

- LAW ENFORCEMENT SHORT FORM REPORT
- DRIVER REPORT OF TRAFFIC CRASH
- DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

HSMV CRASH REPORT NUMBER  
**08757470**

	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY 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												
Time & Locat	COUNTY / CITY CODE	FEET or MILE(S)	N S E W		CITY OR TOWN	COUNTY										
	AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED											
	ON STREET, ROAD OR HIGHWAY															
S e c t i o n 1	YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER										
	Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List	3. Driver			
												2. Tow Owner's Request	4. Other			
S e c t i o n 2	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)											POLICY NUMBER				
	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/>											CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN											CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE
S e c t i o n 3	DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE (Area Code)		DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)		RACE	SEX	DATE OF BIRTH						
	NUMBER OF PASSENGERS	NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE						
	YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER										
V i o l a t o r ( s )	Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List	3. Driver			
												2. Tow Owner's Request	4. Other			
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)											POLICY NUMBER				
V i o l a t o r ( s )	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/>											CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN											CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE
	DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE (Area Code)		DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)		RACE	SEX	DATE OF BIRTH						
NUMBER OF PASSENGERS	NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE							
SECTION #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE				CITATION NUMBER						
SECTION #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE				CITATION NUMBER						
SECTION #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE				CITATION NUMBER						
#	PROPERTY DAMAGED - OTHER THAN VEHICLES			EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP							
WITNESS NAME (1)				CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)				CURRENT ADDRESS	CITY & STATE	ZIP CODE			
INVESTIGATOR - RANK & SIGNATURE				ID/BADGE NUMBER	DEPARTMENT				FHP	SO	PD	OTHER				
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

- 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.

<b>CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN</b>			<b>VEHICLE DEFECT</b>			<b>VEHICLE MOVEMENT</b>			<b>VEHICLE SPECIAL FUNCTIONS</b>		
01 No Improper Driving / Action	<input type="checkbox"/>	<input type="checkbox"/>	01 No Defects	<input type="checkbox"/>	<input type="checkbox"/>	01 Straight Ahead	<input type="checkbox"/>	<input type="checkbox"/>	1 None	<input type="checkbox"/>	<input type="checkbox"/>
02 Careless Driving (Explain In Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	02 Def. Brakes	<input type="checkbox"/>	<input type="checkbox"/>	02 Slowing / Stopped / Stalled	<input type="checkbox"/>	<input type="checkbox"/>	2 Farm	<input type="checkbox"/>	<input type="checkbox"/>
03 Failed to Yield Right-of-Way	<input type="checkbox"/>	<input type="checkbox"/>	03 Worn / Smooth Tires	<input type="checkbox"/>	<input type="checkbox"/>	03 Making Left Turn	<input type="checkbox"/>	<input type="checkbox"/>	3 Police Pursuit	<input type="checkbox"/>	<input type="checkbox"/>
04 Improper Backing	<input type="checkbox"/>	<input type="checkbox"/>	04 Defective / Improper Lights	<input type="checkbox"/>	<input type="checkbox"/>	04 Backing	<input type="checkbox"/>	<input type="checkbox"/>	4 Recreational	<input type="checkbox"/>	<input type="checkbox"/>
05 Improper Lane Change	<input type="checkbox"/>	<input type="checkbox"/>	05 Puncture / Blowout	<input type="checkbox"/>	<input type="checkbox"/>	05 Making Right Turn	<input type="checkbox"/>	<input type="checkbox"/>	5 Emergency Operation	<input type="checkbox"/>	<input type="checkbox"/>
06 Improper Turn	<input type="checkbox"/>	<input type="checkbox"/>	06 Steering Mech.	<input type="checkbox"/>	<input type="checkbox"/>	06 Changing Lanes	<input type="checkbox"/>	<input type="checkbox"/>	6 Construction / Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
07 Alcohol - Under Influence	<input type="checkbox"/>	<input type="checkbox"/>	07 Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	07 Entering / Leaving / Parking Space	<input type="checkbox"/>	<input type="checkbox"/>	<b>SOURCE OF CARRIER INFORMATION</b>		
08 Drugs - Under Influence	<input type="checkbox"/>	<input type="checkbox"/>	08 Equipment / Vehicle Defect	<input type="checkbox"/>	<input type="checkbox"/>	08 Properly Parked	<input type="checkbox"/>	<input type="checkbox"/>	1 Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
09 Alcohol & Drugs - Under Influence	<input type="checkbox"/>	<input type="checkbox"/>	77 All Other (Explain In Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	09 Improperly Parked	<input type="checkbox"/>	<input type="checkbox"/>	2 Shipping Papers	<input type="checkbox"/>	<input type="checkbox"/>
10 Followed Too Closely	<input type="checkbox"/>	<input type="checkbox"/>	<b>POINT OF COLLISION</b>			10 Making U-Turn	<input type="checkbox"/>	<input type="checkbox"/>	3 Vehicle Side	<input type="checkbox"/>	<input type="checkbox"/>
11 Disregarded Traffic Signal	<input type="checkbox"/>	<input type="checkbox"/>	01 On Road	<input type="checkbox"/>	<input type="checkbox"/>	<b>PEDESTRIAN ACTION</b>			4 Driver	<input type="checkbox"/>	<input type="checkbox"/>
12 Exceeded Safe Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	02 Not On Road	<input type="checkbox"/>	<input type="checkbox"/>	01 Crossing Not at Intersection	<input type="checkbox"/>	<input type="checkbox"/>	5 Other	<input type="checkbox"/>	<input type="checkbox"/>
13 Disregarded Stop Sign	<input type="checkbox"/>	<input type="checkbox"/>	03 Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	02 Crossing at Mid-block Crosswalk	<input type="checkbox"/>	<input type="checkbox"/>	<b>LOCATION TYPE</b>		
14 Failed to Maintain Equip. / Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	04 Median	<input type="checkbox"/>	<input type="checkbox"/>	03 Crossing at Intersection	<input type="checkbox"/>	<input type="checkbox"/>	1 Primary Business	<input type="checkbox"/>	<input type="checkbox"/>
15 Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	05 Turn Lane	<input type="checkbox"/>	<input type="checkbox"/>	04 Walking Along Road With Traffic	<input type="checkbox"/>	<input type="checkbox"/>	2 Primary Residential	<input type="checkbox"/>	<input type="checkbox"/>
16 Drove Left of Center	<input type="checkbox"/>	<input type="checkbox"/>	<b>WORK AREA</b>			05 Walking Along Road Against Traffic	<input type="checkbox"/>	<input type="checkbox"/>	3 Open Country	<input type="checkbox"/>	<input type="checkbox"/>
17 Exceeded Stated Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	01 None	<input type="checkbox"/>	<input type="checkbox"/>	06 Working on Vehicle In Road	<input type="checkbox"/>	<input type="checkbox"/>			
18 Obstructing Traffic	<input type="checkbox"/>	<input type="checkbox"/>	02 Nearby	<input type="checkbox"/>	<input type="checkbox"/>	<b>ROAD SYSTEM IDENTIFIER</b>			<b>LIGHTING CONDITION</b>		
			03 Entered	<input type="checkbox"/>	<input type="checkbox"/>	01 Interstate	<input type="checkbox"/>	<input type="checkbox"/>	01 Daylight	<input type="checkbox"/>	<input type="checkbox"/>
						02 U.S.	<input type="checkbox"/>	<input type="checkbox"/>	02 Dusk	<input type="checkbox"/>	<input type="checkbox"/>
						03 State	<input type="checkbox"/>	<input type="checkbox"/>	03 Dawn	<input type="checkbox"/>	<input type="checkbox"/>
						04 County	<input type="checkbox"/>	<input type="checkbox"/>	04 Dark (Street Light)	<input type="checkbox"/>	<input type="checkbox"/>
						05 Local	<input type="checkbox"/>	<input type="checkbox"/>	05 Dark (No Street Light)	<input type="checkbox"/>	<input type="checkbox"/>
						06 Turnpike / Toll	<input type="checkbox"/>	<input type="checkbox"/>	88 Unknown	<input type="checkbox"/>	<input type="checkbox"/>
						<b>ROAD SURFACE CONDITION</b>			<b>WEATHER</b>		
						01 Dry	<input type="checkbox"/>	<input type="checkbox"/>	01 Clear	<input type="checkbox"/>	<input type="checkbox"/>
						02 Wet	<input type="checkbox"/>	<input type="checkbox"/>	02 Cloudy	<input type="checkbox"/>	<input type="checkbox"/>
						03 Slippery	<input type="checkbox"/>	<input type="checkbox"/>	03 Rain	<input type="checkbox"/>	<input type="checkbox"/>
						04 Icy	<input type="checkbox"/>	<input type="checkbox"/>	04 Fog	<input type="checkbox"/>	<input type="checkbox"/>
						77 All Other (Explain In Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	77 All Other (Explain In Narrative)	<input type="checkbox"/>	<input type="checkbox"/>
						<b>ROAD SURFACE TYPE</b>					
						01 Slag / Gravel / Stone	<input type="checkbox"/>	<input type="checkbox"/>			
						02 Blacktop	<input type="checkbox"/>	<input type="checkbox"/>			
						03 Brick / Block	<input type="checkbox"/>	<input type="checkbox"/>			
						04 Concrete	<input type="checkbox"/>	<input type="checkbox"/>			
						05 Dirt	<input type="checkbox"/>	<input type="checkbox"/>			
						77 All Other (Explain In Narrative)	<input type="checkbox"/>	<input type="checkbox"/>			
									<b>TYPE SHOULDER</b>		
									01 Paved	<input type="checkbox"/>	<input type="checkbox"/>
									02 Unpaved	<input type="checkbox"/>	<input type="checkbox"/>
									03 Curb	<input type="checkbox"/>	<input type="checkbox"/>
<b>FIRST / SUBSEQUENT HARMFUL EVENT(S)</b>											
01 Collision With MV in Transport (Rear End)	<input type="checkbox"/>	<input type="checkbox"/>	15 Collision With Animal	<input type="checkbox"/>	<input type="checkbox"/>						
02 Collision With MV in Transport (Head On)	<input type="checkbox"/>	<input type="checkbox"/>	16 MV Hit Sign / Sign Post	<input type="checkbox"/>	<input type="checkbox"/>						
03 Collision With MV in Transport (Angle)	<input type="checkbox"/>	<input type="checkbox"/>	17 MV Hit Utility Pole / Light Pole	<input type="checkbox"/>	<input type="checkbox"/>						
04 Collision With MV in Transport (Left Turn)	<input type="checkbox"/>	<input type="checkbox"/>	18 MV Hit Guardrail	<input type="checkbox"/>	<input type="checkbox"/>						
05 Collision With MV in Transport (Right Turn)	<input type="checkbox"/>	<input type="checkbox"/>	19 MV Hit Fence	<input type="checkbox"/>	<input type="checkbox"/>						
06 Collision With MV in Transport (Sideswipe)	<input type="checkbox"/>	<input type="checkbox"/>	20 MV Hit Concrete Barrier Wall	<input type="checkbox"/>	<input type="checkbox"/>						
07 Collision With MV in Transport (Backed Into)	<input type="checkbox"/>	<input type="checkbox"/>	21 MV Hit Bridge / Pier / Abutment / Rail	<input type="checkbox"/>	<input type="checkbox"/>						
08 Collision With Parked Car	<input type="checkbox"/>	<input type="checkbox"/>	22 MV Hit Tree / Shrubbery	<input type="checkbox"/>	<input type="checkbox"/>						
09 Collision With MV on Roadway	<input type="checkbox"/>	<input type="checkbox"/>	23 Collision With Construction Barricade Sign	<input type="checkbox"/>	<input type="checkbox"/>						
10 Collision With Pedestrian	<input type="checkbox"/>	<input type="checkbox"/>	24 Collision With Traffic Gate	<input type="checkbox"/>	<input type="checkbox"/>						
11 Collision With Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	25 Collision With Crash Attenuators	<input type="checkbox"/>	<input type="checkbox"/>						
12 Collision With Bicycle (Bike Lane)	<input type="checkbox"/>	<input type="checkbox"/>	26 Collision With Fixed Object Above Road	<input type="checkbox"/>	<input type="checkbox"/>						
13 Collision With Moped	<input type="checkbox"/>	<input type="checkbox"/>	27 MV Hit Other Fixed Object	<input type="checkbox"/>	<input type="checkbox"/>						
14 Collision With Train	<input type="checkbox"/>	<input type="checkbox"/>	28 Collision With Moveable Object On Road	<input type="checkbox"/>	<input type="checkbox"/>						
20 MV Hit Concrete Barrier Wall	<input type="checkbox"/>	<input type="checkbox"/>	29 MV Ran Into Ditch / Culvert	<input type="checkbox"/>	<input type="checkbox"/>						
21 MV Hit Bridge / Pier / Abutment / Rail	<input type="checkbox"/>	<input type="checkbox"/>	30 Ran Off Road Into Water	<input type="checkbox"/>	<input type="checkbox"/>						
22 MV Hit Tree / Shrubbery	<input type="checkbox"/>	<input type="checkbox"/>	31 Overturned	<input type="checkbox"/>	<input type="checkbox"/>						
23 Collision With Construction Barricade Sign	<input type="checkbox"/>	<input type="checkbox"/>	32 Occupant Fell From Vehicle	<input type="checkbox"/>	<input type="checkbox"/>						
24 Collision With Traffic Gate	<input type="checkbox"/>	<input type="checkbox"/>	33 Tractor / Trailer Jackknifed	<input type="checkbox"/>	<input type="checkbox"/>						
25 Collision With Crash Attenuators	<input type="checkbox"/>	<input type="checkbox"/>	34 Fire	<input type="checkbox"/>	<input type="checkbox"/>						
26 Collision With Fixed Object Above Road	<input type="checkbox"/>	<input type="checkbox"/>	35 Explosion	<input type="checkbox"/>	<input type="checkbox"/>						
27 MV Hit Other Fixed Object	<input type="checkbox"/>	<input type="checkbox"/>	36 Downhill Runaway	<input type="checkbox"/>	<input type="checkbox"/>						
28 Collision With Moveable Object On Road	<input type="checkbox"/>	<input type="checkbox"/>	37 Cargo Loss or Shift	<input type="checkbox"/>	<input type="checkbox"/>						
			38 Separation of Units	<input type="checkbox"/>	<input type="checkbox"/>						
			39 Median Crossover	<input type="checkbox"/>	<input type="checkbox"/>						
			77 All Other (Explain In Narrative)	<input type="checkbox"/>	<input type="checkbox"/>						
<b>ROAD CONDITIONS AT TIME OF CRASH</b>			<b>VISION OBSTRUCTED</b>			<b>TRAFFIC CONTROL</b>			<b>SITE LOCATION</b>		
01 No Defects	<input type="checkbox"/>	<input type="checkbox"/>	01 Vision Not Obscured	<input type="checkbox"/>	<input type="checkbox"/>	01 No Control	<input type="checkbox"/>	<input type="checkbox"/>	01 Not At Intersection / RR X-ing / Bridge	<input type="checkbox"/>	<input type="checkbox"/>
02 Obstruction With Warning	<input type="checkbox"/>	<input type="checkbox"/>	02 Inclement Weather	<input type="checkbox"/>	<input type="checkbox"/>	02 Special Speed Zone	<input type="checkbox"/>	<input type="checkbox"/>	02 At Intersection	<input type="checkbox"/>	<input type="checkbox"/>
03 Obstruction Without Warning	<input type="checkbox"/>	<input type="checkbox"/>	03 Parked / Stopped Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	03 Speed Control Sign	<input type="checkbox"/>	<input type="checkbox"/>	03 Influenced By Intersection	<input type="checkbox"/>	<input type="checkbox"/>
04 Road Under Repair / Construction	<input type="checkbox"/>	<input type="checkbox"/>	04 Trees / Crops / Bushes	<input type="checkbox"/>	<input type="checkbox"/>	04 School Zone	<input type="checkbox"/>	<input type="checkbox"/>	04 Driveway Access	<input type="checkbox"/>	<input type="checkbox"/>
05 Loose Surface Materials	<input type="checkbox"/>	<input type="checkbox"/>	05 Load on Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	05 Traffic Signal	<input type="checkbox"/>	<input type="checkbox"/>	05 Railroad	<input type="checkbox"/>	<input type="checkbox"/>
06 Shoulders - Soft / Low / High	<input type="checkbox"/>	<input type="checkbox"/>	06 Building / Fixed Object	<input type="checkbox"/>	<input type="checkbox"/>	11 Posted No U-Turn	<input type="checkbox"/>	<input type="checkbox"/>	11 Private Property	<input type="checkbox"/>	<input type="checkbox"/>
07 Holes / Ruts / Unsafe Paved Edge	<input type="checkbox"/>	<input type="checkbox"/>	07 Signs / Billboards	<input type="checkbox"/>	<input type="checkbox"/>	12 No Passing Zone	<input type="checkbox"/>	<input type="checkbox"/>	12 Toll Booth	<input type="checkbox"/>	<input type="checkbox"/>
08 Standing Water	<input type="checkbox"/>	<input type="checkbox"/>	08 Fog	<input type="checkbox"/>	<input type="checkbox"/>	06 Stop Sign	<input type="checkbox"/>	<input type="checkbox"/>	07 Entrance Ramp	<input type="checkbox"/>	<input type="checkbox"/>
09 Worn / Polished Road Surface	<input type="checkbox"/>	<input type="checkbox"/>	09 Smoke	<input type="checkbox"/>	<input type="checkbox"/>	07 Yield Sign	<input type="checkbox"/>	<input type="checkbox"/>	13 Public Bus Stop Zone	<input type="checkbox"/>	<input type="checkbox"/>
77 All Other (Explain In Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	77 All Other (Explain In Narrative)	<input type="checkbox"/>	<input type="checkbox"/>	08 Flashing Light	<input type="checkbox"/>	<input type="checkbox"/>	77 All Other (Explain In Narrative)	<input type="checkbox"/>	<input type="checkbox"/>
			10 Glare	<input type="checkbox"/>	<input type="checkbox"/>	09 Railroad Signal	<input type="checkbox"/>	<input type="checkbox"/>	08 Exit Ramp	<input type="checkbox"/>	<input type="checkbox"/>
						10 Officer / Guard / Flagperson	<input type="checkbox"/>	<input type="checkbox"/>	09 Parking Lot - Public	<input type="checkbox"/>	<input type="checkbox"/>
									09 Parking Lot - Private	<input type="checkbox"/>	<input type="checkbox"/>