



FLHSMV
FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES



CRASH RECORD REPORTING TRAINING SESSION 2019

Objectives

After completing this training module, you will be able to...

- Know that your commitment to accurate reporting is crucial to highway safety.



- Validate Crash Report data fields.



- Identify incorrect Crash Report data fields.



- Correct common errors on Crash Reports.



Traffic Crash Program



Florida Court and Law Enforcement Agency - Information System

Home

UTC Program

Crash

DAVID

Forms

Reports

Laws/Resources

Presentations

Training

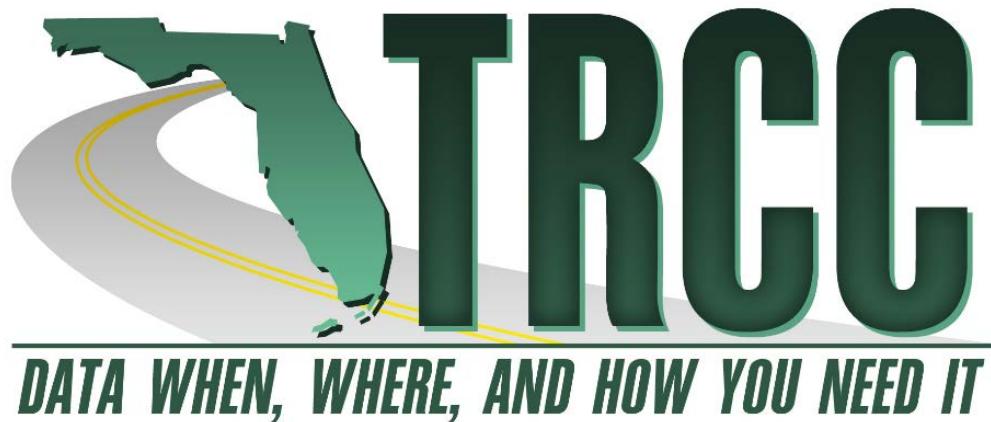
Grants

DHSMV is responsible for the collection and dissemination of all state crash records, including **Fatality Analysis Reporting System** and **Florida Traffic Crash Facts**. (*F.S. 316.069*)

<http://www.flhsmv.gov/courts/crash>

Introduction

FDOT's Traffic Records Coordinating Committee (TRCC) awarded the Florida Department of Highway Safety and Motor Vehicles (DHSMV) the 2019 Crash and Citation Data Accuracy Improvement Project GRANT to improve the accuracy and completeness of crash and UTC data.



www.fltrafficrecords.com

Strategic Highway Safety Plan

Developed and implemented by numerous state and local partners, including Florida Police Chiefs Association, Florida Sheriffs Association, DHSMV, FHP, DOT, DOE, DOH, the Metropolitan Planning Organization Advisory Council, city and county engineers, and other traffic safety stakeholders.

-Florida Department of Transportation



Overview

Motor vehicle crash reporting provides valuable data to many different groups who need timely, complete, and accurate motor vehicle crash information. Main focus areas include:



ENFORCEMENT

EDUCATION

ENGINEERING

**EMERGENCY
MANAGEMENT SERVICES**

Overview - SHSP

The application for some of the federal funding that Florida receives is tied to this plan. Focus areas are:

- Impaired driving
- Teen drivers
- Aging drivers
- Occupant protection
(seatbelts/child safety seats)

- Speeding/aggressive driving
- Commercial vehicles
- Wrong-way driving
- Work zone safety
- And more...

Many of these areas use grant funding to support training, enhanced enforcement (high-visibility enforcement and overtime) and media campaigns for awareness.

Overview - SHSP

Prioritization is:

- Data-driven
- Based on evaluation of data obtained from crash reports entered by the reporting officers

So, accurately documenting:

- Alcohol and drug involvement
- Driver behaviors
- Crash events

...on the crash report is a vital component of the process.

Timeliness

Electronic records

- 95% crash reports transmitted in XML format
- Loaded to state repository daily

Paper crash records

- 5% received and processed
- Data entered by a third party
- Transmitted and loaded into the state's repository

2017 Traffic Facts

Approximately **254,310** people were injured, in addition to **3,116** deaths due to motor vehicle crashes on Florida's highways last year.

Each of these events is described in the Crash Report that law enforcement officials prepare daily.



Introduction

All stakeholders need high-quality data to develop policies and programs that will improve the safety and the operation of Florida's roadway transportation network. Improving motor vehicle traffic crash data will help State and local agencies do the following:

- Identify specific traffic safety problems
- Communicate safety issues to the public
- Make better programming and resource allocation decisions
- Enable better monitoring and program evaluation



Better Data Leads To Safer Roadways



Florida Traffic Crash Reports

Improvement Goals

Errors in accuracy, completeness and timeliness result from oversights, misunderstandings and law enforcement agencies submitting paper crash reports from which the subsequent data is entered by a third party.

Electronic Crash
Reporting
Hardware



Law Enforcement
Instructional
Training



**Improved Data
Collection and
Reporting
Processes**



Traffic Crash Report

The Florida Traffic Crash Report, which can be designated as either the “Long Form” or “Short Form”, is used by Florida law enforcement officers to report traffic crashes to the Department of Highway Safety and Motor Vehicles.



FLORIDA TRAFFIC CRASH REPORT									
LONG FORM <input type="checkbox"/> SHORT FORM <input type="checkbox"/> UPDATE <input type="checkbox"/>		MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING TALLAHASSEE, FL 32399-0557		TOTAL # OF VEHICLE SECTION(S) _____		TOTAL # OF PERSON SECTION(S) _____		TOTAL # OF NARRATIVE SECTION(S) _____	
CRASH DATE		TIME OF CRASH		DATE OF REPORT		REPORTING AGENCY CASE NUMBER		FBI CRASH REPORT NUMBER	
CRASH IDENTIFIERS		COUNTY OF CRASH		PLACE OR CITY OF CRASH		SECTION # WITHIN CITY LIMITS		TIME REPORTED	
TIME ON SCENE		TIME CLEARED SCENE		CHECK IF COMPLETE <input type="checkbox"/>		REASON (If investigation NOT Complete)		NOTIFIED BY: 1. Motorist 2. Law Enforcement	
ROADWAY INFORMATION (CHOOSE ONLY 1 & 4 OPTIONS)									
CRASH OCCURRED ON STREET, ROAD, HIGHWAY									
AT STREET ADDRESS # _____ AT LATITUDE AND _____ OR FROM MILEPOST # _____									
ROAD SYSTEM IDENTIFIER		TYPE OF SHOULDER		TYPE OF INTERSECTION		SCHOOL BUS RELATED		MANNER OF COLLISION/IMPACT	
1 Interstate 2 US 3 State 4 County 5 Private Roadway 6 Private Lane 7 Other, Explain in Narrative		1 Paved 2 Unpaved 3 Other, Explain in Narrative		1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Nearly or Fully Involved 4 Other, Explain in Narrative		1 Not at Intersection 2 Not at Intersection 3 Intersection 4 Intersection		1 Traffic Circle 2 Roundabout 3 Overlap, Opposite Direction 4 Overlap, Same Direction 5 Head-On 6 Side 7 Rear-End 8 Other, Explain in Narrative	
CRASH INFORMATION (CHECK IF PICTURES TAKEN)									
LIGHT CONDITION		WEATHER CONDITION		ROADWAY SURFACE CONDITION		SCHOOL BUS RELATED		MANNER OF COLLISION/IMPACT	
1 Daylight 2 Dusk 3 Dawn 4 Night 5 Other, Explain in Narrative		1 Clear 2 Partly Cloudy 3 Cloudy 4 Overcast 5 Other, Explain in Narrative		1 Dry 2 Wet 3 Ice 4 Oil/Grease 5 Other, Explain in Narrative		1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Nearly or Fully Involved 4 Other, Explain in Narrative		1 Traffic Circle 2 Roundabout 3 Overlap, Opposite Direction 4 Overlap, Same Direction 5 Head-On 6 Side 7 Rear-End 8 Other, Explain in Narrative	
FIRST HARMFUL EVENT		COLLISION NON-FIXED OBJECT		COLLISION WITH FIXED OBJECT		SCHOOL BUS RELATED		MANNER OF COLLISION/IMPACT	
1 Non-Collision 2 Collision 3 Collision 4 Collision 5 Collision 6 Collision 7 Collision 8 Collision 9 Collision 10 Collision 11 Collision 12 Collision 13 Collision 14 Collision 15 Collision 16 Collision 17 Collision 18 Collision 19 Collision 20 Collision 21 Collision 22 Collision 23 Collision 24 Collision 25 Collision 26 Collision 27 Collision 28 Collision 29 Collision 30 Collision 31 Collision 32 Collision 33 Collision 34 Collision 35 Collision 36 Collision 37 Collision 38 Collision 39 Collision 40 Collision 41 Collision 42 Collision 43 Collision 44 Collision 45 Collision 46 Collision 47 Collision 48 Collision 49 Collision 50 Collision 51 Collision 52 Collision 53 Collision 54 Collision 55 Collision 56 Collision 57 Collision 58 Collision 59 Collision 60 Collision 61 Collision 62 Collision 63 Collision 64 Collision 65 Collision 66 Collision 67 Collision 68 Collision 69 Collision 70 Collision 71 Collision 72 Collision 73 Collision 74 Collision 75 Collision 76 Collision 77 Collision 78 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CONTRIBUTING CIRCUMSTANCES: ROAD									
CONTRIBUTING CIRCUMSTANCES: ENVIRONMENT									
CONTRIBUTING CIRCUMSTANCES: WORK ZONE									
CONTRIBUTING CIRCUMSTANCES: LAW ENFORCEMENT IN WORK ZONE									
WITNESSES									
NON VEHICLE PROPERTY DAMAGE									
VEHICLE # PERSON # PROPERTY DAMAGE - OTHER THAN VEHICLE									
VEHICLE # PERSON # PROPERTY DAMAGE - OTHER THAN VEHICLE									

HSMV 90010S Long Form

A Long Form Report (HSMV 90010S) in its entirety must include a Narrative and Diagram when ONE or more of the following criteria are met:

- Resulted in death of, personal injury to, or any indication or complaints of pain or discomfort by any of the parties or passengers involved in the crash
- Leaving the scene involving damage to attended vehicles or property (*F.S. 316.061 (1)*)
- Driving while under the influence (*F.S. 316.193*)
- Rendered a vehicle inoperable to a degree that required a wrecker to remove it from the scene of the crash
- Involved a commercial motor vehicle

Only the crash reports that meet the above criteria are included in year-end statistics.

HSMV 90010S Short Form

The Short Form Report designation is used to report other types of traffic crashes.

If form HSMV 90010S is used as a Short Form Report, a diagram and narrative are not required unless ***'77: Other-Explain in Narrative'*** is selected.

Traffic Control Device For This Vehicle	
<input type="checkbox"/>	
1 No Controls	8 Flashing Signal
4 School Zone Sign/ Device	9 Railway Crossing Device
5 Traffic Control Signal	10 Person (including Flagman, Officer, Guard, etc.)
6 Stop Sign	13 Warning Sign
7 Yield Sign	77 Other, Explain in Narrative
	88 Unknown

A code of “other – explain in narrative” or “unknown”, especially when it is the only value entered for a data element such as Drivers Actions At Time Of Crash or Harmful Event, will potentially prevent the crash from consideration, so it is better to use a more specific code if it applies.

When “77: Other, Explain in Narrative” is selected, the Narrative Page must be completed.

Completing Crash Reports

All Long Form and Short Form crash reports must include:

- The date, time, and location of the crash
- Description of vehicle(s) involved
- Names and address' of all parties involved, including drivers and passengers
- Names and address' of all witnesses
- Names of insurance companies
- The name, badge number and agency of the officer investigating the crash





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Crash Report Event Page

Event Page

The topics covered in this section include:

- Event Page heading
- Crash Identifiers
- Roadway Information
- Crash Information
 - Harmful Event
 - Work Zone

FLORIDA TRAFFIC CRASH REPORT									
LONG FORM <input type="checkbox"/> SHORT FORM <input type="checkbox"/> UPDATE <input type="checkbox"/>					TOTAL # OF VEHICLE SECTION(S) _____				
MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING TALLAHASSEE, FL 32399-0537					TOTAL # OF PERSON SECTION(S) _____				
					TOTAL # OF NARRATIVE SECTION(S) _____				
CRASH DATE		TIME OF CRASH		DATE OF REPORT		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
CRASH IDENTIFIERS									
COUNTY CODE		CITY CODE		COUNTY OF CRASH		PLACE OR CITY OF CRASH		CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	
TIME ON SCENE		TIME CLEARED SCENE		CHECKED IF COMPLETED <input type="checkbox"/>		REASON (If Investigation NOT Complete)		Notified By: 1. Motorist <input type="checkbox"/> 2. Law Enforcement <input type="checkbox"/>	
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)									
CRASH OCCURRED ON STREET, ROAD, HIGHWAY									
FEET		MILES		N S E W		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY		OR FROM MILEPOST #	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Road System Identifier		Type of Shoulder		Type of Intersection		Type of Intersection		Type of Intersection	
1 Interstate 2 U.S. 3 State		7 Forest Road 8 Private Roadway 9 Parking Lot 10 Turnpike/Toll 77 Other, Explain in Narrative		1 Paved 2 Unpaved 3 Curb		1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection		3 Traffic Circle 4 Roundabout 5 Side-swing, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative	
CRASH INFORMATION (CHECK IF PICTURES TAKEN)									
Light Condition		Weather Condition		Roadway Surface Condition		School Bus Related		Manner of Collision/Impact	
1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted		4 Fog, Cloud, Smoke 5 Sleet/Hail 6 Freezing Rain 7 Other, Explain in Narrative 8 Unknown		9 Oil 10 Mud, Dirt, Gravel 11 Sand 12 Water (standing, flowing) 13 Dry 14 Wet 15 Ice/Frost		1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		1 Front to Front 2 Front to Rear 3 Angle 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown	
First Harmful Event		Non-Collision		Collision Non-Fixed Object		Collision with Fixed Object		First Harmful Event Location	
<input type="checkbox"/>		1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Trunk or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		10 Pedestrian 11 Motorcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck by Falling, Shifting Cargo 18 Other Non-Fixed Object		19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier		30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Pole, Post or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)	
First Harmful Event within Interchange		First Harmful Event Relation to Junction		Contributing Circumstances: Road		Contributing Circumstances: Environment			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
1 No 2 Yes 88 Unknown		3 Railway Grade Crossing 4 Entrance/Exit Ramp 5 Crossover - Related 6 Through Roadway 7 Acceleration/Deceleration Lane 8 Through Roadway 77 Other, Explain in Narrative 88 Unknown		1 None 2 Work Zone (construction/maintenance, utility) 3 Shoulders (none, low, soft, high) 4 Rut, Holes, Bumps		5 Worn, Travel-Polished Surface 6 Road Surface Condition (wet, icy, snow, slush, etc.) 7 Destruction in Roadway 8 Debris 9 Traffic Control Device Inoperative, Missing or Obscured 10 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown		1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown	
Work Zone Related		Crash in Work Zone		Type of Work Zone		Workers in Work Zone		Law Enforcement in Work Zone	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
1 No 2 Yes 88 Unknown		1 Before the First Work Zone 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		1 No 2 Yes 88 Unknown		1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present	
WITNESSES									
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NON VEHICLE PROPERTY DAMAGE									
VEHICLE #		PERSON #		PROPERTY DAMAGE - OTHER THAN VEHICLE		EST. AMOUNT		OWNER'S NAME (Check if Business)	
								ADDRESS CITY & STATE ZIP CODE	
VEHICLE #		PERSON #		PROPERTY DAMAGE - OTHER THAN VEHICLE		EST. AMOUNT		OWNER'S NAME (Check if Business)	
								ADDRESS CITY & STATE ZIP CODE	

HSMV 90010 S (E) (REV 06/13)

Page ____ of ____

Event Page Heading

This section is designed to identify overall characteristics of the traffic crash.

- CRASH DATE
- TIME OF CRASH
- DATE OF REPORT
- REPORTING LEA CASE NUMBER
- HSMV CRASH REPORT NUMBER

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☐ SHORT FORM ☐ UPDATE ☐

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

TOTAL # OF VEHICLE SECTION(S) _____
TOTAL # OF PERSON SECTION(S) _____
TOTAL # OF NARRATIVE SECTION(S) _____

CRASH DATE	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
------------	---------------	----------------	------------------------------	--------------------------

Crash Identifiers

- COUNTY CODE
- CITY CODE
- COUNTY OF CRASH
- PLACE OR CITY OF CRASH
- NOTIFIED BY



CRASH IDENTIFIERS							
COUNTY CODE	CITY CODE	COUNTY OF CRASH	PLACE OR CITY OF CRASH		CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED	TIME DISPATCHED
TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED <input type="checkbox"/>	REASON (If Investigation NOT Complete)			Notified By: 1 Motorist 2 Law Enforcement	

All reports must be coded
"2 Law Enforcement"

Roadway Information

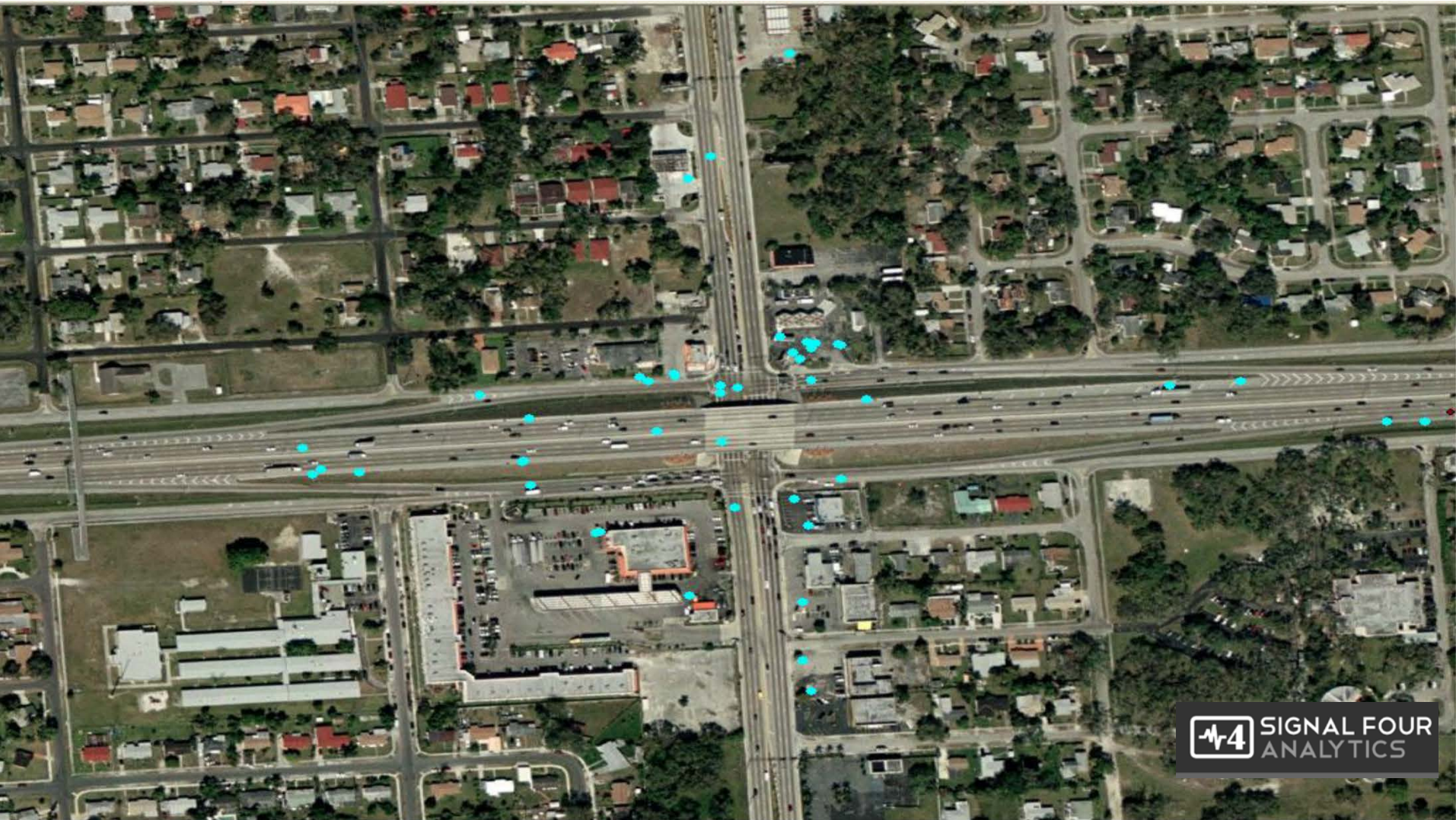
Latitude/Longitude is not required however, many agencies with software applications have integrated mapping functionality to plot the geolocation of the crash report.

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)											
CRASH OCCURRED ON STREET, ROAD, HIGHWAY					1 AT STREET ADDRESS #		2 AT LATITUDE AND LONGITUDE				
FEET	MILES	N	S	E	W	3 AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY			4 OR FROM MILEPOST #		
<input type="checkbox"/>		Road System Identifier		7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative		<input type="checkbox"/>		Type of Shoulder		Type of Intersection	
1 Interstate 2 U.S. 3 State		4 County 5 Local 6 Turnpike/Toll				1 Paved 2 Unpaved 3 Curb		1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection		5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative	

Ensure that that all fields are completed if possible.
Ignore the 'Choose only 1 of 4 options'.

The following slides are examples of geo-locations
provided by **Signal 4 Analytics**.

Location Mapping Example 1

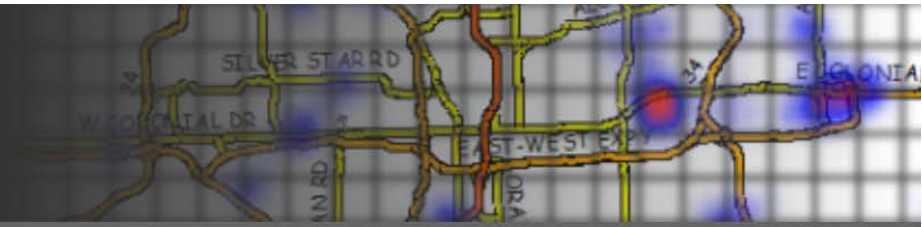


 SIGNAL FOUR
ANALYTICS

Signal 4 Analytics



SIGNAL FOUR
ANALYTICS



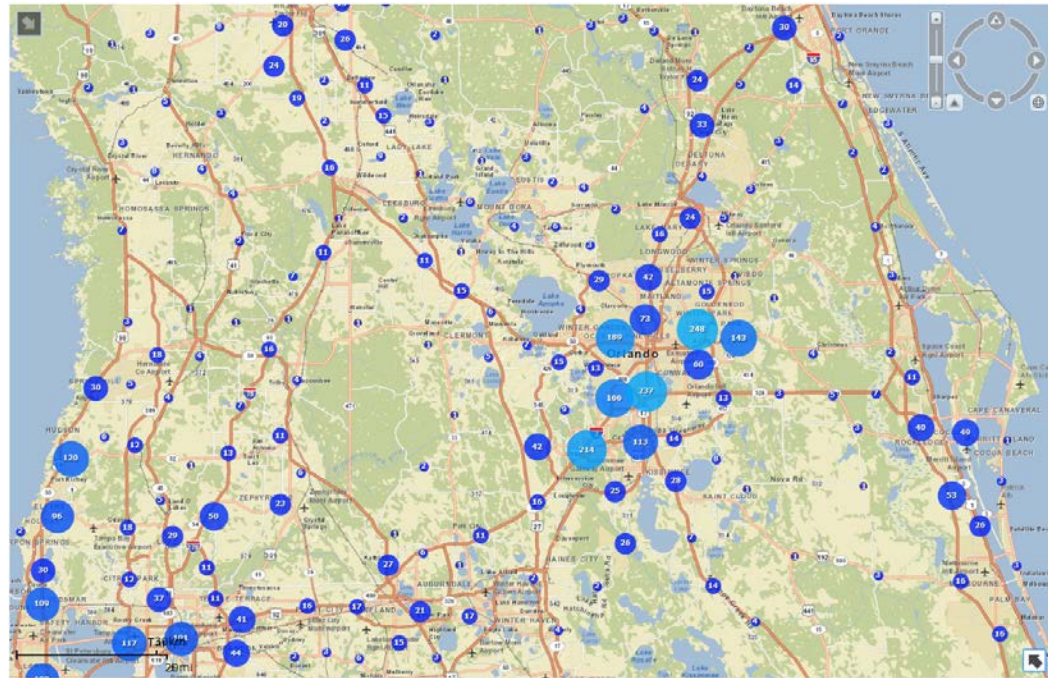
- Florida Signal Four Analytics is an interactive, web-based system designed to support the crash mapping and analysis needs of law enforcement, traffic engineering, transportation planning agencies, and research institutions in the state of Florida.
- This system is developed at the [University of Florida](#), and funded by the state of Florida through the [Traffic Records Coordinating Committee \(TRCC\)](#).
- For questions, or to learn more about Florida *Signal Four Analytics* go to <https://s4.geoplan.ufl.edu>.

S4 Geolocation Tool

ILIR BEJLERI
Geoplan Center - University of Florida

Mapping to Improve Traffic Safety

- Crash map to target enforcement
- Requires each crash report to be mapped



Current Crash Mapping Problems

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY

AT STREET ADDRESS #

AT LATITUDE

AND

LONGITUDE

1

2

AT FEET

MILES

N

S

E

W

3

FROM INTERSECTION WITH STREET, ROAD, HIGHWAY

4

OR FROM MILEPOST #

- Crash location recorded as text
- Crashes mapped after the reports are submitted
- Text-based location is difficult to map by computer automatically
- Statewide success is only **42%**



Post-Report Mapping Efforts

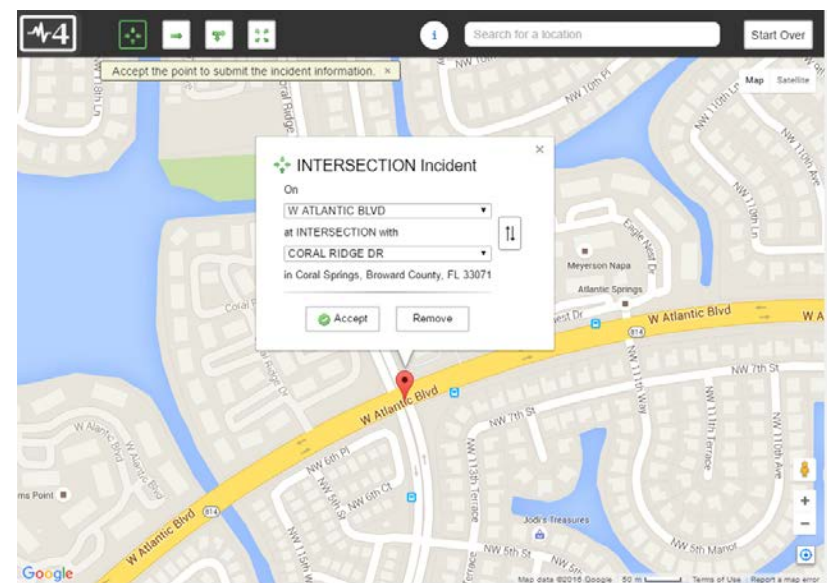
- Multiple efforts around the state
- Duplication of efforts, time and money spent
- Third party interpreting police reports to map crashes
- Quality not guaranteed



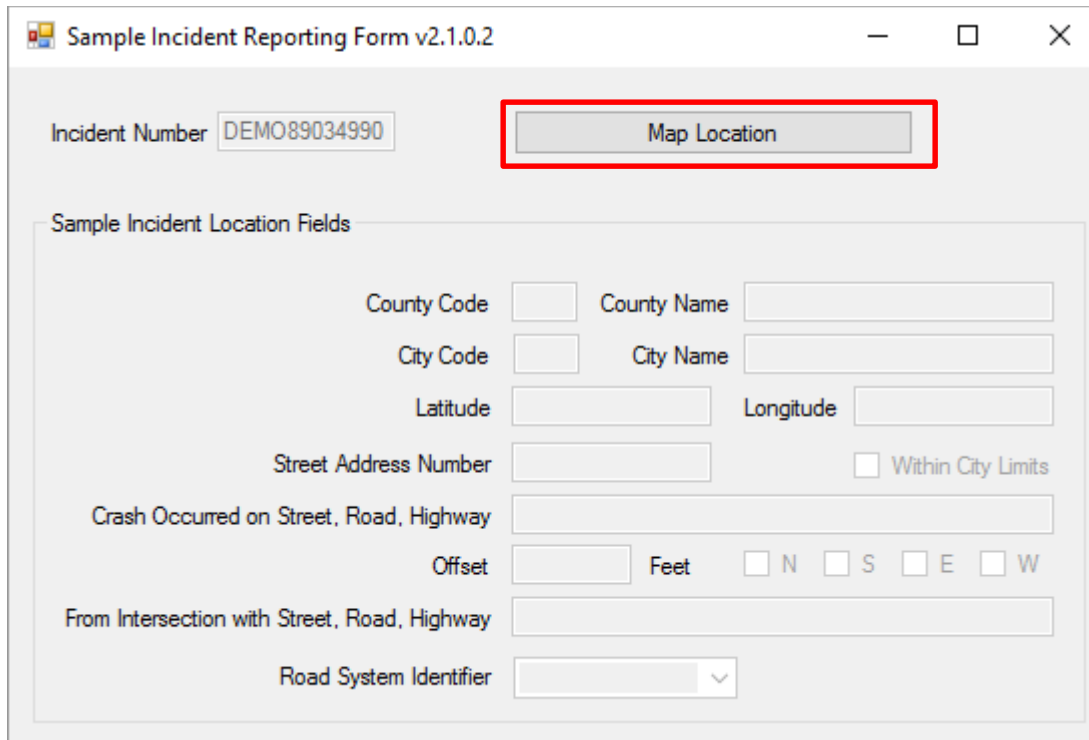
Which one is right?

Solution: Map-based Crash Location

- The State has funded development of **S4 Geolocation Tool**
- Allows officers to map the crash point instead of typing the address
- Designed to be integrated in any crash reporting software



A new **Map Location** button opens the tool on any vendor crash form



The screenshot shows a software window titled "Sample Incident Reporting Form v2.1.0.2". At the top, there is a text field for "Incident Number" containing the value "DEMO89034990". To the right of this field is a button labeled "Map Location", which is highlighted with a red rectangular border. Below these elements is a section titled "Sample Incident Location Fields" which contains several input fields and checkboxes. The fields include "County Code", "County Name", "City Code", "City Name", "Latitude", "Longitude", "Street Address Number", "Crash Occurred on Street, Road, Highway", "Offset", "Feet", "From Intersection with Street, Road, Highway", and "Road System Identifier". There are also checkboxes for "Within City Limits" and directional indicators (N, S, E, W).

Incident Number **Map Location**

Sample Incident Location Fields

County Code County Name

City Code City Name

Latitude Longitude

Street Address Number ☐ Within City Limits


Crash Occurred on Street, Road, Highway


Offset Feet ☐ N ☐ S ☐ E ☐ W


From Intersection with Street, Road, Highway


Road System Identifier


SIGNAL FOUR GEOLOCATION



 Intersection

 Road Segment

 Ramp

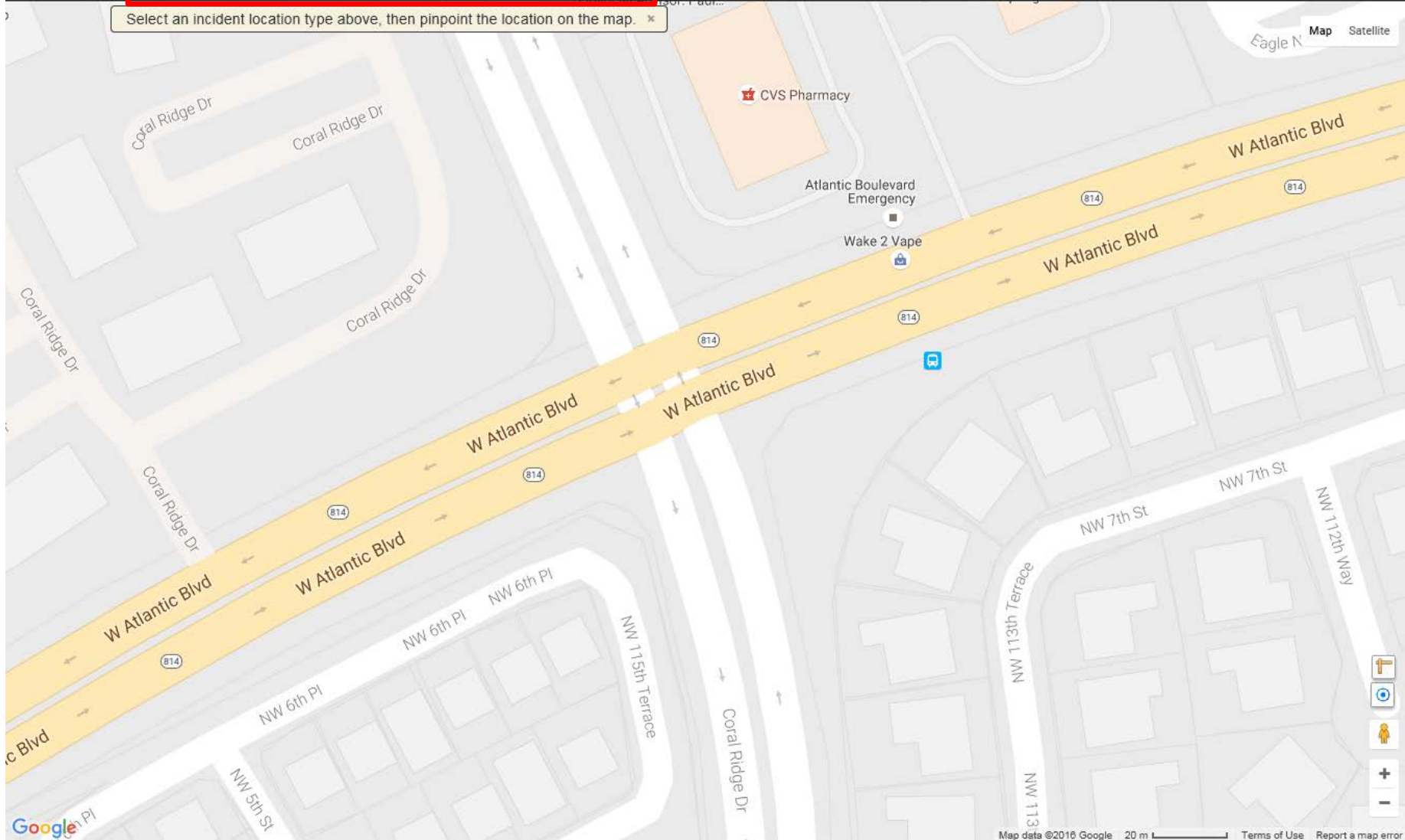
 Off Roadway

?


Search for a location

Start Over

Select an incident location type above, then pinpoint the location on the map. x



SIGNAL FOUR GEOLOCATION



Intersection

Road Segment

Ramp

Off Roadway

?

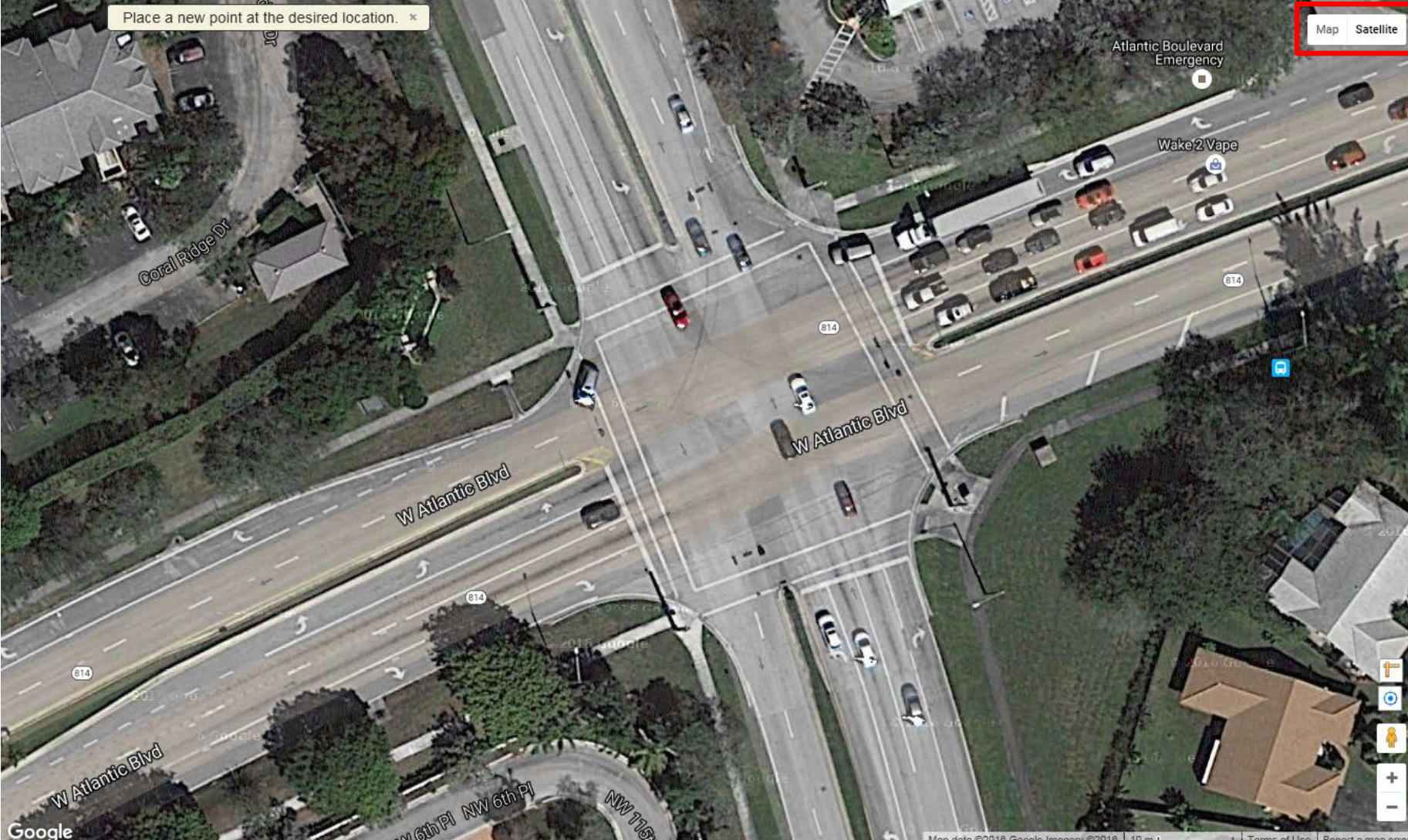
Search for a location

Start Over

Place a new point at the desired location. ✕


Map

Satellite



Google

Map data ©2018 Google Imagery ©2018 10 m L Terms of Use Report a map error



Intersection

Road Segment

Ramp

Off Roadway

?

Search for a location

Start Over

Accept the point to submit the incident information. ✕

INTERSECTION Crash

×

On
CORAL RIDGE DR
at INTERSECTION with
W ATLANTIC BLVD
in Coral Springs, Broward County, FL
(26.239727, -80.278202)

↕

✓ Accept and Finish

Remove

Map

Satellite

Atlantic Boulevard Emergency

Wake2 Vape

814

W Atlantic Blvd

814

W Atlantic Blvd

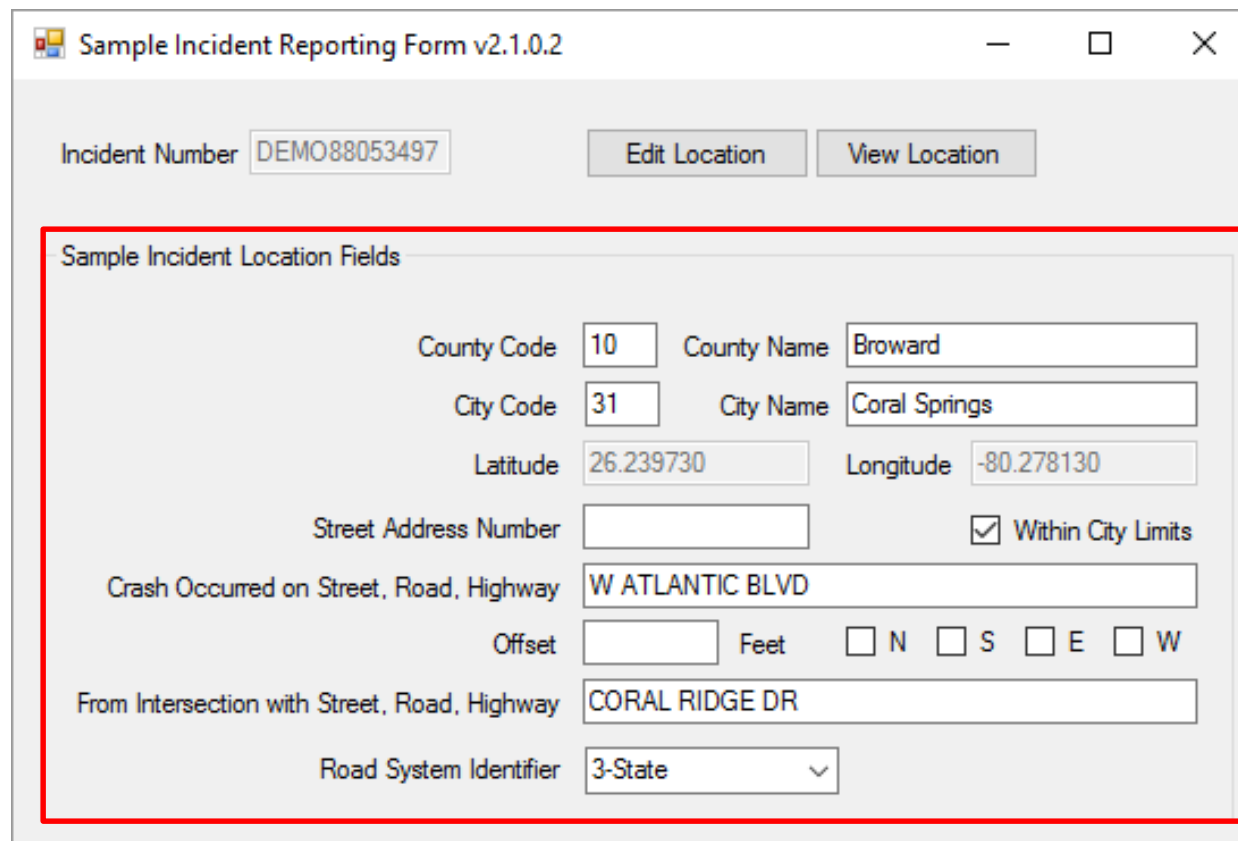
6th Pl NW 6th Pl

NW 11th Pl

Google

Map data ©2016 Google Imagery ©2016 10 m Terms of Use Report a map error

The tool finds the proper crash location information and automatically fills out all 14 crash form location fields



Sample Incident Reporting Form v2.1.0.2

Incident Number: DEMO88053497

Edit Location View Location

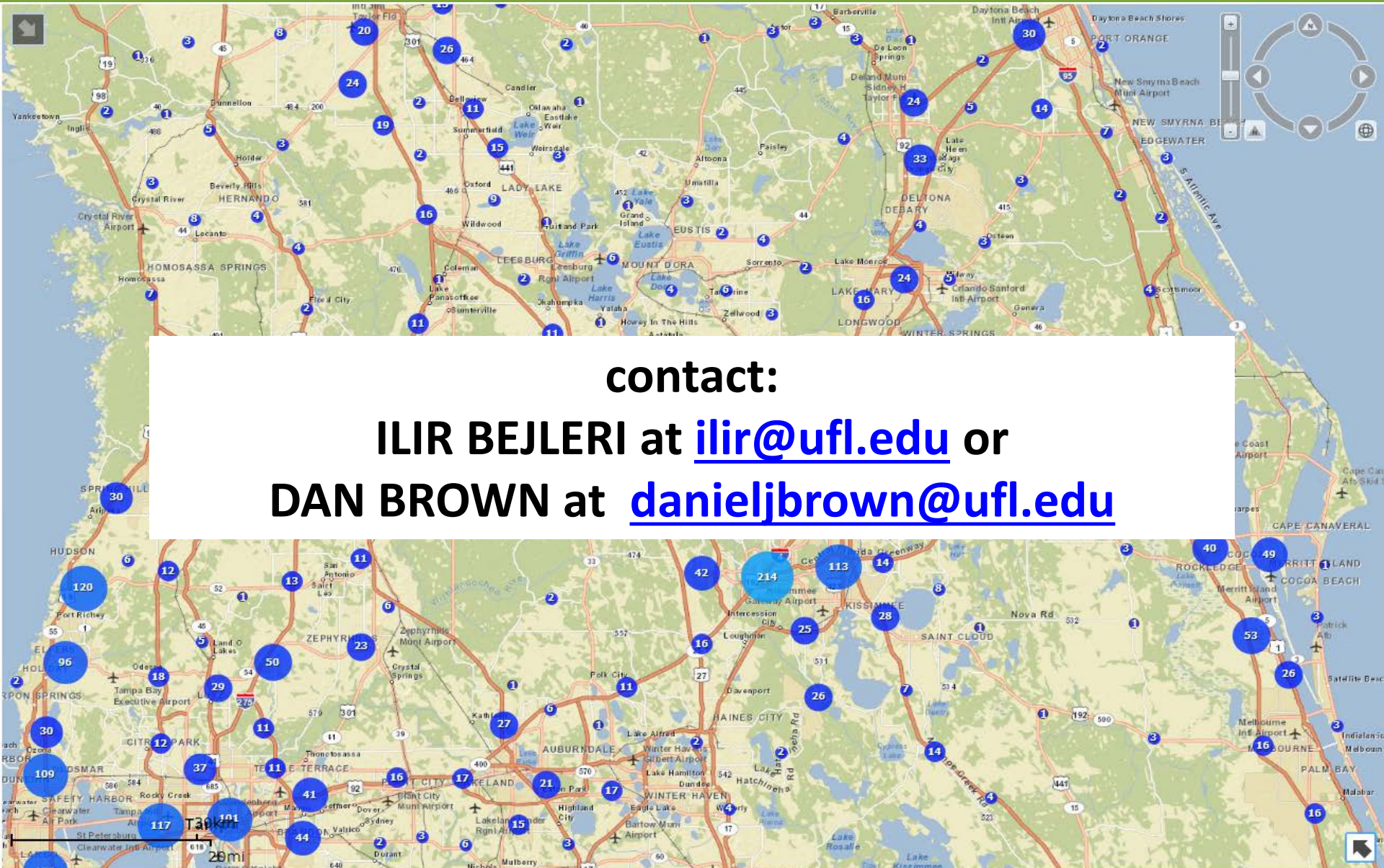
Sample Incident Location Fields

County Code	10	County Name	Broward
City Code	31	City Name	Coral Springs
Latitude	26.239730	Longitude	-80.278130
Street Address Number		<input checked="" type="checkbox"/> Within City Limits	
Crash Occurred on Street, Road, Highway	W ATLANTIC BLVD		
Offset		Feet	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
From Intersection with Street, Road, Highway	CORAL RIDGE DR		
Road System Identifier	3-State		

What's in this for you?

- Easy, fast and accurate crash location
- Good reference for narratives and diagrams
- Increases location accuracy – better data
- You will save the State time and money
- Your data will show up 100% mapped in Signal Four Analytics and other analytical systems
- Makes data much more timely for utilization

It will save you time filling out the form, while increasing accuracy multifold!



contact:
ILIR BEJLERI at ilir@ufl.edu or
DAN BROWN at danieljbrown@ufl.edu

Roadway Information

- Make sure the report includes a distance and direction from intersecting road or highway.
- Please do not use block numbers, instead use a specific address or an at/from road and intersecting road.

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)									
CRASH OCCURRED ON STREET, ROAD, HIGHWAY					1 AT STREET ADDRESS #		2 AT LATITUDE AND LONGITUDE		
FEET	MILES	N	S	E	W	3 AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY			4 OR FROM MILEPOST #
<input type="checkbox"/>		1 Interstate 2 U.S. 3 State		4 County 5 Local 6 Turnpike/Toll		7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative		<input type="checkbox"/>	
						Type of Shoulder			
						1 Paved 2 Unpaved 3 Curb			
						Type of Intersection			
						1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection		5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative	

Crash Information

CRASH INFORMATION (CHECK IF PICTURES TAKEN)

Light Condition <input type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dusk <input type="checkbox"/> 3 Dawn <input type="checkbox"/> 4 Dark-Lighted <input type="checkbox"/> 5 Dark-Not Lighted <input type="checkbox"/> 6 Dark-Unknown Lighting <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		Weather Condition <input type="checkbox"/> 4 Fog, Smog, Smoke <input type="checkbox"/> 5 Sleet/Hail/Freezing Rain <input type="checkbox"/> 6 Blowing Sand, Soil, Dirt <input type="checkbox"/> 7 Severe Crosswinds <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain		Roadway Surface Condition <input type="checkbox"/> 5 Oil <input type="checkbox"/> 6 Mud, Dirt, Gravel <input type="checkbox"/> 7 Sand <input type="checkbox"/> 8 Water (standing/moving) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 4 Ice/Frost		School Bus Related <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, School Bus Directly Involved <input type="checkbox"/> 3 Yes, School Bus Indirectly Involved		Manner of Collision/Impact <input type="checkbox"/> 4 Sideswipe, Same Direction <input type="checkbox"/> 5 Sideswipe, Opposite Direction <input type="checkbox"/> 6 Rear to Side <input type="checkbox"/> 7 Rear to Rear <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle	
First Harmful Event <input type="checkbox"/>		Non-Collision <input type="checkbox"/> 1 Overturn/Rollover <input type="checkbox"/> 2 Fire/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision		Collision Non-Fixed Object <input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone/Maintenance Equipment <input type="checkbox"/> 17 Struck By Falling, Shifting Cargo <input type="checkbox"/> 18 Other Non-Fixed Object		Collision with Fixed Object <input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End <input type="checkbox"/> 29 Cable Barrier <input type="checkbox"/> 30 Concrete Traffic Barrier <input type="checkbox"/> 31 Other Traffic Barrier <input type="checkbox"/> 32 Tree (standing) <input type="checkbox"/> 33 Utility Pole/Light Support <input type="checkbox"/> 34 Traffic Sign Support <input type="checkbox"/> 35 Traffic Signal Support <input type="checkbox"/> 36 Other Post, Pole or Support <input type="checkbox"/> 37 Fence <input type="checkbox"/> 38 Mailbox <input type="checkbox"/> 39 Other Fixed Object (wall, building, tunnel, etc.)		First Harmful Event Location <input type="checkbox"/> 1 On Roadway <input type="checkbox"/> 2 Off Roadway <input type="checkbox"/> 3 Shoulder <input type="checkbox"/> 4 Median <input type="checkbox"/> 6 Gore <input type="checkbox"/> 7 Separator <input type="checkbox"/> 8 In Parking Lane or Zone <input type="checkbox"/> 9 Outside Right-of-way <input type="checkbox"/> 10 Roadside <input type="checkbox"/> 88 Unknown	
First Harmful Event within Interchange <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		First Harmful Event Relation to Junction <input type="checkbox"/> 5 Railway Grade Crossing <input type="checkbox"/> 14 Entrance/Exit Ramp <input type="checkbox"/> 15 Crossover - Related <input type="checkbox"/> 16 Shared-Use Path or Trail <input type="checkbox"/> 17 Acceleration/Deceleration Lane <input type="checkbox"/> 18 Through Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 1 Non-Junction <input type="checkbox"/> 2 Intersection <input type="checkbox"/> 3 Intersection-Related <input type="checkbox"/> 4 Driveway/Alley Access Related		Contributing Circumstances: Road <input type="checkbox"/> 1 None <input type="checkbox"/> 4 Work Zone (construction/maintenance/utility) <input type="checkbox"/> 6 Shoulders (none, low, soft, high) <input type="checkbox"/> 7 Rut, Holes, Bumps <input type="checkbox"/> 9 Worn, Travel-Polished Surface <input type="checkbox"/> 10 Road Surface Condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 11 Obstruction in Roadway <input type="checkbox"/> 12 Debris <input type="checkbox"/> 13 Traffic Control Device Inoperative, Missing or Obscured <input type="checkbox"/> 14 Non-Highway Work <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		Contributing Circumstances: Environment <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Weather Conditions <input type="checkbox"/> 3 Physical Obstruction(s) <input type="checkbox"/> 4 Glare <input type="checkbox"/> 5 Animal(s) in Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			
Work Zone Related <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area		Type of Work Zone <input type="checkbox"/> 1 Lane Closure <input type="checkbox"/> 2 Lane Shift/Crossover <input type="checkbox"/> 3 Work on Shoulder or Median <input type="checkbox"/> 4 Intermittent or Moving Work <input type="checkbox"/> 77 Other, Explain in Narrative		Workers in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		Law Enforcement in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle Only Present	

Crash Information

Light Condition		Weather Condition		Roadway Surface Condition		School Bus Related		Manner of Collision/Impact			
<input type="checkbox"/>	1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted	<input type="checkbox"/>	5 Dark-Mot Lighted 6 Dark-Unknown Lighting 7 Other, Explain in Narrative	<input type="checkbox"/>	1 Clear 2 Fog, Smog, Smoke 3 Sleet/Hail/Freezing Rain 4 Blowing Sand, Soil, Dirt	<input type="checkbox"/>	5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving)	<input type="checkbox"/>	1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	<input type="checkbox"/>	4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 8 Front to Rear
First Harmful Event <input type="checkbox"/>		Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		Collision Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object		Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier		30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)			

First Harmful Event: This classification is used to identify the first injury or damage-producing event that characterizes the traffic crash type.


FIRST HARMFUL EVENT CODES are from 1 – 39.

FDOT Recommendations

- Remove trees where front slopes are 1:4 or greater to create recovery area.
- Flatten front slopes and remove trees.
- Install guardrail where correcting front slopes and removing trees will adversely impact wetlands, R/W and etc.



Crash Information

First Harmful Event Relation to Junction	
	
1 Non-Junction	5 Railway Grade Crossing
2 Intersection	14 Entrance/Exit Ramp
3 Intersection-Related	15 Crossover - Related
4 Driveway/Alley Access Related	16 Shared-Use Path or Trail
	17 Acceleration/Deceleration Lane
	18 Through Roadway
	77 Other, Explain in Narrative
	88 Unknown

Intersection: The type of intersection at which two or more roadways intersect at the same level.

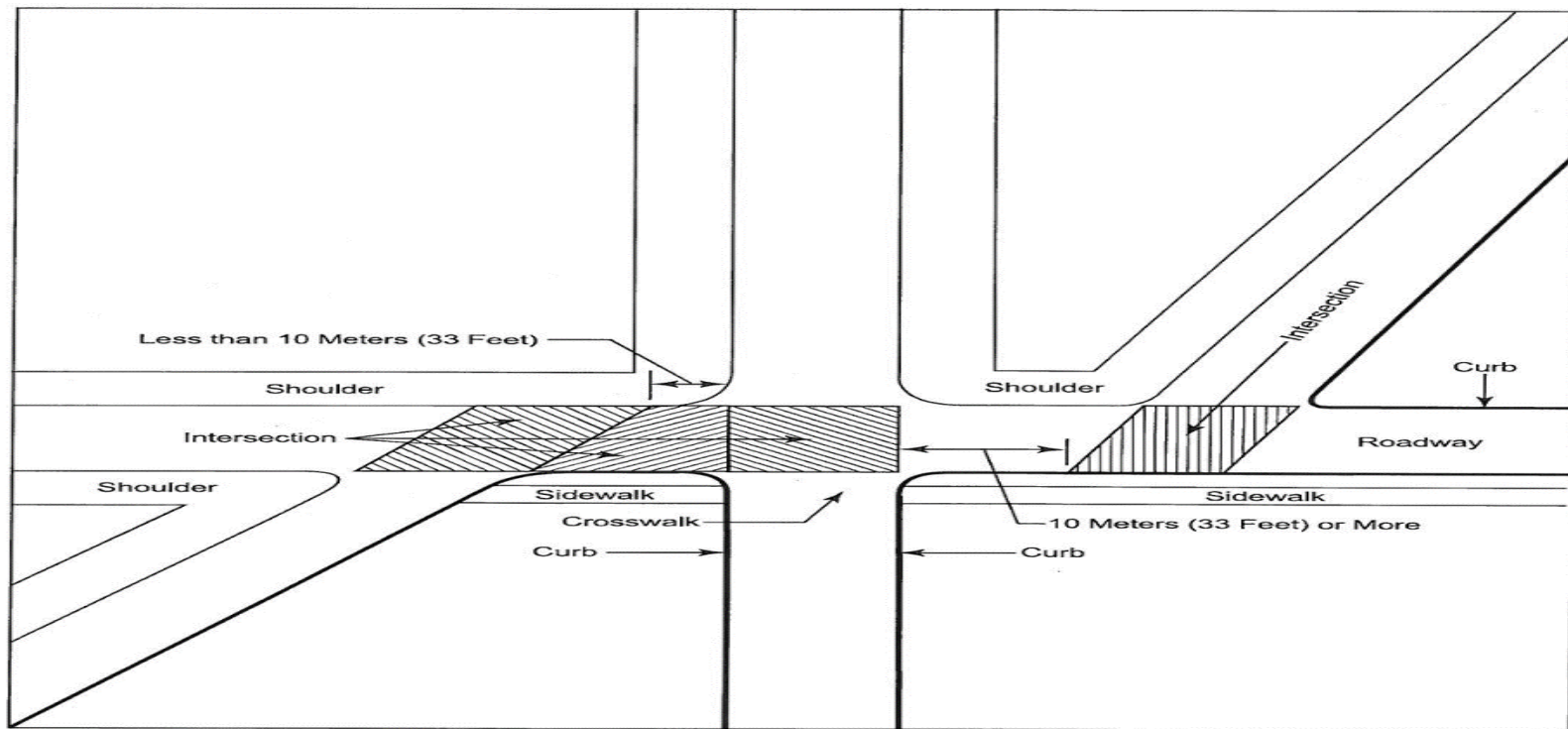
Driveway: A roadway providing access to property adjacent to a trafficway.

This is important to FDOT since we are focusing on intersection safety and are also responsible for permitting driveway connections to our road system.

Crash Information

APPENDIX H

DIAGRAM OF AN INTERSECTION⁴



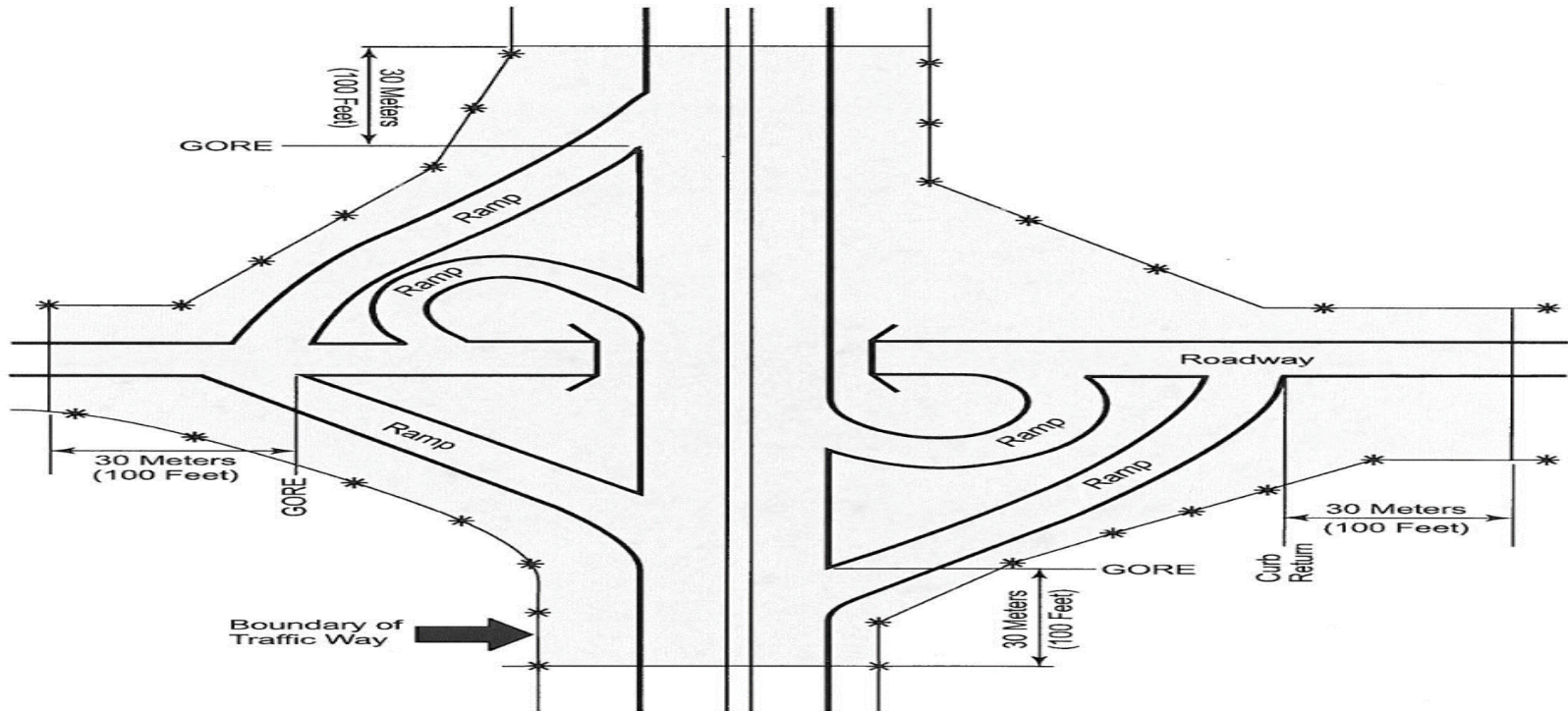
⁴ Source: ANSI D16.1-2007 Manual on Classification of Motor Vehicle Traffic Accidents, Seventh Edition

Crash Information

APPENDIX G

DIAGRAM OF AN INTERCHANGE³

Crashes which occur within the shaded areas are Interchange Crashes.



³ Source: ANSI D16.1-2007 Manual on Classification of Motor Vehicle Traffic Accidents, Seventh Edition



Crash Report Vehicle Page

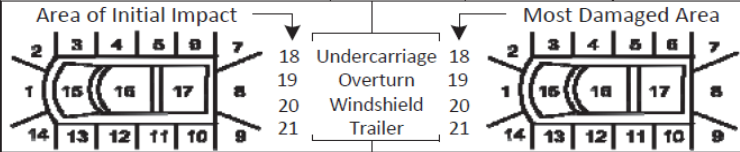
Vehicle Section

- The topics covered in this section include:
 - Vehicle Description
 - Commercial Vehicle Identification
 - Hazardous Materials
 - Harmful Events

VEHICLE #		Check if Commercial		REPORTING AGENCY CASE NUMBER		FBI/DOJ CRASH REPORT NUMBER																															
1 Vehicle in Transport 2 Private Motor Vehicle 3 Working Vehicle 4 Not in Use 5 No 6 Unknown		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent VIN Registration																															
4W and Run 1 No 2 No 3 Unknown		YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Dismabling 2 Functional 3 None 4 Minor 5 Unknown																														
INSURANCE COMPANY		INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY		1 Retention 2 Owner Request 3 Driver 7 Other, Explain in Narrative																														
NAME OF VEHICLE OWNER (Check if Business)		CURRENT ADDRESS		CITY & STATE		ZIP CODE																															
TRAILER 1 LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE																														
TRAILER 1 LENGTH		AXLES																																			
TRAILER 2 LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE																														
TRAILER 2 LENGTH		AXLES																																			
VEHICLE TRAVELING		N S E W	Off-Road Unknown	ON STREET, ROAD, HIGHWAY		AT EST. SPEED POSTED SPEED TOTAL LANES																															
HAZ. MAT. RELEASED 1 No 2 Yes 3 Unknown		HAZ. MAT. PLACARD	HAZ. MAT. NUMBER	HAZ. MAT. CLASS		Area of Initial Impact 																															
MOTOR CARRIER NAME		US DOT NUMBER		MOTOR CARRIER ADDRESS		Most Damaged Area 																															
MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE		PHONE NUMBER																															
<table border="1"> <thead> <tr> <th colspan="2">Vehicle Body Type</th> <th colspan="2">Trafficway</th> <th colspan="2">Commercial Motor Vehicle Configuration</th> </tr> </thead> <tbody> <tr> <td> 1 Passenger Car 2 Passenger Van 3 Pickup 4 Motor Home 5 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV) </td> <td> 15 Low Speed Vehicle 16 Special Utility Vehicle 17 Cargo Van (10,000 lbs or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 22 Other, Explain in Narrative </td> <td> 1 Two-Way, Not Divided 2 Two-Way, Divided, with a Continuous Down Lane 3 Two-Way, Divided, Unprotected (unfenced 4-foot Median) 4 One-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 8B Unknown </td> <td> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single Unit Truck (4,536 kg or less) 3 Single Unit Truck (11 or more axles) 4 Truck Pulling Tractor 5 Tractor Trailer (Semi-Trailer) 7 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Common Non-Commercial 1 Intestible Carrier 2 Intestible Carrier 3 Not in Commerce/Owner's 4 Not in Commerce/Other Truck		Most Harmful Event 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Collision 5 Cargo/Equipment Loss or Shift 6 Fall/Landslide from Motor Vehicle 7 Struck on Falling Object 8 Other Non-Collision 9 Other Non-Collision 10 Other Non-Collision		Emergency Vehicle Use 1 No 2 Yes 8B Unknown																																	
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Sequence of Events 1a 2a 3a 4a 5a 6a 7a 8a 9a 10a 11a 12a 13a 14a 15a 16a 17a 18a 19a 20a 21a 22a 23a 24a 25a 26a 27a 28a 29a 30a 31a 32a 33a 34a 35a 36a 37a 38a 39a 40a 41a 42a 43a 44a 45a 46a 47a 48a 49a 50a 51a 52a 53a 54a 55a 56a 57a 58a 59a 60a 61a 62a 63a 64a 65a 66a 67a 68a 69a 70a 71a 72a 73a 74a 75a 76a 77a 78a 79a 80a 81a 82a 83a 84a 85a 86a 87a 88a 89a 90a 91a 92a 93a 94a 95a 96a 97a 98a 99a 100a		Collision with Non-Fixed Object 1 Pedestrian 2 Pedestrian 3 Pedestrian 4 Pedestrian 5 Pedestrian 6 Pedestrian 7 Pedestrian 8 Pedestrian 9 Pedestrian 10 Pedestrian 11 Pedestrian 12 Pedestrian 13 Pedestrian 14 Pedestrian 15 Pedestrian 16 Pedestrian 17 Pedestrian 18 Pedestrian 19 Pedestrian 20 Pedestrian 21 Pedestrian 22 Pedestrian 23 Pedestrian 24 Pedestrian 25 Pedestrian 26 Pedestrian 27 Pedestrian 28 Pedestrian 29 Pedestrian 30 Pedestrian 31 Pedestrian 32 Pedestrian 33 Pedestrian 34 Pedestrian 35 Pedestrian 36 Pedestrian 37 Pedestrian 38 Pedestrian 39 Pedestrian 40 Pedestrian 41 Pedestrian 42 Pedestrian 43 Pedestrian 44 Pedestrian 45 Pedestrian 46 Pedestrian 47 Pedestrian 48 Pedestrian 49 Pedestrian 50 Pedestrian 51 Pedestrian 52 Pedestrian 53 Pedestrian 54 Pedestrian 55 Pedestrian 56 Pedestrian 57 Pedestrian 58 Pedestrian 59 Pedestrian 60 Pedestrian 61 Pedestrian 62 Pedestrian 63 Pedestrian 64 Pedestrian 65 Pedestrian 66 Pedestrian 67 Pedestrian 68 Pedestrian 69 Pedestrian 70 Pedestrian 71 Pedestrian 72 Pedestrian 73 Pedestrian 74 Pedestrian 75 Pedestrian 76 Pedestrian 77 Pedestrian 78 Pedestrian 79 Pedestrian 80 Pedestrian 81 Pedestrian 82 Pedestrian 83 Pedestrian 84 Pedestrian 85 Pedestrian 86 Pedestrian 87 Pedestrian 88 Pedestrian 89 Pedestrian 90 Pedestrian 91 Pedestrian 92 Pedestrian 93 Pedestrian 94 Pedestrian 95 Pedestrian 96 Pedestrian 97 Pedestrian 98 Pedestrian 99 Pedestrian 100 Pedestrian		Collision Fixed Object 1 Impact Attenuator/Gravel Cushion 2 Bridge Overhead Structure 3 Bridge Pier 4 Bridge Pier 5 Bridge Pier 6 Bridge Pier																																	

Vehicle Description

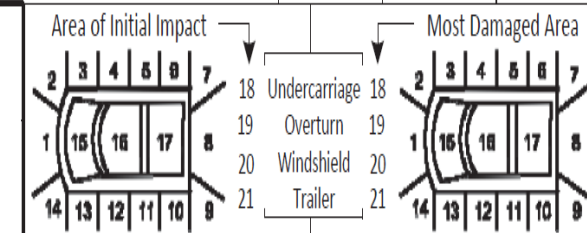
The vehicle data describes the characteristics, events and consequences of the motor vehicles involved in the traffic crash.

VEHICLE # <input type="text"/>		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER							
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle <input type="text"/>		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN						
Hit and Run 1 No 2 Yes 3 Unknown <input type="text"/>		YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None <input type="text"/>	EST. AMOUNT					
INSURANCE COMPANY			INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes <input type="checkbox"/>	VEHICLE REMOVED BY		1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative <input type="text"/>					
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>			CURRENT ADDRESS			CITY & STATE			ZIP CODE				
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR	MAKE	LENGTH	AXLES			
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR	MAKE	LENGTH	AXLES			
VEHICLE TRAVELING		N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY			AT EST. SPEED	POSTED SPEED	TOTAL LANES
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
													

Vehicle Description

- Check if Commercial
- Hit and Run
- Make
- Model
- Style
- Towed due to Damage
- Vehicle Traveling
- Total Lanes

VEHICLE # <input type="text"/>		Check if Commercial <input type="text"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER					
1 Vehicle in Transport <input type="text"/> 2 Parked Motor Vehicle <input type="text"/> 3 Working Vehicle <input type="text"/>		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="text"/>	VIN				
Hit and Run <input type="text"/> 1 No <input type="text"/> 2 Yes <input type="text"/> 88 Unknown <input type="text"/>		YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 4 Minor <input type="text"/> 2 Functional 88 Unknown <input type="text"/> 3 None <input type="text"/>	EST. AMOUNT			
INSURANCE COMPANY			INSURANCE POLICY NUMBER		Towed due to Damage: <input type="text"/> 1 No 2 Yes	VEHICLE REMOVED BY		1 Rotation <input type="text"/> 2 Owner Request <input type="text"/> 3 Driver <input type="text"/> 77 Other, Explain in Narrative			
NAME OF VEHICLE OWNER (Check if Business) <input type="text"/>			CURRENT ADDRESS			CITY & STATE		ZIP CODE			
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="text"/>	VIN	YEAR	MAKE	LENGTH	AXLES		
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="text"/>	VIN	YEAR	MAKE	LENGTH	AXLES		
VEHICLE TRAVELING	N <input type="text"/>	S <input type="text"/>	E <input type="text"/>	W <input type="text"/>	Off-Road <input type="text"/>	Unknown <input type="text"/>	ON STREET, ROAD, HIGHWAY		AT EST. SPEED <input type="text"/>	POSTED SPEED <input type="text"/>	TOTAL LANES <input type="text"/>



Vehicle Description

When completing a crash report:

- If the crash is not a **'Hit and Run,'** the **vehicle owner information** is required. **'Same as Driver'** is not acceptable.
- When entering a person's name, both their **first and last names** must be recorded.
- A **'Parked Car'** cannot have a driver.



Parked or Stopped Vehicle

Recording Information for Parked or Stopped Vehicle Off the Roadway

- Parked Motor Vehicle - A motor vehicle not in transport. To be 'parked' the vehicle must be legally parked off the roadway.
- Vehicle 'in-transport' is a vehicle which is in motion within the trafficway or on the roadway. This includes an illegally parked vehicle.



Vehicle Description

VEHICLE #		Check if Commercial		REPORTING AGENCY CASE NUMBER		HEAVY CRASH REPORT NUMBER	
1 Vehicle in Transport	<input type="checkbox"/>	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VEHICLE COLOR	DAMAGE: 1 Cracking, 4 Minor, 2 Functional, 88 Unknown, none
46 and Run	<input type="checkbox"/>	YEAR	MAKE	MODEL	STYLE	VEHICLE TYPE	VEHICLE MAKE
2 Yes	<input type="checkbox"/>	YEAR	MAKE	MODEL	STYLE	VEHICLE TYPE	VEHICLE MAKE
88 Unknown	<input type="checkbox"/>	YEAR	MAKE	MODEL	STYLE	VEHICLE TYPE	VEHICLE MAKE
INSURANCE COMPANY							
NAME OF VEHICLE OWNER							
TRAILER # LICENSE NUMBER							
TRAILER # LICENSE NUMBER							
VEHICLE TRAILING: N S E							
MAY MAY REGISTRY: 1 No, 2 Yes, 88 Unknown							
MOTOR LICENSE NAME							
MOTOR CARRIER ADDRESS							
Vehicle Body Type							
1 Passenger Car, 2 Passenger Van, 3 School Bus, 4 Motor Home, 5 Bus, 6 Motorcycle, 13 All Terrain Vehicle (ATV), 88 Other							
COMMUNAL: 1 Uninsured, 2 Insurance, 8 Not in Car, 88 Not in Car							
Most Harmful Event							
1 No, 2 Yes, 88 Unknown							
Sequence of Events							
1 No, 2 Yes, 88 Unknown							
Roadway Grade							
1 Level, 2 Hilly, 3 Downhill, 4 Uphill, 88 Unknown							
Roadway Alignment							
1 Straight, 2 Curve Right, 3 Curve Left, 88 Unknown							
Special Function Vehicle							
1 No Special Function, 2 Arm Vehicle, 3 Police, 4 Military, 88 Unknown							
VIOLATIONS							
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	Q-TATION NUMBER			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	Q-TATION NUMBER			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	Q-TATION NUMBER			

Best practice is the “violating vehicle” is entered as VEHICLE #1.

Hit and Run is a driver whose vehicle collides with another attended vehicle, non-motorist or causes damage to other property and leaves the scene of a traffic crash. *(Long Form MUST be used)*

Damage vs Towing

Damage that precludes departure of a motor vehicle from the scene of the crash in its usual manner in daylight after simple repairs.

The image shows a Florida Highway Patrol Crash Report Form (HSMV 90010-5). The form is divided into several sections for data entry:

- VEHICLE #**: Fields for vehicle identification, license number, state, and registration expiration.
- Check if Commercial**: A checkbox for commercial vehicles.
- REPORTING AGENCY CASE NUMBER** and **REPORT CRASH REPORT NUMBER**: Fields for case tracking.
- VEHICLE DAMAGE**: A section with checkboxes for damage types: 1 Disabling, 2 Functional, 3 None, 4 Minor, and 88 Unknown.
- VEHICLE REMOVED BY**: A field for the towing company or person.
- VEHICLE REMOVED DUE TO DAMAGE**: A checkbox for vehicles towed due to damage.
- VEHICLE BODY TYPE**: A dropdown menu for vehicle classification.
- VIOLATIONS**: A section for recording traffic violations.

DAMAGE:	
1 Disabling	4 Minor
2 Functional	88 Unknown
3 None	

Towed due to Damage:
1 No 2 Yes

VEHICLE REMOVED BY

Inclusions

- Damage to motor vehicles that could have been driven, but would have been further damaged if so driven.

Exclusions

- Damage that can be remedied temporarily at the scene of the crash without special tools or parts.
- Tire disablement without other damage even if no spare tire is available.

Commercial Vehicle

VEHICLE #

Check if Commercial

X

If 'Check if Commercial' is populated, the following fields are required:

- Commercial Motor Vehicle Configuration
- Cargo Body Type
- Commercial GVWR/GCWR

Commercial Motor Vehicle Configuration

1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials
 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg))
 3 Single-Unit Truck (3 or more axles)
 4 Truck Pulling Trailer(s)
 5 Truck Tractor (bobtail)
 6 Truck Tractor/Semi-Trailer
 7 Truck Tractor/Double
 8 Truck Tractor/Triple
 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify
 10 Bus/Large Van (seats for 9-15 occupants, including driver)
 11 Bus (seats for more than 15 occupants, including driver)
 77 Other, Explain in Narrative
 88 Unknown

Cargo Body Type

1 No Cargo
 2 Bus
 3 Van/Enclosed Box
 4 Hopper
 5 Pole-Trailer
 6 Cargo Tank
 7 Flatbed
 8 Dump
 9 Concrete Mixer
 10 Auto Transport
 11 Garbage/Refuse
 12 Log
 13 Intermodal Container Chassis
 14 Vehicle Towing Another Vehicle
 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard)
 77 Other, Explain in Narrative
 88 Unknown

Comm GVWR/GCWR

1 10,000 lbs (4,536 kg) or less
 2 10,001-26,000 lbs (4,536-11,793 kg)
 3 More than 26,000 lbs (11,793 kg)
 4 Not Applicable

Commercial Vehicle

What is a commercial motor vehicle?

A commercial motor vehicle is any self-propelled or towed vehicle used on the public highways in commerce to transport passengers or cargo if such vehicle:

- Has a gross vehicle weight rating of more than 10,000 pounds
- Is designed to transport more than 9 passengers, including the driver
- Is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act, as amended (*49 U.S.C. ss.1801 et seq.*)

Commercial Vehicle

If '**Comm GVWR/GCWR**' is populated with a 1, 2, or 3, the following fields are required:

- Check if Commercial
- Haz. Mat. Placard
- Motor Carrier Name
- US DOT Number
- Motor Carrier Address, City, State and Zip Code

**Comm
GVWR/GCWR**

☐

1 10,000 lbs (4,536 kg) or less
2 10,001-26,000 lbs (4,536-11,793 kg)
3 More than 26,000 lbs (11,793 kg)
4 Not Applicable

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	<input type="checkbox"/>	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	<input type="checkbox"/>	HAZ. MAT. NUMBER	HAZ. MAT. CLASS
MOTOR CARRIER NAME				US DOT NUMBER	
MOTOR CARRIER ADDRESS				CITY & STATE	ZIP CODE
					PHONE NUMBER

Commercial GVWR/GCWR

**Comm
GVWR/GCWR**



- 1 10,000 lbs (4,536 kg) or less
- 2 10,001-26,000 lbs (4,536-11,793 kg)
- 3 More than 26,000 lbs (11,793 kg)
- 4 Not Applicable

Gross Vehicle Weight Rating (GVWR) is the value specified by the manufacturer as the recommended maximum loaded weight of a single motor vehicle.

Gross Combination Weight Rating (GCWR) is the value specified by the manufacturer(s) as the recommended maximum loaded weight of a combination (articulated) motor vehicle.



Commercial GVWR/GCWR

Comm GVWR/GCWR	<input type="checkbox"/>	1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable
---------------------------	--------------------------	--



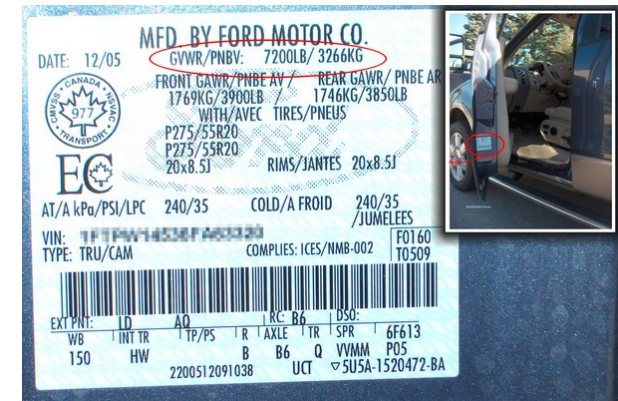
Note code 1 = 10,000 Lbs. or less...

Any self-propelled vehicle- with or without trailer- being used in **commerce** to transport cargo, passengers, government vehicles, or any vehicle displaying a hazardous material placard including a van, etc.

GVWR Location

The weight ratings, including GVWR, are printed on the certification label located here.

- driver's door or door frame
- cab behind driver's seat
- driver-side visor



Second-stage manufacturers may add an additional GVWR plate, which can be a yellow sticker located on the door frame.

To access a web-based VIN decoder for **CMV's**, click this link:

www.nisrinc.com/cmvid/cmvid.asp

To access a web-based VIN decoder for **non-CMV's**, click this link:

<https://services.flhsmv.gov/MVCheckWeb/InquiryView.aspx>

Hazardous Materials

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	<input type="checkbox"/>	HAZ. MAT PLACARD 1 No 2 Yes 88 Unknown	<input type="checkbox"/>	HAZ. MAT. NUMBER	HAZ. MAT. CLASS
---	--------------------------	---	--------------------------	------------------	-----------------

If **HAZ.MAT.PLACARD** is '2 Yes', then the following fields are required:

- HAZ. MAT. NUMBER
- HAZ. MAT. CLASS

Any motor vehicle transporting hazardous materials in quantities above the thresholds established by the U.S. Department of Transportation, or other authorized entity, is required to display a hazardous materials placard.



Hazardous Materials Definitions

Hazardous material:

- A substance or material which has been designated by the U.S. Department of Transportation, or other authorizing entity, as capable of posing an unreasonable risk to health, safety and property when transported in commerce.

Nine Classes of Hazardous Materials

Class 1: Explosives Divisions: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6	Class 2: Gases Divisions: 2.1, 2.2, 2.3	Class 3: Flammable Liquid and Combustible Liquid	Class 4: Flammable Solid, Spontaneously Combustible, and Dangerous When Wet Divisions 4.1, 4.2, 4.3	Class 5: Oxidizer and Organic Peroxide Divisions 5.1, 5.2
Class 6: Poison (Toxic) and Poison Inhalation Hazard	Class 7: Radioactive	Class 8: Corrosive	Class 9: Miscellaneous	Dangerous

Federal Motor Carrier Safety Administration

U.S. Department of Transportation
www.fmcsa.dot.gov

Revised 06/05

Hazardous Materials Placards

Hazardous materials placard: a sign required to be affixed to any motor vehicle transporting hazardous materials in quantities above the thresholds established by the U.S. Department of Transportation, or other authorized entity.

Hazardous materials number: the four-digit number from the placard located either on an orange panel or a white 'square-on-point' panel.

Hazardous materials class number: a one or two-digit number with a decimal in the middle. The number is critical for identifying and studying various types of hazardous materials involved in traffic crashes. **The only number DHSMV accepts is the first.**

Hazardous Materials FAQs

What is meant by ‘hazardous material released’?

Any material **other than fuel or oil carried by the vehicle for its own use** should be considered cargo. Fuel or oil carried by the vehicle for its own use is NOT considered cargo and should NOT be reported as ‘hazardous materials released’ on the crash report.

How do you report a crash carrying multiple hazardous materials cargo?

If more than one hazardous material is being transported, record the information for the highest quantity of hazardous material transported.



Motor Carrier Definition

Motor Carrier: the business entity, individual, partnership, corporation, or religious organization responsible for the transportation of goods, property or people.

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS
MOTOR CARRIER NAME		US DOT NUMBER	
MOTOR CARRIER ADDRESS		CITY & STATE	ZIP CODE
			PHONE NUMBER



Identifying Motor Carriers

Additional ways to identify motor carriers include:

- Shipping papers
- Lease/rental agreements
- Driver's log
- Vehicle registration

This information is essential:

- Full carrier name
- Physical address
- USDOT#



Identifying Motor Carriers

Common Problems in Identifying the Correct Information

- Shipping papers are only required for hazardous material cargo.
- Driver may say that there are no shipping papers or trip manifest, even when they may be in the vehicle.
- USDOT# is not available on the shipping papers or the driver's log for the carrier responsible for the load.

<https://safer.fmcsa.dot.gov/CompanySnapshot.aspx>

Most Harmful Event

Event which produced the most severe injury or greatest property damage for this vehicle.

Most Harmful Event		Non-Collision		Collision with Non-Fixed Object		Collision Fixed Object	
<div><div></div></div>		1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision		10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End	
Sequence of Events		[40-46 Sequence of Events only] 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway				29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)	
1st	2nd						
<div><div></div></div>	<div><div></div></div>						
3rd	4th						
<div><div></div></div>	<div><div></div></div>						

Exclusions:

Injury or damage resulting when a driver dies or loses consciousness because of a disease condition such as a stroke, heart attack, diabetic coma, or epileptic seizure.

Sequence of Events

Sequence of Events

1st	2nd
<input type="text"/>	<input type="text"/>
3rd	4th
<input type="text"/>	<input type="text"/>

[40-46 Sequence of Events only]
40 Equipment Failure (blown tire, brake failure, etc.)
41 Separation of Units
42 Ran Off Roadway, Right
43 Ran Off Roadway, Left
44 Cross Median
45 Cross Centerline
46 Downhill Runaway

Sequence of events captures harmful events and non-harmful events for each involved traffic unit. Sequence of events CANNOT be used for MOST Harmful Event.

Harmful Event – Non Collision

Most Harmful Event <input type="text"/>	Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision	Comm GVWR/GCWR <input type="text"/>	2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable	10 Auto Transport 11 Garbage/Refuse 12 Log	77 Oth Narrat 88 Unk
Sequence of Events 1st <input type="text"/> 2nd <input type="text"/>	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object </div> <div style="width: 30%;"> Collision Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End </div> <div style="width: 30%;"> 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.) </div> </div>				

Non-Collision

- 1 Overturn/Rollover
- 2 Fire/Explosion
- 3 Immersion
- 4 Jackknife
- 5 Cargo/Equipment Loss or Shift
- 6 Fell/Jumped From Motor Vehicle
- 7 Thrown or Falling Object
- 8 Ran into Water/ Canal
- 9 Other Non-Collision



Collision With Non-Fixed Object

Collision Non-Fixed Object

- 10 Pedestrian
- 11 Pedalcycle
- 12 Railway Vehicle (train, engine)
- 13 Animal
- 14 Motor Vehicle in Transport
- 15 Parked Motor Vehicle
- 16 Work Zone/Maintenance Equipment
- 17 Struck By Falling, Shifting Cargo
- 18 Other Non-Fixed Object

Collision with a motor vehicle in-transport

Example: A trailer becomes unhitched from a motor vehicle then swipes the side of a motor vehicle traveling in the opposite direction on an undivided road causing disabling damage.



Collision With Fixed Object

Guardrail Face

- **Example:** A driver of a Motor Vehicle falls asleep at the wheel, causing his vehicle to strike a pole.



Collision with Fixed Object

19 Impact Attenuator/Crash Cushion	30 Concrete Traffic Barrier
20 Bridge Overhead Structure	31 Other Traffic Barrier
21 Bridge Pier or Support	32 Tree (standing)
22 Bridge Rail	33 Utility Pole/Light Support
23 Culvert	34 Traffic Sign Support
24 Curb	35 Traffic Signal Support
25 Ditch	36 Other Post, Pole or Support
26 Embankment	37 Fence
27 Guardrail Face	38 Mailbox
28 Guardrail End	39 Other Fixed Object (wall, building, tunnel, etc.)
29 Cable Barrier	



Crash Report Person Page

Person Section

- The person data elements describe the characteristics, actions, and consequences to the person(s) involved in the crash.
- Each person involved in the crash must be given a unique number.

PERSON #		REPORTING AGENCY CASE NUMBER										HSMV CRASH REPORT NUMBER													
1 Driver 2 Non-Motorist 3 Passenger		<input type="checkbox"/>	VEHICLE #	NAME											PHONE NUMBER	<input type="checkbox"/> Check if Recommended Driver Re-exam									
CURRENT ADDRESS (Number and Street)					CITY & STATE										ZIP CODE										
DATE OF BIRTH		SEX:	DRIVER LICENSE NUMBER		STATE										EXPIRES		INJURY SEVERITY (NI)								
		1 Male 2 Female 88 Unknown															1 None 2 Possible 3 Non-incapacitating 4 incapacitating 5 Injury (within 30 days) 6 Non-Traffic fatality								
DRIVER																									
DL Type		Required Endorsements			Driver's Actions at Time of Crash										Condition At Time of Crash										
1 A & B 2 C 3 D/Chauffeur 4 E/Operator 5 Other - Rest 7 None		1 Yes 2 No 3 No Req. Endorsement			1st 1 No Contributing Action 2 Operated M/V in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Bidding 5 Improper Turn 10 Followed Too Closely 11 Ran Red Light 12 Drove Too Fast for Conditions 13 Ran Stop Sign 14 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 22 Failed to Keep in Proper Lane										3rd 16 Ran off Roadway 17 Disregarded other Traffic Sign 18 Disregarded other Road Markings 19 Over-Correcting/Over-Steering 20 Swerved or Avoided - Due to Wind, Slippery Surface, Mud, Object, Non-Motorist in Roadway, etc. 31 Operated M/V in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action					4th 1 Apparently Normal 2 Anxious or Reluctant 5 (Panic) or Frightened 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (Depression, Anxiety, disturbed, etc.) 9 Under the Influence of Medication/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown					
Driver Distracted By		1 Used Distracted 2 Electronic Communication (outside the vehicle, explain in narrative) 3 Other Electronic Device (navigation device, DVD player) 7 Inattentive 88 Unknown																							
Driver Vision Obstructions		1 Vision Not Obscured 2 Inclement Weather 3 Faded/Stopped Vehicle 4 Tires/Copied/Bushes 5 Used on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Smoke 10 Stars 77 At Other, Explain in Narrative																							
DRIVER OR PASSENGER																									
Motor Vehicle Seating Position:		LOCATION:		SEAT	ROW	OTHER:	Helmet Use (HU)		Eye Protection (EP)		Restraint Systems (RS)														
		(LOC)					1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet		1 Yes 2 No 3 Not Applicable		1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Child Restraint System Unknown 77 Other, Explain in Narrative 88 Unknown														
Air Bag Deployed (ABD)		1 Not Applicable 2 Deployed 3 Deployed-Front 4 Deployed-Side 5 Unknown																							
NON-MOTORIST																									
Non-Motorist Description					Non-Motorist Location At Time of Crash										Action Prior to Crash										
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a wheelchair, stroller, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 77 Other Non-Motor Vehicle Not in Transport (parked, etc.) 8 Occupant of a Non-Motor Vehicle Transportation Device 88 Unknown Type of Non-Motorist					1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside										1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (left or adjacent to travel lane) 4 Walking/Cycling Alone 5 Roadway Against Traffic (or adjacent to travel lane) 6 Improper Cycling on sidewalk 8 In Roadway - Other (working, playing, etc.) 9 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (roadway, shoulder) 10 None 77 Other, Explain in Narrative 88 Unknown										
Safety Equipment					Non-Motorist Actions/Circumstances																				
1 None 2 Helmet 3 Protective Pads Used (elbows, knees, chin, etc.) 4 Reflective Clothing (jacket, vest, etc.) 88 Unknown					1st 1 No Improper Action 2 Dert/Oversight 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Obsolete Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parallel/Standing Vehicle 8 Inattentive (walking, eating, etc.) 9 Not Visible (cars clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown																				
ALCOHOL/DRUGS/EMS																									
SUSPECTED ALCOHOL USE:		ALCOHOL TESTED:		ALCOHOL TEST RESULT:		BAC		SUSPECTED DRUG USE:		DRUG TESTED:		DRUG TEST RESULT:													
1 Yes 2 No 88 Unknown		1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, If Tested		1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative 88 Unknown		1 Pending 2 Completed 88 Unknown		1 Suspected 2 Tested 3 Not Tested 88 Unknown		1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, If Tested		1 Blood 2 Urine 3 Saliva 77 Other, Explain in Narrative 88 Unknown													
SOURCE OF TRANSPORT TO MEDICAL FACILITY					EMS AGENCY NAME OR ID					EMS RUN NUMBER					MEDICAL FACILITY TRANSPORTED TO										
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown																									
ADDITIONAL PASSENGERS																									
PERSON #		VEHICLE # NAME			DATE OF BIRTH										NI	SEX	LOC	S	R	O	ELECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)					CITY & STATE										ZIP CODE										
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO																			
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown																									
PERSON #		VEHICLE # NAME			DATE OF BIRTH										NI	SEX	LOC	S	R	O	ELECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)					CITY & STATE										ZIP CODE										
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO																			
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown																									

HSMV 90010 S (V/P) (REV 06/13)

Page of

Person Number

PERSON # <input type="text"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
<div>1 Driver 2 Non-Motorist 3 Passenger</div> <input type="text"/>	VEHICLE #	NAME		PHONE NUMBER	Check if Recommend Driver Re-exam <input type="text"/>
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown <input type="text"/>	DRIVER LICENSE NUMBER	STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality <input type="text"/>

For the field **'Driver/Non-Motorist/Passenger'**,
enter either **'1:Driver'**, **'2:Non-Motorist'**, or **'3:Passenger'**.

- If **'1: Driver'** is chosen, all of the Driver applicable fields are required.
- If **'2: Non-Motorist'** is chosen, all of the Non-Motorist applicable fields are required.

CDL Exemptions

PERSON # <input type="text"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
1 Driver 2 Non-Motorist 3 Passenger <input type="text"/>	VEHICLE #	NAME		PHONE NUMBER	Check if Recommend Driver Re-exam <input type="text"/>
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown <input type="text"/>	DRIVER LICENSE NUMBER	STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality <input type="text"/>

Exemptions to Being Required to Have a CDL

- Active duty military possessing a military license, operating a military vehicle.
- Firefighters meeting approved training standards and operating authorized emergency vehicles.
- Farmers
- Individuals operating motor homes or other vehicles used exclusively to transport personal possessions or family members, for non-business purposes.

Injury Severity

PERSON # <input type="text"/>			REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
1 Driver 2 Non-Motorist 3 Passenger	<input type="text"/>	VEHICLE #	NAME			PHONE NUMBER
CURRENT ADDRESS (Number and Street)			CITY & STATE		ZIP CODE	
DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	<input type="text"/>	DRIVER LICENSE NUMBER	STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality

- A **fatality**: **ANY** person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within **30 days of the crash** as a result of an injury sustained in the crash.
- An **injury**: **ANY** person(s) injured as a result of the crash who immediately receives medical treatment.

Reporting FSBI

The screenshot shows a web browser window with the address bar displaying <https://david.flhsmv.gov/DAVID/FSBI>. The browser's address bar also shows the page title "DAVID | Driver and Vehicle L...". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The browser's toolbar includes "Convert", "Select", "Tracker", "Florida Highway Patrol - H...", "FARS Single SignOn", "FIRES Portal", "DAVID", "DFR Link", "CRS System", "Florida Department of Hig...", "Web Slice Gallery", "Suggested Sites", "Page", "Safety", "Tools", and "150%". The DAVID website header includes the "DAVID" logo, a "Search" button, a "Menu" dropdown, a user profile "Johnson", and a search bar with the text "Search (tag, DL, person, etc.)". The search bar contains the text "009 - Crash" and a "Search" button. The main content area is titled "FSBI Home Page" and contains the following text: "In accordance with Section 322.27, Florida Statutes, the Department of Highway Safety and Motor Vehicles must be notified, within 24 hours, of any traffic fatality, or when the law enforcement agency initiates action requiring a blood test for impairment or intoxication resulting in a serious bodily injury or fatality pursuant to s. 316.1933." Below this text are four green buttons: "Inquire Traffic Fatality / Serious Bodily Injury(SBI)", "Add Traffic Fatality/Serious Bodily Injury(SBI) Record", "Create Traffic Fatality/Serious Bodily Injury(SBI) Report", and "Instructions for the Traffic Fatality/Serious Bodily Injury System".

DAVID | Driver and Vehicle L...

File Edit View Favorites Tools Help

Convert Select

Tracker Florida Highway Patrol - H... FARS Single SignOn FIRES Portal DAVID DFR Link CRS System Florida Department of Hig... Web Slice Gallery Suggested Sites Page Safety Tools 150%

DAVID Search Menu Johnson

Search (tag, DL, person, etc.) 009 - Crash Search

FSBI Home Page

In accordance with Section 322.27, Florida Statutes, the Department of Highway Safety and Motor Vehicles must be notified, within 24 hours, of any traffic fatality, or when the law enforcement agency initiates action requiring a blood test for impairment or intoxication resulting in a serious bodily injury or fatality pursuant to s. 316.1933.

Inquire Traffic Fatality / Serious Bodily Injury(SBI)

Add Traffic Fatality/Serious Bodily Injury(SBI) Record

Create Traffic Fatality/Serious Bodily Injury(SBI) Report

Instructions for the Traffic Fatality/Serious Bodily Injury System

Driver

DL Type			Required Endorsements			DRIVER		
<input type="checkbox"/>	1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper – Rest 7 None	<input type="checkbox"/>	1 Yes 2 No 3 No Req. Endorsement	Driver's Actions at Time of Crash				
<input type="checkbox"/>	Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	<input type="checkbox"/>	4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	1st <input type="checkbox"/>	1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	3rd <input type="checkbox"/>	Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
<input type="checkbox"/>	Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	<input type="checkbox"/>	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	<input type="checkbox"/>	9 Smoke 10 Glare 77 All Other, Explain in Narrative			



- DL Type (enter a #, not a letter)
- Driver Distracted By
- Required Endorsements
- Driver Vision Obstructions

When “77: Other, Explain in Narrative” is selected, the Narrative Page must be completed.

Driver

DL Type		Required Endorsements	
<input type="checkbox"/>	1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper – Rest 7 None	<input type="checkbox"/>	1 Yes 2 No 3 No Req. Endorsement
Driver Distracted By		4 Other Inside the Vehicle (explain in narrative)	
<input type="checkbox"/>	1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	
Driver Vision Obstructions		5 Load on Vehicle	
<input type="checkbox"/>	1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative

DRIVER			
Driver's Actions at Time of Crash			
1st	1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of- Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	3rd
2nd			4th

Condition At Time of Crash
<input type="checkbox"/> 1 Apparently Normal <input type="checkbox"/> 3 Asleep or Fatigued <input type="checkbox"/> 5 Ill (sick) or Fainted <input type="checkbox"/> 6 Seizure, Epilepsy, Blackout <input type="checkbox"/> 7 Physically Impaired <input type="checkbox"/> 8 Emotional (depression, angry, disturbed, etc.) <input type="checkbox"/> 9 Under the Influence of Medications/Drugs/Alcohol <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown

- Driver's Actions at Time of Crash: A first occurrence is required, additional actions are optional.
- Condition at Time of Crash



Driver or Passenger

DRIVER OR PASSENGER				DRIVER OR PASSENGER						
Motor Vehicle Seating Position:			LOCATION: SEAT ROW OTHER (LOC)		<input type="checkbox"/>	Helmet Use (HU)	<input type="checkbox"/>	Eye Protection (EP)	<input type="checkbox"/>	Restraint Systems (RS)
Seat	Row	Other				1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	1 Yes 2 No 3 Not Applicable		1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative	
1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown				Ejection (EJECT)	Air Bag Deployed (ABD)	5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown		
						1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side			

ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

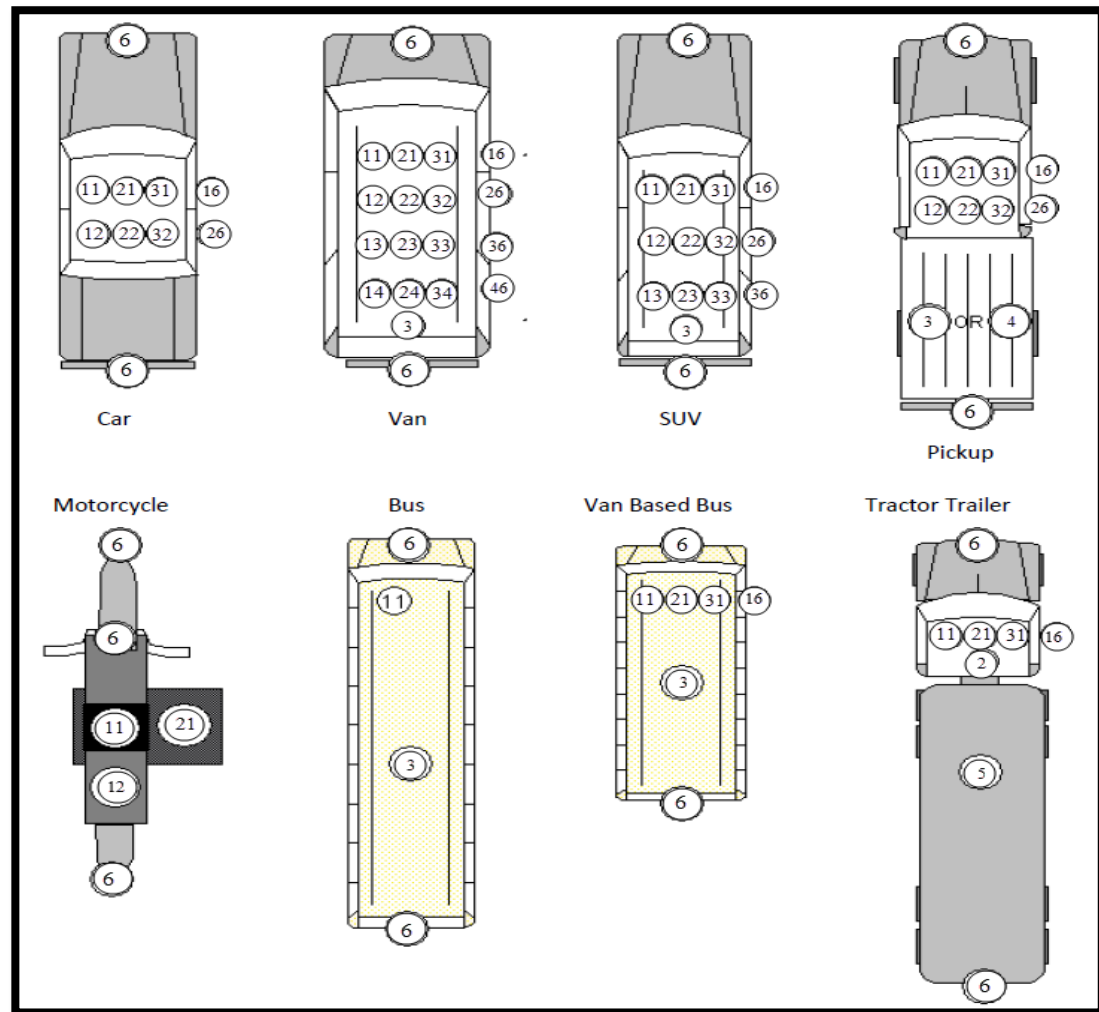


Seating Chart

Seat #	Seat (S) Position	Row #	Row (R) Position	Other #	Other (O) Position
1	Left	1	Front	1	NA
2	Middle	2	Second	2	Sleeper/Truck Cab
3	Right	3	Third	3	Other Enclosed Cargo Area
4	--	4	Fourth	4	Unenclosed Cargo Area
5	--	5	--	5	Trailing Unit
6	--	6	--	6	Riding on MV Exterior
77	Other	77	Other	77	--
88	Unknown	88	Unknown	88	Unknown

Seating Chart Diagram

1st Number = Seat Number
2nd Number = Row Number



Non-Motorist

NON-MOTORIST			
Non-Motorist Description <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) <input type="checkbox"/> 3 Bicyclist <input type="checkbox"/> 4 Other Cyclist <input type="checkbox"/> 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transportation Device <input type="checkbox"/> 7 Unknown Type of Non-Motorist	Non-Motorist Location At Time of Crash <input type="checkbox"/> 1 Intersection - Marked Crosswalk <input type="checkbox"/> 2 Intersection - Unmarked Crosswalk <input type="checkbox"/> 3 Intersection - Other <input type="checkbox"/> 4 Midblock - Marked Crosswalk <input type="checkbox"/> 5 Travel Lane - Other Location <input type="checkbox"/> 6 Bicycle Lane <input type="checkbox"/> 7 Shoulder/Roadside <input type="checkbox"/> 8 Sidewalk <input type="checkbox"/> 9 Median/Crossing Island <input type="checkbox"/> 10 Driveway Access <input type="checkbox"/> 11 Shared-Use Path or Trail <input type="checkbox"/> 12 Non-Trafficway Area <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Action Prior to Crash <input type="checkbox"/> 1 Crossing Roadway <input type="checkbox"/> 2 Waiting to Cross Roadway <input type="checkbox"/> 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) <input type="checkbox"/> 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) <input type="checkbox"/> 5 Walking/Cycling on Sidewalk <input type="checkbox"/> 6 In Roadway -- Other (working, playing, etc.) <input type="checkbox"/> 7 Adjacent to Roadway (e.g., shoulder, median) <input type="checkbox"/> 8 Going to or from School (K-12) <input type="checkbox"/> 9 Working in Trafficway (incident response) <input type="checkbox"/> 10 None <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Safety Equipment <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Helmet <input type="checkbox"/> 3 Protective Pads Used (elbows, knees, shins, etc.) <input type="checkbox"/> 4 Reflective Clothing (jacket, backpack, etc.) <input type="checkbox"/> 5 Lighting <input type="checkbox"/> 6 Not Applicable <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
Non-Motorist Actions/Circumstances 1st <input type="checkbox"/> 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)			

Non-Motorist required fields:

- Non-Motorist Description
- Non-Motorist Location at Time of Crash
- Action Prior to Crash
- Safety Equipment
- Non-Motorist Actions/Circumstances

Alcohol/Drug

ALCOHOL/DRUG/EMS								
SUSPECTED ALCOHOL USE: 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	ALCOHOL TESTED: 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested <input type="checkbox"/>	ALCOHOL TEST TYPE: 1 Blood <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/>	ALCOHOL TEST RESULT: 1 Pending <input type="checkbox"/> 2 Completed <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	BAC <input type="text"/>	SUSPECTED DRUG USE: 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	DRUG TESTED: 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested <input type="checkbox"/>	DRUG TEST TYPE: 1 Blood <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/>	DRUG TEST RESULT: 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown <input type="checkbox"/>
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported <input type="checkbox"/> 2 EMS 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative 88 Unknown <input type="checkbox"/>		EMS AGENCY NAME OR ID <input type="text"/>		EMS RUN NUMBER <input type="text"/>		MEDICAL FACILITY TRANSPORTED TO <input type="text"/>		

If '2: Yes' is selected, fields 'Alcohol/Drug Tested,' 'Alcohol/Drug Test Type,' and 'Alcohol/Drug Test Results' are required.

If '3: Test Given' is selected, the field 'Alcohol Test Type' is required.

- Alcohol Test Result

If '2: Completed' is selected, the 'BAC' field is required.

EMS

ALCOHOL/DRUG/EMS

SUSPECTED ALCOHOL USE: 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	ALCOHOL TESTED: 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested <input type="checkbox"/>	ALCOHOL TEST TYPE: 1 Blood <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/>	ALCOHOL TEST RESULT: 1 Pending <input type="checkbox"/> 2 Completed <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	BAC <input type="text"/>	SUSPECTED DRUG USE: 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	DRUG TESTED: 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested <input type="checkbox"/>	DRUG TEST TYPE: 1 Blood <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/>	DRUG TEST RESULT: 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown <input type="checkbox"/>
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported <input type="checkbox"/> 2 EMS 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative 88 Unknown <input type="checkbox"/>		EMS AGENCY NAME OR ID <input type="text"/>		EMS RUN NUMBER <input type="text"/>		MEDICAL FACILITY TRANSPORTED TO <input type="text"/>		

Source of Transport to Medical Facility

If **'2: EMS'** is selected, complete the following fields:

- 'EMS Agency Name or ID'
- 'EMS Run Number'
- 'Medical Facility Transported To'



FLHSMV
FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES



Crash Report Narrative and Diagram

Narrative

- This page is used to describe the traffic crash scene. It is always used in conjunction with the Florida Traffic Crash Report Long Form, HSMV 90010S.
- The investigating agency report number and the eight digit HSMV crash report number must be **identical** to all other report pages.
- *If there is a correlating field associated with the narrative, that data field must match. (Exp. Injury field/BAC)*

[illegible]

Sample Narrative

o window NARRATIVE	REPORTING AGENCY CASE NUMBER	FLHSMV CRASH REPORT NUMBER

Vehicles #2 and #1, in that order, were stopped facing west in the right thru lane on US 17/92 (SR 50) 900 block of West Colonial Drive, approximately 15 feet east of North Westmoreland Drive. Driver #2 stated she was stopped in her lane of traffic. When traffic began to move forward, she traveled forward. A vehicle in front of her stopped and as she stopped, the rear of her vehicle was struck.

Driver #1 stated he was stopped in his lane behind Vehicle #2. When the light changed to green, Vehicle #2 began to move forward. He stated Vehicle #2 then suddenly stopped and his vehicle struck Vehicle #2. Driver #1 stated he did not see any visible damage to the front of Vehicle #1.

Vehicle #1's hitch on the front bumper struck the rear bumper of Vehicle #2.

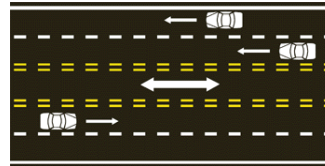
Driver #1 committed the infraction of Following Too Closely, but was not cited.

Orlando Fire Department responded to the scene.

1. Clearly identifies the state and the local name,
2. Identifies the lane in which the crash occurred,
3. Gives a distance from roadway on which the crash occurred, giving both the road numbers and the cross street,
4. Clearly identifies the cross street by its local name.

Diagram

This space is used to draw the traffic crash scene. The diagram should be prepared based on the standard operating procedures of the submitting agency. However, at a minimum, the following information must be documented:



Roadway Markings

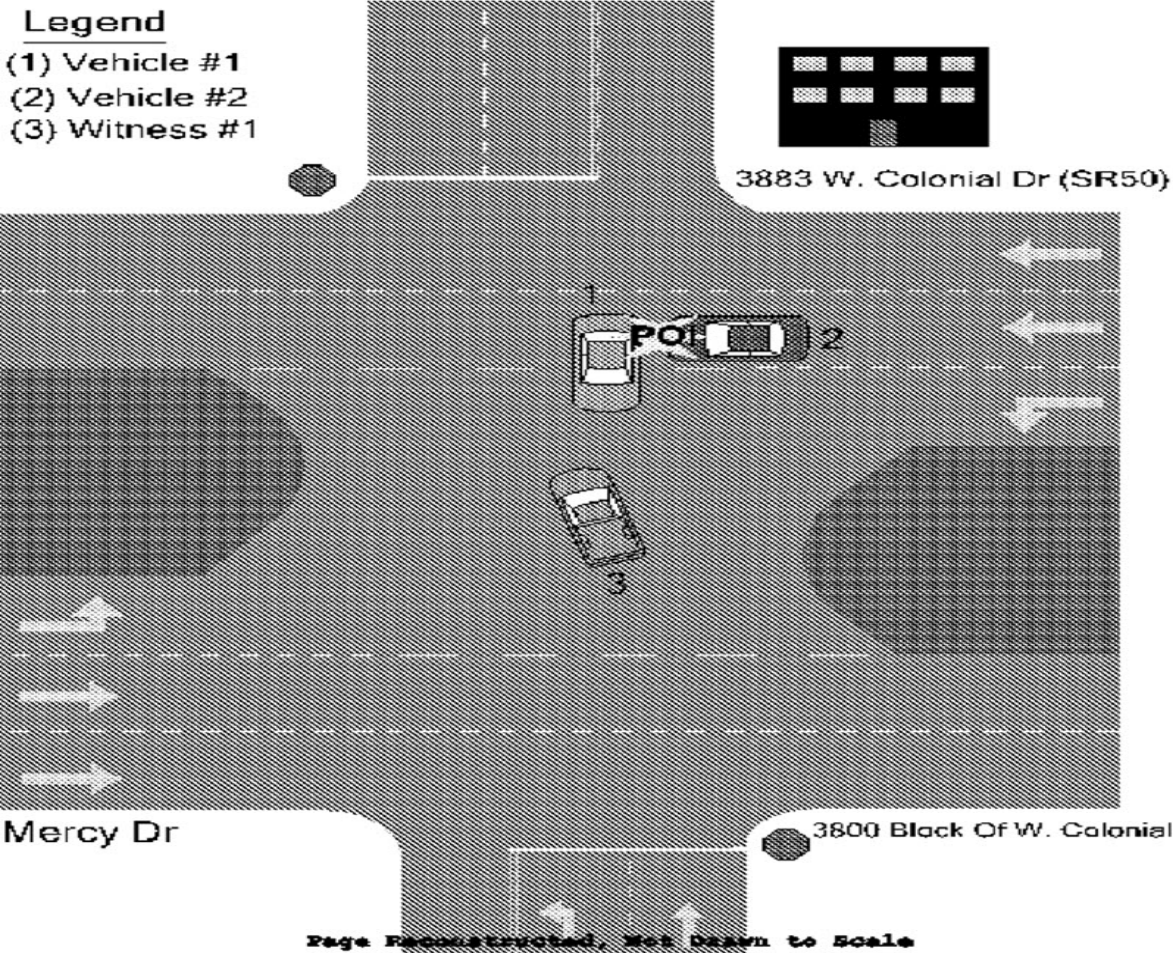


Location of traffic crash (road names)



North directional arrow being placed upward or to the right when looking at the page.

e-Diagram Example



It is good because it shows...

- the median,
- the roadway markings
- the north arrow
- the road name for both the on-road and the intersecting road that the intersection in question is stop-controlled
- the position of the vehicles in the lane and on roadway at the point of first impact.
- a building with an address as a landmark which helps clear up confusion when multiple areas match the described location.



FLHSMV
FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES



Improving Accuracy & Completeness

Accuracy Measure E-03



Intersection Type to
Junction Type

Pass Rate
80.50%

Error Count
42,990

Total Checks
220,420

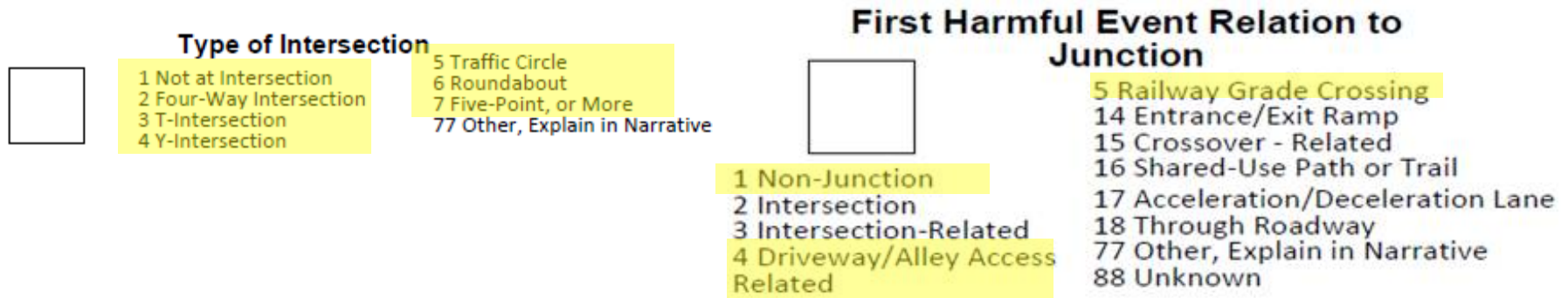


Accuracy Measure E-03

Event

TYPE OF INTERSECTION		FIRST HARMFUL EVENT RELATION TO JUNCTION
2 - (four-way intersection) 3 - (T-intersection) 4 - (Y-intersection) 5 - (traffic circle) 6 - (roundabout) 7 - (five-point or more)	CANNOT BE	1 - (non-junction) 4 - (driveway/alley access related) 5 - (railway grade crossing)

If the LEO indicates that the type of intersection was an intersection, then first harmful event relation to junction should not indicate a non-junction:



Accuracy Measure E-10



School Bus Involved

Pass Rate
82.43%

Error Count
383

Total Checks
2,180



Accuracy Measure E-10

Event

Special Function of Motor Vehicle 12 – School Bus	CANNOT BE	School Bus Related 1-No
--	--------------	----------------------------

When a vehicle involved is described as a school bus, the event cannot have 'School Bus Related' marked as 1 -'No'.

☐

Special Function of Motor Vehicle

- | | | |
|-----------------------|-------------------------|---------------------|
| 1 No Special Function | 9 Ambulance | 14 Intercity Bus |
| 2 Farm Vehicle | 10 Fire Truck | 15 Charter/Tour Bus |
| 3 Police | 11 Farm Labor Transport | 16 Shuttle Bus |
| 7 Taxi | 12 School Bus | 17 Farm Labor Bus |
| 8 Military | 13 Transit/Commuter Bus | 88 Unknown |

School Bus Related

☐

- 1 No
- 2 Yes, School Bus Directly Involved
- 3 Yes, School Bus Indirectly Involved

Accuracy Measure V-03



CMV Bus Related



Pass Rate
86.07%

Error Count
274

Total Checks
1,967

Accuracy Measure V-03

Event

CMV Configuration	Event	Vehicle Body Type
10 – Bus/Large Van (seats for 9-15 occupants, including driver) 11 – Bus (seats for more than 15 occupants, including the driver) the Vehicle body type	MUST BE	2 – Passenger Van 8 – Bus

Commercial Motor Vehicle Configuration



- 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials
- 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg))
- 3 Single-Unit Truck (3 or more axles)
- 4 Truck Pulling Trailer(s)
- 5 Truck Tractor (bobtail)
- 6 Truck Tractor/Semi-Trailer
- 7 Truck Tractor/Double
- 8 Truck Tractor/Triple
- 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify
- 10 Bus/Large Van (seats for 9-15 occupants, including driver)
- 11 Bus (seats for more than 15 occupants, including driver)
- 77 Other, Explain in Narrative
- 88 Unknown

Vehicle Body Type



- 1 Passenger Car
- 2 Passenger Van
- 3 Pickup
- 7 Motor Home
- 8 Bus
- 11 Motorcycle
- 12 Moped
- 13 All Terrain Vehicle (ATV)
- 15 Low Speed Vehicle
- 16 (Sport) Utility Vehicle
- 17 Cargo Van (10,000 lbs (4,536 kg) or less)
- 18 Motor Coach
- 19 Other Light Trucks (10,000 lbs (4,536 kg) or less)
- 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))
- 21 Farm Labor Vehicle
- 77 Other, Explain in Narrative
- 88 Unknown

Accuracy Measure V-07



CMV Vehicle Weight <
10,000

Pass Rate
73.35%

Error Count
270

Total Checks
1,013

Accuracy Measure V-07

Vehicle

CMV CONFIGURATION - 1 (vehicle 10,000 lbs. or less placarded)	CANNOT BE	COMM GVWR/GCWR - 2 (10,001 to 26,000 lbs.) or 3 (more than 26,000 lbs.)
---	--------------	---

If the LEO indicates the CMV configuration is 1-vehicle 10,000 lbs. or less placarded then Comm GVWR/GCWR cannot be 2-10,001 to 26,000 lbs. or 3-more than 26,000 lbs.

Commercial Motor Vehicle Configuration

<input type="checkbox"/>	1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double	8 Truck Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown
--------------------------	--	--

Comm
GVWR/GCWR

☐

- 1 10,000 lbs (4,536 kg) or less**
2 10,001-26,000 lbs (4,536-11,793 kg)
3 More than 26,000 lbs (11,793 kg)
 4 Not Applicable

Accuracy Measure V-12



Most Harmful/Sequence
Event - Parked Vehicle

Pass Rate
78.62%

Error Count
18,378

Total Checks
85,968

Accuracy Measure V-12

Vehicle

**SEQUENCE OF EVENTS or
MOST HARMFUL EVENT**
15 - (parked motor vehicle)

MUST BE

VEHICLE TYPE
2 - (parked motor vehicle)

If the LEO indicates in the sequence of events or most harmful event was a collision with a parked motor vehicle, then at least one vehicle type should be parked motor vehicle:

Most Harmful Event

Sequence of Events

1st	2nd
<input type="text"/>	<input type="text"/>
3rd	4th
<input type="text"/>	<input type="text"/>

Non-Collision

- 1 Overturn/Rollover
- 2 Fire/Explosion
- 3 Immersion
- 4 Jackknife
- 5 Cargo/Equipment Loss or Shift
- 6 Fell/Jumped From Motor Vehicle
- 7 Thrown or Falling Object
- 8 Ran into Water/ Canal
- 9 Other Non-Collision

[40-46 Sequence of Events only]
 40 Equipment Failure (blown tire, brake failure, etc.)
 41 Separation of Units
 42 Ran Off Roadway, Right
 43 Ran Off Roadway, Left
 44 Cross Median
 45 Cross Centerline
 46 Downhill Runaway

Collision with Non-Fixed Object

- 10 Pedestrian
- 11 Pedalcycle
- 12 Railway Vehicle (train, engine)
- 13 Animal
- 14 Motor Vehicle in Transport
- 15 Parked Motor Vehicle
- 16 Work Zone/Maintenance Equipment
- 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
- 18 Other Non-Fixed Object

Collision Fixed Object

- 19 Impact Attenuator/Crash Cushion
- 20 Bridge Overhead Structure
- 21 Bridge Pier or Support
- 22 Bridge Rail
- 23 Culvert
- 24 Curb
- 25 Ditch
- 26 Embankment
- 27 Guardrail Face
- 28 Guardrail End

- 29 Cable Barrier
- 30 Concrete Traffic Barrier
- 31 Other Traffic Barrier
- 32 Tree (standing)
- 33 Utility Pole/Light Support
- 34 Traffic Sign Support
- 35 Traffic Signal Support
- 36 Other Post, Pole, or Support
- 37 Fence
- 38 Mailbox
- 39 Other Fixed Object (wall, building, tunnel, etc.)

- 1 Vehicle in Transport
- 2 Parked Motor Vehicle
- 3 Working Vehicle

Accuracy Measure V-05



Emergency Vehicle Use

Pass Rate
52.16%

Error Count
3,358

Total Checks
7,019

Accuracy Measure V-05

Vehicle

EMERGENCY VEHICLE USE 2 - Yes	MUST BE	SPECIAL FUNCTION OF MOTOR VEHICLE 3 - Police 8 - Military 9 - Ambulance 10 - Fire Truck
--	----------------	--

If the LEO indicates “Yes”, Emergency Vehicle Use; then at least one Special Function of Motor Vehicle type is required.

Emergency
Vehicle Use

☐

1 No
 2 Yes
 88 Unknown

☐

**Special Function
of Motor Vehicle**

1 No Special Function
 2 Farm Vehicle
 3 Police
 7 Taxi
 8 Military

9 Ambulance
 10 Fire Truck
 11 Farm Labor Transport
 12 School Bus
 13 Transit/Commuter Bus

14 Intercity Bus
 15 Charter/Tour Bus
 16 Shuttle Bus
 17 Farm Labor Bus
 88 Unknown

Accuracy Measure P-10



Non-Motorist Location Check

Pass Rate
77.91%

Error Count
1,569

Total Checks
7,102

Accuracy Measure P-10

Person

NON-MOTORIST LOCATION AT TIME OF CRASH 1 - Intersection - marked crosswalk 2 - Intersection - unmarked crosswalk 3 - Intersection - other	CANNOT BE	TYPE OF INTERSECTION 1 - Not at intersection
---	------------------	--

Non-Motorist Location At Time of Crash

<input type="text"/>	1 Intersection - Marked Crosswalk	8 Sidewalk
	2 Intersection - Unmarked Crosswalk	9 Median/Crossing Island
	3 Intersection - Other	10 Driveway Access
	4 Midblock - Marked Crosswalk	11 Shared-Use Path or Trail
	5 Travel Lane - Other Location	12 Non-Trafficway Area
	6 Bicycle Lane	77 Other, Explain in Narrative
	7 Shoulder/Roadside	88 Unknown

Type of Intersection

<input type="text"/>	1 Not at Intersection	5 Traffic Circle
	2 Four-Way Intersection	6 Roundabout
	3 T-Intersection	7 Five-Point, or More
	4 Y-Intersection	77 Other, Explain in Narrative

Accuracy Measure P-05



Motorcycle Endorsement Check

Pass Rate
66.39%

Error Count
3,674

Total Checks
10,931

Accuracy Measure P-05

Person

PERSON 1 - Driver AND VEHICLE BODY TYPE 11- Motorcycle	CANNOT BE	REQUIRED ENDORSEMENTS 3 - No req. endorsement
--	-----------	--

1 Driver
2 Non-Motorist
3 Passenger

Vehicle Body Type

1 Passenger Car
2 Passenger Van
3 Pickup
7 Motor Home
8 Bus
11 Motorcycle
12 Moped
13 All Terrain Vehicle (ATV)

15 Low Speed Vehicle
16 (Sport) Utility Vehicle
17 Cargo Van (10,000 lbs
(4,536 kg) or less)
18 Motor Coach
19 Other Light Trucks (10,000 lbs
(4,536 kg) or less)
20 Medium/Heavy Trucks (more than
10,000 lbs (4,536 kg))
21 Farm Labor Vehicle
77 Other, Explain in Narrative
88 Unknown

Required Endorsements

1 Yes
2 No
3 No Req. Endorsement

Accuracy Measure E-05



School Bus Directly
Involved

Pass Rate
55.63%

Error Count
1,408

Total Checks
3,173

Accuracy Measure E-05

Event

SCHOOL BUS RELATED 2 - Yes, school bus	MUST BE	SPECIAL FUNCTION OF MOTOR VEHICLE 12 - School bus
---	---------	---

School Bus Related

☐

- 1 No
- 2 Yes, School Bus Directly Involved
- 3 Yes, School Bus Indirectly Involved

☐

Special Function of Motor Vehicle

- 1 No Special Function
- 2 Farm Vehicle
- 3 Police
- 7 Taxi
- 8 Military

- 9 Ambulance
- 10 Fire Truck
- 11 Farm Labor Transport
- 12 School Bus
- 13 Transit/Commuter Bus

- 14 Intercity Bus
- 15 Charter/Tour Bus
- 16 Shuttle Bus
- 17 Farm Labor Bus
- 88 Unknown

Accuracy Measure P-03



Fatality Transport

Pass Rate
70.53%

Error Count
1,166

Total Checks
3,956

Accuracy Measure P-03

Event

INJURY SEVERITY 5 - Fatal within 30 days	CANNOT BE	SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 - Not transported
---	-----------	---

INJURY SEVERITY (INJ)

1 None

2 Possible

3 Non-incapacitating

4 Incapacitating

5 Fatal (within 30 days)

6 Non-Traffic Fatality

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported

2 EMS 3 Law Enforcement

77 Other, Explain in Narrative 88 Unknown

Accuracy Measure E-04



Road Circumstance Work Zone



Pass Rate
70.65%

Error Count
1,124

Total Checks
3,829

Accuracy Measure E-04

Event

CONTRIBUTING CIRCUMSTANCES ROAD

4 – Work zone, construction/maintenance/utility)

MUST BE

WORK ZONE RELATED

2 - Yes

Contributing Circumstances: Road

☐☐☐

1 None

4 Work Zone (construction/
maintenance/utility)

6 Shoulders (none, low, soft, high)

7 Rut, Holes, Bumps

9 Worn, Travel-Polished Surface

10 Road Surface Condition (wet,
icy, snow, slush, etc.)

11 Obstruction in Roadway

12 Debris

13 Traffic Control Device
Inoperative, Missing or Obscured

14 Non-Highway Work

77 Other, Explain in Narrative

88 Unknown

Work Zone Related

☐

1 No

2 Yes

88 Unknown

Completeness Measure P-22



EMS Run Number
Required

Pass Rate
80.45%

Error Count
23,695

Total Checks
121,173

Completeness Measure P-22

Person

SOURCE OF TRANSPORT TO MEDICAL FACILITY - 2 (EMS)	MUST HAVE	EMS RUN NUMBER
---	-----------	----------------

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported

2 EMS 3 Law Enforcement

77 Other, Explain in Narrative 88 Unknown

EMS RUN NUMBER

Completeness Measure P-11



Safety Equipment
Required

Pass Rate
1.21%

Error Count
22,939

Total Checks
23,221

Completeness Measure P-11

Person

Person 2 – Non-Motorist	MUST HAVE	Safety Equipment 1 – None 2 – Helmet 3 – Protective Pads Used 4 – Reflective Clothing 5 – Lighting 6 – Not Applicable 77 – Other 88 - Unknown
----------------------------	-----------	---

1 Driver
2 Non-Motorist
3 Passenger

Safety Equipment

1 None
2 Helmet
3 Protective Pads Used
(elbows, knees, shins, etc.)
4 Reflective Clothing (jacket,
backpack, etc.)
5 Lighting
6 Not Applicable
77 Other, Explain
in Narrative
88 Unknown

Completeness Measure P-23



Drug Test Result
Positive – No Type of
Drug

Pass Rate
67.56%

Error Count
386

Total Checks
1,190

Completeness Measure P-23

Person

Drug Tested 3 – Test Given	MUST HAVE	Drug Test Result
-------------------------------	-----------	------------------

DRUG TESTED:

1 Test Not Given

2 Test Refused

3 Test Given

88 Unknown, if Tested

DRUG TEST RESULT:

1 Positive

2 Negative

3 Pending

88 Unknown

Completeness Measure V-15



US DOT Number
Required

Pass Rate
85.94%

Error Count
2,053

Total Checks
14,598

Completeness Measure V-15

Person

Comm/Non-Commercial 1 – Interstate Carrier	MUST HAVE	US DOT Number
---	-----------	---------------

☐

Comm/Non-Commercial

- 1 Interstate Carrier
- 2 Intrastate Carrier
- 3 Not in Commerce/Government
- 4 Not in Commerce/Other Truck

US DOT NUMBER

Completeness Measure V-16



Motor Carrier Address
Required

Pass Rate
88.33%

Error Count
1,703

Total Checks
14,598

Completeness Measure V-16

Person

Comm/Non-Commercial 1 – Interstate Carrier	MUST HAVE	Motor Carrier Address
---	-----------	-----------------------

☐

Comm/Non-Commercial

- 1 Interstate Carrier
- 2 Intrastate Carrier
- 3 Not in Commerce/Government
- 4 Not in Commerce/Other Truck

MOTOR CARRIER ADDRESS

Completeness Measure V-14



Motor Carrier Name
Required

Pass Rate
89.29%

Error Count
1,564

Total Checks
14,598

Completeness Measure V-14

Person

Comm/Non-Commercial 1 – Interstate Carrier	MUST HAVE	Motor Carrier Name
---	-----------	--------------------

☐

Comm/Non-Commercial

- 1 Interstate Carrier
- 2 Intrastate Carrier
- 3 Not in Commerce/Government
- 4 Not in Commerce/Other Truck

MOTOR CARRIER NAME

Drug Test Data Collection

Person

Drug Test Result - 1 (Positive)

MUST HAVE

Drug Test Result Data Collection

If the LEO indicates in the Drug Test Result is “1-Positive”, then at least one Positive Drug Test result is required under Drug Testing Data Collection.

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TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
TALLAHASSEE, FL 32399-0537

DRUG TEST RESULT:

1 Positive
2 Negative
3 Pending
88 Unknown

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

PERSON # <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Positive Drug Test Results								
(Choose up to 4) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<table><tr><td>1-Amphetamine</td><td>5-Other Controlled Substance</td></tr><tr><td>2-Cocaine</td><td>6-PCP</td></tr><tr><td>3-Marijuana</td><td>7-Other Drug (excludes post-crash drugs)</td></tr><tr><td>4-Opiate</td><td>88-Unknown</td></tr></table>	1-Amphetamine	5-Other Controlled Substance	2-Cocaine	6-PCP	3-Marijuana	7-Other Drug (excludes post-crash drugs)	4-Opiate	88-Unknown
1-Amphetamine	5-Other Controlled Substance									
2-Cocaine	6-PCP									
3-Marijuana	7-Other Drug (excludes post-crash drugs)									
4-Opiate	88-Unknown									



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Proposed Crash Report Changes



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FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES



Event Section

Proposed Additional Data Elements

Data element = Ownership

Attribute values:

- Public property
- Private property

Public Property: is used for any crash that occurs and is entirely contained within a location that is owned by the public. Also use this attribute for crashes that originate on a location that is owned by the public where a harmful event occurs on private property. For example, a vehicle that departs the roadway and impacts a tree in a citizen's front yard should be classified as "public property."

Private Property: is used for a crash that occurs and is entirely contained within a location that is *not* owned by the public. Do *not* use this selection for crashes that originate on private property where a harmful event occurs on public property. That circumstance should be classified as "public property." For example, a crash where a driver loses control of their vehicle backing from their private driveway and impacts a vehicle on the roadway should be classified as "public property."

Proposed Additional Data Elements

Data element = Characteristics

- Trafficway, On Road
- Trafficway, Not on Road
- Non-Trafficway

Trafficway, On Road: is used for motor vehicle traffic crashes where the unstabilized situation originates on the roadway or shoulder or at least one harmful event occurs on the roadway or shoulder. Example 1: A motor vehicle driving on a roadway runs off the road and crashes into a tree. Example 2: A motor vehicle driving on a roadway crosses the centerline and crashes into another motor vehicle.

Example 3: A motor vehicle backs out of a private driveway, into the trafficway, and crashes into another motor vehicle on the roadway.

Trafficway, Not on Road: is used for motor vehicle traffic crashes where the unstabilized situation does not originate on the roadway or shoulder and no harmful events occur on the roadway or shoulder. Example 1: A motor vehicle is purposely driving entirely on the roadside (within the trafficway), runs off the roadside and crashes into a tree. Example 2: A motor vehicle is purposely driving entirely in the median and crashes into a traffic sign.

Non-trafficway: is used for motor vehicle crashes where both of these conditions apply: (1) the unstabilized situation originates outside the boundaries of the trafficway and (2) no harmful event occurs within the boundaries of the trafficway. Example 1: A motor vehicle is driving in a parking aisle (outside the trafficway) and crashes into a parked motor vehicle. Example 2: A motor vehicle is driving on a dirt trail (not a recognized trafficway), and overturns.

Remove Existing Data Element

Data element = Notified By

Attribute values:

- Motorist
- Law Enforcement

Proposed change:

- Remove data element

(rational: Only law enforcement is allowed to complete and submit crash report (HSMV 90010 S))

Major Change

Data Element = Type of Intersection

Current Attribute values:

- Not at intersection
- Four-Way Intersection
- T-Intersection
- Y-Intersection
- Traffic Circle
- Roundabout
- Five-Point, More
- Other

Proposed Change: Type of intersection data element broken into three subfields

- 1) Number of Approaches
- 2) Overall Intersection Geometry
- 3) Overall Traffic Control Device

Major Change

Data Element = Number of Approaches

Attribute values:

- Not an Intersection
- (2) Two
- (3) Three
- (4) Four
- (5+) Five or more

Data Element = Overall Intersection Geometry

Attribute values:

- Angled/Skewed
- Roundabout/Traffic Circle
- Perpendicular
- Not Applicable/Not an Intersection

Data Element = Overall Traffic Control Device

Attribute values:

- Signalized
- Stop – All Way
- Stop – Partial
- Yield
- No Controls
- Not Applicable/Not an Intersection

Data element = First Harmful Event

(Non-Collision)

Attribute value:

- Immersion

Proposed Change

- Immersion, full
- Immersion, Partial

Data element = First Harmful Event

(Collision Non-fixed Object)

Attribute value:

- Work Zone/ Maintenance Equipment

Proposed change

- Construction Equipment (backhoe, bulldozer, etc.)
- Farm Equipment (tractor, combine, harvester, tec.)

Additional attribute values:

- Other non-motorist
- Strikes Object at Rest from MV in Transport

Language change

Attribute value:

Struck by falling, shifting Cargo

Proposed change

Struck by Falling, shifting Cargo, or Anything Set in Motion by Motor Vehicle

Data element = First Harmful Event Location

Language change

Data Element Title:

- First Harmful Event Location

Proposed change

- Location of First Harmful Event Relative to the Trafficway

Attribute value:

- Separator
- Outside Right-of-Way

Proposed change

- Separator/Traffic Island
- Outside Road/Right-of-Way

Attribute value:

- Shoulder

Proposed change

- On shoulder, Left side
- On shoulder, Right side

Data element = Manner of Collision/Impact

(Note: currently should only be completed if crash is between two or more motor vehicles)

Additional Attribute value:

- Not a Collision Between Two Motor Vehicles

Data element = Weather Conditions

Attribute value:

- Sleet/Hail/Freezing Rain

Proposed change

- Freezing Rain
- Sleet or Hail

Additional Attribute values:

- Snow
- Unknown

Data element = Roadway Surface Condition

Additional attribute values:

- Slush
- Snow

Data element = Contributing Circumstances: Road

(Note: allows up to three choices; Proposed change: allow only two choices)

Additional attribute values:

- Obstructed Crosswalks
- Prior Crash
- Prior Non-Recurring Incident
- Regular Congestion
- Related to Bus Stop
- Toll Booth/Plaza related
- Traffic incident
- Visual Obstructions

Data element = Contributing Circumstances: Environment

(Note: allows up to three choices; Proposed change: allow only two choices)

Data element = First Harmful Event Relation to Junction

Language change

Attribute value:

- Other

Proposed change

- Other Location Not Listed Within an Interchange Area (median, shoulder and roadside)

Data element = Work Zone Related

Language change

Data Element title

- Work Zone Related

Proposed change

- Was the crash in a construction, maintenance, or utility work zone or was it related to activity within a work zone?

Data element = Crash in work Zone

Language change

Data Element title

- Crash in Work Zone

Proposed change

- Location of the crash

Data element = Type of Work Zone

Language change

Attribute value:

- Other

Proposed change

- Other Type of Work Zone

Additional attribute value:

- Not Applicable/Not within or Related to work zone

Data element = Workers in Work Zone

Language change

Data Element title

- Workers in Work Zone

Proposed change

- Workers Present

Additional attribute value:

- Not Applicable/Not within or Related to work zone

Data element = Law Enforcement in Work Zone

Language change

Data Element title

- Law Enforcement in Work Zone

Proposed change

- Law Enforcement Present

Additional attribute value:

- Not Applicable/Not within or Related to work zone

Remove attribute value:

- Law Enforcement Vehicle Only Present



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Vehicle Section

Proposed Additional Data Element

Data Element = Total Occupants in Motor Vehicle

Attribute Value

- XX

(XX Definition: The total number of injured and uninjured occupants in the motor vehicle involved in the crash, including persons in or on the motor vehicle at the time of the crash.)

Large Vehicles

Data Element = Special Sizing (allows up to 4 choices)

Attribute Values:

- No Special Sizing
- Over-height
- Over-length
- Over-weight
- Over-width

Data Element = Permitted?

Attribute Values:

- Non-Permitted Load
- Permitted Load

Data element = Total Number of Axles

- Text field, Truck Tractor Number of Axles

Motor Vehicle Automated Driving System(s)

Data Element = Automation System or Systems in Vehicle

Attribute Values:

- No
- Yes
- Unknown

Data Element = Automation System Levels in Vehicle

Attribute values:

- No Automation
- Driver Assistance
- Partial Automation
- Conditional Automation
- High Automation
- Full Automation
- Automation Level Unknown
- Unknown

Motor Vehicle Automated Driving System(s)

Data Element = Automation System Levels Engaged at Time of Crash

Attribute values:

- No Automation
- Driver Assistance
- Partial Automation
- Conditional Automation
- High Automation
- Full Automation
- Automation Level Unknown
- Unknown

Motor Vehicle Automated Driving System(s)

Figure 21: SAE International's Levels of Driving Automation; SAE International Standard J3016 (2014)

SAE level	Name	Narrative Definition	Execution of Steering and Acceleration/Deceleration	Monitoring of Driving Environment	Fallback Performance of Dynamic Driving Task	System Capability (Driving Modes)
Human driver monitors the driving environment						
0	No Automation	the full-time performance by the <i>human driver</i> of all aspects of the <i>dynamic driving task</i> , even when enhanced by warning or intervention systems	Human driver	Human driver	Human driver	n/a
1	Driver Assistance	the <i>driving mode</i> -specific execution by a driver assistance system of either steering or acceleration/deceleration using information about the driving environment and with the expectation that the <i>human driver</i> perform all remaining aspects of the <i>dynamic driving task</i>	Human driver and system	Human driver	Human driver	Some driving modes
2	Partial Automation	the <i>driving mode</i> -specific execution by one or more driver assistance systems of both steering and acceleration/deceleration using information about the driving environment and with the expectation that the <i>human driver</i> perform all remaining aspects of the <i>dynamic driving task</i>	System	Human driver	Human driver	Some driving modes
Automated driving system ("system") monitors the driving environment						
3	Conditional Automation	the <i>driving mode</i> -specific performance by an <i>automated driving system</i> of all aspects of the dynamic driving task with the expectation that the <i>human driver</i> will respond appropriately to a <i>request to intervene</i>	System	System	Human driver	Some driving modes
4	High Automation	the <i>driving mode</i> -specific performance by an automated driving system of all aspects of the <i>dynamic driving task</i> , even if a <i>human driver</i> does not respond appropriately to a <i>request to intervene</i>	System	System	System	Some driving modes
5	Full Automation	the full-time performance by an <i>automated driving system</i> of all aspects of the <i>dynamic driving task</i> under all roadway and environmental conditions that can be managed by a <i>human driver</i>	System	System	System	All driving modes

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Date Element = Type of Vehicle

(Note: title not displayed on crash report)

Language change

Attribute:

- Working vehicle

Proposed change

- Working Vehicle/Equipment

Date Element = Vehicle Body Type

Language change

Attribute value:

- Passenger Van

Proposed change

- Passenger Van (<9 seats)
- 9 or 12-Passenger Van
- 15-Passenger Van

Date Element = Vehicle Body Type

Attribute value:

- Moped
- All Terrain Vehicle (ATV)

Proposed change

- Moped or Motorized Bicycle
- All terrain Vehicle/all Terrain Cycle (ATV/ATC)

Attribute value:

- Bus

Proposed change

- Mini-bus
- School bus
- Transit bus
- Other bus type

Date Element = Vehicle Body Type

Attribute value:

- Motorcycle

Proposed change

- 2-Wheeled Motorcycle
- 3-wheeled Motorcycle
- Autocycle

Date Element = Vehicle Body Type

Additional Attribute values:

Golf Cart

Recreational Off Highway Vehicles (ROV)

Construction Equipment (backhoe, bulldozer, etc.)

Farm Equipment (tractor, combine, harvester, etc.)

Signal unit truck

Truck tractor

Large Limousine

Other trucks

Remove Attribute values:

Other light trucks (10,000 lbs (4,536 kg) or less)

Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))

Data Element = Comm GVWR/GCWR

Language change

Data element Title

- Comm GVWR/GCWR (note: applies to commercial vehicles only)

Proposed Title change (note: applies to all vehicles)

- Vehicle Size

Language change

Attribute values:

- 10,000lbs (4,536 kg) or less
- 10,0001 – 26,000 lbs (4,536 – 11,793 kg)
- More than 26,000 lbs (11,793 kg)
- Not applicable

Proposed change

- Light (less than 10,000 lbs GVWR/GCWR)
- Medium (10,001 – 26,000 lbs GVWR/GCWR)
- Heavy (greater than 26,000 lbs GVWR/GCWR)

Data Element = Special Function of Motor Vehicle

Language change

Attribute value:

- School bus

Proposed change

- Bus - School (Public or Private)

Additional attribute values:

- Bus - Childcare/Daycare
- Bus - Other
- Highway/Maintenance
- Mail Carrier
- Public Utility
- Non-Transport Emergency Services Vehicle
- Safety Service Patrols - Incident Response
- Other Incident Response
- Rental Truck (Over 10,000 lbs.)
- Towing - Incident Response
- Truck Acting as Crash Attenuator
- Vehicle Used for Electronic Ride-hailing (transportation network company)
- Other

Data Element = Emergency Vehicle Use

Language change

Data element Title

- Emergency Vehicle Use

Proposed change

- Emergency Vehicle Mode

Data Element = Posted Speed

Additional attribute values:

- No Applicable
- Unknown

Data Element = Vehicle Maneuver Action

Language change

Attribute value:

- Straight Ahead

Proposed change

- Movements Essentially Straight Ahead

Data Element = Damage

Additional Attribute value

- Vehicle not at Scene

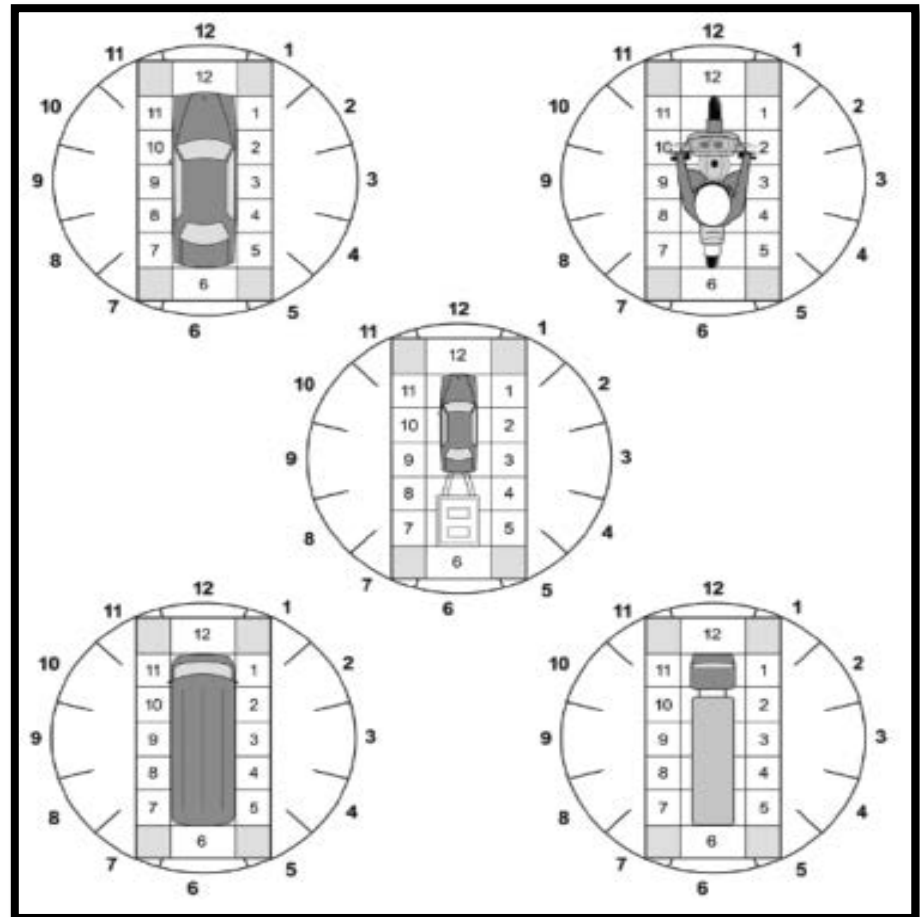
ATTRIBUTE CHANGES TO EXISTING DATA ELEMENTS

Data Element = Area of Initial Impact

Data Element = Most Damaged Areas

Additional Attribute values:

- No Damage
- Vehicle not at Scene



Data Element = Damage

Language change

Data Element Title:

- Damage

Proposed change

- Resulting Extent of Damage

Additional attribute values

- Vehicle not at Scene

Data element = Most Harmful Event

Data element = Sequence of Events

(Collision Non-fixed Object)

Attribute value:

- Work Zone/ Maintenance Equipment

Proposed change

- Construction Equipment (backhoe, bulldozer, etc.)
- Farm Equipment (tractor, combine, harvester, tec.)

Additional attribute values:

- Other non-motorist
- Strikes Object at Rest from MV in Transport

Language change

Attribute value:

- Struck by falling, shifting Cargo

Proposed change

- Struck by Falling, shifting Cargo, or Anything Set in Motion by Motor Vehicle

Data element = Most Harmful Event

Data element = Sequence of Events

(Collision with Fixed Object)

Language change

Attribute value:

- Guardrail End

Proposed change

- Guardrail End Terminal

Data element = Sequence of Events

Additional Data elements values for Sequence of Events only:

- End Departure (T-intersection, dead-end, etc.)
- Reentering Roadway
- Other Non-Harmful Event

Data Element = Hit and Run

Language change

Attribute values:

- No
- Yes
- Unknown

Proposed change

- No, Did Not Leave Scene
- Yes, Driver or Car and Driver Left Scene
- Unknown

Data Element = Towed Due to Damage

Language change

Attribute values:

- No
- Yes

Proposed change

- Not Towed
- Towed, But Not Due to Disabling Damage
- Towed Due to Disabling Damage

Data Element = Vehicle Defects

Currently allows for two attribute choices

Proposed change

- Allow only one attribute choice

Data Element = Motor Carrier Address

Proposed change

- Add Country

Data Element = Comm/Non-Commercial

Language change

Data Element Title:

- Comm/Non-Commercial

Proposed change to Data Element Title

- Type of Carrier

Attribute value:

- Not in Commerce/Other Truck

Proposed change

- Not in Commerce/Other Truck or Bus

Data Element = Cargo Body Type

Language change

Attribute values:

- No Cargo Body
- Auto Transport
- Hopper

Proposed change

- No Cargo Body (bobtail, light MV with hazardous materials [HM] placard, etc.)
- Auto Transporter
- Hopper (Grain/Chips/Gravel)



FLHSMV
FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES



Person Section

Proposed Additional Data Element

Data Element = Attempted Avoidance Maneuver

(Note: required only if fatal crash)

Attribute values:

- No Driver Present/Unknown if Driver Present
- Accelerating
- Accelerating and Steering Left
- Accelerating and Steering Right
- Braking and Steering Left
- Braking and Steering Right
- Braking (Lockup)
- Braking (Lockup Unknown)
- Braking (No Lockup)
- No Avoidance Maneuver
- Releasing Brakes
- Steering Left
- Steering Right
- Other Actions
- Unknown

Proposed Additional Data Element

Data Element = Unit Number of Motor Vehicle Striking Non-Motorist

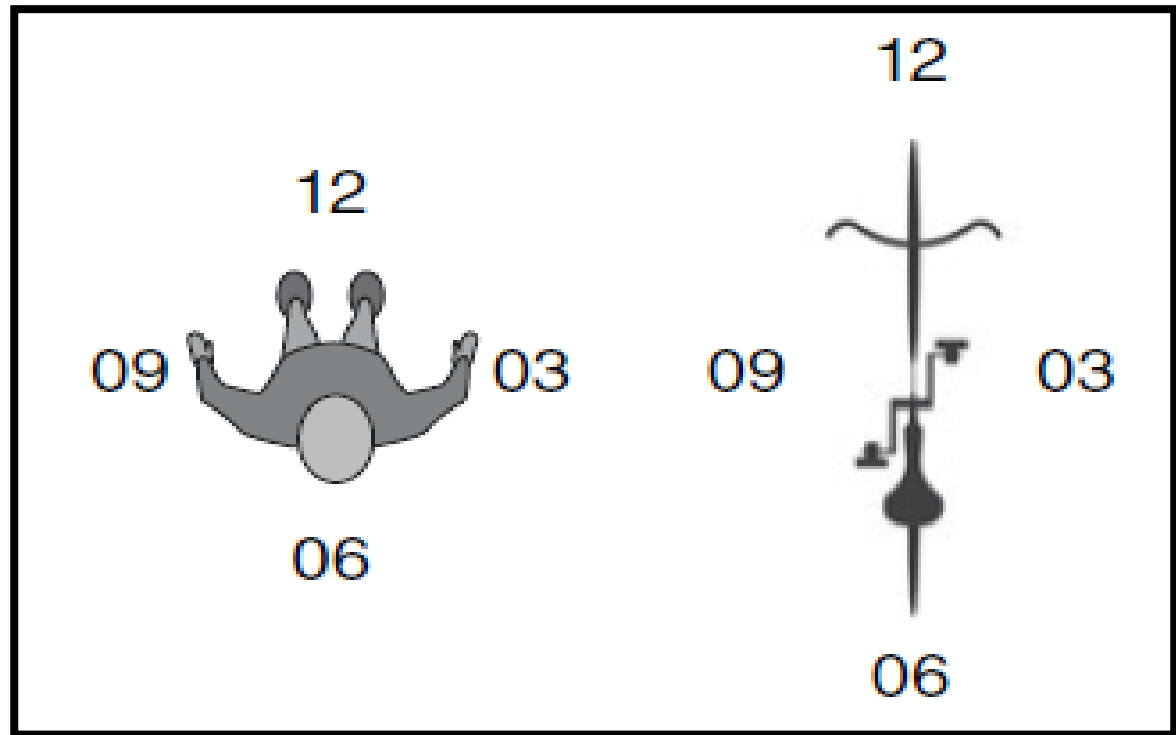
Attribute value

(Text field allows number from 0 through 99)

Data Element = Initial Contact Point on Non-motorist

Attribute value

- Front
- Right
- Rear
- Left
- Unknown



Person Description (no data element title)

Attribute value:

- Driver
- Non-Motorist
- Passenger

Proposed Change

- Driver
- Non-motorist
- Passenger
- Occupant of Motor Vehicle not in Transport

Data Element = Non-Motorist Description

Attribute value:

- Occupant of Motor Vehicle not in Transport (parked, etc.)

Proposed change

Remove

- Occupant of Motor Vehicle not in Transport (parked, etc.)

(Note: occupant of a parked motor vehicle is no longer considered a non-motorist)

Data Element = Required Endorsements

Attribute Values:

- Yes
- No
- No Req. Endorsement

Proposed change

- No Endorsement(s) Required for the Vehicle
- Endorsement(s) Required, Complied With
- Endorsement(s) Required, Not Complied With
- Endorsement(s) Required, Compliance Unknown
- Unknown if Required

Data Element = Injury Severity

Attribute Value:

- None
- Possible
- Non-Incapacitating
- Incapacitating
- Fatal (Within 30 Days)
- Non-Traffic Fatality

Proposed change

Data element Title = Injury Status

Attribute Value:

- No Apparent Injury
- Possible Injury
- Minor Injury
- Serious Injury
- Fatal Injury (Within 30 Days)
- Non-Traffic Fatality
- Fatal Injury (More Than 30 Days)

Data Element = Restraint Systems

Add attributes:

- Stretcher
- Wheelchair
- No Applicable

Data Element = Air Bag Deployed

(Note: Currently allows one choice: Proposed change, allow four choices)

Attribute value

- Deployed-combination

Proposed change

- Remove Deployed-combination

(rational: multiple choices would better articulate the combination of air bags deployed)

Data Element = Condition at Time of Crash

Note: Currently allows one choice: Proposed change, allow two choices

Add attribute:

- Not Applicable

Data Element = Source of Transport to Medical Facility

Attribute value:

- EMS

Proposed change

- EMS Air
- EMS ground

Data Element = Non-Motorist Location at Time of Crash

Add sub data element = Bicycle Facility

Attribute value:

- Signed Route (no pavement markings)
- Shared Lane Markings
- On-Street Bike Lanes
- On-Street Buffered Bike Lanes
- Separated Bike Lanes
- Off-Street Trails/Sidepaths

Data Element = Action Prior to Crash

Add sub data element = Origin/Destination

Attribute value:

- Going to or from School (K-12)
- Going to or from Transit
- Not Applicable
- Unknown

Data Element = Safety Equipment

Currently allows for two attribute choices

Proposed change

- Allow three attribute choices

Language change

Attribute value:

- Reflective Clothing (Jacket, backpack, etc.)

Proposed change

- Reflective Wear (backpack, triangles, etc.)

Autocycles

Effective July 1, 2018, Autocycles no longer require a motorcycle endorsement.



Conclusion

- The Florida Traffic Crash Report is used by Law Enforcement Officers (LEO) in Florida to report traffic crashes to the DHSMV.
- Traffic crashes can be reported by the use of a long or short form Florida Traffic Crash Report and must be submitted to DHSMV within 10 days of the crash.
- It is important that those who investigate and complete traffic crash reports do so uniformly to ensure accuracy.
- A crash report must include a motor vehicle.



FLHSMV Resources

Anticipate having fully ruggedized laptops available from FLHSMV; hard drives are not included.



For more information, please contact crashrecords@flhsmv.gov

Additional Resources

Florida Department of Highway Safety and Motor Vehicles

Court Assist: Courtassist@flhsmv.gov or call (850) 617-2589

Visit <http://flhsmv.gov/courts>

Vehicle Information Check accessing VIN and GVWR for non-CMV vehicles

<https://services.flhsmv.gov/MVCheckWeb/InquiryView.aspx>

FMCSA Company CMV Snapshot:

<http://safer.fmcsa.dot.gov/CompanySnapshot.aspx>

National Institute for Safety Research and FMCSA CMV ID 4.0 (accessing CMV VIN & Safetynet Crash Data):

www.nisrinc.com/cmvid/cmvid.asp



Thank you for participating in this Training.
We are interested in your feedback!

Please send us your comments, questions, concerns, or any
input you wish to provide to DHSMV email at:

CourtAssist@flhsmv.gov