

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"/> 3:34 PM <input checked="" type="checkbox"/> | | TIME OFFICER NOTIFIED 3:34 AM <input type="checkbox"/> 3:34 PM <input checked="" type="checkbox"/> | | TIME OFFICER ARRIVED 3:34 AM <input type="checkbox"/> 3:34 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 <input type="checkbox"/> | | CITY OR TOWN | | (Check if in City or Town) | | COUNTY LAKE | | | |
| Vehicle 1 | AT NODE NO. | | FEET or MILE(S) | | FROM NODE NO. | | NEXT NODE NO. | | NO. OF LANES 4 | | 1. DIVIDED <input type="checkbox"/> 2. UNDIVIDED <input checked="" type="checkbox"/> | |
| | AT THE INTERSECTION OF (street, road or highway) CR 48 | | FEET or MILE(S) | | FROM INTERSECTION OF (street, road or highway) Hwy 27 | | N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | | | | | |
| Vehicle 2 | DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input checked="" type="checkbox"/> 3. N/A <input type="checkbox"/> | | YEAR 08 | | MAKE Chevy | | TYPE 01 | | USE 01 | | VEH. LICENSE NUMBER 158 LK4 | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | | | |
| Vehicle 3 | VEHICLE TRAVELLING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | | ON Hwy 27 | | 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"/> | |
| | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Sentry Insurance Co | | | | POLICY NUMBER #9015539 | | VEHICLE REMOVED BY: Trace Contr | | | | EST. TRAILER DAMAGE 1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/> | |
| Vehicle 4 | NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/> | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 1. Tow Rotation List <input type="checkbox"/> 3. Driver <input checked="" type="checkbox"/> | |
| | NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 2. Tow Owner's Request <input type="checkbox"/> 4. Other <input type="checkbox"/> | |
| Vehicle 5 | 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 | | | | | |
| Vehicle 6 | DRIVER LICENSE NUMBER C530812709460 | | STATE FL | | DL TYPE 5 | | REQ. END. 3 | | ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None <input type="checkbox"/> 2 Breath 4 Refused <input type="checkbox"/> | | RESULTS 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| | HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/> | | PLACARDED <input type="checkbox"/> | | 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? <input type="checkbox"/> | | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE <input type="checkbox"/> | | DRIVER'S PHONE NO. (352) 302-9113 | |
| Vehicle 7 | DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input checked="" type="checkbox"/> 3. N/A <input type="checkbox"/> | | YEAR 08 | | MAKE Chevy | | TYPE 01 | | USE 01 | | VEH. LICENSE NUMBER 261WB58K181310013 | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | | | |
| Vehicle 8 | VEHICLE TRAVELLING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | | ON Hwy 27 | | 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"/> | |
| | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Sentry Insurance Co | | | | POLICY NUMBER #9015539 | | VEHICLE REMOVED BY: Trace Contr | | | | EST. TRAILER DAMAGE 1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/> | |
| Vehicle 9 | NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/> | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 1. Tow Rotation List <input type="checkbox"/> 3. Driver <input checked="" type="checkbox"/> | |
| | NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 2. Tow Owner's Request <input type="checkbox"/> 4. Other <input type="checkbox"/> | |
| Vehicle 10 | 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 | | | | | |
| Vehicle 11 | DRIVER LICENSE NUMBER C530812709460 | | STATE FL | | DL TYPE 5 | | REQ. END. 3 | | ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None <input type="checkbox"/> 2 Breath 4 Refused <input type="checkbox"/> | | RESULTS 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| | HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/> | | PLACARDED <input type="checkbox"/> | | 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? <input type="checkbox"/> | | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE <input type="checkbox"/> | | DRIVER'S PHONE NO. (352) 302-9113 | |
| Vehicle 12 | DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input checked="" type="checkbox"/> 3. N/A <input type="checkbox"/> | | YEAR 08 | | MAKE Chevy | | TYPE 01 | | USE 01 | | VEH. LICENSE NUMBER 261WB58K181310013 | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | | | |
| Vehicle 13 | VEHICLE TRAVELLING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | | ON Hwy 27 | | 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"/> | |
| | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Sentry Insurance Co | | | | POLICY NUMBER #9015539 | | VEHICLE REMOVED BY: Trace Contr | | | | EST. TRAILER DAMAGE 1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/> | |
| Vehicle 14 | NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/> | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 1. Tow Rotation List <input type="checkbox"/> 3. Driver <input checked="" type="checkbox"/> | |
| | NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 2. Tow Owner's Request <input type="checkbox"/> 4. Other <input type="checkbox"/> | |
| Vehicle 15 | 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 | | | | | |
| Vehicle 16 | DRIVER LICENSE NUMBER C530812709460 | | STATE FL | | DL TYPE 5 | | REQ. END. 3 | | ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None <input type="checkbox"/> 2 Breath 4 Refused <input type="checkbox"/> | | RESULTS 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| | HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/> | | PLACARDED <input type="checkbox"/> | | 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? <input type="checkbox"/> | | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE <input type="checkbox"/> | | DRIVER'S PHONE NO. (352) 302-9113 | |
| Vehicle 17 | DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input checked="" type="checkbox"/> 3. N/A <input type="checkbox"/> | | YEAR 08 | | MAKE Chevy | | TYPE 01 | | USE 01 | | VEH. LICENSE NUMBER 261WB58K181310013 | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | | | |
| Vehicle 18 | VEHICLE TRAVELLING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | | ON Hwy 27 | | 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"/> | |
| | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Sentry Insurance Co | | | | POLICY NUMBER #9015539 | | VEHICLE REMOVED BY: Trace Contr | | | | EST. TRAILER DAMAGE 1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/> | |
| Vehicle 19 | NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/> | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 1. Tow Rotation List <input type="checkbox"/> 3. Driver <input checked="" type="checkbox"/> | |
| | NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 2. Tow Owner's Request <input type="checkbox"/> 4. Other <input type="checkbox"/> | |
| Vehicle 20 | 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 | | | | | |
| Vehicle 21 | DRIVER LICENSE NUMBER C530812709460 | | STATE FL | | DL TYPE 5 | | REQ. END. 3 | | ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None <input type="checkbox"/> 2 Breath 4 Refused <input type="checkbox"/> | | RESULTS 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| | HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/> | | PLACARDED <input type="checkbox"/> | | 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? <input type="checkbox"/> | | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE <input type="checkbox"/> | | DRIVER'S PHONE NO. (352) 302-9113 | |
| Vehicle 22 | DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input checked="" type="checkbox"/> 3. N/A <input type="checkbox"/> | | YEAR 08 | | MAKE Chevy | | TYPE 01 | | USE 01 | | VEH. LICENSE NUMBER 261WB58K181310013 | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | | | |
| Vehicle 23 | VEHICLE TRAVELLING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | | ON Hwy 27 | | 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"/> | |
| | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Sentry Insurance Co | | | | POLICY NUMBER #9015539 | | VEHICLE REMOVED BY: Trace Contr | | | | EST. TRAILER DAMAGE 1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/> | |
| Vehicle 24 | NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/> | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 1. Tow Rotation List <input type="checkbox"/> 3. Driver <input checked="" type="checkbox"/> | |
| | NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 2. Tow Owner's Request <input type="checkbox"/> 4. Other <input type="checkbox"/> | |
| Vehicle 25 | 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 | | | | | |
| Vehicle 26 | DRIVER LICENSE NUMBER C530812709460 | | STATE FL | | DL TYPE 5 | | REQ. END. 3 | | ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None <input type="checkbox"/> 2 Breath 4 Refused <input type="checkbox"/> | | RESULTS 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| | HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/> | | PLACARDED <input type="checkbox"/> | | 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? <input type="checkbox"/> | | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE <input type="checkbox"/> | | DRIVER'S PHONE NO. (352) 302-9113 | |
| Vehicle 27 | DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input checked="" type="checkbox"/> 3. N/A <input type="checkbox"/> | | YEAR 08 | | MAKE Chevy | | TYPE 01 | | USE 01 | | VEH. LICENSE NUMBER 261WB58K181310013 | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | | | |
| Vehicle 28 | VEHICLE TRAVELLING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | | ON Hwy 27 | | 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"/> | |
| | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Sentry Insurance Co | | | | POLICY NUMBER #9015539 | | VEHICLE REMOVED BY: Trace Contr | | | | EST. TRAILER DAMAGE 1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/> | |
| Vehicle 29 | NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/> | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 1. Tow Rotation List <input type="checkbox"/> 3. Driver <input checked="" type="checkbox"/> | |
| | NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 2. Tow Owner's Request <input type="checkbox"/> 4. Other <input type="checkbox"/> | |
| Vehicle 30 | 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 | | | | | |
| Vehicle 31 | DRIVER LICENSE NUMBER C530812709460 | | STATE FL | | DL TYPE 5 | | REQ. END. 3 | | ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None <input type="checkbox"/> 2 Breath 4 Refused <input type="checkbox"/> | | RESULTS 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| | HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/> | | PLACARDED <input type="checkbox"/> | | 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? <input type="checkbox"/> | | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE <input type="checkbox"/> | | DRIVER'S PHONE NO. (352) 302-9113 | |
| Vehicle 32 | DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input checked="" type="checkbox"/> 3. N/A <input type="checkbox"/> | | YEAR 08 | | MAKE Chevy | | TYPE 01 | | USE 01 | | VEH. LICENSE NUMBER 261WB58K181310013 | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | | | |
| Vehicle 33 | VEHICLE TRAVELLING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | | ON Hwy 27 | | 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"/> | |
| | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Sentry Insurance Co | | | | POLICY NUMBER #9015539 | | VEHICLE REMOVED BY: Trace Contr | | | | EST. TRAILER DAMAGE 1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/> | |
| Vehicle 34 | NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/> | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 1. Tow Rotation List <input type="checkbox"/> 3. Driver <input checked="" type="checkbox"/> | |
| | NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 2. Tow Owner's Request <input type="checkbox"/> 4. Other <input type="checkbox"/> | |
| Vehicle 35 | 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 | | | | | |
| Vehicle 36 | DRIVER LICENSE NUMBER C530812709460 | | STATE FL | | DL TYPE 5 | | REQ. END. 3 | | ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None <input type="checkbox"/> 2 Breath 4 Refused <input type="checkbox"/> | | RESULTS 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| | HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/> | | PLACARDED <input type="checkbox"/> | | 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? <input type="checkbox"/> | | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE <input type="checkbox"/> | | DRIVER'S PHONE NO. (352) 302-9113 | |
| Vehicle 37 | DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input checked="" type="checkbox"/> 3. N/A <input type="checkbox"/> | | YEAR 08 | | MAKE Chevy | | TYPE 01 | | USE 01 | | VEH. LICENSE NUMBER 261WB58K181310013 | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | | | |
| Vehicle 38 | VEHICLE TRAVELLING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | | ON Hwy 27 | | 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"/> | |
| | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Sentry Insurance Co | | | | POLICY NUMBER #9015539 | | VEHICLE REMOVED BY: Trace Contr | | | | EST. TRAILER DAMAGE 1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/> | |
| Vehicle 39 | NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/> | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 1. Tow Rotation List <input type="checkbox"/> 3. Driver <input checked="" type="checkbox"/> | |
| | NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | 2. Tow Owner's Request <input type="checkbox"/> 4. Other <input type="checkbox"/> | |
| Vehicle 40 | 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 | | | | | |
| Vehicle 41 | DRIVER LICENSE NUMBER C530812709460 | | STATE FL | | DL TYPE 5 | | REQ. END. 3 | | ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None <input type="checkbox"/> 2 Breath 4 Refused <input type="checkbox"/> | | RESULTS 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| | HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/> | | PLACARDED <input type="checkbox"/> | | 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? <input type="checkbox"/> | | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE <input type="checkbox"/> | | DRIVER'S PHONE NO. (352) 302-9113 | |
| Vehicle 42 | DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input checked="" type="checkbox"/> 3. N/A <input type="checkbox"/> | | YEAR 08 | | MAKE Chevy | | TYPE 01 | | USE 01 | | VEH. LICENSE NUMBER 261WB58K181310013 | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | | | |

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

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|--|---|---------------------------|--------------------------|--|--------------------------------------|
| 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 |
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(NARRATIVE)

VEHICLE #2 WAS MAKING A LEFT HAND TURN ONTO CR48 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. |
|------|-------|------------------|-----------------|--------------|----------|---------------|------|-----|-----|-----|-----------|--------|
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| 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 |
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| | | | | | | |
|---|--------------------|---|------------------------|----------------------------|--|--|
| WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO <input checked="" type="checkbox"/> | IF NO, THEN WHERE? | IS INVESTIGATION COMPLETE? 1. YES 2. NO <input checked="" type="checkbox"/> | IF NO, THEN WHY? | DATE OF REPORT 04/26/10 | PHOTOS TAKEN 1. YES 2. NO <input checked="" type="checkbox"/> | IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER <input type="checkbox"/> |
| INVESTIGATOR - RANK & SIGNATURE SGT. [Signature] | | ID/BADGE NUMBER 300 | DEPARTMENT LC50/SC4 | | FHP <input type="checkbox"/> SO <input checked="" type="checkbox"/> PD <input type="checkbox"/> OTHER <input type="checkbox"/> | |

DIAGRAM NOT TO SCALE



INDICATE NORTH
WITH ARROW

Hwy 27

CR 48

V-2

V-2

