FLORIDA TRAFFIC CRASH REPORT
LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	AM PM	AM PM	AM PM		58455833

COUNTY / CITY CODE | Feet or Miles N S E W of | CITY OR TOWN (Check if in City or Town) | COUNTY

AT NODE NO. or | FEET / MILES FROM NODE NO. 1 2 | NEXT NODE NO. | NO. OF LANES | 1 DIVIDED 2 UNDIVIDED | ON STREET, ROAD OR HIGHWAY

AT INTERSECTION OF or | FEET / MILES 1 2 N S E W OF INTERSECTION OF

Section 1 — Vehicle

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer

VEHICLE TRAVELING N S E W | ON | At | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE $ 1 Disabling 2 Functional 3 No Damage | EST. TRAILER DAMAGE $

INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other

OWNER'S FULL NAME (Check if Driver) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

OWNER'S FULL NAME (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Pedestrian

DRIVER (Exactly as on Driver License) / Pedestrian | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER | STATE | DL TYPE | REQ END. | BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None | RESULTS . % | AL / DRUG | PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | RECOMMEND RE-EXAM 1 Yes 2 No | If YES, Explain in Narrative | DRIVER'S PHONE NO. ( )

PASSENGER'S NAME (Additional on Continuation Page) | CURRENT ADDRESS | CITY & STATE / ZIP | AGE | LOC. | INJ. | S. EQUIP | EJECT

Section 2 — Vehicle

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer

VEHICLE TRAVELING N S E W | ON | At | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE $ 1 Disabling 2 Functional 3 No Damage | EST. TRAILER DAMAGE $

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OWNER'S FULL NAME (Check if Driver) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

OWNER'S FULL NAME (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Pedestrian

DRIVER (Exactly as on Driver License) / Pedestrian | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER | STATE | DL TYPE | REQ END. | BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None | RESULTS . % | AL / DRUG | PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT

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PASSENGER'S NAME (Additional on Continuation Page) | CURRENT ADDRESS | CITY & STATE / ZIP | AGE | LOC. | INJ. | S. EQUIP | EJECT

Code Information

VEHICLE TYPE
- 01 Automobile
- 02 Passenger Van
- 03 Pickup/Light Truck (2 rear tires)
- 04 Medium Truck (4 rear tires)
- 05 Heavy Truck (2 or more rear axles)
- 06 Truck Tractor (Cab)
- 07 Motor Home (RV)
- 08 Bus
- 09 Bicycle
- 10 Motorcycle
- 11 Moped
- 12 All Terrain Vehicle
- 13 Train
- 77 Other

VEHICLE USE
- 01 Private Transportation
- 02 Commercial Passengers
- 03 Commercial Cargo
- 04 Public Transportation
- 05 Public School Bus
- 06 Private School Bus
- 07 Ambulance
- 08 Law Enforcement
- 09 Fire/Rescue
- 10 Military
- 11 Other Government
- 77 Other

TRAILER TYPE
- 01 Single Semi Trailer
- 02 Tandem Semi Trailer(s)
- 03 Tank Trailer
- 04 Saddle Mount / Flatbed
- 05 Boat Trailer
- 06 Utility Trailer
- 07 House Trailer
- 08 Pole Trailer
- 09 Towed Vehicle
- 77 Other

RESIDENCE (Driver Only)
- 1 County of Crash
- 2 Elsewhere in State
- 3 Non-Resident of State
- 4 Foreign
- 5 Unknown

DL TYPE
- 1 A 2 B 3 C
- 4 D / Chauffeur
- 5 E / Operator
- 6 E / Oper-Resi
- 7 None

REQUIRED ENDORSEMENTS
- 1 Yes 2 No 3 NR

RACE
- 1 White
- 2 Black
- 3 Hispanic
- 4 Other

SEX
- 1 Male
- 2 Female

PHYSICAL DEFECTS
- 1 No Defects Known
- 2 Eyesight Defect
- 3 Fatigue / Asleep
- 4 Hearing Defect
- 5 Illness
- 6 Seizure, Epilepsy, Blackout
- 7 Other Physical Defect

INJURY SEVERITY
- 1 None
- 2 Possible
- 3 Non-Incapacitating
- 4 Incapacitating
- 5 Fatal (Within 90 Days)
- 6 Non-Traffic Fatality

ALCOHOL / DRUG USE
- 1 Not Drinking or Using Drugs
- 2 Alcohol - Under Influence
- 3 Drugs - Under Influence
- 4 Alcohol & Drugs - Under Influence
- 5 Had Been Drinking
- 6 Pending BAC Test Result

SAFETY EQUIPMENT IN USE
- 1 Not In Use
- 2 Seat Belt / Shoulder Harness
- 3 Child Restraint
- 4 Air Bag
- 5 Safety Helmet
- 6 Eye Protection

LOCATION (In Vehicle)
- 1 Front Left
- 2 Front Center
- 3 Front Right
- 4 Rear Left
- 5 Rear Center
- 6 Rear Right
- 7 In Body of Truck
- 8 Bus Passenger
- 9 Other

EJECTED
- 1 No
- 2 Yes
- 3 Partial