

- 1. LAW ENFORCEMENT SHORT FORM REPORT
- 2. DRIVER REPORT OF TRAFFIC CRASH
- 3. DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH		TIME OF CRASH <input type="checkbox"/> AM <input type="checkbox"/> PM		TIME OFFICER NOTIFIED <input type="checkbox"/> AM <input type="checkbox"/> PM		TIME OFFICER ARRIVED <input type="checkbox"/> AM <input type="checkbox"/> PM		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER 01023944				
	COUNTY / CITY CODE			CITY OR TOWN						COUNTY					
	AT NODE NO. 1 <input type="checkbox"/> 2 <input type="checkbox"/>			FROM NODE NO.		NEXT NODE NO. ON		NO. OF LANES		1 <input type="checkbox"/> DIVIDED 2 <input type="checkbox"/> UNDIVIDED					
	OR FEET / MILES			ROAD		OF INTERSECTION OF			OF INTERSECTION OF						
Section 1	YEAR		MAKE		TYPE (car, truck, bicycle, etc.)		VEHICLE LICENSE TAG NO.		STATE		YEAR		VEHICLE IDENTIFICATION NUMBER		
	Check Areas of Vehicle Damage		Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NO.	
	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)						ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE		
	DRIVER (Exactly as on Driver's License) / PEDESTRIAN						ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE		
	DRIVER'S LICENSE NUMBER						STATE		LIC. TYPE		DATE OF BIRTH Mo. Day Year		RACE SEX EST. AMOUNT OF DAMAGE		
	DRIVER / PEDESTRIAN HOME PHONE (Area Code)				DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)				VEHICLE REMOVED BY:				1. Tow Station List 2. Tow Owner's Request 3. Driver 4. Other <input type="checkbox"/>		
	PASSENGER'S NAME						ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE AGE		
	YEAR		MAKE		TYPE (car, truck, bicycle, etc.)		VEHICLE LICENSE TAG NO.		STATE		YEAR		VEHICLE IDENTIFICATION NUMBER		
	Check Areas of Vehicle Damage		Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NO.	
	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)						ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE		
DRIVER (Exactly as on Driver's License) / PEDESTRIAN						ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE			
DRIVER'S LICENSE NUMBER						STATE		LIC. TYPE		DATE OF BIRTH Mo. Day Year		RACE SEX EST. AMOUNT OF DAMAGE			
DRIVER / PEDESTRIAN HOME PHONE (Area Code)				DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)				VEHICLE REMOVED BY:				1. Tow Station List 2. Tow Owner's Request 3. Driver 4. Other <input type="checkbox"/>			
PASSENGER'S NAME						ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE AGE			
YEAR		MAKE		TYPE (car, truck, bicycle, etc.)		VEHICLE LICENSE TAG NO.		STATE		YEAR		VEHICLE IDENTIFICATION NUMBER			
Check Areas of Vehicle Damage		Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NO.		
OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)						ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE			
DRIVER (Exactly as on Driver's License) / PEDESTRIAN						ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE			
DRIVER'S LICENSE NUMBER						STATE		LIC. TYPE		DATE OF BIRTH Mo. Day Year		RACE SEX EST. AMOUNT OF DAMAGE			
DRIVER / PEDESTRIAN HOME PHONE (Area Code)				DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)				VEHICLE REMOVED BY:				1. Tow Station List 2. Tow Owner's Request 3. Driver 4. Other <input type="checkbox"/>			
PASSENGER'S NAME						ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE AGE			
YEAR		MAKE		TYPE (car, truck, bicycle, etc.)		VEHICLE LICENSE TAG NO.		STATE		YEAR		VEHICLE IDENTIFICATION NUMBER			
Check Areas of Vehicle Damage		Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NO.		
OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)						ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE			
DRIVER (Exactly as on Driver's License) / PEDESTRIAN						ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE			
DRIVER'S LICENSE NUMBER						STATE		LIC. TYPE		DATE OF BIRTH Mo. Day Year		RACE SEX EST. AMOUNT OF DAMAGE			
DRIVER / PEDESTRIAN HOME PHONE (Area Code)				DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)				VEHICLE REMOVED BY:				1. Tow Station List 2. Tow Owner's Request 3. Driver 4. Other <input type="checkbox"/>			
PASSENGER'S NAME						ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE AGE			
VIOLATOR	FL STATUTE NUMBER	NAME		CHARGE		CITATION #									
PROPERTY DAMAGED - Other than vehicles		EST. AMOUNT OF DAMAGE		OWNER - Name		ADDRESS - Number and Street			City / State / Zip						
WITNESSES other than PASSENGERS		NAME		ADDRESS - Name and Street			City / State / Zip								
RANK AND SIGNATURE OF RESPONDING / INVESTIGATING OFFICER				I.D. / BADGE NO.		DEPARTMENT		1 <input type="checkbox"/> FHP 3 <input type="checkbox"/> CPD 2 <input type="checkbox"/> SO 4 <input type="checkbox"/> OTHER							

Section 316.066(1), Florida Statutes, requires that "the driver of a vehicle which is in any manner involved in an accident resulting in bodily injury to or death of any person or damage to any vehicle or other property in an apparent amount of at least \$500 shall, within 10 days after the accident, forward a written report of such accident to the Department. However, when the investigating officer has made a written report of the accident...no written report need be forwarded to the Department by the driver."

IF YOU WERE TOLD TO COMPLETE AND FORWARD THIS REPORT TO THE DEPARTMENT, PLEASE REFER TO THE FOLLOWING INSTRUCTIONS AND EXAMPLE PRIOR TO DOING SO.

PLEASE: • *Print clearly and fill in all areas.*

EXAMPLE:

Section 1	Time & Location		DATE OF CRASH 01/01/85		TIME OF CRASH 11:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		TIME OFFICER NOTIFIED <input type="checkbox"/> AM <input type="checkbox"/> PM		TIME OFFICER ARRIVED <input type="checkbox"/> AM <input type="checkbox"/> PM		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER		
	COUNTY / CITY CODE				CITY OR TOWN Feet or Miles <input type="checkbox"/> of <u>St. Petersburg</u>								COUNTY <u>Pinellas</u>		
	AT NODE NO. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				FROM NODE NO.		NEXT NODE NO. ON		NO. OF LANES		1 <input type="checkbox"/> DIVIDED		ON STREET, ROAD OR HIGHWAY		
	OR FEET / MILES				ROAD				2 <input type="checkbox"/> UNDIVIDED		<u>2nd Street South</u>				
AT INTERSECTION OF				1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		OF INTERSECTION OF							
<u>U.S. 19</u>				OR FEET / MILES											
Vehicle	YEAR		MAKE		TYPE (car, truck, bicycle, etc.)		VEHICLE LICENSE TAG NO.		STATE		YEAR		VEHICLE IDENTIFICATION NUMBER		
	<u>80</u>		<u>FORD</u>		<u>Car</u>		<u>ABC - 123</u>		<u>FL</u>		<u>85</u>				
	Check Areas of Vehicle Damage		Front		R / Front		L / Front		R / Side		L / Side		Rear		
OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)				ADDRESS (Number and Street)				CITY AND STATE				ZIP CODE			
<u>JOHN DOE</u>				<u>1111 FIRST STREET NORTH</u>				<u>ST. PETERSBURG, FL</u>				<u>33731</u>			
DRIVER (Exactly as on Driver's License) / PEDESTRIAN				ADDRESS (Number and Street)				CITY AND STATE				ZIP CODE			
<u>BILL DOE</u>				<u>SAME AS OWNER</u>											
DRIVER'S LICENSE NUMBER				STATE		LIC. TYPE		DATE OF BIRTH		RACE		SEX		EST. AMOUNT OF DAMAGE	
<u>D 56134546000</u>				<u>FL</u>				<u>01/01/70</u>		<u>W</u>		<u>M</u>		<u>\$ 500.00</u>	
DRIVER / PEDESTRIAN				DRIVER / PEDESTRIAN BUSINESS ()				VEHICLE REMOVED BY:				1. Tow Roaston List <input type="checkbox"/>			
HOME PHONE (Area Code)				PHONE (Area Code)								2. Tow Owner's Request <input type="checkbox"/>			
PASSENGER'S NAME				ADDRESS (Number and Street)				CITY AND STATE				ZIP CODE		AGE	

WITNESSES other than PASSENGERS	NAME		ADDRESS - Name and Street				City / State / Zip								
	<u>JOHN SMITH</u>		<u>100 8th AVE. SOUTH</u>				<u>ST. PETERSBURG, FL 33731</u>								
		<u>BILL SMITH</u>		<u>100 8th AVE. SOUTH</u>				<u>ST. PETERSBURG, FL 33731</u>							
RANK AND SIGNATURE OF RESPONDING / INVESTIGATING OFFICER				I.D. / BADGE NO.		DEPARTMENT		1 <input type="checkbox"/> FHP		3 <input checked="" type="checkbox"/> CPD		2 <input type="checkbox"/> SO		4 <input type="checkbox"/> OTHER	
<u>CPL. MIKE JONES</u>				<u>4001</u>		<u>ST. PETERSBURG</u>									

- *Keep a copy of this report for your records and for insurance purposes.*
- *Sign the report.*
- *Mail this report to:* **Department of Highway Safety & Motor Vehicles
Traffic Crash Records
Tallahassee, Florida 32399**

Signature of Driver Making Report: _____