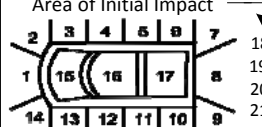



<b>VEHICLE #</b> <input type="checkbox"/>		<b>Check if Commercial</b> <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER			HSMV CRASH REPORT NUMBER						
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN							
Hit and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Functional 3 None		4 Minor 88 Unknown	EST. AMOUNT				
INSURANCE COMPANY			INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY			1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative				
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>				CURRENT ADDRESS			CITY & STATE		ZIP CODE				
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN				YEAR	MAKE	LENGTH	AXLES	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN				YEAR	MAKE	LENGTH	AXLES	
VEHICLE TRAVELING	N <input type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input type="checkbox"/>	Off-Road <input type="checkbox"/>	Unknown <input type="checkbox"/>	ON STREET, ROAD, HIGHWAY			AT EST. SPEED	POSTED SPEED	TOTAL LANES	
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	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		

<b>Vehicle Body Type</b> <input type="checkbox"/> 1 Passenger Car <input type="checkbox"/> 2 Passenger Van <input type="checkbox"/> 3 Pickup <input type="checkbox"/> 7 Motor Home <input type="checkbox"/> 8 Bus <input type="checkbox"/> 11 Motorcycle <input type="checkbox"/> 12 Moped <input type="checkbox"/> 13 All Terrain Vehicle (ATV)		<b>Trafficway</b> <input type="checkbox"/> 1 Two-Way, Not Divided <input type="checkbox"/> 2 Two-Way, Not Divided, with a Continuous Left Turn Lane <input type="checkbox"/> 3 Two-Way, Divided, Unprotected (painted >4 feet) Median <input type="checkbox"/> 4 Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 One-Way Trafficway <input type="checkbox"/> 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> <input type="checkbox"/> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials <input type="checkbox"/> 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 3 Single-Unit Truck (3 or more axles) <input type="checkbox"/> 4 Truck Pulling Trailer(s) <input type="checkbox"/> 5 Truck Tractor (bobtail) <input type="checkbox"/> 6 Truck Tractor/Semi-Trailer <input type="checkbox"/> 7 Truck Tractor/Double		<b>Trailer Type</b> <input type="checkbox"/> 1 Single Semi Trailer <input type="checkbox"/> 2 Tandem Semi Trailer <input type="checkbox"/> 3 Tank Trailer <input type="checkbox"/> 4 Saddle Mount/Trailer <input type="checkbox"/> 5 Boat Trailer <input type="checkbox"/> 6 Utility Trailer <input type="checkbox"/> 7 House Trailer		<b>Trailer Type</b> <input type="checkbox"/> 8 Pole Trailer <input type="checkbox"/> 9 Towed Vehicle <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<b>Cargo Body Type</b> <input type="checkbox"/> 1 No Cargo <input type="checkbox"/> 2 Bus <input type="checkbox"/> 3 Van/Enclosed Box <input type="checkbox"/> 4 Hopper <input type="checkbox"/> 5 Pole-Trailer <input type="checkbox"/> 6 Cargo Tank <input type="checkbox"/> 7 Flatbed <input type="checkbox"/> 8 Dump <input type="checkbox"/> 9 Concrete Mixer <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Log		<b>Emergency Vehicle Use</b> <input type="checkbox"/> 13 Intermodal Container Chassis <input type="checkbox"/> 14 Vehicle Towing Another Vehicle <input type="checkbox"/> 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	
<b>Comm/Non-Commercial</b> <input type="checkbox"/> 1 Interstate Carrier <input type="checkbox"/> 2 Intrastate Carrier <input type="checkbox"/> 3 Not in Commerce/Government <input type="checkbox"/> 4 Not in Commerce/Other Truck		<b>Comm GVWR/GCWR</b> <input type="checkbox"/> 1 10,000 lbs (4,536 kg) or less <input type="checkbox"/> 2 10,001-26,000 lbs (4,536-11,793 kg) <input type="checkbox"/> 3 More than 26,000 lbs (11,793 kg) <input type="checkbox"/> 4 Not Applicable		<b>Collision with Non-Fixed Object</b> <input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone/Maintenance Equipment <input type="checkbox"/> 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> 18 Other Non-Fixed Object		<b>Collision Fixed Object</b> <input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End		<b>Emergency Vehicle Use</b> <input type="checkbox"/> 29 Cable Barrier <input type="checkbox"/> 30 Concrete Traffic Barrier <input type="checkbox"/> 31 Other Traffic Barrier <input type="checkbox"/> 32 Tree (standing) <input type="checkbox"/> 33 Utility Pole/Light Support <input type="checkbox"/> 34 Traffic Sign Support <input type="checkbox"/> 35 Traffic Signal Support <input type="checkbox"/> 36 Other Post, Pole, or Support <input type="checkbox"/> 37 Fence <input type="checkbox"/> 38 Mailbox <input type="checkbox"/> 39 Other Fixed Object (wall, building, tunnel, etc.)					
<b>Most Harmful Event</b> <input type="checkbox"/> 1 Overturn/Rollover <input type="checkbox"/> 2 Fire/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/ Canal <input type="checkbox"/> 9 Other Non-Collision		<b>Non-Collision</b> <input type="checkbox"/> 10 Equipment Failure (blown tire, brake failure, etc.) <input type="checkbox"/> 41 Separation of Units <input type="checkbox"/> 42 Ran Off Roadway, Right <input type="checkbox"/> 43 Ran Off Roadway, Left <input type="checkbox"/> 44 Cross Median <input type="checkbox"/> 45 Cross Centerline <input type="checkbox"/> 46 Downhill Runaway		<b>Vehicle Maneuver Action</b> <input type="checkbox"/> 1 Straight Ahead <input type="checkbox"/> 3 Turning Left <input type="checkbox"/> 4 Backing <input type="checkbox"/> 5 Turning Right <input type="checkbox"/> 6 Changing Lanes <input type="checkbox"/> 8 Parked <input type="checkbox"/> 10 Making U-Turn <input type="checkbox"/> 11 Overtaking/ Passing <input type="checkbox"/> 13 Stopped in Traffic <input type="checkbox"/> 14 Slowing <input type="checkbox"/> 15 Negotiating a Curve <input type="checkbox"/> 16 Leaving Traffic Lane <input type="checkbox"/> 17 Entering Traffic Lane <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<b>Traffic Control Device For This Vehicle</b> <input type="checkbox"/> 8 Flashing Signal <input type="checkbox"/> 9 Railway Crossing Device <input type="checkbox"/> 10 Person (including Flagman, Officer, Guard, etc.) <input type="checkbox"/> 13 Warning Sign <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<b>Vehicle Defects</b> <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Brakes <input type="checkbox"/> 3 Tires <input type="checkbox"/> 4 Lights (head, signal, tail) <input type="checkbox"/> 6 Steering <input type="checkbox"/> 7 Wipers <input type="checkbox"/> 9 Exhaust System <input type="checkbox"/> 10 Body, Doors <input type="checkbox"/> 11 Power Train <input type="checkbox"/> 12 Suspension <input type="checkbox"/> 13 Wheels <input type="checkbox"/> 14 Windows/Windshield <input type="checkbox"/> 15 Mirrors <input type="checkbox"/> 16 Truck Coupling/Trailer Hitch/Safety Chains <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown					
<b>Roadway Grade</b> <input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Hillcrest <input type="checkbox"/> 3 Uphill <input type="checkbox"/> 4 Downhill <input type="checkbox"/> 5 Sag (bottom)		<b>Roadway Alignment</b> <input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left		<b>Special Function of Motor Vehicle</b> <input type="checkbox"/> 1 No Special Function <input type="checkbox"/> 2 Farm Vehicle <input type="checkbox"/> 3 Police <input type="checkbox"/> 7 Taxi <input type="checkbox"/> 8 Military <input type="checkbox"/> 9 Ambulance <input type="checkbox"/> 10 Fire Truck <input type="checkbox"/> 11 Farm Labor Transport <input type="checkbox"/> 12 School Bus <input type="checkbox"/> 13 Transit/Commuter Bus <input type="checkbox"/> 14 Intercity Bus <input type="checkbox"/> 15 Charter/Tour Bus <input type="checkbox"/> 16 Shuttle Bus <input type="checkbox"/> 17 Farm Labor Bus <input type="checkbox"/> 88 Unknown									

VIOLATIONS				
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

<b>PERSON #</b> <input type="text"/>		<b>REPORTING AGENCY CASE NUMBER</b>			<b>HSMV CRASH REPORT NUMBER</b>						
1 Driver 2 Non-Motorist 3 Passenger		<b>VEHICLE #</b> <input type="text"/>	<b>NAME</b> <input type="text"/>			<b>PHONE NUMBER</b> <input type="text"/>	Check if Recommend Driver Re-exam <input type="checkbox"/>				
<b>CURRENT ADDRESS (Number and Street)</b> <input type="text"/>				<b>CITY &amp; STATE</b> <input type="text"/>		<b>ZIP CODE</b> <input type="text"/>					
<b>DATE OF BIRTH</b> <input type="text"/>	<b>SEX:</b> 1 Male 2 Female 88 Unknown	<b>DRIVER LICENSE NUMBER</b> <input type="text"/>	<b>STATE</b> <input type="text"/>	<b>EXPIRES</b> <input type="text"/>	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality						
<b>DRIVER</b>											
<b>DL Type</b> <input type="checkbox"/> 1 A 2 B 3 C <input type="checkbox"/> 4 D/Chauffeur <input type="checkbox"/> 5 E/Operator <input type="checkbox"/> 6 E/Oper - Rest <input type="checkbox"/> 7 None		<b>Required Endorsements</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No Req. Endorsement		<b>Driver's Actions at Time of Crash</b>		<b>Condition At Time of Crash</b> <input type="checkbox"/>					
<b>Driver Distracted By</b> <input type="checkbox"/> 1 Not Distracted <input type="checkbox"/> 2 Electronic Communication Devices (cell phone, etc.) <input type="checkbox"/> 3 Other Electronic Device (navigation device, DVD player)		<b>4 Other Inside the Vehicle (explain in narrative)</b> <input type="checkbox"/> 5 External Distraction (outside the vehicle, explain in narrative) <input type="checkbox"/> 6 Texting <input type="checkbox"/> 7 Inattentive <input type="checkbox"/> 88 Unknown		<b>1st</b> <input type="checkbox"/> 1 No Contributing Action <input type="checkbox"/> 2 Operated MV in Careless or Negligent Manner <input type="checkbox"/> 3 Failed to Yield Right-of- Way <input type="checkbox"/> 4 Improper Backing <input type="checkbox"/> 6 Improper Turn <input type="checkbox"/> 10 Followed too Closely <input type="checkbox"/> 11 Ran Red Light <input type="checkbox"/> 12 Drove too Fast for Conditions <input type="checkbox"/> 13 Ran Stop Sign <input type="checkbox"/> 15 Improper Passing <input type="checkbox"/> 17 Exceeded Posted Speed <input type="checkbox"/> 21 Wrong Side of Wrong Way <input type="checkbox"/> 25 Failed to Keep in Proper Lane	<b>26</b> Ran off Roadway <b>27</b> Disregarded other Traffic Sign <b>28</b> Disregarded Other Road Markings <b>29</b> Over-Correcting/Over-Steering <b>30</b> Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. <b>31</b> Operated MV in Erratic, Reckless or Aggressive Manner <b>77</b> Other Contributing Action	<b>3rd</b> <input type="checkbox"/> <b>4th</b> <input type="checkbox"/>					
<b>Driver Vision Obstructions</b> <input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inclement Weather <input type="checkbox"/> 3 Parked/Stopped Vehicle <input type="checkbox"/> 4 Trees/Crops/Bushes		<b>5 Load on Vehicle</b> <input type="checkbox"/> 6 Building/Fixed Object <input type="checkbox"/> 7 Signs/Billboards <input type="checkbox"/> 8 Fog		<b>9 Smoke</b> <input type="checkbox"/> 10 Glare <input type="checkbox"/> 77 All Other, Explain in Narrative		<b>Condition At Time of Crash</b> <input type="checkbox"/>					
<b>DRIVER OR PASSENGER</b>											
<b>Motor Vehicle Seating Position:</b>		<b>LOCATION: SEAT ROW OTHER (LOC)</b> <input type="text"/>		<b>Helmet Use (HU)</b> <input type="checkbox"/>		<b>Eye Protection (EP)</b> <input type="checkbox"/>					
<b>Seat</b> 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	<b>Row</b> 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	<b>Other</b> 1 Not Applicable 2 Sleeper 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 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet		1 Yes 2 No 3 Not Applicable					
<b>8</b> <input type="checkbox"/>		<b>Ejection (EJECT)</b> <input type="checkbox"/>		<b>Air Bag Deployed (ABD)</b> <input type="checkbox"/>		<b>Restraint Systems (RS)</b> <input type="checkbox"/>					
		1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown 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 10 Child Restraint Type Unknown 77 Other, Explain in Narrative					
<b>NON-MOTORIST</b>											
<b>Non-Motorist Description</b> <input type="checkbox"/>		<b>Non-Motorist Location At Time of Crash</b> <input type="checkbox"/>		<b>Action Prior to Crash</b> <input type="checkbox"/>							
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, 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 Transportation Device 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 Waiting 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							
<b>Safety Equipment</b> <input type="checkbox"/>		<b>Non-Motorist Actions/Circumstances</b> <input type="checkbox"/>		<b>7</b> Entering/Exiting Parked/Standing Vehicle <b>8</b> Inattentive (talking, eating, etc.) <b>9</b> Not Visible (dark clothing, no lighting, etc.)							
1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		1 No Improper Action 2 Dart/Dash 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)		10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown							
<b>ALCOHOL/DRUG/EMS</b>											
<b>SUSPECTED ALCOHOL USE:</b> 1 No 2 Yes 88 Unknown	<b>ALCOHOL TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<b>ALCOHOL TEST TYPE:</b> 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	<b>ALCOHOL TEST RESULT:</b> 1 Pending 2 Completed 88 Unknown	<b>BAC</b> <input type="text"/>	<b>SUSPECTED DRUG USE:</b> 1 No 2 Yes 88 Unknown	<b>DRUG TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested					
<b>DRUG TEST TYPE:</b> 1 Blood 3 Urine 77 Other, Explain in Narrative		<b>DRUG TEST RESULT:</b> 1 Positive 2 Negative 3 Pending 88 Unknown		<b>DRUG TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested							
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		<b>EMS AGENCY NAME OR ID</b> <input type="text"/>		<b>EMS RUN NUMBER</b> <input type="text"/>		<b>MEDICAL FACILITY TRANSPORTED TO</b> <input type="text"/>					
<b>ADDITIONAL PASSENGERS</b>											
<b>PERSON #</b>	<b>VEHICLE #</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>INJ</b>	<b>SEX</b>	<b>LOC: S R O</b>	<b>EJECT</b>	<b>HU</b>	<b>EP</b>	<b>ABD</b>	<b>RS</b>
<b>CURRENT ADDRESS (Number and Street)</b> <input type="text"/>			<b>CITY &amp; STATE</b> <input type="text"/>			<b>ZIP CODE</b> <input type="text"/>					
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		<b>EMS AGENCY NAME OR ID</b> <input type="text"/>		<b>EMS RUN NUMBER</b> <input type="text"/>		<b>MEDICAL FACILITY TRANSPORTED TO</b> <input type="text"/>					
<b>PERSON #</b>	<b>VEHICLE #</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>INJ</b>	<b>SEX</b>	<b>LOC: S R O</b>	<b>EJECT</b>	<b>HU</b>	<b>EP</b>	<b>ABD</b>	<b>RS</b>
<b>CURRENT ADDRESS (Number and Street)</b> <input type="text"/>			<b>CITY &amp; STATE</b> <input type="text"/>			<b>ZIP CODE</b> <input type="text"/>					
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		<b>EMS AGENCY NAME OR ID</b> <input type="text"/>		<b>EMS RUN NUMBER</b> <input type="text"/>		<b>MEDICAL FACILITY TRANSPORTED TO</b> <input type="text"/>					