## 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

### CRASH IDENTIFIERS

<table>
<thead>
<tr>
<th>COUNTY CODE</th>
<th>CITY CODE</th>
<th>COUNTY OF CRASH</th>
<th>PLACE OR CITY OF CRASH</th>
<th>CHECK IF WITHIN CITY LIMITS</th>
<th>TIME ON SCENE</th>
<th>TIME CLEARED SCENE</th>
<th>CHECK IF COMPLETED</th>
<th>REASON (IF INVESTIGATION NOT Complete)</th>
</tr>
</thead>
</table>

### ROADWAY INFORMATION

- **Road System Identifier**
  - 1 Interstate
  - 2 U.S.
  - 3 State
  - 4 County
  - 5 Local
  - 6 Turnpike/Toll

- **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

- **Traffic Circle**
  - 5 Traffic Circle
  - 6 Roundabout
  - 7 Five-Point, or More
  - 87 Other, Explain in Narrative

### WORK ZONE RELATED

- **First Harmful Event**
  - 1 Non-Junction
  - 2 Intersection
  - 3 Intersection-Related
  - 4 Driveway/Alley Access Related

- **Contributing Circumstances: Road**
  - 1 None
  - 4 Work Zone (construction/ maintenance/utility)
  - 6 Shovels (none, low, soft, high)
  - 7 Rut, Holes, Bumps

- **Law Enforcement in Work Zone**
  - 1 No
  - 2 Officer Present
  - 3 Law Enforcement Vehicle Only Present

### CRASH OCCURRED ON STREET, ROAD, HIGHWAY

- **AT STREET ADDRESS**
- **AT LATITUDE AND LONGITUDE**

### CRASH OCCURRENCE INFORMATION

- **CRASH DATE**
- **TIME OF CRASH**
- **DATE OF REPORT**
- **DATE OF OCCURRENCE**
- **TIME REPORTED**
- **TIME DISPATCHED**
- **DATE OF נARRATIVE SECTION(S)**
- **TOTAL # OF PERSON SECTION(S)**
- **TOTAL # OF NARRATIVE SECTION(S)**

### Contributing Circumstances: Environment

- **1 None
- 2 Weather Conditions
- 3 Physical Obstruction(s)
- 4 glare
- 5 Animal(s) in Roadway
- 77 Other, Explain in Narrative
- 88 Unknown

### WITNESSES

- **NAME**
- **ADDRESS**
- **CITY & STATE**
- **ZIP CODE**

### NON VEHICLE PROPERTY DAMAGE

- **VEHICLE #**
- **PERSON #**
- **PROPERTY DAMAGE – OTHER THAN VEHICLE**
- **EST. AMOUNT**
- **OWNER’S NAME**
- **ADDRESS**
- **CITY & STATE**
- **ZIP CODE**

- **VEHICLE #**
- **PERSON #**
- **PROPERTY DAMAGE – OTHER THAN VEHICLE**
- **EST. AMOUNT**
- **OWNER’S NAME**
- **ADDRESS**
- **CITY & STATE**
- **ZIP CODE**

**HSMV 90010 S (E) (rev 06/13)**