

FLORIDA TRAFFIC CRASH REPORT LONG FORM

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

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH 04/26/10	TIME OF CRASH 3:30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	TIME OFFICER NOTIFIED 3:34 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	TIME OFFICER ARRIVED 3:34 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	INVEST. AGENCY REPORT NUMBER 10069373	HSMV CRASH REPORT NUMBER 90634645
	COUNTY / CITY CODE 12	FEET or MILE(S) N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	CITY OR TOWN		COUNTY LAKE	
	AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 4	1. DIVIDED <input type="checkbox"/> ON STREET, ROAD OR HIGHWAY 2. UNDIVIDED <input checked="" type="checkbox"/> Hwy 27	
AT THE INTERSECTION OF (street, road or highway) CR 48			or FEET	MILE(S)	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	FROM INTERSECTION OF (street, road or highway)

Section 1 Vehicle Pedestrian	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input checked="" type="checkbox"/>	YEAR 2	MAKE	TYPE 10	USE 01	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer					
	TRAILER OR TOWED VEHICLE INFORMATION								SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 1					
	VEHICLE TRAVELLING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W		ON	AT	Est. MPH 5	Posted Speed 45	EST. VEHICLE DAMAGE	1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/>	EST. TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S) 1				
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)						POLICY NUMBER	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other					
	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 OWNER (Trailer or Towed Vehicle)			CURRENT ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE				
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)			CURRENT ADDRESS (Number and Street)			CITY, STATE AND ZIP CODE			US DOT or ICC MC IDENTIFICATION NUMBERS				
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN			CURRENT ADDRESS (Number and Street)			CITY, STATE & ZIP CODE			DATE OF BIRTH				
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.				WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.				

Section 2 Vehicle Pedestrian	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input checked="" type="checkbox"/>	YEAR 08	MAKE Chevy	TYPE 01	USE 01	VEH. LICENSE NUMBER 158 LK4 FL	STATE	VEHICLE IDENTIFICATION NUMBER ZG1WB58K181310013	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer					
	TRAILER OR TOWED VEHICLE INFORMATION								SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 6					
	VEHICLE TRAVELLING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W		ON	AT	Est. MPH 5	Posted Speed 45	EST. VEHICLE DAMAGE \$500.00	1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/>	EST. TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S) 6				
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Sentry Insurance Co #9015539						POLICY NUMBER	VEHICLE REMOVED BY: Trace Conts	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other					
	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 OWNER (Trailer or Towed Vehicle)			CURRENT ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE				
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)			CURRENT ADDRESS (Number and Street)			CITY, STATE AND ZIP CODE			US DOT or ICC MC IDENTIFICATION NUMBERS				
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN Trace Lynn Conts			CURRENT ADDRESS (Number and Street) 13544 Farnow Ln Spring Hill, FL			CITY, STATE & ZIP CODE 34609			DATE OF BIRTH 12-06-1970				
	DRIVER LICENSE NUMBER C530812709460	STATE FL	DL TYPE 5	REQ. END 3	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS 5	ALC/DRUG 1	PHYS. DEF. 1	RES. 2	RACE 1	SEX 2	INJ. 1	S. EQUIP. 2	EJECT. 1
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.				WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO. (352) 302-9113				

Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped.)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
01 Automobile	01 Private Transportation	01 Single Semi Trailer	01 County of Crash	1 No Defects Known	1 Not Drinking or Using Drugs	1 Front Left	
02 Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center	
03 Light Truck / P.U. - 2 or 4 rear tires	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident Out 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		5 Illness	5 Had Been Drinking	5 Rear Center	
06 Truck Tractor (Cab-Boat)	06 Private School Bus	06 Utility Trailer		6 Seizure, Epilepsy, Blackout	6 Pending ALC/DRUG Test Results	6 Rear Right	
07 Motor Home (RV)	07 Ambulance	07 House Trailer		7 Other Physical Defect		7 In Body Of Truck	
08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer				8 Bus Passenger	
09 Bus (driver + seats for over 15)	09 Fire / Rescue	09 Towed Vehicle				9 Other	
10 Bicycle	10 Military	10 Auto Transport				EJECTED	
11 Motorcycle	11 Other Government	77 Other				1 No	
12 Moped	12 Dump					2 Yes	
13 All Terrain Vehicle	13 Concrete Mixer					3 Partial	
14 Train	14 Garbage or Refuse						
15 Low Speed Vehicle	15 Cargo Van						
77 Other	77 Other						

S e c t i o n 3	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	15 16 17 18 19 20 21	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)				
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE					14 13 12 11 10 9					
Vehicle	VEHICLE TRAVELLING N S E W	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S)					
Motor Vehicle	MOTOR 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	NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
Trailer	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
Carrier	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS							
Driver	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH							
License	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
Hazardous	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.			WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.						

# 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 / PEDESTRIAN			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		
02 Careless Driving (Explain In Narrative)				02 Def. Brakes				02 Slowing / Stopped / Stalled					
03 Failed To Yield Right - of - Way	03	01		03 Worn / Smooth Tires		01		03 Making Left Turn	01	03			
04 Improper Backing				04 Defective / Improper Lights				04 Backing					
05 Improper Lane Change				05 Puncture / Blowout				05 Making Right Turn	11	Passing			
06 Improper Turn				06 Steering Mech.				06 Changing Lanes	12	Driverless or Runaway Vehicle			
07 Alcohol - Under Influence				07 Windshield Wipers				07 Entering / Leaving / Parking Space	77	All Other (Explain In Narrative)			
08 Drugs - Under Influence				08 Equipment / Vehicle Defect				08 Properly Parked					
09 Alcohol & Drugs - Under Influence				77 All Other (Explain In Narrative)				09 Improperly Parked					
10 Followed Too Closely								10 Making U-Turn					
11 Disregarded Traffic Signal				POINT OF COLLISION			PEDESTRIAN ACTION			SOURCE OF CARRIER INFORMATION			
12 Exceeded Safe Speed Limit	19	Improper Load		01 On Road	1	2	3	01 Crossing Not at Intersection	07	Working In Road	1	2	3
13 Disregarded Stop Sign	20	Disregarded Other Traffic Control		02 Not On Road				02 Crossing at Mid-block Crosswalk					
14 Failed To Maintain Equip. / Vehicle	21	Driving Wrong Side / Way		03 Shoulder	01	05		03 Crossing at Intersection					
15 Improper Passing	22	Fleeing Police		04 Median				04 Walking Along Road With Traffic					
16 Drove Left of Center	23	Vehicle Modified		05 Turn Lane				05 Walking Along Road Against Traffic					
17 Exceeded Stated Speed Limit	24	Driver Distraction (Explain In Narrative)		WORK AREA			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION			
18 Obstructing Traffic	77	All Other (Explain In Narrative)		01 None	1	2	3	01 Interstate	07	Forest Road	01	Daylight	
				02 Nearby				02 U.S.	08	Private Roadway	02	Dusk	01
				03 Entered				03 State	77	All Other (Explain In Narrative)	03	Dawn	
								04 County			04	Dark (Street Light)	
								05 Local			05	Dark (No Street Light)	
								06 Turnpike / Toll			06	Unknown	
											07	Unknown	
											08	Unknown	
											09	Unknown	
											10	Unknown	
											11	Unknown	
											12	Unknown	
											13	Unknown	
											14	Unknown	
											15	Unknown	
											16	Unknown	
											17	Unknown	
											18	Unknown	
											19	Unknown	
											20	Unknown	
											21	Unknown	
											22	Unknown	
											23	Unknown	
											24	Unknown	
											25	Unknown	
											26	Unknown	
											27	Unknown	
											28	Unknown	
											29	Unknown	
											30	Unknown	
											31	Unknown	
											32	Unknown	
											33	Unknown	
											34	Unknown	
											35	Unknown	
											36	Unknown	
											37	Unknown	
											38	Unknown	
											39	Unknown	
											77	Unknown	

ROAD CONDITIONS AT TIME OF CRASH			VISION OBSTRUCTED			TRAFFIC CONTROL			SITE LOCATION			TRAFFICWAY CHARACTER		
01 No Defects			01 Vision Not Obscured			01 No Control			01 Not At Intersection / RR X-ing / Bridge			01 Straight - Level		
02 Obstruction With Warning			02 Inclement Weather			02 Special Speed Zone			02 At Intersection			02 Straight - Upgrade / Downgrade		
03 Obstruction Without Warning	01		03 Parked / Stopped Vehicle	01		03 Speed Control Sign		05	03 Influenced By Intersection	02		03 Curve - Level		01
04 Road Under Repair / Construction			04 Trees / Crops / Bushes			04 School Zone			04 Driveway Access			04 Curve - Upgrade / Downgrade		
05 Loose Surface Materials			05 Load On Vehicle			05 Traffic Signal			05 Railroad	11	Private Property	05 Curve - Upgrade / Downgrade		
06 Shoulders - Soft / Low / High			06 Building / Fixed Object			06 Stop Sign			06 Bridge	12	Toll Booth	06 Paved		
07 Holes / Ruts / Unsafe Paved Edge			07 Signs / Billboards			07 Yield Sign			07 Entrance Ramp	13	Public Bus Stop Zone	07 Unpaved		
08 Standing Water			08 Fog			08 Flashing Light			08 Exit Ramp	77	All Other (Explain In Narrative)	08 Curb		
09 Worn / Polished Road Surface			09 Smoke			09 Railroad Signal			09 Parking Lot - Public					
77 All Other (Explain In Narrative)			77 All Other (Explain In Narrative)			10 Officer / Guard / Flagperson			10 Parking Lot - Private					

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

FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 04 26 10	COUNTY / CITY CODE 12	INVEST. AGENCY REPORT NUMBER 10069373	HSMV CRASH REPORT NUMBER 90634645
--	---	-------------------------------	--------------------------	--	--------------------------------------

(NARRATIVE)

VEHICLE #2 WAS MAKING A LEFT HAND TURN ONTO CR 48 FROM THE NORTH BOUND TURN LANE. VEHICLE #2 HAD A GREEN ARROW AND RIGHT OF WAY. VEHICLE #1 WAS TRAVELING SOUTH ON HWY 27 AND ENTERED THE INTERSECTION WITHOUT YIELDING THE RIGHT OF WAY. VEHICLE #1 STRUCK VEHICLE #2 ON THE RIGHT REAR SIDE CAUSING APPROX \$500.00 IN DAMAGE TO VEHICLE #2. VEHICLE #1 THEN FLEW SOUTH ON HWY 27. VEHICLE #1 IS AT FAULT IN CRASH.

VEHICLE #1 DRIVER IS DESCRIBED AS A W/M WITH BROWN HAIR, APPROX 16 YOA.

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

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

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
------------------	-----------------	--------------	----------	------------------	-----------------	--------------	----------

FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	INJURED TAKEN TO:	BY - NAME
---------------------------	---	-------------------	-----------

WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES 2. NO	IF NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN 1. YES 2. NO	IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER		
				04 26 10				
INVESTIGATOR - RANK & SIGNATURE		ID/BADGE NUMBER	DEPARTMENT		FHP	SO	PD	OTHER
SGT. [Signature]		300	LCSO / SC4		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIAGRAM NOT TO SCALE



INDICATE NORTH
WITH ARROW

Hwy 27

CR 48

