

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
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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 <input type="checkbox"/> 2 Law Enforcement <input type="checkbox"/>

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

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"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		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	
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First Harmful Event Relation to Junction <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 <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		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	
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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	
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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 <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE ZIP CODE