#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1		$					
2		$					
3		$					
4		$					

CONTRIBUTING CAUSES - DRIVER / PED.

01 No Improper Driving / Action
02 Careless Driving
03 Failed to Yield Right-of-Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol-Under Influence
08 Drugs-Under Influence
09 Alcohol & Drugs-Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed to Maintain Equip. / Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
77 All Other (Explain)

VEHICLE DEFECT

01 No Defects
02 Def. Brakes
03 Worn / Smooth Tires
04 Defective / Improper Lights
05 Puncture / Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment / Vehicle Defect
77 All Other (Explain in Narrative)

VEHICLE MOVEMENT

01 Straight Ahead
02 Slowing / Stopped / Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering/Leaving Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Veh.
77 All Other (Explain in Narrative)

VEHICLE SPECIAL FUNCTIONS

1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance

LOCATION ON ROADWAY

1 On Road
2 Not On Road
3 Shoulder
4 Median
5 Turn Lane / Safety Zone

PEDESTRIAN ACTION

01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
03 Crossing at Intersection
04 Walking Along Road With Traffic
05 Walking Along Road Against Traffic
06 Working on Vehicle in Road
07 Other Working in Road
08 Standing/Playing in Road
09 Standing in Pedestrian Island
77 All Other (Explain)
88 Unknown

Additional Passengers / Narrative

SEC. #	PASS. #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Loc.	Inj.	Safety Equip.	Eject

WITNESS - NAME	ADDRESS	CITY & STATE	ZIP

WAS INVESTIGATION MADE AT SCENE? 1 Yes ☐ 2 No - Where? ☐

IS INVESTIGATION COMPLETE? 1 Yes ☐ 2 No - Why? ☐

DATE OF REPORT

PHOTOS TAKEN? 1 - Yes ☐ 2 - No ☐ 3 - Investigating Agency ☐ 4 Other ☐

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #