

FLORIDA TRAFFIC CRASH REPORT

HIGHWAY SAFETY & MOTOR VEHICLES

TRAFFIC CRASH RECORDS

NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

LONG FORM SHORT FORM UPDATE

(Electronic Version)

Attachment D
Note: values in fields are for illustration only

Static Section

Static Section

Static Section

Static Section

Dynamic Section
*Repeats as necessary

Dynamic Section
*Repeats as necessary

Crash Date JUNE 03, 2009	Time of Crash 10:00 PM	Date of Report JUNE 03, 2009	Reporting Agency Case Number	HSMV Crash Report Number
CRASH IDENTIFIERS				
County Code 07	City Code 33	County of Crash	Place or City of Crash	Within City Limits YES
Time on Scene 11:00 PM	Time Cleared Scene 12:13 AM	Completed YES	Reason (If Investigation NOT Complete)	Notified By LAW ENFORCEMENT
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)				
Crash Occurred On Street, Road, Highway		1 At Street Address #	2 At Latitude	And Longitude
At Feet	Or Miles	Direction	3 From Intersection With Street, Road, Highway	4 Or From Milepost #
Road System Identifier 77 OTHER, EXPLAIN IN NARRATIVE	Type of Shoulder	Type of Intersection		
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>				
Light Condition 77 OTHER, EXPLAIN IN NARRATIVE	Weather Condition 77 OTHER, EXPLAIN IN NARRATIVE	Roadway Surface Condition 77 OTHER, EXPLAIN IN NARRATIVE	School Bus Related 3 YES, SCHOOL BUS INDIRECTLY INVOLVED	Manner Of Collision 5 SIDESWIPE, OPPOSITE DIRECTION
First Harmful Event Type 1 COLLISION WITH FIXED OBJECT	First Harmful Event 39 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)	First Harmful Event Location 8 IN PARKING LANE OR ZONE	Within Interchange 88 UNKNOWN	First Harmful Event Relation To Junction 17 ACCELERATION/DECELERATION LANE
Contributing Circumstances: Road 13 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING OR OBSCURED		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 77 OTHER, EXPLAIN IN NARRATIVE		Contributing Circumstances: Environment 77 OTHER, EXPLAIN IN NARRATIVE		Contributing Circumstances: Environment 77 OTHER, EXPLAIN IN NARRATIVE
Work Zone Related 88 UNKNOWN	Crash In Work Zone 1 BEFORE THE FIRST WORK ZONE WARNING SIGN	Type Of Work Zone 4 INTERMITTENT OR MOVING WORK	Workers In Work Zone 88 UNKNOWN	LAW ENFORCEMENT IN WORK ZONE 3 LAW ENFORCEMENT VEHICLE ONLY PRESENT
VEHICLE Check if Commercial <input type="checkbox"/>				
Vehicle 01	Motor Vehicle Type 2 PARKED MOTOR VEHICLE	Hit and Run 88 UNKNOWN	Veh License Number WW	Reg. Expires JUNE 03, 2009
Year 2009	Make HOND	Model	Style	Color
Extent Of Damage 2 FUNCTIONAL		Est. Damage	Towed Due To Damage	Vehicle Removed By
Insurance Company (Driver)		Insurance Policy Number		
Name of Vehicle Owner (Business) <input type="checkbox"/>		Current Address		City & State
Zip Code				
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.
Year	Make	Length	Axles	
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.
Year	Make	Length	Axles	
Vehicle Traveling	Direction	On Street, Road, Highway		At Est. Speed
Posted Speed	Total Lanes			
CMV Configuration 2 SINGLE-UNIT TRUCK (2-axle and GVWR more than 10,000 lbs (4,536 kg))	Cargo Body Type 15 NOT APPLICABLE (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard)	Area of Initial Impact		Most Damaged Area
Comm GVWR/GCWR 2 10,001-26,000 lbs (4,536-11,793 kg)	Trailer Type (Trailer One) 77 OTHER, EXPLAIN IN NARRATIVE	Trailer Type (Trailer Two) 77 OTHER, EXPLAIN IN NARRATIVE		
Haz. Mat. Release	Haz. Mat Placard	Number	Class	
Motor Carrier Name		US DOT Number		
Motor Carrier Address		City & State		Zip Code
Phone Number				
Comm/Non-Commercial 3 NOT IN COMMERCE/ GOVERNMENT	Vehicle Body Type 20 MEDIUM/HEAVY TRUCKS (more than 10,000 lbs (4,536 kg))	Vehicle Defects (one) 16 TRUCK COUPLING/ TRAILER HITCH/ SAFETY CHAINS	Vehicle Defects (two) 77 OTHER, EXPLAIN IN NARRATIVE	Emergency Vehicle Use
Special Function of MV 13 TRANSIT/ COMMUTER BUS				
Vehicle Maneuver Action 77 OTHER, EXPLAIN IN NARRATIVE	Trafficway 3 TWO-WAY, DIVIDED, UNPROTECTED (painted >4 feet) MEDIAN	Roadway Grade 5 SAG (bottom)	Roadway Alignment 2 CURVE RIGHT	Most Harmful Event COLLISION WITH NON-FIXED OBJECT
Most Harmful Detail 17 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE				
Traffic Control Device For This Vehicle 10 PERSON (including Flagman, Officer, Guard, etc.)	First (1) Sequence of Events 17 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE	Second (2) Sequence of Events 17 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE	Third (3) Sequence of Events 17 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE	Fourth (4) Sequence of Events 17 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE
PERSON				
Person # 01	Description 2 NON-MOTORIST	Vehicle # 01	Name	Date of Birth JUNE 03, 2009
Sex 88 UNKNOWN	Phone Number	Re-Exam		
Address		City & State		Zip Code
Driver License Number	State	Expires	DI Type 6 E/OPER - REST	Req. End. 3 NO REG. END.
Injury Severity 5 FATAL (within 30 days)	Ejection 3 EJECTED, PARTIALLY			
Restraint Systems 7 CHILD RESTRAINT SYSTEM - FORWARD FACING	Air Bag Deployed 5 DEPLOYED - OTHER (knee, air belt, etc.)	Helmet Use 1 DOT-COMPLIANT MOTORCYCLE HELMET	Eye Protection 3 NOT APPLICABLE	Seating Location Seat 77 OTHER (explain in narrative)
Seating Location Row 77 OTHER ROW	Seating Location Other 6 RIDING ON MOTOR VEHICLE EXTERIOR (non-trailing unit)			

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Static Section
*Appears top of each new page

Dynamic Section
*Continuation of PERSON from page 1 (This shows all fields - see Person Section Variations)

Dynamic Section(s)
*Repeats as necessary

Narrative expands as necessary

Static Section

A Diagram should be a full page

Crash Date JUNE 03, 2009	Date of Report JUNE 03, 2009	Reporting Agency Case Number	HSMV Crash Report Number
Drivers Actions at Time of Crash (First) 30 SWERVED OR AVOIDED: DUE TO WIND, SLIPPERY SURFACE, MV, OBJECT, NON_MOTORIST IN ROADWAY, ETC.		Drivers Actions at Time of Crash (Second) 30 SWERVED OR AVOIDED: DUE TO WIND, SLIPPERY SURFACE, MV, OBJECT, NON_MOTORIST IN ROADWAY, ETC.	
Drivers Actions at Time of Crash (Third) 30 SWERVED OR AVOIDED: DUE TO WIND, SLIPPERY SURFACE, MV, OBJECT, NON_MOTORIST IN ROADWAY, ETC.		Drivers Actions at Time of Crash (Fourth) 30 SWERVED OR AVOIDED: DUE TO WIND, SLIPPERY SURFACE, MV, OBJECT, NON_MOTORIST IN ROADWAY, ETC.	
Driver Distracted By 5 EXTERNAL DISTRACTION (outside the vehicle, explain in narrative)		Drivers Condition at Time of Crash 9 UNDER THE INFLUENCE OF MEDICATIONS/ DRUGS/ALCOHOL	
Non-Motorist Description 2 OTHER PEDESTRIAN (wheelchair, person in a building, skater, pedestrian conveyance, etc.)		Non-Motorist Action Prior to Crash 4 WALKING/CYCLING ALONG ROADWAY AGAINST TRAFFIC (in or adjacent to travel lane)	
Non-Motorist Location at Time of Crash 2 INTERSECTION - UNMARKED CROSSWALK			
Non-Motorist Actions/Circumstances (First) 6 DISABLED VEHICLE RELATED (working on, pushing, leaving/approaching)		Non-Motorist Actions/Circumstances (Second) 7 ENTERING/EXITING PARKED/STANDING Vehicle	
Non-Motorist Safety Equipment (one) 3 PROTECTIVE PADS USED (elbows, knees, shins, etc.)		Non-Motorist Safety Equipment (two) 3 PROTECTIVE PADS USED (elbows, knees, shins, etc.)	
Suspected Alcohol Use 88 UNKNOWN	Alcohol Tested 88 UNKNOWN, IF TESTED	Alcohol Test Type 77 OTHER, EXPLAIN IN NARRATIVE	Alcohol Test Result 88 UNKNOWN
BAC .202	Suspected Drug Use 88 UNKNOWN	Drug Tested 88 UNKNOWN, IF TESTED	Drug Test Type 77 OTHER, EXPLAIN IN NARRATIVE
Drug Test Result 88 UNKNOWN	Source of Transport to Medical Facility 77 OTHER, EXPLAIN IN NARRATIVE		
EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To	
VIOLATIONS			
Person # 01	Name	FL Statute Number	Charge
Citation Number			
WITNESSES			
Name		Address	
City & State		Zip Code	
NON VEHICLE PROPERTY DAMAGE			
Vehicle # 01	Person # 01	Property Damage - Other Than Vehicle FENCE, POST, SHRUBERY	Est. Amount \$100,000
Business 1 NO	Owner's Name	Address	City & State
Zip Code			
NARRATIVE			
REPORTING OFFICER			
ID/Badge Number	Rank and Name		Department
Type of Department			
DIAGRAM			

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