

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

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

TOTAL # OF VEHICLE SECTION(S) _____

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
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CRASH IDENTIFIERS						
COUNTY CODE	CITY CODE	COUNTY OF CRASH	PLACE OR CITY OF CRASH	CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED	TIME DISPATCHED
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 # 1	AT LATITUDE AND LONGITUDE 2	
FEET	MILES	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3		OR FROM MILEPOST # 4	

Road System Identifier <input type="checkbox"/> 1 Interstate <input type="checkbox"/> 2 U.S. <input type="checkbox"/> 3 State <input type="checkbox"/> 4 County <input type="checkbox"/> 5 Local <input type="checkbox"/> 6 Turnpike/Toll <input type="checkbox"/> 7 Forest Road <input type="checkbox"/> 8 Private Roadway <input type="checkbox"/> 9 Parking Lot <input type="checkbox"/> 77 Other, Explain in Narrative	Type of Shoulder <input type="checkbox"/> 1 Paved <input type="checkbox"/> 2 Unpaved <input type="checkbox"/> 3 Curb	Type of Intersection <input type="checkbox"/> 1 Not at Intersection <input type="checkbox"/> 2 Four-Way Intersection <input type="checkbox"/> 3 T-Intersection <input type="checkbox"/> 4 Y-Intersection <input type="checkbox"/> 5 Traffic Circle <input type="checkbox"/> 6 Roundabout <input type="checkbox"/> 7 Five-Point, or More <input type="checkbox"/> 77 Other, Explain in Narrative
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CRASH INFORMATION (CHECK IF PICTURES TAKEN)					
Light Condition <input type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dusk <input type="checkbox"/> 3 Dawn <input type="checkbox"/> 4 Dark-Lighted <input type="checkbox"/> 5 Dark-Not Lighted <input type="checkbox"/> 6 Dark-Unknown Lighting <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Weather Condition <input type="checkbox"/> 4 Fog, Smog, Smoke <input type="checkbox"/> 5 Sleet/Hail/Freezing Rain <input type="checkbox"/> 6 Blowing Sand, Soil, Dirt <input type="checkbox"/> 7 Severe Crosswinds <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain	Roadway Surface Condition <input type="checkbox"/> 5 Oil <input type="checkbox"/> 6 Mud, Dirt, Gravel <input type="checkbox"/> 7 Sand <input type="checkbox"/> 8 Water (standing/moving) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 4 Ice/Frost	School Bus Related <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, School Bus Directly Involved <input type="checkbox"/> 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact <input type="checkbox"/> 4 Sideswipe, Same Direction <input type="checkbox"/> 5 Sideswipe, Opposite Direction <input type="checkbox"/> 6 Rear to Side <input type="checkbox"/> 7 Rear to Rear <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle	

First Harmful Event <input type="checkbox"/>	Non-Collision <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	Collision Non-Fixed Object <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 <input type="checkbox"/> 18 Other Non-Fixed Object	Collision with Fixed Object <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 <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.)	First Harmful Event Location <input type="checkbox"/> 1 On Roadway <input type="checkbox"/> 2 Off Roadway <input type="checkbox"/> 3 Shoulder <input type="checkbox"/> 4 Median <input type="checkbox"/> 6 Gore <input type="checkbox"/> 7 Separator <input type="checkbox"/> 8 In Parking Lane or Zone <input type="checkbox"/> 9 Outside Right-of-way <input type="checkbox"/> 10 Roadside <input type="checkbox"/> 88 Unknown
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First Harmful Event Relation to Junction <input type="checkbox"/> 1 Non-Junction <input type="checkbox"/> 2 Intersection <input type="checkbox"/> 3 Intersection-Related <input type="checkbox"/> 4 Driveway/Alley Access Related <input type="checkbox"/> 5 Railway Grade Crossing <input type="checkbox"/> 14 Entrance/Exit Ramp <input type="checkbox"/> 15 Crossover - Related <input type="checkbox"/> 16 Shared-Use Path or Trail <input type="checkbox"/> 17 Acceleration/Deceleration Lane <input type="checkbox"/> 18 Through Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Contributing Circumstances: Road <input type="checkbox"/> 1 None <input type="checkbox"/> 4 Work Zone (construction/maintenance/utility) <input type="checkbox"/> 6 Shoulders (none, low, soft, high) <input type="checkbox"/> 7 Rut, Holes, Bumps <input type="checkbox"/> 9 Worn, Travel-Polished Surface <input type="checkbox"/> 10 Road Surface Condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 11 Obstruction in Roadway <input type="checkbox"/> 12 Debris <input type="checkbox"/> 13 Traffic Control Device Inoperative, Missing or Obscured <input type="checkbox"/> 14 Non-Highway Work <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Contributing Circumstances: Environment <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Weather Conditions <input type="checkbox"/> 3 Physical Obstruction(s) <input type="checkbox"/> 4 Glare <input type="checkbox"/> 5 Animal(s) in Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
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Work Zone Related <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area	Type of Work Zone <input type="checkbox"/> 1 Lane Closure <input type="checkbox"/> 2 Lane Shift/Crossover <input type="checkbox"/> 3 Work on Shoulder or Median <input type="checkbox"/> 4 Intermittent or Moving Work <input type="checkbox"/> 77 Other, Explain in Narrative	Workers in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	Law Enforcement in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle Only Present
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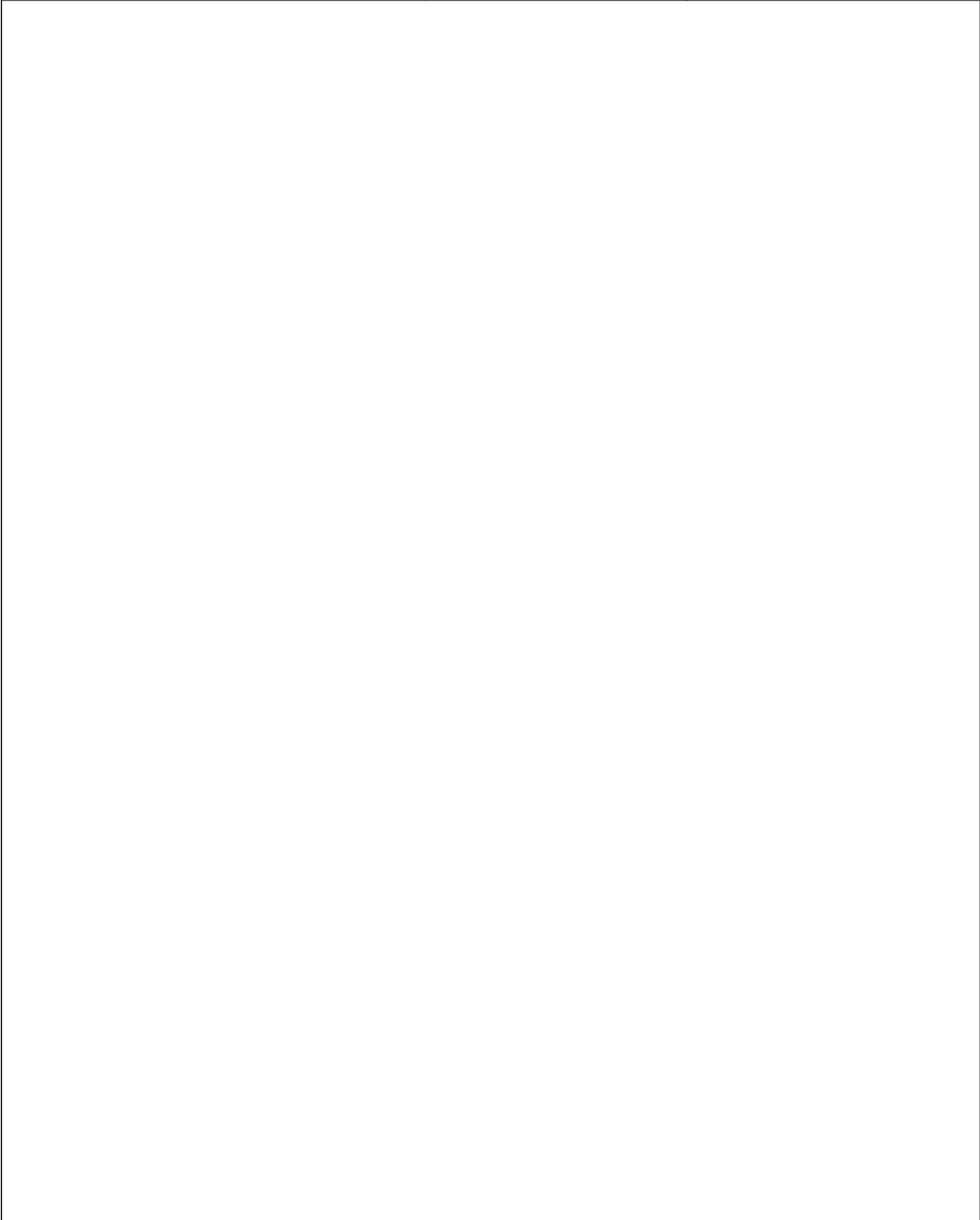
WITNESSES				
NAME	ADDRESS	CITY & STATE	ZIP CODE	
NAME	ADDRESS	CITY & STATE	ZIP CODE	
NAME	ADDRESS	CITY & STATE	ZIP CODE	

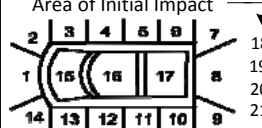

NON VEHICLE PROPERTY DAMAGE						
VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE ZIP CODE

DIAGRAM

REPORTING AGENCY CASE NUMBER

HSMV CRASH REPORT NUMBER



VEHICLE # <input type="checkbox"/>		Check if Commercial <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 4 Minor 2 Functional 88 Unknown 3 None		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			
Vehicle Body Type			Trafficway			Commercial Motor Vehicle Configuration								
<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)			<input type="checkbox"/> 15 Low Speed Vehicle <input type="checkbox"/> 16 (Sport) Utility Vehicle <input type="checkbox"/> 17 Cargo Van (10,000 lbs (4,536 kg) or less) <input type="checkbox"/> 18 Motor Coach <input type="checkbox"/> 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) <input type="checkbox"/> 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 21 Farm Labor Vehicle <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			<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			<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					
Comm/Non-Commercial			Trailer Type			Cargo Body Type			Emergency Vehicle Use					
<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			<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			<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			<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					
Most Harmful Event			Collision with Non-Fixed Object			Collision Fixed Object			Emergency Vehicle Use					
<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			<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			<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			<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.)					
Sequence of Events			Vehicle Maneuver Action			Traffic Control Device For This Vehicle			Vehicle Defects					
1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>			<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			<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			<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					
Roadway Grade			Roadway Alignment			Special Function of Motor Vehicle								
<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)			<input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left			<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				

PERSON # <input type="text"/>		REPORTING AGENCY CASE NUMBER			HSMV CRASH REPORT NUMBER							
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE #		NAME		PHONE NUMBER	Check if Recommend 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 (INJ) 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					
<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		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No Req. Endorsement		1st <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			3rd <input type="checkbox"/> 26 Ran off Roadway <input type="checkbox"/> 27 Disregarded other Traffic Sign <input type="checkbox"/> 28 Disregarded Other Road Markings <input type="checkbox"/> 29 Over-Correcting/Over-Steering <input type="checkbox"/> 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. <input type="checkbox"/> 31 Operated MV in Erratic, Reckless or Aggressive Manner <input type="checkbox"/> 77 Other Contributing Action			<input type="checkbox"/> 1 Apparently Normal <input type="checkbox"/> 3 Asleep or Fatigued <input type="checkbox"/> 5 Ill (sick) or Fainted <input type="checkbox"/> 6 Seizure, Epilepsy, Blackout <input type="checkbox"/> 7 Physically Impaired <input type="checkbox"/> 8 Emotional (depression, angry, disturbed, etc.) <input type="checkbox"/> 9 Under the Influence of Medications/Drugs/Alcohol <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		
Driver Distracted By		Driver Vision Obstructions		DRIVER OR PASSENGER								
<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)		<input type="checkbox"/> 4 Other Inside the Vehicle (explain in narrative) <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		Helmet Use (HU) <input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet <input type="checkbox"/> 2 Other Helmet <input type="checkbox"/> 3 No Helmet								
<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		<input type="checkbox"/> 5 Load on Vehicle <input type="checkbox"/> 6 Building/Fixed Object <input type="checkbox"/> 7 Signs/Billboards <input type="checkbox"/> 8 Fog		Eye Protection (EP) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not Applicable								
Motor Vehicle Seating Position:		LOCATION: SEAT ROW OTHER (LOC) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Restraint Systems (RS)								
Seat	Row	Other		<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 None Used - Motor Vehicle Occupant <input type="checkbox"/> 3 Shoulder and Lap Belt Used <input type="checkbox"/> 4 Shoulder Belt Only Used <input type="checkbox"/> 5 Lap Belt Only Used <input type="checkbox"/> 6 Restraint Used - Type Unknown <input type="checkbox"/> 7 Child Restraint System - Forward Facing <input type="checkbox"/> 8 Child Restraint System - Rear Facing <input type="checkbox"/> 9 Booster Seat <input type="checkbox"/> 10 Child Restraint Type Unknown <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown								
1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	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		Air Bag Deployed (ABD) <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Deployed <input type="checkbox"/> 3 Deployed-Front <input type="checkbox"/> 4 Deployed-Side <input type="checkbox"/> 5 Deployed-Other (knee, air belt, etc.) <input type="checkbox"/> 6 Deployed-Combination <input type="checkbox"/> 7 Deployed-Curtain <input type="checkbox"/> 88 Deployment Unknown								
Ejection (EJECT)		DRIVER OR PASSENGER		NON-MOTORIST								
<input type="checkbox"/> 1 Not Ejected <input type="checkbox"/> 2 Ejected, Totally <input type="checkbox"/> 3 Ejected, Partially <input type="checkbox"/> 4 Not Applicable <input type="checkbox"/> 88 Unknown		Non-Motorist Description		Non-Motorist Location At Time of Crash		Action Prior to Crash						
<input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) <input type="checkbox"/> 3 Bicyclist <input type="checkbox"/> 4 Other Cyclist <input type="checkbox"/> 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transportation Device <input type="checkbox"/> 7 Unknown Type of Non-Motorist		<input type="checkbox"/> 1 Intersection - Marked Crosswalk <input type="checkbox"/> 2 Intersection - Unmarked Crosswalk <input type="checkbox"/> 3 Intersection - Other <input type="checkbox"/> 4 Midblock - Marked Crosswalk <input type="checkbox"/> 5 Travel Lane - Other Location <input type="checkbox"/> 6 Bicycle Lane <input type="checkbox"/> 7 Shoulder/Roadside		<input type="checkbox"/> 8 Sidewalk <input type="checkbox"/> 9 Median/Crossing Island <input type="checkbox"/> 10 Driveway Access <input type="checkbox"/> 11 Shared-Use Path or Trail <input type="checkbox"/> 12 Non-Trafficway Area <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Crossing Roadway <input type="checkbox"/> 2 Waiting to Cross Roadway <input type="checkbox"/> 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) <input type="checkbox"/> 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) <input type="checkbox"/> 5 Walking/Cycling on Sidewalk <input type="checkbox"/> 6 In Roadway -- Other (working, playing, etc.) <input type="checkbox"/> 7 Adjacent to Roadway (e.g., shoulder, median) <input type="checkbox"/> 8 Going to or from School (K-12) <input type="checkbox"/> 9 Working in Trafficway (incident response) <input type="checkbox"/> 10 None <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown						
Safety Equipment		Non-Motorist Actions/Circumstances		ALCOHOL/DRUG/EMS								
<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Helmet <input type="checkbox"/> 3 Protective Pads Used (elbows, knees, shins, etc.) <input type="checkbox"/> 4 Reflective Clothing (jacket, backpack, etc.) <input type="checkbox"/> 5 Lighting <input type="checkbox"/> 6 Not Applicable <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		1st <input type="checkbox"/> 1 No Improper Action <input type="checkbox"/> 2 Dart/Dash <input type="checkbox"/> 3 Failure to Yield Right-of-Way <input type="checkbox"/> 4 Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 5 In Roadway Improperly (standing, lying, working, playing) <input type="checkbox"/> 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)		SUSPECTED ALCOHOL USE: <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown								
<input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested		2nd <input type="checkbox"/> 1 No Improper Action <input type="checkbox"/> 2 Dart/Dash <input type="checkbox"/> 3 Failure to Yield Right-of-Way <input type="checkbox"/> 4 Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 5 In Roadway Improperly (standing, lying, working, playing) <input type="checkbox"/> 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)		ALCOHOL TEST TYPE: <input type="checkbox"/> 1 Blood <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative								
<input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested		ALCOHOL TEST RESULT: <input type="checkbox"/> 1 Pending <input type="checkbox"/> 2 Completed <input type="checkbox"/> 88 Unknown		BAC <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown								
<input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested		DRUG TESTED: <input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested		DRUG TEST TYPE: <input type="checkbox"/> 1 Blood <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative								
<input type="checkbox"/> 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown		DRUG TEST RESULT: <input type="checkbox"/> 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown		SOURCE OF TRANSPORT TO MEDICAL FACILITY <input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown								
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO						
<input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/>		<input type="text"/>		<input type="text"/>						
ADDITIONAL PASSENGERS												
PERSON #	VEHICLE #	NAME		DATE OF BIRTH	INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)				CITY & STATE		ZIP CODE						
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO						
<input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/>		<input type="text"/>		<input type="text"/>						
PERSON #	VEHICLE #	NAME		DATE OF BIRTH	INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)				CITY & STATE		ZIP CODE						
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO						
<input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/>		<input type="text"/>		<input type="text"/>						