE SHOULDER		
77 All Other (Explain In Narrative)			09 Smoke			09 Posted No U-Turn			09 Parking Lot - Public			1. Paved		
			10 Glare			10 Special Speed Zone			10 Parking Lot - Private			2. Unpaved		
												3. Curb		

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

FLORIDA TRAFFIC CRASH REPORT

UPDATE CONTINUATION

DO NOT WRITE IN THIS SPACE

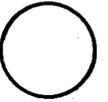
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS
 TALLAHASSEE, FLORIDA 32399-0500

		COUNTY/CITY CODE				DATE OF CRASH				INVEST. AGENCY REPORT NUMBER				HSMV CRASH REPORT NUMBER			
Section	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER				POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer				
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	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	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	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER				POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer				
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	INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER				VEHICLE REMOVED BY:				1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other				
	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						
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	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
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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
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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 <input type="checkbox"/>		Buses Designed To Carry 16 or more Persons <input type="checkbox"/>		PERSONS Sustaining Fatal Injuries <input type="checkbox"/>		Transported For Immediate Medical Treatment <input type="checkbox"/>		VEHICLES Provided Assistance or Towed From the Scene Due to Damage <input type="checkbox"/>						
CARRIER'S NAME								SOURCE						
ADDRESS (Number and Street)								CITY						
STATE								ZIP						
IDENTIFICATION NUMBERS: U S DOT								ICC MC						
STATE NUMBER								STATE						
GROSS VEHICLE WEIGHT RATING				CARGO BODY TYPE		VEHICLE CONFIGURATION		HAZARDOUS MATERIAL INVOLVEMENT						
Truck, Tractor or Bus				1. Bus		0. Any 4-Tire Vehicle		Did Vehicle Have a Hazardous Material Placard?						
Trailer or Trailers (Total)				2. Van/Enclosed Box		1. Bus		1. Yes 2. No						
Total Number of Axles (Incl. Trailers)				3. Cargo Tank		2. Single Unit Truck (2 Axle / 6 or more Tires)		If "YES", from Placard Indicate Name or 4-Digit Number From Diamond or Box						
				4. Flat Bed		3. Single Unit Truck (3 or more Axles)								
				5. Dump		4. Truck with Trailer								
				6. Concrete Mixer		5. Truck Tractor Only (Bobtail)								
				7. Auto Transport		6. Tractor with Semi-Trailer								
				8. Garbage or Refuse		7. Tractor with Double Trailers								
				9. Other		8. Tractor with Triple Trailers								
						9. Other - Unable To Classify								
SEQUENCE OF EVENTS (FOR THIS VEHICLE)														
EVENT # 1		EVENT # 2		EVENT # 3		EVENT # 4		1 Digit Number From Bottom of Diamond						
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>						
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					Was Hazardous Material Released From This Vehicle's Cargo? 1. Yes 2. No				

CARRIER'S NAME								SOURCE						
ADDRESS (Number and Street)								CITY						
STATE								ZIP						
IDENTIFICATION NUMBERS: U S DOT								ICC MC						
STATE NUMBER								STATE						
GROSS VEHICLE WEIGHT RATING				CARGO BODY TYPE		VEHICLE CONFIGURATION		HAZARDOUS MATERIAL INVOLVEMENT						
Truck, Tractor or Bus				1. Bus		0. Any 4-Tire Vehicle		Did Vehicle Have a Hazardous Material Placard?						
Trailer or Trailers (Total)				2. Van/Enclosed Box		1. Bus		1. Yes 2. No						
Total Number of Axles (Incl. Trailers)				3. Cargo Tank		2. Single Unit Truck (2 Axle / 6 or more Tires)		If "YES", from Placard Indicate Name or 4-Digit Number From Diamond or Box						
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				8. Garbage or Refuse		7. Tractor with Double Trailers								
				9. Other		8. Tractor with Triple Trailers								
						9. Other - Unable To Classify								
SEQUENCE OF EVENTS (FOR THIS VEHICLE)														
EVENT # 1		EVENT # 2		EVENT # 3		EVENT # 4		1 Digit Number From Bottom of Diamond						
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>						
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					Was Hazardous Material Released From This Vehicle's Cargo? 1. Yes 2. No				

DEFINITIONS

TRUCK — A MOTOR VEHICLE DESIGNED, USED OR MAINTAINED PRIMARILY FOR THE TRANSPORTATION OF PROPERTY. FOR THE PURPOSE OF THIS FORM THE VEHICLE MUST ALSO MEET ONE OF THE FOLLOWING CRITERIA:

HAVE AT LEAST 6 TIRES ON THE GROUND
or
CARRY A HAZARDOUS MATERIAL PLACARD

BUS — A MOTOR VEHICLE PROVIDING SEATS FOR 16 OR MORE PERSONS INCLUDING THE DRIVER AND USED PRIMARILY FOR THE TRANSPORTATION OF PERSONS.

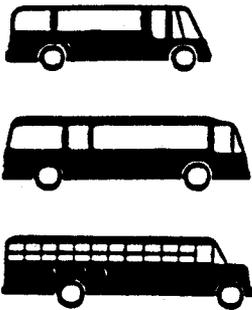
TRAILER — A NON-POWER VEHICLE TOWED BY A MOTOR VEHICLE.

REPORTABLE CRASH — A TRAFFIC CRASH REQUIRED TO BE REPORTED IN WRITING BY A LAW ENFORCEMENT OFFICER TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES INVOLVING ONE OR MORE TRUCKS OR BUSES (AS DEFINED ABOVE) WHICH RESULTS IN:

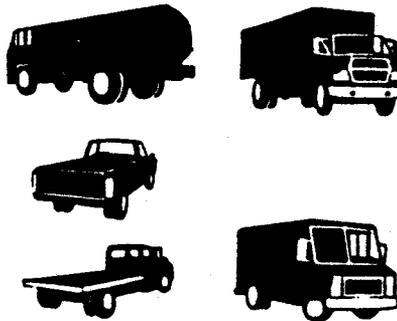
- ONE OR MORE FATALITIES
or
- ONE OR MORE NON-FATAL INJURIES REQUIRING TRANSPORTATION FOR THE PURPOSE OF OBTAINING IMMEDIATE MEDICAL TREATMENT
or
- ONE OR MORE OF THE VEHICLES BEING REMOVED FROM THE SCENE AS A RESULT OF DISABLING DAMAGE
or
- ONE OR MORE VEHICLES REQUIRING INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

TYPICAL VEHICLE SILHOUETTES

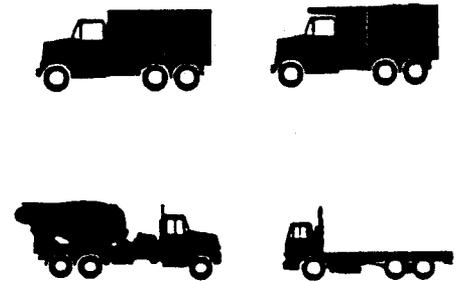
1. BUS



2. SINGLE UNIT TRUCK - 2 AXLE / 6 TIRE



3. SINGLE UNIT TRUCK - 3 AXLE



4. TRUCK WITH TRAILER



5. TRUCK TRACTOR (BOBTAIL)



6. TRACTOR WITH SEMI-TRAILER



7. TRACTOR WITH DOUBLE TRAILERS



8. TRACTOR WITH TRIPLE TRAILERS



TYPICAL HAZARDOUS MATERIAL PLACARDS

