

FLORIDA TRAFFIC CRASH REPORT

LONG FORM

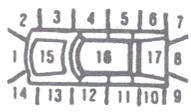
DO NOT WRITE IN THIS SPACE

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

58455833

Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER									
	COUNTY / CITY CODE	Feet or Miles	CITY OR TOWN	(Check if in City or Town)	COUNTY										
	AT NODE NO. or	FEET / MILES FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1 DIVIDED 2 UNDIVIDED	ON STREET, ROAD OR HIGHWAY									
Scene	AT INTERSECTION OF	FEET / MILES	N S E W	OF INTERSECTION OF											
	DRIVER ACTION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER							
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE												
Vehicle	VEHICLE TRAVELING	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									
Pedestrian	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	3 Urine 1 Blood 4 Refused 2 Breath 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.					
Scene	DRIVER ACTION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER							
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE												
	VEHICLE TRAVELING	ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE							
Vehicle	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	3 Urine 1 Blood 4 Refused 2 Breath 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.					
Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION (In Vehicle)								
	01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 County of Crash	1 No Defects Known	1 Not Drinking or Using Drugs	1 Front Left								
	02 Passenger Van	02 Commercial Passengers	02 Tandem Semi Trailer(s)	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center								
	03 Pickup/Light Truck (2 rear tires)	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident of State	3 Fatigue/Asleep	3 Drugs - Under Influence	3 Front Right								
	04 Medium Truck (4 rear tires)	04 Public Transportation	04 Saddle Mount / Flatbed	4 Foreign 5 Unknown	4 Hearing Defect	4 Alcohol & Drugs - Under Influence	4 Rear Left								
	05 Heavy Truck (2 or more rear axles)	05 Public School Bus	05 Boat Trailer	DL TYPE	5 Illness	5 Had Been Drinking	5 Rear Center								
	06 Truck Tractor (Cab)	06 Private School Bus	06 Utility Trailer	1 A 2 B 3 C	6 Seizure, Epilepsy, Blackout	6 Pending BAC Test Result	6 Rear Right								
	07 Motor Home (RV)	07 Ambulance	07 House Trailer	RACE	7 Other Physical Defect		7 In Body of Truck								
	08 Bus	08 Law Enforcement	08 Pole Trailer	1 White	INJURY SEVERITY	SAFETY EQUIPMENT IN USE	8 Bus Passenger								
	09 Bicycle	09 Fire/Rescue	09 Towed Vehicle	2 Black	1 None	1 Not In Use	9 Other								
10 Motorcycle	10 Military	77 Other	3 Hispanic	2 Possible	2 Seat Belt / Shoulder Harness	EJECTED									
11 Moped	11 Other Government		4 Other	3 Non-Incapacitating	3 Child Restraint	1 No									
12 All Terrain Vehicle	77 Other		7 None	4 Incapacitating	4 Air Bag	2 Yes									
13 Train			REQUIRED ENDORSEMENTS	5 Fatal (Within 90 Days)	5 Safety Helmet	3 Partial									
77 Other			1 Yes 2 No 3 NR	6 Non-Traffic Fatality	6 Eye Protection										

Section 3

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER			POINT OF IMPACT CIRCLE AREA OF DAMAGE.					
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE		EST. MPH		Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE					
VEHICLE TRAVELING			ON	At	EST. VEHICLE DAMAGE		1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE		18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer					
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	3 Urine 1 Blood 2 Breath 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.		

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

CONTRIBUTING CAUSES - DRIVER / PED.			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS						
01 No Improper Driving / Action	1	2	3	01 No Defects	1	2	3	01 Straight Ahead	1	2	3	1 None	1	2	3
02 Careless Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Def. Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Slowing / Stopped / Stalled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 Failed to Yield Right-of-Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Worn / Smooth Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Making Left Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Police Pursuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 Improper Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Defective / Improper Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 Improper Lane Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Puncture / Blowout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Making Right Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Emergency Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Improper Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Steering Mech.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Changing Lanes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Construction / Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 Alcohol-Under Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 Entering/Leaving Parking Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77 All Other (Explain in Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 Drugs-Under Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 Equipment / Vehicle Defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 Properly Parked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77 All Other (Explain in Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 Alcohol & Drugs-Under Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77 All Other (Explain in Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09 Improperly Parked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77 All Other (Explain in Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Followed Too Closely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOCATION ON ROADWAY			PEDESTRIAN ACTION			LOCATION TYPE					
11 Disregarded Traffic Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 On Road	1	2	3	01 Crossing Not at Intersection	07 Other Working in Road	1	2	3	1 Primarily Business	<input type="checkbox"/>	<input type="checkbox"/>
12 Exceeded Safe Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Not On Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Crossing at Mid-block Crosswalk	08 Standing/Playing in Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Primarily Residential	<input type="checkbox"/>	<input type="checkbox"/>
13 Disregarded Stop Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Crossing at Intersection	09 Standing in Pedestrian Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Open Country	<input type="checkbox"/>	<input type="checkbox"/>
14 Failed to Maintain Equip. / Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Median	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Walking Along Road With Traffic	77 All Other (Explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
15 Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Turn Lane / Safety Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Walking Along Road Against Traffic	77 All Other (Explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
16 Drove Left of Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					06 Working on Vehicle in Road	77 All Other (Explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
17 Exceeded Stated Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
18 Obstructing Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

FIRST / SUBSEQUENT HARMFUL EVENT			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION		
01 Collision With MV in Transport (Rear-end)	15 Collision With Animal	29 MV Ran Into Ditch/Culvert	01 Interstate	07 Forest Road	01 Daylight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 Collision With MV in Transport (Head-on)	16 MV Hit Sign/Sign Post	30 Ran Off Road Into Water	02 U.S.	77 All Other	02 Dusk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole/Light Pole	31 Overturned	03 State		03 Dawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle	04 County		04 Dark (Street Light)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor/Trailer Jackknifed	05 Local		05 Dark (No Street Light)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire	06 Turnpike / Toll		06 Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	35 Explosion				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 Collision With Parked Car	22 MV Hit Tree/Shrubbery	77 All Other (Explain)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 Collision With MV on Other Roadway	23 Collision With Construction Barricade/Sign					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Collision With Pedestrian	24 Collision With Traffic Gate					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Collision With Bicycle	25 Collision With Crash Attenuators					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Collision With Moped	27 MV Hit Other Fixed Object					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Collision With Train	28 Collision With Moveable Object On Road					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRIBUTING CAUSES - ROAD		CONTRIBUTING CAUSES - ENVIRONMENT		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER	
01 No Defects	02 Obstruction With / Without Warning	01 Vision Not Obscured	02 Inclement Weather	01 No Control	11 No Passing Zone	01 Not At Intersection / RR X'ing / Bridge	02 At Intersection	1 Straight-Level	<input type="checkbox"/>
03 Road Under Repair / Construction	04 Loose Surface Materials	03 Parked / Stopped Vehicle	04 Trees / Crops / Bushes	02 School Zone	77 All Other (Explain)	03 Influenced By Intersection	03 Influenced By Intersection	2 Straight-Upgrade / Downgrade	<input type="checkbox"/>
05 Shoulders - Soft / Low / High	06 Holes / Ruts / Unsafe Paved Edge	05 Load on Vehicle	06 Building / Fixed Object	03 Traffic Signal		04 Driveway Access	04 Driveway Access	3 Curve-Level	<input type="checkbox"/>
07 Standing Water	08 Worn / Polished Road Surface	07 Signs / Billboards	08 Fog	04 Stop Sign		05 Railroad Crossing	05 Railroad Crossing	4 Curve-Upgrade / Downgrade	<input type="checkbox"/>
77 All Other (Explain)		08 Fog	09 Smoke	05 Yield Sign		06 Bridge	06 Bridge	TYPE SHOULDER	<input type="checkbox"/>
		09 Smoke	10 Glare	06 Flashing Light		07 Entrance Ramp	11 Private Property	1 Paved	<input type="checkbox"/>
		10 Glare		07 Railroad Signal		08 Exit Ramp	77 All Other (Explain)	2 Unpaved	<input type="checkbox"/>
				08 Officer / Guard / Flagman		09 Parking Lot - Public		3 Curb	<input type="checkbox"/>
				09 Posted No U-Turn		10 Parking Lot - Private			<input type="checkbox"/>
				10 Special Speed Zone					<input type="checkbox"/>

Violator(s)	SECTION #	FL STATUTE NUMBER	NAME	CHARGE	CITATION #

DIAGRAM



INDICATE NORTH
WITH ARROW

FLORIDA TRAFFIC CRASH REPORT

COMMERCIAL VEHICLE SUPPLEMENT

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
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DO NOT COMPLETE THIS FORM UNLESS ONE OR MORE QUALIFYING VEHICLES WAS INVOLVED, AND ONE OR MORE OF THE FOLLOWING OCCURRED:

1. ONE OR MORE PERSONS SUSTAINED A FATAL INJURY OR WAS TRANSPORTED FOR TREATMENT 2. ONE OR MORE VEHICLES WAS TOWED FROM THE SCENE 3. ONE OR MORE VEHICLES WAS PROVIDED ASSISTANCE

QUALIFYING VEHICLES Trucks with 6 or more Tires <input type="checkbox"/> Buses Designed To Carry 16 or more Persons <input type="checkbox"/> or HAZ MAT Placard	PERSONS Sustaining Fatal Injuries <input type="checkbox"/>	Transported For Immediate Medical Treatment <input type="checkbox"/>	VEHICLES Provided Assistance or Towed From the Scene Due to Damage <input type="checkbox"/>
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CARRIER'S NAME ADDRESS (Number and Street) CITY STATE ZIP IDENTIFICATION NUMBERS: U S DOT ICC MC NONE STATE NUMBER STATE GROSS VEHICLE WEIGHT RATING Truck, Tractor or Bus <input type="text"/> Trailer or Trailers (Total) <input type="text"/> Total Number of Axles (Incl. Trailers) <input type="text"/>	SOURCE 1. Shipping Papers <input type="checkbox"/> 2. Vehicle Side 3. Driver 4. Other HAZARDOUS MATERIAL INVOLVEMENT Did Vehicle Have a Hazardous Material Placard? 1. Yes 2. No <input type="checkbox"/> If "YES", from Placard Indicate Name or 4-Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond <input type="text"/> Was Hazardous Material Released From This Vehicle's Cargo? 1. Yes 2. No <input type="checkbox"/>
SEQUENCE OF EVENTS (FOR THIS VEHICLE) EVENT # 1 EVENT # 2 EVENT # 3 EVENT # 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COLLISION INVOLVING: 11. Ran Off Road 21. Pedestrian 12. Jackknifed 22. Motor Vehicle in Transport 13. Overturned or Rollover 23. Parked Vehicle 14. Downhill Runaway 24. Train 15. Cargo Loss or Shift 25. Pedalcycle 16. Explosion or Fire 26. Animal 17. Separation of Units 27. Fixed Object 19. Other Events 29. Other Object	

CARRIER'S NAME ADDRESS (Number and Street) CITY STATE ZIP IDENTIFICATION NUMBERS: U S DOT ICC MC NONE STATE NUMBER STATE GROSS VEHICLE WEIGHT RATING Truck, Tractor or Bus <input type="text"/> Trailer or Trailers (Total) <input type="text"/> Total Number of Axles (Incl. Trailers) <input type="text"/>	SOURCE 1. Shipping Papers <input type="checkbox"/> 2. Vehicle Side 3. Driver 4. Other HAZARDOUS MATERIAL INVOLVEMENT Did Vehicle Have a Hazardous Material Placard? 1. Yes 2. No <input type="checkbox"/> If "YES", from Placard Indicate Name or 4-Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond <input type="text"/> Was Hazardous Material Released From This Vehicle's Cargo? 1. Yes 2. No <input type="checkbox"/>
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DEFINITIONS

TRUCK — A MOTOR VEHICLE DESIGNED, USED OR MAINTAINED PRIMARILY FOR THE TRANSPORTATION OF PROPERTY. FOR THE PURPOSE OF THIS FORM THE VEHICLE MUST ALSO MEET ONE OF THE FOLLOWING CRITERIA:

HAVE AT LEAST 6 TIRES ON THE GROUND
or
CARRY A HAZARDOUS MATERIAL PLACARD

BUS — A MOTOR VEHICLE PROVIDING SEATS FOR 16 OR MORE PERSONS INCLUDING THE DRIVER AND USED PRIMARILY FOR THE TRANSPORTATION OF PERSONS.

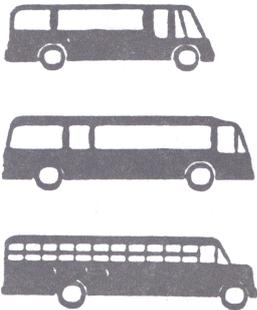
TRAILER — A NON-POWER VEHICLE TOWED BY A MOTOR VEHICLE.

REPORTABLE CRASH — A TRAFFIC CRASH REQUIRED TO BE REPORTED IN WRITING BY A LAW ENFORCEMENT OFFICER TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES INVOLVING ONE OR MORE TRUCKS OR BUSES (AS DEFINED ABOVE) WHICH RESULTS IN:

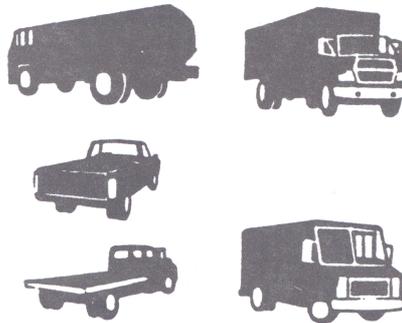
- ONE OR MORE FATALITIES
or
- ONE OR MORE NON-FATAL INJURIES REQUIRING TRANSPORTATION FOR THE PURPOSE OF OBTAINING IMMEDIATE MEDICAL TREATMENT
or
- ONE OR MORE OF THE VEHICLES BEING REMOVED FROM THE SCENE AS A RESULT OF DISABLING DAMAGE
or
- ONE OR MORE VEHICLES REQUIRING INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

TYPICAL VEHICLE SILHOUETTES

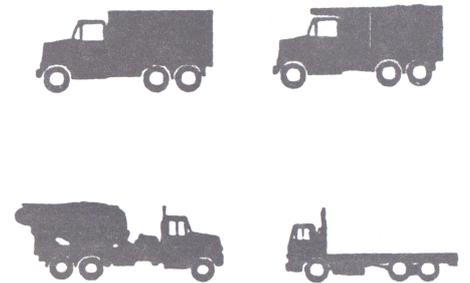
1. BUS



2. SINGLE UNIT TRUCK - 2 AXLE / 6 TIRE



3. SINGLE UNIT TRUCK - 3 AXLE



4. TRUCK WITH TRAILER



5. TRUCK TRACTOR (BOBTAIL)



6. TRACTOR WITH SEMI-TRAILER



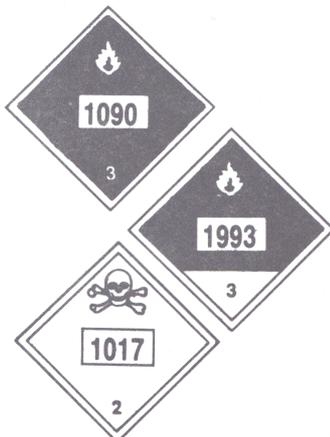
7. TRACTOR WITH DOUBLE TRAILERS



8. TRACTOR WITH TRIPLE TRAILERS



TYPICAL HAZARDOUS MATERIAL PLACARDS



FLORIDA TRAFFIC CRASH REPORT

UPDATE CONTINUATION
 MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
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 TALLAHASSEE, FLORIDA 32399-0500

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		COUNTY/CITY CODE		DATE OF CRASH		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER							
Section	DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER							
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE												
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON At		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling <input type="checkbox"/> 2 Functional <input type="checkbox"/> 3 No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE \$ <input type="checkbox"/>							
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List <input type="checkbox"/> 2 Tow Owner's Request <input type="checkbox"/>		3 Driver <input type="checkbox"/> 4 Other <input type="checkbox"/>							
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 3 Urine <input type="checkbox"/> 1 Blood 4 Refused 2 Breath 5 None	RESULTS %	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>		PLACARDED 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>		RECOMMEND RE-EXAM 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>		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	DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER							
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE												
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON At		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling <input type="checkbox"/> 2 Functional <input type="checkbox"/> 3 No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE \$ <input type="checkbox"/>							
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List <input type="checkbox"/> 2 Tow Owner's Request <input type="checkbox"/>		3 Driver <input type="checkbox"/> 4 Other <input type="checkbox"/>							
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 3 Urine <input type="checkbox"/> 1 Blood 4 Refused 2 Breath 5 None	RESULTS %	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>		PLACARDED 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>		RECOMMEND RE-EXAM 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>		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.					
INVESTIGATOR - RANK AND SIGNATURE		ID/BADGE NUMBER		DEPARTMENT		FHP <input type="checkbox"/>	SO <input type="checkbox"/>	CPD <input type="checkbox"/>	OTHER <input type="checkbox"/>						



- 1. LAW ENFORCEMENT SHORT FORM REPORT
- 2. DRIVER REPORT OF TRAFFIC CRASH
- 3. DRIVER EXCHANGE OF INFORMATION

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					
			<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM				00343065					
	COUNTY / CITY CODE			CITY OR TOWN									COUNTY			
	AT NODE NO.			1 <input type="checkbox"/> 2 <input type="checkbox"/>		FROM NODE NO.		NEXT NODE NO. ON		NO. OF LANES		1 <input type="checkbox"/> DIVIDED 2 <input type="checkbox"/> UNDIVIDED				
OR			FEET / MILES		ROAD											
AT INTERSECTION OF			1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		OF INTERSECTION OF									
OR			FEET / MILES													
Section 1	YEAR		MAKE		TYPE (car, truck, bicycle, etc.)			VEHICLE LICENSE TAG NO.		STATE	YEAR	VEHICLE IDENTIFICATION NUMBER				
	Check Areas of Vehicle Damage		Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NO.		
	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
	DRIVER (Exactly as on Driver's License) / PEDESTRIAN												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
	DRIVER'S LICENSE NUMBER			STATE		LIC. TYPE	Mo.	DATE OF BIRTH	Day	Year	RACE	SEX	EST. AMOUNT OF DAMAGE			
	DRIVER / PEDESTRIAN HOME PHONE (Area Code)			DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)			VEHICLE REMOVED BY:			1. Tow Rotation List	2. Tow Owner's Request	3. Driver	4. Other			
	PASSENGER'S NAME												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	AGE
	YEAR		MAKE		TYPE (car, truck, bicycle, etc.)			VEHICLE LICENSE TAG NO.		STATE	YEAR	VEHICLE IDENTIFICATION NUMBER				
	Check Areas of Vehicle Damage		Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NO.		
	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
DRIVER (Exactly as on Driver's License) / PEDESTRIAN												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE		
DRIVER'S LICENSE NUMBER			STATE		LIC. TYPE	Mo.	DATE OF BIRTH	Day	Year	RACE	SEX	EST. AMOUNT OF DAMAGE				
DRIVER / PEDESTRIAN HOME PHONE (Area Code)			DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)			VEHICLE REMOVED BY:			1. Tow Rotation List	2. Tow Owner's Request	3. Driver	4. Other				
PASSENGER'S NAME												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	AGE	
Section 2	YEAR		MAKE		TYPE (car, truck, bicycle, etc.)			VEHICLE LICENSE TAG NO.		STATE	YEAR	VEHICLE IDENTIFICATION NUMBER				
	Check Areas of Vehicle Damage		Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NO.		
	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
	DRIVER (Exactly as on Driver's License) / PEDESTRIAN												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
	DRIVER'S LICENSE NUMBER			STATE		LIC. TYPE	Mo.	DATE OF BIRTH	Day	Year	RACE	SEX	EST. AMOUNT OF DAMAGE			
	DRIVER / PEDESTRIAN HOME PHONE (Area Code)			DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)			VEHICLE REMOVED BY:			1. Tow Rotation List	2. Tow Owner's Request	3. Driver	4. Other			
	PASSENGER'S NAME												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	AGE
	YEAR		MAKE		TYPE (car, truck, bicycle, etc.)			VEHICLE LICENSE TAG NO.		STATE	YEAR	VEHICLE IDENTIFICATION NUMBER				
	Check Areas of Vehicle Damage		Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NO.		
	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
DRIVER (Exactly as on Driver's License) / PEDESTRIAN												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE		
DRIVER'S LICENSE NUMBER			STATE		LIC. TYPE	Mo.	DATE OF BIRTH	Day	Year	RACE	SEX	EST. AMOUNT OF DAMAGE				
DRIVER / PEDESTRIAN HOME PHONE (Area Code)			DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)			VEHICLE REMOVED BY:			1. Tow Rotation List	2. Tow Owner's Request	3. Driver	4. Other				
PASSENGER'S NAME												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	AGE	
Section 3	YEAR		MAKE		TYPE (car, truck, bicycle, etc.)			VEHICLE LICENSE TAG NO.		STATE	YEAR	VEHICLE IDENTIFICATION NUMBER				
	Check Areas of Vehicle Damage		Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NO.		
	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
	DRIVER (Exactly as on Driver's License) / PEDESTRIAN												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
	DRIVER'S LICENSE NUMBER			STATE		LIC. TYPE	Mo.	DATE OF BIRTH	Day	Year	RACE	SEX	EST. AMOUNT OF DAMAGE			
	DRIVER / PEDESTRIAN HOME PHONE (Area Code)			DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)			VEHICLE REMOVED BY:			1. Tow Rotation List	2. Tow Owner's Request	3. Driver	4. Other			
	PASSENGER'S NAME												ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	AGE
	VIOLATOR	FL STATUTE NUMBER		NAME			CHARGE			CITATION #						
PROPERTY DAMAGED - Other than vehicles			EST. AMOUNT OF DAMAGE			OWNER - Name			ADDRESS - Number and Street			City / State / Zip				
WITNESSES other than PASSENGERS	NAME			ADDRESS - Name and Street						City / State / Zip						
RANK AND SIGNATURE OF RESPONDING / INVESTIGATING OFFICER					I.D. / BADGE NO.		DEPARTMENT			1 <input type="checkbox"/> FHP	3 <input type="checkbox"/> CPD	2 <input type="checkbox"/> SO	4 <input type="checkbox"/> OTHER			

DIAGRAM

INDICATE NORTH WITH ARROW

CONTRIBUTING CAUSES - DRIVER / PED.			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE FUNCTIONS					
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	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	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)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	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	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	11 Passing 12 Driverless or Runaway Veh. 77 All Other (Explain in Narrative)	1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				
			LOCATION ON ROADWAY			PEDESTRIAN ACTION			LOCATION TYPE					
			1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	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)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	01 Primarily Business 02 Primarily Residential 03 Open Country	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				
FIRST / SUBSEQUENT HARMFUL EVENT						ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION					
01 Collision With MV in Transport (Rear End) 02 Collision With MV in Transport (Head-on) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Sideswipe) 07 Collision With MV in Transport (Backed Into) 08 Collision With Parked Car 09 Collision With MV on Other Roadway 10 Collision With Pedestrian 11 Collision With Bicycle 12 Collision With Bicycle (Bike Lane) 13 Collision With Moped 14 Collision With Train	15 Collision With Animal 16 MV Hit Sign / Sign Post 17 MV Hit Utility Pole / Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge / Pier / Abutment / Rail 22 MV Hit Tree / Shrubbery 23 Collision With Construction Barricade / Sign 24 Collision With Traffic Gate 25 Collision With Crash Attenuators 26 Collision With Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision With Moveable Object On Road	29 MV Ran Into Ditch / Culvert 30 Ran Off Road Into Water 31 Overtuned 32 Occupant Fell From Vehicle 33 Tractor / Trailer Jackknifed 34 Fire 35 Explosion 77 All Other (Explain)	01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike / Toll 07 Forest Road 77 All Other	01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown	01 Slag / Gravel / Stone 02 Blacktop 03 Brick / Block 04 Concrete 05 Dirt 77 All Other (Explain)	01 Dry 02 Wet 03 Slippery 04 Icy 77 All Other (Explain)	01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain)	01 Straight-Level 02 Straight-Upgrade / Downgrade 03 Curve-Level 04 Curve-Upgrade / Downgrade TYPE SHOULDER 1 Paved 2 Unpaved 3 Curb						
CONTRIBUTING CAUSES - ROAD			CONTRIBUTING CAUSES - ENVIRONMENT			TRAFFIC CONTROL			SITE LOCATION			TRAFFICWAY CHARACTER		
01 No Defects 02 Obstruction With / Without Warning 03 Road Under Repair / Construction 04 Loose Surface Materials 05 Shoulders - Soft / Low / High 06 Holes / Ruts / Unsafe Paved Edge 07 Standing Water 08 Worn / Polished Road Surface 77 All Other (Explain)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	01 Vision Not Obscured 02 Inclement Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load on Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	01 No Control 02 School Zone 03 Traffic Signal 04 Stop Sign 05 Yield Sign 06 Flashing Light 07 Railroad Signal 08 Officer / Guard / Flagman 09 Posted No U-Turn 10 Special Speed Zone	11 No Passing Zone 77 All Other (Explain)	01 Not At Intersection / RR X'ing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private	11 Private Property 77 All Other (Explain)	1 Straight-Level 2 Straight-Upgrade / Downgrade 3 Curve-Level 4 Curve-Upgrade / Downgrade	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			