

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

TOTAL # OF VEHICLE SECTION(S) _____

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
TALLAHASSEE, FL 32399-0537

TOTAL # OF PERSON SECTION(S) _____

TOTAL # OF NARRATIVE SECTION(S) _____

CRASH DATE		TIME OF CRASH		DATE OF REPORT		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
CRASH IDENTIFIERS									
COUNTY CODE		CITY CODE		COUNTY OF CRASH		PLACE OR CITY OF CRASH		CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	
TIME ON SCENE		TIME CLEARED SCENE		CHECK IF COMPLETED <input type="checkbox"/>		REASON (If Investigation NOT Complete)		Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input type="checkbox"/>	
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)									
CRASH OCCURRED ON STREET, ROAD, HIGHWAY				AT STREET ADDRESS #		AT LATITUDE AND		LONGITUDE	
FEET		MILES		N S E W		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY		OR FROM MILEPOST #	
Road System Identifier		Type of Shoulder		Type of Intersection		Type of Intersection		Traffic Circle	
1 Interstate 2 U.S. 3 State		7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative		1 Paved 2 Unpaved 3 Curb		1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection		5 Roundabout 6 Roundabout, Opposite Direction 7 Five-Point, or More 8 Y-Intersection 77 Other, Explain in Narrative	
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>									
Light Condition		Weather Condition		Roadway Surface Condition		School Bus Related		Manner of Collision/Impact	
1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Fog, Snow, Smoke 6 Dark-Unknown 7 Other, Explain in Narrative 88 Unknown		4 Fog, Snow, Smoke 5 Sleet/Hail 6 Freezing Rain 7 Other, Explain in Narrative		5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 9 Dry 10 Wet 77 Other, Explain in Narrative 88 Unknown		1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		4 Sideways, Same Direction 5 Sideways, Opposite Direction 6 Rear to Side 7 Rear to Rear 8 Front to Rear 9 Angle 77 Other, Explain in Narrative 88 Unknown	
First Harmful Event		Non-Collision		Collision Non-Fixed Object		Collision with Fixed Object		First Harmful Event Location	
1 Overturn/Rollover 2 Fire/Explosion 3 Inversion 4 Cargo/Equipment Loss or Shift 5 Fed/Overlapped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		10 Pedestrian 11 Motorcycle 12 Inoperative Vehicle (trailer, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance 17 Stuck By Falling, Shifting Cargo 18 Other Non-Fixed Object		19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Chute 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier		30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree, Intersecting 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 5 Gore 6 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown	
First Harmful Event Relation to Junction		Contributing Circumstances: Road		Contributing Circumstances: Environment		Work Zone Related		Crash In Work Zone	
1 Non-junction 2 Intersection 3 Intersection-Related 4 On-ramp/Alley Access 88 Unknown		9 Worn, Travel-Polished Surface 10 Road Surface Condition (weat, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown		1 None 2 Weather Conditions 3 Physical Obstruction(s) 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown		1 No 2 Yes 88 Unknown		1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	
Work Zone Related		Crash In Work Zone		Type of Work Zone		Workers in Work Zone		Law Enforcement in Work Zone	
1 No 2 Yes 88 Unknown		1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		1 No 2 Yes 88 Unknown		1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present	
WITNESSES									
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NON VEHICLE PROPERTY DAMAGE									
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE		
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE		

HSMV 90010 B (E) (rev 06/13)

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Event Page

- Date of the crash
- Crash location information
- Lighting condition
- Weather condition
- Road surface condition
- School bus or work zone
- Manner of collision
- Harmful events
- Contributing factors

Thank you to FDOT District One for portions of this page, adapted from the Safety Academy.

Vehicle Page

VEHICLE #		Check if commercial		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
1 Vehicle In Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN
Hit and Run	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Dabling 2 Functional 3 None	EST. AMOUNT
INSURANCE COMPANY		INSURANCE POLICY NUMBER		Towed due to Damage	VEHICLE REMOVED BY	1 Rotation 2 Owner Request 3 Other, Explain in Narrative	
NAME OF VEHICLE OWNER (Check if Business)		CURRENT ADDRESS			CITY & STATE ZIP CODE		
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE LENGTH AXLES
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE LENGTH AXLES
VEHICLE TRAVELING	N S E W	Off-Road Unknown	ON STREET, ROAD, HIGHWAY		AT EST. SPEED	POSTED SPEED	TOTAL LANES
HAZ. MAT. RELEASED	HAZ. MAT. PLACARD	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of initial impact		Most Damaged Area	
MOTOR CARRIER NAME		US DOT NUMBER		MOTOR CARRIER ADDRESS		CITY & STATE	ZIP CODE PHONE NUMBER
Vehicle Body Type		Trafficway		Commercial Motor Vehicle Configuration			
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Minivan 13 All Terrain Vehicle (ATV)		1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted 4-foot) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axles and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double			
Comm/Non-Commercial		Trailer Type		Cargo Body Type			
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hooper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 88 Unknown			
Most Harmful Event		Collision with Non-Fixed Object		Collision Fixed Object		Emergency Vehicle Use	
1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped from Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision		11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Cut 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)	
Sequence of Events		Vehicle Maneuver Action		Traffic Control Device For This Vehicle		Vehicle Defects	
1st 2nd 3rd 4th		1 Straight Ahead 2 Turning Left 3 Turning Right 4 Backing 5 Negotiating a Curve 6 Leaving Traffic Lane 7 Entering Traffic Lane 8 Parallel 9 Other, Explain in Narrative 10 Making U-Turn 11 Overtaking/Passing 12 Stopped in Traffic 13 Slowing 14 Negotiating a Curve 15 Leaving Traffic Lane 16 Entering Traffic Lane 17 Other, Explain in Narrative 18 Intercity Bus 19 Charter/Tour Bus 20 Shuttle Bus 21 Farm Labor Bus 22 Intercity Bus 23 Charter/Tour Bus 24 Shuttle Bus 25 Farm Labor Bus 26 Intercity Bus 27 Charter/Tour Bus 28 Shuttle Bus 29 Farm Labor Bus 88 Unknown		8 Flashing Signal 9 Railway Crossing Signal 10 Person (Including Fireman, Officer, Guard, etc.) 11 Traffic Control Signal 12 School Zone Sign 13 Stop Sign 14 Yield Sign 15 No Controls 16 School Zone Sign 17 Other, Explain in Narrative 18 Unknown		1 None 2 Brakes 3 Tires 4 Lights (head, tail, side) 5 Steering 6 Wipers 7 Exhaust System 8 Body, Doors 9 Suspension 10 Windows/Windshield 11 Mirrors 12 Truck Coupling/Trailer Hitch 13 Safety Chains 14 Other, Explain in Narrative 88 Unknown	
Roadway Grade		Roadway Alignment		Special Function of Motor Vehicle		VIOLATIONS	
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 18 Intercity Bus 19 Charter/Tour Bus 20 Shuttle Bus 21 Farm Labor Bus 88 Unknown		PERSON # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER	

- Make and model
- Vehicle owner
- Insurance information
- Motor carrier
- Vehicle body type
- Harmful events
- Sequence of events
- Traffic control device
- Vehicle defects

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Person Page

PERSON #		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE #	NAME		PHONE NUMBER	Check if Recommended Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street)			CITY & STATE		ZIP CODE
DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER	STATE	EXPIRES	INJURY SEVERITY (INI) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
DRIVER					
DL Type	Required Endorsements	Driver's Actions at Time of Crash		Condition At Time of Crash	
1 A, B, C 4 D/Chauffeur 5 E/Operator 6 F/Operator - Rest 7 None	1 Yes 2 No 3 No Req. Endorsement	1st	1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	2nd	26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action
Driver Distracted By	4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 7 Texting 77 Other, Explain in Narrative	2nd	1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	3rd	1 Apparently Normal 2 Alone or Fatigued 3 Ill (sick) or Fatigued 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (Depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
Driver Vision Obstructions	1 Vision Not Obscured 2 Incomplete Wipers 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	5 Load on Vehicle 6 Building/Road Object 7 Sign/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative	DRIVER OR PASSENGER	
Motor Vehicle Seating Position:		Helmet Use (HU)		Eye Protection (EP)	
Seat	Row	Other	1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 77 Other, Explain in Narrative 88 Unknown		Restraint Systems (RS)
1 Left 2 Middle 3 Right 4 Other 77 Other (explain in narrative) 88 Unknown	1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	1 Not Applicable 2 Steer Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	1 Not Applicable 2 Deployed-Front 3 Not Deployed 4 Deployed-Side		1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 77 Other, Explain in Narrative 88 Unknown
NON-MOTORIST					
Non-Motorist Description		Non-Motorist Location At Time of Crash		Action Prior to Crash	
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, stroller, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle 7 Unknown Type of Non-Motorist		1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		1 Crossing Roadway 2 Walking to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
Safety Equipment		Non-Motorist Actions/Circumstances		ALCOHOL/DRUG/EMS	
1 None 2 Helmet 3 Protective Pads Used (elbows, knees, wrists, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		1st	1 No Improper Action 2 Dert/Clash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 in Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	1 Suspected 2 Test Not Given 3 Test Refused 4 Test Given 88 Unknown	
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMIS AGENCY NAME OR ID		EMIS RUN NUMBER	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					
ADDITIONAL PASSENGERS					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INI	SEA
CURRENT ADDRESS (Number and Street)			CITY & STATE		ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMIS AGENCY NAME OR ID		EMIS RUN NUMBER	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INI	SEA
CURRENT ADDRESS (Number and Street)			CITY & STATE		ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMIS AGENCY NAME OR ID		EMIS RUN NUMBER	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					

- Information on people
- Driver's license #
- Injury severity
- Driver's actions
- Driver's condition
- Position of person
- Alcohol / drug use
- Safety equipment
- Medical transport

Thank you to FDOT District One for portions of this page, adapted from the Safety Academy.

DIAGRAM	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER

Diagram Page

- Diagram of the events
- Direction of vehicles
- Point of collision
- Final location
- Other impacts

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