

- LAW ENFORCEMENT SHORT FORM REPORT
- DRIVER REPORT OF TRAFFIC CRASH
- DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER								
	COUNTY / CITY CODE	FEET or MILE(S)	N S E W	CITY OR TOWN	(Check if in City or Town) COUNTY									
	AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED		ON STREET, ROAD OR HIGHWAY							
Vehicle	YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER								
	Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other		
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)											POLICY NUMBER		
Pedestrian	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 DRIVER (Take From Driver License) / PEDESTRIAN											CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
	DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH						
NAME OF PASSENGER											CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
Vehicle	YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER								
	Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other		
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)											POLICY NUMBER		
Pedestrian	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 DRIVER (Take From Driver License) / PEDESTRIAN											CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
	DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH						
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	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN											CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
	DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH						
NAME OF PASSENGER											CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
Violator(s)	SECTION #	NAME OF VIOLATOR			FL STATUTE NUMBER	CHARGE	CITATION NUMBER							
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	SECTION #	NAME OF VIOLATOR			FL STATUTE NUMBER	CHARGE	CITATION NUMBER							
#	PROPERTY DAMAGED - OTHER THAN VEHICLES				EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP				
WITNESS NAME (1)				CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)				CURRENT ADDRESS	CITY & STATE	ZIP CODE	
INVESTIGATOR - RANK & SIGNATURE					ID/BADGE NUMBER	DEPARTMENT	FHP	SO	PD	OTHER				

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01 No Improper Driving / Action	<input type="checkbox"/>	01 No Defects	<input type="checkbox"/>	01 Straight Ahead	<input type="checkbox"/>	1 None	<input type="checkbox"/>
02 Careless Driving (Explain in Narrative)	<input type="checkbox"/>	02 Def. Brakes	<input type="checkbox"/>	02 Slowing / Stopped / Stalled	<input type="checkbox"/>	2 Farm	<input type="checkbox"/>
03 Failed To Yield Right - of - Way	<input type="checkbox"/>	03 Worn / Smooth Tires	<input type="checkbox"/>	03 Making Left Turn	<input type="checkbox"/>	3 Police Pursuit	<input type="checkbox"/>
04 Improper Backing	<input type="checkbox"/>	04 Defective / Improper Lights	<input type="checkbox"/>	04 Backing	<input type="checkbox"/>	4 Recreational	<input type="checkbox"/>
05 Improper Lane Change	<input type="checkbox"/>	05 Puncture / Blowout	<input type="checkbox"/>	05 Making Right Turn	<input type="checkbox"/>	5 Emergency Operation	<input type="checkbox"/>
06 Improper Turn	<input type="checkbox"/>	06 Steering Mech.	<input type="checkbox"/>	06 Changing Lanes	<input type="checkbox"/>	6 Construction / Maintenance	<input type="checkbox"/>
07 Alcohol - Under Influence	<input type="checkbox"/>	07 Windshield Wipers	<input type="checkbox"/>	07 Entering / Leaving / Parking Space	<input type="checkbox"/>	SOURCE OF CARRIER INFORMATION	
08 Drugs - Under Influence	<input type="checkbox"/>	08 Equipment / Vehicle Defect	<input type="checkbox"/>	08 Property Parked	<input type="checkbox"/>	1 Not Applicable	<input type="checkbox"/>
09 Alcohol & Drugs - Under influence	<input type="checkbox"/>	77 All Other (Explain in Narrative)	<input type="checkbox"/>	09 Improperly Parked	<input type="checkbox"/>	2 Shipping Papers	<input type="checkbox"/>
10 Followed Too Closely	<input type="checkbox"/>	POINT OF COLLISION		10 Making U-Turn	<input type="checkbox"/>	3 Vehicle Side	<input type="checkbox"/>
11 Disregarded Traffic Signal	<input type="checkbox"/>	01 On Road	<input type="checkbox"/>	PEDESTRIAN ACTION		4 Driver	<input type="checkbox"/>
12 Exceeded Safe Speed Limit	<input type="checkbox"/>	02 Not On Road	<input type="checkbox"/>	01 Crossing Not at Intersection	<input type="checkbox"/>	5 Other	<input type="checkbox"/>
13 Disregarded Stop Sign	<input type="checkbox"/>	03 Shoulder	<input type="checkbox"/>	02 Crossing at Mid-block Crosswalk	<input type="checkbox"/>	LOCATION TYPE	
14 Failed To Maintain Equip. / Vehicle	<input type="checkbox"/>	04 Median	<input type="checkbox"/>	03 Crossing at Intersection	<input type="checkbox"/>	1 Primarily Business	<input type="checkbox"/>
15 Improper Passing	<input type="checkbox"/>	05 Turn Lane	<input type="checkbox"/>	04 Walking Along Road With Traffic In Road	<input type="checkbox"/>	2 Primarily Residential	<input type="checkbox"/>
16 Drove Left of Center	<input type="checkbox"/>	WORK AREA		05 Walking Along Road Against Traffic	<input type="checkbox"/>	3 Open Country	<input type="checkbox"/>
17 Exceeded Stated Speed Limit	<input type="checkbox"/>	01 None	<input type="checkbox"/>	06 Working on Vehicle In Road	<input type="checkbox"/>		
18 Obstructing Traffic	<input type="checkbox"/>	02 Nearby	<input type="checkbox"/>	07 Working In Road	<input type="checkbox"/>		
		03 Entered	<input type="checkbox"/>	08 Standing/Playing In Road	<input type="checkbox"/>		
		04 Other	<input type="checkbox"/>	09 Standing in Pedestrian Island	<input type="checkbox"/>		
				77 All Other (Explain in Narrative)	<input type="checkbox"/>		
				88 Unknown	<input type="checkbox"/>		

FIRST / SUBSEQUENT HARMFUL EVENT(S)		ROAD SYSTEM IDENTIFIER		LIGHTING CONDITION	
01 Collision With MV in Transport (Rear End)	<input type="checkbox"/>	01 Interstate	<input type="checkbox"/>	01 Daylight	<input type="checkbox"/>
02 Collision With MV in Transport (Head On)	<input type="checkbox"/>	02 U.S.	<input type="checkbox"/>	02 Dusk	<input type="checkbox"/>
03 Collision With MV in Transport (Angle)	<input type="checkbox"/>	03 State	<input type="checkbox"/>	03 Dawn	<input type="checkbox"/>
04 Collision With MV in Transport (Left Turn)	<input type="checkbox"/>	04 County	<input type="checkbox"/>	04 Dark (Street Light)	<input type="checkbox"/>
05 Collision With MV in Transport (Right Turn)	<input type="checkbox"/>	05 Local	<input type="checkbox"/>	05 Dark (No Street Light)	<input type="checkbox"/>
06 Collision With MV in Transport (Sideswipe)	<input type="checkbox"/>	06 Turnpike / Toll	<input type="checkbox"/>	68 Unknown	<input type="checkbox"/>
07 Collision With MV in Transport (Backed Into)	<input type="checkbox"/>	ROAD SURFACE CONDITION		ROAD SURFACE TYPE	
08 Collision With Parked Car	<input type="checkbox"/>	01 Dry	<input type="checkbox"/>	01 Straight - Level	<input type="checkbox"/>
09 Collision With MV on Roadway	<input type="checkbox"/>	02 Wet	<input type="checkbox"/>	02 Straight - Upgrade / Downgrade	<input type="checkbox"/>
10 Collision With Pedestrian	<input type="checkbox"/>	03 Slippery	<input type="checkbox"/>	03 Curve - Level	<input type="checkbox"/>
11 Collision With Bicycle	<input type="checkbox"/>	04 Icy	<input type="checkbox"/>	04 Curve - Upgrade / Downgrade	<input type="checkbox"/>
12 Collision With Bicycle (Bike Lane)	<input type="checkbox"/>	77 All Other (Explain in Narrative)	<input type="checkbox"/>	TYPE SHOULDER	
13 Collision With Moped	<input type="checkbox"/>	01 Clear	<input type="checkbox"/>	01 Paved	<input type="checkbox"/>
14 Collision With Train	<input type="checkbox"/>	02 Cloudy	<input type="checkbox"/>	02 Unpaved	<input type="checkbox"/>
		03 Rain	<input type="checkbox"/>	03 Curb	<input type="checkbox"/>
		04 Fog	<input type="checkbox"/>		
		77 All Other (Explain in Narrative)	<input type="checkbox"/>		

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