

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 1

TOTAL # OF PERSON SECTION(S) 2

TOTAL # OF NARRATIVE SECTION(S) 1

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

CRASH DATE <u>9-11-2012</u>		TIME OF CRASH <u>6:53 AM</u>		DATE OF REPORT <u>9-11-2012</u>		REPORTING AGENCY CASE NUMBER <u>1209-0582</u>		HSMV CRASH REPORT NUMBER <u>1011 7955</u>	
CRASH IDENTIFIERS									
COUNTY CODE <u>12</u>	CITY CODE <u>66</u>	COUNTY OF CRASH <u>LALE</u>		PLACE OR CITY OF CRASH <u>TAVARES</u>		CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED <u>6:54 AM</u>	TIME DISPATCHED <u>6:55 AM</u>	
TIME ON SCENE <u>6:56 AM</u>		TIME CLEARED SCENE <u>7:58 AM</u>		CHECK IF COMPLETED <input checked="" 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 <u>SR 19</u>						AT STREET ADDRESS # <u>21</u>	AT LATITUDE <u>24</u>	AND LONGITUDE	
FEET	MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <u>LAKESHORE BLVD</u>			OR FROM MILEPOST # <u>44</u>		
Road System Identifier		Type of Shoulder		Type of Intersection		Manner of Collision/Impact			
<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"/> 77 Other, Explain in Narrative		<input type="checkbox"/> 1 Paved <input type="checkbox"/> 2 Unpaved <input type="checkbox"/> 3 Curb		<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	
CRASH INFORMATION (CHECK IF PICTURE TAKEN)									
Light Condition		Weather Condition		Roadway Surface Condition		School Bus Related		Manner of Collision/Impact	
<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 <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain		<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 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 4 Ice/Frost	
<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 No <input type="checkbox"/> 2 Yes, School Bus Directly Involved <input type="checkbox"/> 3 Yes, School Bus Indirectly Involved		<input type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle		<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			
First Harmful Event		Non-Collision		Collision Non-Fixed Object		Collision with Fixed Object		First Harmful Event Location	
<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 Motorcycle <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		<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.)		<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	
First Harmful Event Relation to Junction		Contributing Circumstances: Road		Contributing Circumstances: Environment		Work Zone Related		Crash in Work Zone	
<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		<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		<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Weather Conditions <input type="checkbox"/> 3 Physical Obstruction(s) <input type="checkbox"/> 4 Glare	
Work Zone Related		Type of Work Zone		Workers in Work Zone		Law Enforcement in Work Zone			
<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<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		<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		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle Only Present	
WITNESSES									
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NON VEHICLE PROPERTY DAMAGE									
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME	(Check if Business)	ADDRESS	CITY & STATE	ZIP CODE	
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME	(Check if Business)	ADDRESS	CITY & STATE	ZIP CODE	

VEHICLE # 1		Check if Commercial		REPORTING AGENCY CASE NUMBER 1209-0582		HSMV CRASH REPORT NUMBER 1011 7455			
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER 877 NMD	STATE FL	REGISTRATION EXPIRES 12-29-2012	Check if Permanent Registration	VIN 154G-25854TC 302198			
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 1996	MAKE JEEP	MODEL	STYLE JT	COLOR MAROON	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	EST. AMOUNT 3,000	
INSURANCE COMPANY Progressive			INSURANCE POLICY NUMBER 44052358		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY DAVIS & LAMAR		1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative	
NAME OF VEHICLE OWNER (Check if Business)			CURRENT ADDRESS 345 PAUL AVE			CITY & STATE CINCINNATI IN		ZIP CODE 34736	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
VEHICLE TRAVELING		N S E W Off-Road Unknown		ON STREET, ROAD, HIGHWAY SR 19			AT EST. SPEED 40	POSTED SPEED 35	TOTAL LANES 4
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	
MOTOR CARRIER NAME		US DOT NUMBER		CITY & STATE		ZIP CODE		PHONE NUMBER	
Vehicle Body Type 16		Trafficway 3		Commercial Motor Vehicle Configuration		Trailer Type		Cargo Body Type	
Comm/Non-Commercial		Non-Collision		Collision with Non-Fixed Object		Collision Fixed Object		Emergency Vehicle Use	
Most Harmful Event		Sequence of Events		Vehicle Maneuver Action		Traffic Control Device For This Vehicle		Vehicle Defects	
Roadway Grade		Roadway Alignment		Special Function of Motor Vehicle		VIOLATIONS			
PERSON # 1		NAME OF VIOLATOR PERRO GOMAZZ		FL STATUTE NUMBER 322.03(5)		CHARGE EXPIRED DL (>6 mos)		CITATION NUMBER 0922-6MR	
PERSON #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER	
PERSON #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER	

PERSON # 1		REPORTING AGENCY CASE NUMBER 1209-0582		HSMV CRASH REPORT NUMBER 10117455	
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # 1	NAME PRIMO GOMEZ		PHONE NUMBER 978-2712
CURRENT ADDRESS (Number and Street) 1447 HOWARD ST			CITY & STATE GROWLAND FL		ZIP CODE 34736
DATE OF BIRTH 7-16-68	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER 6520-610-68-090-0	STATE FL	EXPIRES 10-3-2011	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
DL Type 5		Required Endorsements 3		Driver's Actions at Time of Crash	
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		1 Yes 2 No 3 No Req. Endorsement		1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Improper Turning 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	
Driver Distracted By 1		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	
Driver Vision Obstructions 1		1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	
Motor Vehicle Seating Position:		LOCATION: SEAT ROW OTHER (LOC)		Driver or Passenger	
Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown		1 1 2 1 3 1		Helmet Use (HU) 3 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
Safety Equipment		Non-Motorist Location At Time of Crash		Eye Protection (EP) 3	
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 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 Yes 2 No 3 Not Applicable	
Non-Motorist Description		Non-Motorist Actions/Circumstances		Air Bag Deployed (ABD) 2	
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 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) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	
Non-Motorist Location At Time of Crash		Action Prior to Crash		Restraint Systems (RS) 3	
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		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		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	
ALCOHOL/DRUG/EMS					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	
SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown		ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown		BAC	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
MEDICAL FACILITY TRANSPORTED TO		ADDITIONAL PASSENGERS		PERSON # VEHICLE # NAME	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		2 1 FILIPAZ GOMEZ	
CURRENT ADDRESS (Number and Street) 1512 CAMDEN ST		CITY & STATE GROWLAND FL		ZIP CODE 34736	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
MEDICAL FACILITY TRANSPORTED TO		PERSON # VEHICLE # NAME		DATE OF BIRTH	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		5-1-1978	
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	

PERSON # 3		REPORTING AGENCY CASE NUMBER 1209-0582		HSMV CRASH REPORT NUMBER 1011 7955																			
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # 2	NAME TYLON AMMERMAN		PHONE NUMBER																		
CURRENT ADDRESS (Number and Street) 383 WINDMILL PL			CITY & STATE TAMPA FL		ZIP CODE 32278																		
DATE OF BIRTH 12-9-1997	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																		
DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None						Required Endorsements 1 Yes 2 No 3 No Req. Endorsement						Driver's Actions at Time of Crash 1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane 2nd 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 14 Improper Passing 15 Exceeded Posted Speed 16 Wrong Side of Wrong Way 17 Failed to Keep in Proper Lane 3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 32 Other Contributing Action 4th						Condition At Time of Crash 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 8 Other, Explain in Narrative 9 Unknown					
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes						Driver Vision Obstructions 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog						Driver Vision Obstructions 9 Smoke 10 Glare 11 All Other, Explain in Narrative						DRIVER OR PASSENGER: Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet Eye Protection (EP) 1 Yes 2 No 3 Not Applicable Restraint Systems (RS) 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 11 Other, Explain in Narrative					
Motor Vehicle Seating Position: Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown Other 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						LOCATION: SEAT ROW OTHER (LOC) SEAT ROW OTHER 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 1046 1047 1048 1049 1050 1051 1052 1053 1054 1055 1056 1057 1058 1059 1060 1061 1062 1063 1064 1065 1066 1067 1068 1069 1070 1071 1072 1073 1074 1075 1076 1077 1078 1079 1080 1081 1082 1083 1084 1085 1086 1087 1088 1089 1090 1091 1092 1093 1094 1095 1096 1097 1098 1099 1100 1101 1102 1103 1104 1105 1106 1107 1108 1109 1110 1111 1112 1113 1114 1115 1116 1117 1118 1119 1120 1121 1122 1123 1124 1125 1126 1127 1128 1129 1130 1131 1132 1133 1134 1135 1136 1137 1138 1139 1140 1141 1142 1143 1144 1145 1146 1147 1148 1149 1150 1151 1152 1153 1154 1155 1156 1157 1158 1159 1160 1161 1162 1163 1164 1165 1166 1167 1168 1169 1170 1171 1172 1173 1174 1175 1176 1177 1178 1179 1180 1181 1182 1183 1184 1185 1186 1187 1188 1189 1190 1191 1192 1193 1194 1195 1196 1197 1198 1199 1200 1201 1202 1203 1204 1205 1206 1207 1208 1209 1210 1211 1212 1213 1214 1215 1216 1217 1218 1219 1220 1221 1222 1223 1224 1225 1226 1227 1228 1229 1230 1231 1232 1233 1234 1235 1236 1237 1238 1239 1240 1241 1242 1243 1244 1245 1246 1247 1248 1249 1250 1251 1252 1253 1254 1255 1256 1257 1258 1259 1260 1261 1262 1263 1264 1265 1266 1267 1268 1269 1270 1271 1272 1273 1274 1275 1276 1277 1278 1279 1280 1281 1282 1283 1284 1285 1286 1287 1288 1289 1290 1291 1292 1293 1294 1295 1296 1297 1298 1299 1300 1301 1302 1303 1304 1305 1306 1307 1308 1309 1310 1311 1312 1313 1314 1315 1316 1317 1318 1319 1320 1321 1322 1323 1324 1325 1326 1327 1328 1329 1330 1331 1332 1333 1334 1335 1336 1337 1338 1339 1340 1341 1342 1343 1344 1345 1346 1347 1348 1349 1350 1351 1352 1353 1354 1355 1356 1357 1358 1359 1360 1361 1362 1363 1364 1365 1366 1367 1368 1369 1370 1371 1372 1373 1374 1375 1376 1377 1378 1379 1380 1381 1382 1383 1384 1385 1386 1387 1388 1389 1390 1391 1392 1393 1394 1395 1396 1397 1398 1399 1400 1401 1402 1403 1404 1405 1406 1407 1408 1409 1410 1411 1412 1413 1414 1415 1416 1417 1418 1419 1420 1421 1422 1423 1424 1425 1426 1427 1428 1429 1430 1431 1432 1433 1434 1435 1436 1437 1438 1439 1440 1441 1442 1443 1444 1445 1446 1447 1448 1449 1450 1451 1452 1453 1454 1455 1456 1457 1458 1459 1460 1461 1462 1463 1464 1465 1466 1467 1468 1469 1470 1471 1472 1473 1474 1475 1476 1477 1478 1479 1480 1481 1482 1483 1484 1485 1486 1487 1488 1489 1490 1491 1492 1493 1494 1495 1496 1497 1498 1499 1500 1501 1502 1503 1504 1505 1506 1507 1508 1509 1510 1511 1512 1513 1514 1515 1516 1517 1518 1519 1520 1521 1522 1523 1524 1525 1526 1527 1528 1529 1530 1531 1532 1533 1534 1535 1536 1537 1538 1539 1540 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1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 22																	

VEHICLE # <input type="text"/>		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER		
1 Vehicle in Transport <input type="checkbox"/> 2 Parked Motor Vehicle <input type="checkbox"/> 3 Working Vehicle <input type="checkbox"/>		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	
Hit and Run 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling <input type="checkbox"/> 2 Functional <input type="checkbox"/> 3 None <input type="checkbox"/> 4 Minor <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	EST. AMOUNT
INSURANCE COMPANY			INSURANCE POLICY NUMBER		Towed due to Damage: 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/>	VEHICLE REMOVED BY		
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	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	
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 <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		HAZ. MAT. PLACARD 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		HAZ. MAT. NUMBER		HAZ. MAT. CLASS		
MOTOR CARRIER NAME				US DOT NUMBER				
MOTOR CARRIER ADDRESS				CITY & STATE		ZIP CODE	PHONE NUMBER	

Vehicle Body Type <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		Trafficway <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		Commercial Motor Vehicle Configuration <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 Truck	
Comm/Non-Commercial <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		Trailer Type <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		Cargo Body Type <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"/> 8 Tractor/Triples <input type="checkbox"/> 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify <input type="checkbox"/> 10 Bus/Large Van (seats for 9-15 occupants, including driver) <input type="checkbox"/> 11 Bus (seats for more than 15 occupants, including driver) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	
Most Harmful Event <input type="checkbox"/> 1 Overtake/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		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		Collision 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		Emergency Vehicle Use <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	
Sequence of Events 1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> 4th <input type="text"/>		Collision with 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 or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> 18 Other Non-Fixed Object		Vehicle Maneuver Action <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		Traffic Control Device For This Vehicle <input type="checkbox"/> 1 No Controls <input type="checkbox"/> 4 School Zone Sign/Device <input type="checkbox"/> 5 Traffic Control Signal <input type="checkbox"/> 6 Stop Sign <input type="checkbox"/> 7 Yield Sign	
Roadway Grade <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)		Roadway Alignment <input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left		Vehicle Defects <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"/> 17 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	
Special Function of Motor Vehicle <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

NARRATIVE

REPORTING AGENCY CASE NUMBER

1209-0582

HSMV CRASH REPORT NUMBER

1011 7955

V1 WAS TRAVELING NORTHBOUND ON SR 19 IN THE RIGHT HAND LANE. P3 WAS CROSSING SR 19 ON A BICYCLE IN THE CROSSWALK ON THE NORTH SIDE OF THE INTERSECTION. P3 WAS CROSSING FROM WEST TO EAST. THE CRASH OCCURRED WHEN V1 STRUCK P3 IN THE CROSSWALK. P3 WAS THROWN ONTO THE HOOD OF V1 AND STRUCK THE WINDSHIELD. THE DRIVER OF V1 STATED HE WAS TRAVELING AT APPROXIMATELY 40 MPH AND HAD A GREEN LIGHT. HE WAS UNABLE TO STOP WHEN STRUCK BY P3, THERE WERE NO VISIBLE SKID MARKS ON THE ROADWAY FROM V1. IT WAS STILL DARK AT THE TIME OF THE CRASH AND P3'S BICYCLE DID NOT HAVE A LIGHT ON IT. THERE WERE NO WITNESSES TO THE CRASH. P3 WAS TRANSPORTED TO DAMEL. THE DRIVER OF V1 WAS LITED FOR HIS EXPOSED DRIVER'S LICENSE.

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

1 Not Transported
2 EMS 3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

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

1 Not Transported
2 EMS 3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER

RANK & NAME

21

CPL GROGAN

DEPARTMENT

TAVARES POLICE

FHP

SO

PD

OTHER

☐

☐

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DIAGRAM

10117955 ↑
N

NOT TO SCALE

