

# FLORIDA TRAFFIC CRASH REPORT LONG FORM

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

DO NOT WRITE IN THIS SPACE

G6286-A

DATE OF CRASH 11/03/01	TIME OF CRASH 11:20 AM <input checked="" type="checkbox"/> PM	TIME OFFICER NOTIFIED 11:26 AM <input checked="" type="checkbox"/> PM	TIME OFFICER ARRIVED 11:47 AM <input checked="" type="checkbox"/> PM	INVEST AGENCY REPORT NUMBER A1-28-03352-12	HSMV CRASH REPORT NUMBER 60705213
COUNTY / CITY CODE 12-00	FEET or MILES 3 <input type="checkbox"/> <input checked="" type="checkbox"/> of	N S E W <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		CITY OR TOWN Eustis	COUNTY Lake
AT NODE NO. or FEET or MILES	FROM NODE NO.	NO. OF LANES 2	1. DIVIDED <input type="checkbox"/> 2. UNDIVIDED <input checked="" type="checkbox"/>		
AT THE INTERSECTION OF			FROM INTERSECTION OF		
County Road 44A			Estes Road		

DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input checked="" type="checkbox"/>	YEAR 91	MAKE Pont	TYPE D1 D1	USE D1 D1	VEH. LICENSE NUMBER U27IBZ	STATE FL	VEHICLE IDENTIFICATION NUMBER 1G2JC14K4M7627556	SHOW FIRST POINT OF CONTACT AND CIRCLE DAMAGED AREA(S) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE				

VEHICLE TRAVELLING ON AT N S E W <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	County Road 44A	Est MPH 60-65	Posted Speed 55	EST. VEHICLE DAMAGE \$2000.00	1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/>	EST. TRAILER DAMAGE	18. Undercarriage <input type="checkbox"/> 19. Overturn <input type="checkbox"/> 20. Windshield <input type="checkbox"/> 21. Fire <input type="checkbox"/> 22. Trailer <input type="checkbox"/>
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MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) PROGRESSIVE EXPRESS	POLICY NUMBER 21609291	VEHICLE REMOVED BY: Hurleys Towing	1. Tow Rotation List <input type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/>	3. Driver <input type="checkbox"/> 4. Other <input checked="" type="checkbox"/>
NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/>	CURRENT ADDRESS (Number and Street) Valeria A. Burns 96 Country Gardens Drive	CITY AND STATE Eustis FL	ZIP CODE 32726	

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN Patricia Mae Keindath	CURRENT ADDRESS (Number and Street) 2706D Delton Street	CITY & STATE / ZIP CODE Madison Heights MI 48071	DATE OF BIRTH 03-16-59
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DRIVER LICENSE NUMBER K53D-676-572-199	STATE MI	DL TYPE 5	REQ. END 3	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS 1 <input checked="" type="checkbox"/> UNK	ALC/DRUG 6	PHYS DEF. 1	RES. 3	RACE 1	SEX 2	INJ 4	S. EQUIP. 2	EJECT. 1
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HAZARDOUS MATERIALS BEING TRANSPORTED 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>	PLACARDED <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>	RECOMMEND DRIVER RE-EXAM <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>	If Yes, Explain in Narrative	DRIVER'S PHONE NO.
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DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input checked="" type="checkbox"/>	YEAR 95	MAKE CHEV	TYPE D3 D1	USE D7 BEE	VEH. LICENSE NUMBER FLGCCS144158116533	STATE FL	VEHICLE IDENTIFICATION NUMBER 1G2JC14K4M7627556	SHOW FIRST POINT OF CONTACT AND CIRCLE DAMAGED AREA(S) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22
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VEHICLE TRAVELLING ON AT N S E W <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	County Road 44A	Est MPH 50-55	Posted Speed 55	EST. VEHICLE DAMAGE \$8000.00	1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/>	EST. TRAILER DAMAGE	18. Undercarriage <input type="checkbox"/> 19. Overturn <input type="checkbox"/> 20. Windshield <input type="checkbox"/> 21. Fire <input type="checkbox"/> 22. Trailer <input type="checkbox"/>
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MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Nationwide	POLICY NUMBER 77N 898 786	VEHICLE REMOVED BY: Hurleys Towing	1. Tow Rotation List <input type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/>	3. Driver <input type="checkbox"/> 4. Other <input checked="" type="checkbox"/>
NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input checked="" type="checkbox"/>	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN Linda Johns Koozer	CURRENT ADDRESS (Number and Street) 36419 GROSSY Hill Lane	CITY & STATE / ZIP CODE Eustis FL 32736	DATE OF BIRTH 02-03-48
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DRIVER LICENSE NUMBER K26D-53D-48-543D	STATE FL	DL TYPE 1	REQ. END 3	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS 5 N/A	ALC/DRUG 1	PHYS DEF. 1	RES. 1	RACE 1	SEX 2	INJ 4	S. EQUIP. 2	EJECT. 4
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HAZARDOUS MATERIALS BEING TRANSPORTED 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>	PLACARDED <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>	RECOMMEND DRIVER RE-EXAM <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>	If Yes, Explain in Narrative	DRIVER'S PHONE NO.
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VEHICLE TYPE 01 Automobile 02 Passenger Van 03 Pickup/Light Truck - 2 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Boat)	VEHICLE USE 01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 77 Other	TRAILER TYPE 01 Single Semi Trailer 02 Tandem Semi Trailer (s) 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 77 Other	RESIDENCE (Driver Only) 1 County of Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown DL TYPE 1 A 2 B 3 C RACE 1 White 2 Black 3 Hispanic 4 Other	PHYSICAL DEFECTS 1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	ALCOHOL / DRUG USE 1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALC/DRUG Test Results SAFETY EQUIPMENT IN USE 1 Not In Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 In-Use 5 Safety Helmet 6 Eye Protection	LOCATION IN VEHICLE 1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger EJECTED 1 No 2 Yes 3 Partial
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SECTION #	NAME OF VIOLATOR (S)	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

01 No Detects	02 Collision With Annual	03 Collision With Annual	04 Collision With Annual	05 Collision With Annual	06 Collision With Annual	07 Collision With Annual	08 Collision With Annual	09 Collision With Annual	10 Collision With Annual	11 Collision With Annual	12 Collision With Annual	13 Collision With Annual	14 Collision With Annual	15 Collision With Annual	16 Collision With Annual	17 Collision With Annual	18 Collision With Annual	19 Collision With Annual	20 Collision With Annual	21 Collision With Annual	22 Collision With Annual	23 Collision With Annual	24 Collision With Annual	25 Collision With Annual	26 Collision With Annual	27 Collision With Annual	28 Collision With Annual	29 Collision With Annual	30 Collision With Annual	31 Collision With Annual	32 Collision With Annual	33 Collision With Annual	34 Collision With Annual	35 Collision With Annual	36 Collision With Annual	37 Collision With Annual	38 Collision With Annual	39 Collision With Annual	40 Collision With Annual	41 Collision With Annual	42 Collision With Annual	43 Collision With Annual	44 Collision With Annual	45 Collision With Annual	46 Collision With Annual	47 Collision With Annual	48 Collision With Annual	49 Collision With Annual	50 Collision With Annual
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ROAD CONDITIONS AT TIME OF CRASH		ENVIRONMENT		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER	
01 No Detects	02 Collision With Annual	03 Collision With Annual	04 Collision With Annual	05 Collision With Annual	06 Collision With Annual	07 Collision With Annual	08 Collision With Annual	09 Collision With Annual	10 Collision With Annual

FIRST / SUBSEQUENT HARMFUL EVENTS		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01 No Improper Driving / Action	02 Carless Driving	03 Failed to Yield Right-of-Way	04 Improper Lane Change	05 Improper Turn	06 Alcohol - Under Influence	07 Alcohol - Under Influence	08 Drugs - Under Influence

PROPERTY DAMAGED - OTHER THAN VEHICLES	PROPERTY DAMAGED - OTHER THAN VEHICLES
1. Amount	2. Amount

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		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 VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY		1. Tow Removal List 3. Driver 2. Tow Owner's Request 4. Other	
VEHICLE TRAVELLING		AT		EST MPH		EST. VEHICLE DAMAGE	
TRAILER OR TOWED VEHICLE		TRAILER TYPE		INFORMATION		ACTION 2. M & R 3. N/A	
DRIVER 1. Phantom		YEAR		MAKE		TYPE	
VEH. LICENSE NUMBER		STATE		VEHICLE IDENTIFICATION NUMBER		SLOW FAST	

G-6286-A