FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☐ **SHORT FORM** ☐ (Shaded Areas) **UPDATE** ☐

TOTAL # OF VEHICLE SECTION(S) _____

TOTAL # OF PERSON SECTION(S) _____

TOTAL # OF NARRATIVE SECTION(S) _____

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

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 ☐	TIME REPORTED	TIME DISPATCHED

TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED ☐	REASON (If Investigation NOT Complete)	Notified By: 1 Motorist 2 Law Enforcement ☐

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY	AT STREET ADDRESS # (1)	AT LATITUDE AND LONGITUDE (2)

FEET	MILES	N S E W	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY (3)	OR FROM MILEPOST # (4)
		☐ ☐ ☐ ☐		

Road System Identifier ☐
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

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 (CHECK IF PICTURES TAKEN) ☐

Light Condition ☐
1 Daylight
2 Dusk
3 Dawn
4 Dark-Lighted
5 Dark-Not Lighted
6 Dark-Unknown Lighting
77 Other, Explain in Narrative
88 Unknown

Weather Condition ☐
1 Clear
2 Cloudy
3 Rain
4 Fog, Smog, Smoke
5 Sleet/Hail/ Freezing Rain
6 Blowing Sand, Soil, Dirt
7 Severe Crosswinds
77 Other, Explain in Narrative

Roadway Surface Condition ☐
1 Dry
2 Wet
4 Ice/Frost
5 Oil
6 Mud, Dirt, Gravel
7 Sand
8 Water (standing/ moving)
77 Other, Explain in Narrative
88 Unknown

School Bus Related ☐
1 No
2 Yes, School Bus Directly Involved
3 Yes, School Bus Indirectly Involved

Manner of Collision/Impact ☐
1 Front to Rear
2 Front to Front
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 ☐

First Harmful Event within Interchange ☐
1 No
2 Yes
88 Unknown

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 Location ☐
1 On Roadway
2 Off Roadway
3 Shoulder
4 Median
6 Gore
7 Separator
8 In Parking Lane or Zone
9 Outside Right-of-way
10 Roadside
88 Unknown

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

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

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

Work Zone Related ☐
1 No
2 Yes
88 Unknown

Crash in Work Zone ☐
1 Before the First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area
5 Termination Area

Type of Work Zone ☐
1 Lane Closure
2 Lane Shift/Crossover
3 Work on Shoulder or Median
4 Intermittent or Moving Work
77 Other, Explain in Narrative

Workers in Work Zone ☐
1 No
2 Yes
88 Unknown

Law Enforcement in Work Zone ☐
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

NARRATIVE

REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER

ADDITIONAL PASSENGERS

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

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

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

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER

BLANK PAGE FOR DIAGRAM

VEHICLE #	Check if Commercial	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN

Hit and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	EST. AMOUNT

INSURANCE COMPANY	INSURANCE POLICY NUMBER	Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY	1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative

NAME OF VEHICLE OWNER (Check if Business)	CURRENT ADDRESS	CITY & STATE	ZIP CODE

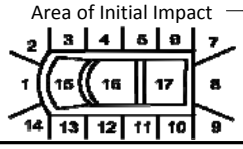
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES

VEHICLE TRAVELING	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY	AT EST. SPEED	POSTED SPEED	TOTAL LANES

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

Area of Initial Impact



18	Undercarriage	18
19	Overturn	19
20	Windshield	20
21	Trailer	21

Most Damaged Area

MOTOR CARRIER ADDRESS	CITY & STATE	ZIP CODE	PHONE NUMBER

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

Trafficway

1 Two-Way, Not Divided
2 Two-Way, Not Divided, with a Continuous Left Turn Lane
3 Two-Way, Divided, Unprotected (painted >4 feet) Median
4 Two-Way, Divided, Positive Median Barrier
5 One-Way Trafficway
88 Unknown

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 Truck
8 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

Trailer Type

TRAILER 1 TRAILER 2

1 Single Semi Trailer
2 Tandem Semi Trailer
3 Tank Trailer
4 Saddle Mount/Trailer
5 Boat Trailer
6 Utility Trailer
7 House Trailer
8 Pole Trailer
9 Towed Vehicle
10 Auto Transport
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/Non-Commercial

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

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

Most Harmful Event

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

Sequence of Events

1st 2nd 3rd 4th

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.)

Emergency Vehicle Use

1 No
2 Yes
88 Unknown

Roadway Grade

1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

Roadway Alignment

1 Straight
2 Curve Right
3 Curve Left

Vehicle Maneuver Action

1 Straight Ahead
3 Turning Left
4 Backing
5 Turning Right
6 Changing Lanes
8 Parked
10 Making U-Turn
11 Overtaking/ Passing
13 Stopped in Traffic
14 Slowing
15 Negotiating a Curve
16 Leaving Traffic Lane
17 Entering Traffic Lane
77 Other, Explain in Narrative
88 Unknown

Traffic Control Device For This Vehicle

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

Vehicle Defects

1 None
2 Brakes
3 Tires
4 Lights (head, signal, tail)
6 Steering
7 Wipers
9 Exhaust System
10 Body, Doors
11 Power Train
12 Suspension
13 Wheels
14 Windows/ Windshield
15 Mirrors
16 Truck Coupling/ Trailer Hitch/ Safety Chains
77 Other, Explain in Narrative
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

VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON # ____ | REPORTING AGENCY CASE NUMBER | HSMV CRASH REPORT NUMBER

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE #	NAME	PHONE NUMBER	Check if Recommend Driver Re-exam

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE

DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	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

DRIVER

DL Type
1 A 2 B 3 C
4 D/Chauffeur
5 E/Operator
6 E/Oper – Rest
7 None

Required Endorsements
1 Yes
2 No
3 No Req. Endorsement

Driver Distracted By
1 Not Distracted
2 Electronic Communication Devices (cell phone, etc.)
3 Other Electronic Device (navigation device, DVD player)
4 Other Inside the Vehicle (explain in narrative)
5 External Distraction (outside the vehicle, explain in narrative)
6 Texting
7 Inattentive
88 Unknown

Driver Vision Obstructions
1 Vision Not Obscured
2 Inclement Weather
3 Parked/Stopped Vehicle
4 Trees/Crops/Bushes
5 Load on Vehicle
6 Building/Fixed Object
7 Signs/Billboards
8 Fog
9 Smoke
10 Glare
77 All Other, Explain in Narrative

Driver's Actions at Time of Crash
1st / 2nd / 3rd / 4th
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

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

DRIVER OR PASSENGER

Motor Vehicle Seating Position:

LOCATION: (LOC) SEAT ____ ROW ____ OTHER ____

Seat
1 Left
2 Middle
3 Right
77 Other (explain in narrative)
88 Unknown

Row
1 Front
2 Second
3 Third
4 Fourth
77 Other Row
88 Unknown

Other
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)
1 Not Ejected
2 Ejected, Totally
3 Ejected, Partially
4 Not Applicable
88 Unknown

DRIVER OR PASSENGER

Helmet Use (HU)
1 DOT-Compliant Motorcycle Helmet
2 Other Helmet
3 No Helmet

Eye Protection (EP)
1 Yes
2 No
3 Not Applicable

Air Bag Deployed (ABD)
1 Not Applicable
2 Not Deployed
3 Deployed-Front
4 Deployed-Side
5 Deployed-Other (knee, air belt, etc.)
6 Deployed-Combination
7 Deployed-Curtain
88 Deployment Unknown

Restraint Systems (RS)
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

NON-MOTORIST

Non-Motorist Description
1 Pedestrian
2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.)
3 Bicyclist
4 Other Cyclist
5 Occupant of Motor Vehicle Not in Transport (parked, etc.)
6 Occupant of a Non-Motor Vehicle Transportation Device
7 Unknown Type of Non-Motorist

Non-Motorist Location At Time of Crash
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
8 Sidewalk
9 Median/Crossing Island
10 Driveway Access
11 Shared-Use Path or Trail
12 Non-Trafficway Area
77 Other, Explain in Narrative
88 Unknown

Action Prior to Crash
1 Crossing Roadway
2 Waiting to Cross Roadway
3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane)
4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)
5 Walking/Cycling on Sidewalk
6 In Roadway -- Other (working, playing, etc.)
7 Adjacent to Roadway (e.g., shoulder, median)
8 Going to or from School (K-12)
9 Working in Trafficway (incident response)
10 None
77 Other, Explain in Narrative
88 Unknown

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

Non-Motorist Actions/Circumstances
1st / 2nd
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.)
10 Improper Turn/Merge
11 Improper Passing
12 Wrong-Way Riding or Walking
77 Other, Explain in Narrative
88 Unknown

ALCOHOL/DRUG/EMS

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL PASSENGERS

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

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

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

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

☐ Driver Report of Traffic Crash ☐ Driver Exchange of Information

REPORTING AGENCY CASE NUMBER			
DATE OF CRASH	TIME OF CRASH	AM ☐	PM ☐

COUNTY OF CRASH	PLACE OR CITY OF CRASH	Check if Within City Limits ☐	CRASH OCCURRED ON STREET, ROAD , HIGHWAY

AT STREET ADDRESS #	OR	FEET	MILES	N ☐	S ☐	E ☐	W ☐	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY	OR FROM MILEPOST#

SECTION ONE ☐ VEHICLE ☐ NON-MOTORIST

YEAR	MAKE (Chevy, Ford, Etc.)	VEHICLE BODY TYPE (Car, Truck, Etc.)	VEHICLE LICENSE NUMBER	STATE	VIN

INSURANCE COMPANY	INSURANCE POLICY NUMBER

NAME OF VEHICLE OWNER	(Check if same as Driver) ☐	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
NAME OF DRIVER (Take From Driver License)/ NON-MOTORIST		CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER/NONMOTORIST HOME PHONE ( ) Area Code	DRIVER/NONMOTORIST BUSINESS PHONE ( ) Area Code	SEX	DATE OF BIRTH

NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

SECTION TWO ☐ VEHICLE ☐ NON-MOTORIST

YEAR	MAKE (Chevy, Ford, Etc.)	VEHICLE BODY TYPE (Car, Truck, Etc.)	VEHICLE LICENSE NUMBER	STATE	VIN

INSURANCE COMPANY	INSURANCE POLICY NUMBER

NAME OF VEHICLE OWNER	(Check if same as Driver) ☐	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
NAME OF DRIVER (Take From Driver License)/NON-MOTORIST		CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER/NONMOTORIST HOME PHONE ( ) Area Code	DRIVER/NONMOTORIST BUSINESS PHONE ( ) Area Code	SEX	DATE OF BIRTH

NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

SECTION THREE ☐ VEHICLE ☐ NON-MOTORIST

YEAR	MAKE (Chevy, Ford, Etc.)	VEHICLE BODY TYPE (Car, Truck, Etc.)	VEHICLE LICENSE NUMBER	STATE	VIN

INSURANCE COMPANY	INSURANCE POLICY NUMBER

NAME OF VEHICLE OWNER	(Check if same as Driver) ☐	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
NAME OF DRIVER (Take From Driver License)/ NON-MOTORIST		CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER/NONMOTORIST HOME PHONE ( ) Area Code	DRIVER/NONMOTORIST BUSINESS PHONE ( ) Area Code	SEX	DATE OF BIRTH

NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

WITNESSES

NAME	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
NAME	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

SIGNATURE OF DRIVER MAKING REPORT

DATE

☐ YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM

☐ NO FURTHER ACTION REQUIRED BY YOU; REPORT COMPLETED BY LAW ENFORCEMENT AGENCY

IF YOU WERE TOLD TO COMPLETE AND FORWARD THIS REPORT TO THE DEPARTMENT, PLEASE REFER TO THE FOLLOWING INSTRUCTIONS AND EXAMPLE:

[X] Driver Report Of Traffic Crash	[ ] Driver Exchange of Information	DATE OF CRASH: 01-01-10	TIME OF CRASH: 11:30	AM: [X]	PM: [ ]

COUNTY OF CRASH	PLACE OR CITY OF CRASH	Check if Within City Limits	CRASH OCCURRED ON STREET, ROAD , HIGHWAY
PINELLAS	ST. PETERSBURG	[ ]	2ND STREET SOUTH

STREET ADDRESS #	OR FEET	MILES	N	S	E	W	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY	OR FROM MILEPOST#
		0	[ ]	[ ]	[ ]	[ ]	U.S. 19	

SECTION ONE [X] VEHICLE [ ] NON-MOTORIST

YEAR	MAKE (Chevy, Ford, Etc.)	VEHICLE BODY TYPE (Car, Truck, Etc.)	VEHICLE LICENSE NUMBER	STATE	VIN
80	FORD	CAR	ABC-123	FL	

INSURANCE COMPANY	INSURANCE POLICY NUMBER
INSURANCE COMPANY OF FL	I.C.F. 120000

NAME OF VEHICLE OWNER	(Check if same as Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
JOHN DOE	[ ]	1111 FIRST STREET NORTH	PETERSBURG, FL	33731

NAME OF DRIVER (Take From Driver License)/ NON-MOTORIST	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
BILL DOE	SAME AS DRIVER		

DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER/NONMOTORIST HOME PHONE	DRIVER/NONMOTORIST BUSINESS PHONE	SEX	DATE OF BIRTH
D 561345706000	FL		( ) Area Code	( ) Area Code	M	01-01-70

NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
SALLEY DOE	SAME AS DRIVER		

NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

Section 316.066(1)(d), Florida Statutes, requires that "the driver of a vehicle that was in any manner involved in a crash resulting in damage to any vehicle or other property in an amount of $500 or more, which crash was not investigated by a law enforcement agency, shall, within 10 days after the crash, submit a written report of the crash to the department or traffic records center. The entity receiving the report may require witnesses of crashes to render reports and may require any driver of a vehicle involved in a crash of which a written report must be made as provided in this section to file supplemental written reports whenever the original report is deemed insufficient by the receiving entity."

- Keep a copy of this report for your records and for insurance purposes.
- Sign the report at the bottom of the front page.
- Mail this report to: **Department of Highway Safety & Motor Vehicles**
  Traffic Crash Records
  Tallahassee, Florida 32399

(Please use this space for comments (narrative) and for listing any additional passengers/witnesses. For additional vehicles or other involved parties please add additional front pages for this **Driver Report of Traffic Crash**)