

## Drug Test Result Data Collection

Please Note: Required if person(s) in the crash test positive for drugs in accordance with F.S. 381.989(3)(b).

CRASH DATE	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
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<b>PERSON #</b> <input type="text"/> Date of Birth <input type="text"/>	<b>Positive Drug Test Results</b>	
(Choose up to 4)  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1-Amphetamine 2-Cocaine 3-Marijuana/Cannabis 4-Opiate	5-Other Controlled Substance 6-PCP 7-Other Drug (excludes post-crash drugs) 88-Unknown

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