

## FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE

TOTAL # OF VEHICLE SECTION(S) \_\_\_\_\_

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

TOTAL # OF PERSON SECTION(S) \_\_\_\_\_

TOTAL # OF NARRATIVE SECTION(S) \_\_\_\_\_

CRASH DATE		TIME OF CRASH		DATE OF REPORT		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER		
<b>CRASH IDENTIFIERS</b>										
COUNTY CODE	CITY CODE	COUNTY OF CRASH			PLACE OR CITY OF CRASH			CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED	TIME DISPATCHED
TIME ON SCENE		TIME CLEARED SCENE		CHECK IF COMPLETED <input type="checkbox"/>	REASON (If Investigation NOT Complete)				Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input type="checkbox"/>	
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>										
CRASH OCCURRED ON STREET, ROAD, HIGHWAY					AT STREET ADDRESS # <b>1</b>	AT LATITUDE	AND	LONGITUDE		
FEET	MILES	N	S	E	W	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>3</b>			OR FROM MILEPOST # <b>4</b>	
<b>Road System Identifier</b>			<b>Type of Shoulder</b>			<b>Type of Intersection</b>				
<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"/> 7 Forest Road <input type="checkbox"/> 8 Private Roadway <input type="checkbox"/> 9 Parking Lot <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				
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/></b>										
<b>Light Condition</b>		<b>Weather Condition</b>		<b>Roadway Surface Condition</b>		<b>School Bus Related</b>		<b>Manner of Collision/Impact</b>		
<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 Lighting <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		
<b>First Harmful Event</b>		<b>Non-Collision</b>		<b>Collision Non-Fixed Object</b>		<b>Collision with Fixed Object</b>		<b>First Harmful Event Location</b>		
<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<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 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 <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		
<b>First Harmful Event Relation to Junction</b>			<b>Contributing Circumstances: Road</b>			<b>Contributing Circumstances: Environment</b>				
<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 <input type="checkbox"/> 5 Animal(s) in Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown				
<b>Work Zone Related</b>		<b>Crash in Work Zone</b>		<b>Type of Work Zone</b>		<b>Workers in Work Zone</b>		<b>Law Enforcement in Work Zone</b>		
<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"/> 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		

This page contains basic information about the accident. This includes:

- The date, time, and location of the crash.
- Information about road conditions, light conditions, weather, work zones, and other factors.
- Information about harmful events that contributed to the accident.
- The names and contact information for any witnesses.
- Any damage to non-vehicle property.

ADDRESS		CITY & STATE		ZIP CODE	
ADDRESS		CITY & STATE		ZIP CODE	
ADDRESS		CITY & STATE		ZIP CODE	
LE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
LE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE



**DIAGRAM**

REPORTING AGENCY CASE NUMBER

HSMV CRASH REPORT NUMBER

This page contains a diagram of the accident scene. This visual representation helps to illustrate the positions of vehicles, pedestrians, and objects involved in the crash before, during, and after the collision.

This page focuses on the vehicles involved and the factors contributing to the crash. This includes information about:

- The make, model, owner, and license plate number of the vehicles.
- Any commercial vehicles that were involved.
- Insurance coverage.
- The sequence of events leading to the accident.
- Any vehicle defects that may have contributed to the crash.
- Traffic citations for violations committed by anyone involved.

<b>VEHICLE #</b> <input type="text"/>		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b>		<b>HSMV CRASH REPORT NUMBER</b>	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN
Hit and Run <input type="checkbox"/>	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Functional 3 None	EST. AMOUNT
INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes		VEHICLE REMOVED BY		1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative	
CURRENT ADDRESS				CITY & STATE		ZIP CODE	
REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR	MAKE	LENGTH	AXLES
REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR	MAKE	LENGTH	AXLES
ON STREET, ROAD, HIGHWAY				AT EST. SPEED	POSTED SPEED	TOTAL LANES	
HAZ. MAT. NUMBER	HAZ. MAT. CLASS		Area of Initial Impact		Most Damaged Area		
US DOT NUMBER		CITY & STATE		ZIP CODE		PHONE NUMBER	
<b>Trafficway</b> 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double		<b>Trailer Type</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer 8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown			
<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> 1 No Cargo 2 Bus		<b>Cargo Body Type</b> 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log 13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown			
<b>Most Harmful Event</b> 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision		<b>Non-Collision</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		<b>Collision with Non-Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		<b>Collision Fixed Object</b> 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)	
<b>Sequence of Events</b> 1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> 4th <input type="text"/>		<b>Vehicle Maneuver Action</b> 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		<b>Traffic Control Device For This Vehicle</b> 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		<b>Emergency Vehicle Use</b> 1 No 2 Yes 88 Unknown	
<b>Roadway Grade</b> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> 1 Straight 2 Curve Right 3 Curve Left		<b>Vehicle Defects</b> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown			
<b>Special Function of Motor Vehicle</b> 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown					
<b>VIOLATIONS</b>							
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			

<b>PERSON #</b> <input type="text"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
1 Driver 2 Non-Motorist 3 Passenger	<input type="checkbox"/>	VEHICLE #	NAME	PHONE NUMBER	Check if Recommend Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street)			CITY & STATE		ZIP CODE
DRIVER	STATE	EXPIRES	INJURY SEVERITY (INJ)		
			1 None 2 Possible 3 Non-incapacitating	4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	<input type="checkbox"/>
<b>DRIVER</b>					
<b>Driver's Actions at Time of Crash</b>					
1st <input type="checkbox"/>	1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 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	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	3rd <input type="checkbox"/>	<b>Condition At Time of Crash</b>	
2nd <input type="checkbox"/>			4th <input type="checkbox"/>	1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown	
<b>DRIVER OR PASSENGER</b>					
Smoke Glare All Other, Explain Narrative		<b>Helmet Use (HU)</b>	<b>Eye Protection (EP)</b>	<b>Restraint Systems (RS)</b>	
<input type="checkbox"/>		1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	1 Yes 2 No 3 Not Applicable	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	
ROW OTHER		<b>Air Bag Deployed (ABD)</b>			
<input type="checkbox"/>		1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	
<b>NON-MOTORIST</b>					
<b>Non-Motorist Description</b>		<b>Non-Motorist Location At Time of Crash</b>		<b>Action Prior to Crash</b>	
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 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 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	
<b>Safety Equipment</b>		<b>Non-Motorist Actions/Circumstances</b>			
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		1st <input type="checkbox"/> 2nd <input type="checkbox"/> 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.)		10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown	
<b>ALCOHOL/DRUG/EMS</b>					
SUSPECTED ALCOHOL USE:	ALCOHOL TESTED:	ALCOHOL TEST TYPE:	ALCOHOL TEST RESULT:	BAC	SUSPECTED DRUG USE:
1 No 2 Yes 88 Unknown	1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	1 Pending 2 Completed 88 Unknown		1 No 2 Yes 88 Unknown
					DRUG TESTED:
					1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested
					DRUG TEST TYPE:
					1 Blood 3 Urine 77 Other, Explain in Narrative
					DRUG TEST RESULT:
					1 Positive 2 Negative 3 Pending 88 Unknown
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 88 Unknown					
<b>ADDITIONAL PASSENGERS</b>					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX
CURRENT ADDRESS (Number and Street)			CITY & STATE		ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		MEDICAL FACILITY TRANSPORTED TO	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX
CURRENT ADDRESS (Number and Street)			CITY & STATE		ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		MEDICAL FACILITY TRANSPORTED TO	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					

**This page will include information about:**

- The people involved in the crash (including name, contact information, and driver's license number).
- Driver actions at the time of the crash.
- The use of safety devices (such as seatbelts and air bags).
- Non-motorists who were involved in the accident.
- Alcohol or drug use by any of the drivers.
- Whether anyone was transferred to a medical facility.
- Additional passengers.