FLORIDA TRAFFIC CRASH REPORT

☐ UPDATE ☐ CONTINUATION

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

DO NOT WRITE IN THIS SPACE

COUNTY/CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER

Section

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 Undercarri 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

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. | EJEC

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. | EJEC

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INVESTIGATOR - RANK AND SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	FHP ☐ SO ☐ CPD ☐ OTHER ☐