

**INSTRUCTIONS FOR COMPLETING THE  
FLORIDA UNIFORM TRAFFIC CRASH REPORT  
FORMS**

**JANUARY 2002**



**STATE OF FLORIDA  
Department of Highway Safety and Motor Vehicles  
Neil Kirkman Building  
Tallahassee, Florida 32399-0500**

## Information About the Florida Traffic Crash Report Forms

The Florida Traffic Crash Report, HSMV-90003, is used by law enforcement officers to report traffic crashes to the Department of Highway Safety and Motor Vehicles. This form is more commonly referred to as the "long form report."

Florida law (s.316.066, [3][a], F.S.) requires an officer who investigates a motor vehicle crash to complete and forward a written report to the department if the crash involves death or personal injury, leaving the scene involving damage to attended vehicles or property (s. 316.061, [1], F.S.), or driving while under the influence of alcoholic beverages, chemical substances, or controlled substances or driving with an unlawful blood alcohol level (s. 316.193, F.S.). The long form may or may not be used to report motor vehicle crashes that require a wrecker to remove one or more vehicles from the scene of the crash because of disabling damage.

The long form report **will always be used** with the Florida Traffic Crash Narrative / Diagram Report, HSMV-90005. In some cases, the long form report will be used with the Florida Traffic Crash Report Update / Continuation Report, HSMV-90004. This generally occurs if four or more vehicles or pedestrians (continuation report) are involved in the same traffic crash or if the original long form needs to be changed (update report) in some way by the officer who investigated the traffic crash.

The Law Enforcement Short Form Report / Driver Report of Traffic Crash / Driver Exchange of Information, HSMV-90006, is used as a short form report by an officer to report other types of traffic crashes to the department, as a driver report if the driver is required to file a written report to the department, or as a driver exchange of information form. If form HSMV-90006 is used as a short form the officer who investigates the traffic crash is only required to fill in the shaded areas. However, law enforcement agencies can require their officers to fill in additional short form data fields or complete the report.

The Commercial Vehicle Supplement Crash Report, HSMV-90007, is obsolete and no longer in use. The appropriate data fields on form HSMV-90007 have been transferred to the long form report.

The Florida Traffic Crash Reports display a list of values for certain data fields that pertain to vehicles, drivers, pedestrians, passengers, and the scene of the traffic crash. The investigating officer is required to select and enter a value in the appropriate data field. Some data fields are constructed to accept more than one value if warranted. The values needed to complete the vehicle or pedestrian sections on forms HSMV-90003 (long form) and HSMV-90004 (update/continuation), and passenger information on form HSMV-90005 (narrative/diagram) are located on the long form at the bottom of page one. The values needed to complete the events section of these forms are displayed next to the data fields on the back of form HSMV-90003 and form HSMV-90004. The remaining data fields are completed based on the information requested at the top of each category.

Florida Traffic Crash Report  
Long Form  
HSMV-90003

# FLORIDA TRAFFIC CRASH REPORT LONG FORM

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

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 4 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
	AT THE INTERSECTION OF (street, road or highway)	FEET	MILE(S)	N S E W	FROM INTERSECTION OF (street, road or highway)	

Section 1 Vehicle Pedestrian	DRIVER ACTION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer					
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE					SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)					
	VEHICLE TRAVELLING	ON	AT	Est MPH	Posted Speed	EST VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST TRAILER DAMAGE						
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NUMBER		VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request	3. Driver 4. Other						
	NAME OF VEHICLE OWNER (Check Box if Same As Driver)			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 MOTOR CARRIER (Commercial Vehicle Only)			CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS						
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN			CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH						
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND			WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE EXAM. IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO					

Section 2 Vehicle Pedestrian	DRIVER ACTION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer					
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE					SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)					
	VEHICLE TRAVELLING	ON	AT	Est MPH	Posted Speed	EST VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST TRAILER DAMAGE						
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NUMBER		VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request	3. Driver 4. Other						
	NAME OF VEHICLE OWNER (Check Box if Same As Driver)			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 MOTOR CARRIER (Commercial Vehicle Only)			CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS						
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN			CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH						
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	WAS HAZARDOUS MATERIAL BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND			WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE EXAM. IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					

Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped.)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
	01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 County of Crash	1 No Defects Known	1 Not Drinking or Using Drugs	1 Front Left
02 Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center	
03 Light Truck / P.U. - 2 or 4 rear tires	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident Out of State	3 Fatigue / Asleep	3 Drugs - Under Influence	3 Front Right	
04 Medium Truck - 4 rear tires	04 Public Transportation	04 Saddle Mount / Flatbed	4 Foreign	4 Hearing Defect	4 Alcohol & Drugs - Under Influence	4 Rear Left	
05 Heavy Truck - 2 or more rear axles	05 Public School Bus	05 Boat Trailer	5 Unknown	5 Illness	5 Had Been Drinking	5 Rear Center	
06 Truck Tractor (Cab-Boat)	06 Private School Bus	06 Utility Trailer	DL TYPE	6 Seizure, Epilepsy, Blackout	6 Pending ALC/DRUG Test Results	6 Rear Right	
07 Motor Home (RV)	07 Ambulance	07 House Trailer	1 A 2 B 3 C	7 Other Physical Defect		7 In Body Of Truck	
08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer	4 D/ Chauffeur			8 Bus Passenger	
09 Bus (driver + seats for over 15)	09 Fire / Rescue	09 Towed Vehicle	5 E/ Operator			9 Other	
10 Bicycle	10 Military	10 Auto Transport	6 F/ Oper.-Rest.			EJECTED	
11 Motorcycle	11 Other Government	77 Other	7 None			1 No	
12 Moped	12 Dump		REQUIRED ENDORSEMENTS			2 Yes	
13 All Terrain Vehicle	13 Concrete Mixer		1 Yes			1 Partial	
14 Train	14 Garbage or Refuse		2 No				
15 Low Speed Vehicle	15 Cargo Van		3 No Endorsement Required				
77 Other	77 Other						

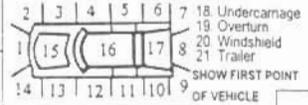
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER							
TRAILER OR TOWED VEHICLE INFORMATION								18 Undercarriage 19 Overturn 20 Windshield 21 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)						
VEHICLE TRAVELLING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON AT		Est MPH	Posted Speed	EST VEHICLE DAMAGE 1. Disabling 2. Functional 3. No Damage		EST TRAILER DAMAGE						
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY		1. Tow Rotation List 2. Tow Owner's Request						
NAME OF VEHICLE OWNER (Check Box If Same As Driver)			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 MOTOR CARRIER (Commercial Vehicle Only)				CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS						
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN				CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH						
DRIVER LICENSE NUMBER		STATE	DL TYPE	REC END	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS DEF	RES.	RACE	SEX	INJ	S EQUIP	EJECT
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED 1 Yes 2 No	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND			WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No	RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO					
#1 PROPERTY DAMAGED - OTHER THAN VEHICLES				EST AMOUNT	OWNER'S NAME		ADDRESS		CITY	STATE	ZIP			
#2 PROPERTY DAMAGED - OTHER THAN VEHICLES				EST AMOUNT	OWNER'S NAME		ADDRESS		CITY	STATE	ZIP			
<b>CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN</b>			<b>VEHICLE DEFECT</b>			<b>VEHICLE MOVEMENT</b>			<b>VEHICLE SPECIAL FUNCTIONS</b>					
01 No improper Driving / Action 02 Careless Driving (Explain in Narrative) 03 Failed To Yield Right - of - Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol - Under Influence 08 Drugs - Under Influence 09 Alcohol & Drugs - Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded State Speed Limit 13 Disregarded Stop Sign 14 Failed To Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic			01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative)			01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering / Leaving / Parking Space 08 Property Parked 09 Improperly Parked 10 Making U-Turn			1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance					
19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distraction (Explain in Narrative) 77 All Other (Explain in Narrative)			<b>POINT OF COLLISION</b> 01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane			11 Passing 12 Driverless or Runaway Vehicle 77 All Other (Explain in Narrative)			<b>SOURCE OF CARRIER INFORMATION</b> 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other					
<b>WORK AREA</b> 01 None 02 Nearby 03 Entered			<b>PEDESTRIAN ACTION</b> 01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road			07 Working In Road 08 Standing/Playing In Road 09 Standing in Pedestrian Island 77 All Other (Explain in Narrative) 38 Unknown			<b>LOCATION TYPE</b> 1 Primarily Business 2 Primarily Residential 3 Open Country					
<b>FIRST / SUBSEQUENT HARMFUL EVENT(S)</b>			<b>ROAD SYSTEM IDENTIFIER</b>			<b>LIGHTING CONDITION</b>								
01 Collision With MV in Transport (Rear End) 02 Collision With MV in Transport (Head On) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Sideswipe) 07 Collision With MV in Transport (Backed Into) 08 Collision With Parked Car 09 Collision With MV on Roadway 10 Collision With Pedestrian 11 Collision With Bicycle 12 Collision With Bicycle (Bike Lane) 13 Collision With Moped 14 Collision With Tram			15 Collision With Animal 16 MV Hit Sign / Sign Post 17 MV Hit Utility Pole / Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge/Pier/Abutment/Rail 22 MV Hit Tree / Shrubbery 23 Collision With Construction Barricade Sign 24 Collision With Traffic Gate 25 Collision With Crash Attenuators 26 Collision With Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision With Moveable Object On Road			29 MV Ran into Ditch/Culvert 30 Ran Off Road Into Water 31 Overtaken 32 Occupant Fell From Vehicle 33 Tractor/Trailer Jackknifed 34 Fire 35 Explosion 36 Downhill Runaway 37 Cargo Loss or Shift 38 Separation of Units 39 Median Crossover 77 All Other (Explain in Narrative)			01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike / Toll			07 Forest Road 08 Private Roadway 77 All Other (Explain in Narrative)		
<b>ROAD CONDITIONS AT TIME OF CRASH</b>			<b>VISION OBSTRUCTED</b>			<b>TRAFFIC CONTROL</b>			<b>SITE LOCATION</b>					
01 No Defects 02 Obstruction With Warning 03 Obstruction Without Warning 04 Road Under Repair / Construction 05 Loose Surface Materials 06 Shoulders - Soft / Low / High 07 Holes / Ruts / Unsafe Paved Edge 08 Standing Water 09 Worn / Polished Road Surface 77 All Other (Explain in Narrative)			01 Vision Not Obscured 02 Inclement Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load On Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 10 Glare			01 No Control 02 Special Speed Zone 03 Speed Control Sign 04 School Zone 05 Traffic Signal 06 Stop Sign 07 Yield Sign 08 Flashing Light 09 Railroad Signal 10 Officer / Guard / Flagperson			01 Not At Intersection / RR Crossing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private			01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown		
<b>TRAFFICWAY CHARACTER</b>			<b>TYPE SHOULDER</b>			<b>ROAD SURFACE CONDITION</b>			<b>WEATHER</b>					
01 Straight - Level 02 Straight - Upgrade / Downgrade 03 Curve - Level 04 Curve - Upgrade / Downgrade			01 Paved 02 Unpaved 03 Curb			01 Dry 02 Wet 03 Slippery 04 Icy 77 All Other (Explain in Narrative)			01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain in Narrative)					
<b>ROAD SURFACE CONDITION</b>			<b>WEATHER</b>			<b>ROAD SURFACE TYPE</b>			<b>ROAD SURFACE CONDITION</b>					
01 Slag/Gravel/Stone 02 Blacktop 03 Brck/Block 04 Concrete 05 Dirt 77 All Other (Explain in Narrative)			01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain in Narrative)			01 Slag/Gravel/Stone 02 Blacktop 03 Brck/Block 04 Concrete 05 Dirt 77 All Other (Explain in Narrative)			01 Slag/Gravel/Stone 02 Blacktop 03 Brck/Block 04 Concrete 05 Dirt 77 All Other (Explain in Narrative)					
<b>VIOLATOR(S)</b>			<b>VIOLATOR(S)</b>			<b>VIOLATOR(S)</b>			<b>VIOLATOR(S)</b>					
SECTION # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER			SECTION # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER			SECTION # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER			SECTION # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER					

Figure 1-2

# Time and Location Information

(Form Number HSMV-90003)

## DATE OF CRASH

DATE OF CRASH		
01	10	02

Enter the date of the traffic crash in month, day, and year order in the following manner:

- > Display the month by using the numbers 01 through 12.
- > Display the day by using the numbers 01 through 31.
- > Display the appropriate year as required.

## TIME OF CRASH

TIME OF CRASH		
10:10	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM

Enter the time of day or the approximate time of day the traffic crash occurred

- > Place an X or a check mark in the AM or PM box.
- \* Midnight is considered AM and noontime is considered PM.

NOTE: Use the 12 hour clock system to identify the time of the crash. Do not use the 24 hour clock system (aka military time).

## TIME OFFICER NOTIFIED

TIME OFFICER NOTIFIED		
10:15	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM

Enter the time of day you were notified of the traffic crash.

- > Place an X or a check mark in the AM or PM box.
- \* Midnight is considered AM and noontime is considered PM.

NOTE: Use the 12 hour clock system to identify the time you were notified of the traffic crash. Do not use the 24 hour clock system (aka military time).

## TIME OFFICER ARRIVED

TIME OFFICER ARRIVED		
10:25	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM

Enter the time of day you arrived at the scene of the traffic crash.

- > Place an X or a check mark in the AM or PM box.
- \* Midnight is considered AM and noontime is considered PM.

NOTE: Use the 12 hour clock system to identify the time you arrived at the scene of the traffic crash. Do not use the 24 hour clock system (aka military time).

## Time and Location Information

(Form Number HSMV-90003)

### INVESTIGATING AGENCY REPORT NUMBER

INVEST. AGENCY REPORT NUMBER 01-011234567-01
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This space is used to identify the investigating law enforcement agency's report or file number.

- > Enter the report or file number assigned by the agency.
- > Enter the same investigating agency report or file number on the Florida Traffic Crash Report, Narrative/Diagram, HSMV-90005.
- > Enter the same investigating agency report or file number on the Florida Traffic Crash Report, Update/Continuation Report, HSMV-90004.

### HSMV CRASH REPORT NUMBER

HSMV CRASH REPORT NUMBER 1 2 3 4 5 6 7 8
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This space is used to identify the eight digit pre-printed crash report number. A pre-printed crash report number appears on each Florida Traffic Crash Report, Long Form, HSMV-90003.

- > Enter the same pre-printed crash report number on the Florida Traffic Crash Report, Narrative/Diagram, HSMV-90005.
- > Enter the same pre-printed crash report number on the Update/Continuation Report (HSMV-90004).

### COUNTY / CITY CODE

COUNTY / CITY CODE 13 / 51
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This space is used to identify the county and city (aka place) codes. Please refer to appendix 1 for the correct codes.

- > Enter the county and city code as required.
- > Enter 00 for the city code if the traffic crash occurred outside the corporate limits of the city or in an unincorporated area.

### CITY OR TOWN

FEET	or	MILE(S)	N	S	E	W	CITY OR TOWN	(Check if in City or Town)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tallahassee	<input checked="" type="checkbox"/>
FEET	or	MILE(S)	N	S	E	W	CITY OR TOWN	(Check if in City or Town)
		10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tallahassee	<input type="checkbox"/>

Example A

Example B

This space is used to identify the city or town where the traffic crash occurred or the nearest city or town to the traffic crash scene.

# Time and Location Information

(Form Number HSMV-90003)

## CITY OR TOWN (Continued)

- > Enter the complete name of the city or town where the traffic crash occurred if it happened within the legal boundaries of a city or town (Example A), and place an X in the box titled "Check if in City or Town."
- > If the traffic crash occurred outside the legal boundaries of a city or town, enter the distance in feet or miles to the nearest city or town, the complete name of the nearest city or town, and place an X in the box that best describes the direction of travel from the nearest city or town (Example B).

## COUNTY

COUNTY Leon
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This space is used to identify the county where the traffic crash occurred.

- > Enter the **complete name** of the county

## NODE NUMBERS

AT NODE NO. 00000	or	FEET	or	MILE(S)	FROM NODE NO.	NEXT NODE NO. 00001
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Example A

AT NODE NO.	or	FEET	or	MILE(S) 5	FROM NODE NO. 00001	NEXT NODE NO. 00005
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Example B

This space is used to identify relative node numbers (crash reference location numbers) in the vicinity of the traffic crash. Node numbers are used as a point of reference for counting the frequency of traffic crashes at the same location. The numbers are assigned by the Florida Department of Transportation (state roads) and county and municipal traffic engineers (county and city roads) in support of an active traffic crash location system.

- > Enter the node number(s) in the spaces provided. If a traffic crash occurred at a location (intersection, bridge, etc.) where a node number has been assigned display the number in the "At Node Number" space and enter the next closest node number on the same road in the "Next Node No." space (Example A).
- > If a traffic crash occurred at a location where a node number has not been assigned, enter the node number closest to the crash location in the space titled "From Node No.", and enter the distance in feet or miles from that node number to the crash location. Identify the next closest node number on the same roadway that is located on the opposite side of the crash scene, and enter it in the space titled "Next Node No." (Example B).

## NUMBER OF LANES

NO. OF LANES 4
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This space is used to identify the number of clearly marked lanes on the roadway(s) of a street, road or highway.

- > Enter the total number of lanes on the street, road or highway where the traffic crash occurred. (Do not include turn lanes or safety zones.). If impact occurred at an intersection between vehicles travelling on different streets, roads or highways, place the number of lanes of the street, road or highway with the highest class of trafficway in

# Time and Location Information

(Form Number HSMV-90003)

## NUMBER OF LANES (Continued)

the space provided. The highest class of trafficway can be determined by referring to page 2 of the Florida Traffic Crash Report, Form Number HSMV-90003, under the category "Road System Identifier."

## DIVIDED-UNDIVIDED

1	1. DIVIDED
	2. UNDIVIDED

This space is used to identify if a street, road or highway is classified as divided or undivided. Section 316.090,(1), Florida Statutes, identifies a divided street, road or highway as "any highway that has been divided into two or more roadways by an intervening space or by a physical barrier or clearly indicated dividing section so constructed as to impede vehicular traffic . . . ."

> Enter the number 1 or 2 in the space provided.

## ON STREET, ROAD OR HIGHWAY

ON STREET, ROAD OR HIGHWAY U.S.90 (SR 9 or Tennessee Street)
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This space is used to identify the name of the street, road or highway where the traffic crash occurred.

- > Enter the name of the street, road or highway in the space provided. List the highest class of trafficway first. Refer to page 2 of the Florida Traffic Crash Report, Form Number HSMV-90003, under the category "Road System Identifier" to determine the class of trafficway. List the next highest classification, local names or alias in parentheses.
- > If the traffic crash occurred in a parking lot, enter the name of the parking lot.
- > If the traffic crash occurred on private property, enter "private property" and the address.

## AT THE INTERSECTION OF

AT THE INTERSECTION OF (street, road or highway) U.S. 319	or
--	----

Example A.

## FROM INTERSECTION OF

FEET	MILE(S)	N	S	E	W	FROM INTERSECTION OF (street, road or highway)
	1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U.S. 319

Example B

This space is used to identify if the traffic crash occurred within the boundaries of an intersection or close to an intersection. An intersection crash is any traffic crash where the first harmful event occurs within the limits of the intersection. A general description of an intersection is "the lateral boundary lines of the roadways of two highways which join one another at, or approximately at, right angles. . . ." (s. 316.003 [17], [a], Florida Statutes).

#### AT THE INTERSECTION OF (Continued)

- > If the traffic crash occurred within an intersection, enter the name of the street, road or highway that intersects with the previously identified street, road or highway (Example A).
- > If the traffic crash occurred outside the boundaries of an intersection, enter the name of the nearest street, road or highway, the distance in feet or miles, and the direction from the nearest street, road or highway (Example B). List the highest class of trafficway. Refer to page 2 of the Florida Traffic Crash Report, Form Number HSMV-90003, under the category "Road System Identifier" to determine the class of trafficway

## Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

Sections 1, 2, and 3 are designed to identify vehicle, owner, driver, and pedestrian information. The following instructions for entering data also apply to the vehicle or pedestrian sections on the Florida Traffic Crash Report, Update / Continuation, HSMV-90004, when it is used as a continuation report to identify more than 3 vehicles or pedestrians involved in the same traffic crash.

### THE MARGIN

Pedestrian	<input type="checkbox"/>	Vehicle	<input checked="" type="checkbox"/>
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This space is used to identify vehicle or pedestrian involvement.

> Place an X or check mark in the vehicle or pedestrian box. Only one box per section can be marked.

### DRIVER ACTION

DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	3
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This space is used to identify a phantom or hit-and-run driver. A phantom driver is a driver of a non-contact vehicle who leaves the scene of a traffic crash. A hit-and-run driver is a driver who strikes another vehicle, pedestrian or causes damage to other property and leaves the scene of a traffic crash.

- > Enter the number 1 in the space provided if the driver is a phantom driver.
- > Enter the number 2 in the space provided if the driver is a hit-and-run driver.
- > Enter the number 3 in the space provided if 1 or 2 does not apply.

### VEHICLE YEAR

YEAR	99
------	----

This space is used to display the vehicle year (manufacturer's model year) of any vehicle involved in a traffic crash.

- > Enter the vehicle year in the space provided.
- > Enter UK in the space provided if the vehicle year is unknown.
- > If not applicable, draw a diagonal line in the space provided.

### VEHICLE MAKE

MAKE	Chev
------	------

This space is used to identify the vehicle manufacturer's trade name (Chevrolet, Ford, Dodge) of any vehicle involved in a traffic crash.

- > Enter the first four letters or the complete name of the vehicle make. This information should be extracted from the Florida Vehicle Registration Certificate or a similar out of state document. Do not use the model name; for example, Impala, Crown Victoria or F-150.
- > Enter UK in the space provided if the vehicle make is unknown.
- > If not applicable, draw a diagonal line in the space provided.

# Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

## VEHICLE TYPE

TYPE 06
------------

This space is used to identify the type of vehicle involved in a traffic crash. The vehicle type codes are located at the bottom of page one on the Florida Traffic Crash Report, Long Form, HSMV-90003, in the "Code Information" section.

- > Enter the vehicle type code in the space provided.
- > Enter UK in the space provided if the vehicle type is unknown.
- > If not applicable, draw a diagonal line in the space provided.

Vans that are designed to carry passengers (private or for a fee) must be identified by the vehicle type code 02 and the proper corresponding vehicle use code; namely, 01, private transportation or 02 commercial passengers. Vans that are operated for general commercial use (courier service) or for transporting cargo (work van carrying tools to work site) must be identified by the vehicle type code 02 and the proper corresponding vehicle use code; namely, 02, commercial cargo or 15 cargo van. A vehicle that resembles a van in construction but has **6 tires** on the ground; for example, UPS or similar delivery van, must be coded as a truck based on the gross vehicle weight rating of the vehicle in question.

Trucks are classified by the gross vehicle weight rating of the unit involved in the traffic crash. There are three categories of trucks based on gross vehicle weight rating: light trucks, vehicle type code 03 (single unit under 10,000 pounds), includes pick up trucks with 4 rear tires; medium trucks, vehicle type code 04 (single unit 10,000 to 26,000 pounds); and heavy trucks vehicle type code 05 (single unit over 26,000 pounds). Truck tractors (cab-bobtail) have a separate vehicle code (06) that must be used for identification purposes. The gross vehicle weight rating appears on a label or tag affixed to single -unit trucks and truck tractors manufactured for use in the United States. The label is placed on the door or door frame next to the driver's seat.

Buses have been divided into two separate vehicle types (codes 08 and 09) based on the total number of passengers the bus was designed to legally transport. A low speed vehicle (code 15) is any 4 wheel electric vehicle whose top speed is greater than 20 miles per hour but not greater than 25 miles per hour. A low speed vehicle can be operated on streets under certain conditions, must be licensed for use on the highway, and its operator must have a valid driver's license. A golf cart is not considered a low speed vehicle. **All vehicle types must have a corresponding vehicle use code.**

## Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

### VEHICLE USE

USE  
03

This space is used to identify additional vehicle characteristics. The vehicle use codes are located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003) in the "Code Information" section.

- > Enter the vehicle use code in the space provided.
- > Enter UK in the space provided if the vehicle use is unknown.
- > If not applicable, draw a diagonal line in the space provided.

It is important that the vehicle type and vehicle use agree in terms of what the vehicle is designed to do or how it is being used. If an automobile (vehicle type 01) is being used as a taxi, then the correct vehicle use is 02 (commercial passengers). If a bus (vehicle type 09) is being used to transport students to school, then the correct vehicle use is 05 (public school bus) or 06 (private school bus). If the same type of bus is owned by or leased to a government entity for the purpose of providing transportation to citizens - even for a fee - , then the correct vehicle use is 04 (public transportation). If the same type of bus is owned by a company for the purpose of transporting passengers for profit; for example, Greyhound Corp., then the correct vehicle use is 02 (commercial passengers). If a heavy truck (vehicle type 05) is designed to transport and deliver cement to a work site, then the correct vehicle use is 13 (concrete mixer).

### VEHICLE LICENSE NUMBER

VEH. LICENSE NUMBER  
ABC-123

This space is used to identify the vehicle license plate number of the vehicle supplying power.

- > Enter the vehicle license plate number of the vehicle involved in the space provided.
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

### STATE

STATE  
FL

This space is used to identify the state that issued the vehicle license plate

- > Enter the state of issuance. Use the standard , two letter postal service abbreviations for all states (Appendix 2).
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

# Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

## VEHICLE IDENTIFICATION NUMBER

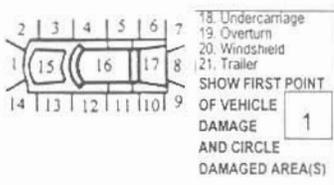
VEHICLE IDENTIFICATION NUMBER 01352PF64AT0000
--

This space is used to identify the vehicle identification number of the vehicle supplying power.

- > Enter the complete vehicle identification number (vin) in the space provided.
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

The vin is a set of numbers generated by the vehicle manufacturer that describe the characteristics of a vehicle in a coded format. The vin is recorded on a metal plate located at the bottom of the windshield on the driver's side of the vehicle. The vin also appears on the vehicle registration certificate issued by the state that licensed the vehicle for use.

## FIRST POINT OF VEHICLE DAMAGE



This space is used to identify the first point of vehicle damage and other damaged areas sustained by a vehicle in a traffic crash. The first point of vehicle damage is that part of the vehicle that first strikes another vehicle or object.

- > Enter the first point of vehicle damage in the space (box) provided by selecting the corresponding number from the diagram. Circle the first point of vehicle damage and all other damaged areas on the diagram.

## TRAILER OR TOWED VEHICLE GENERAL INFORMATION

This record is used to identify all trailers or towed vehicles involved in traffic crashes. This information must be completed for traffic crashes involving trailers that are being towed, trailers that are unhitched (properly parked or improperly parked), and all other **driverless** towed vehicles.

**Special Note:** Any vehicle which is being towed and guided by a driver positioned behind the steering wheel must appear in a separate vehicle or pedestrian section.

## Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

### TRAILER OR TOWED VEHICLE YEAR

YEAR  
92

This space is used to identify the model year of the trailer or towed vehicle.

- > Enter the year of the trailer or towed vehicle.
- > Enter UK in the space provided if unknown
- > if not applicable, draw a diagonal line in the space provided.

### TRAILER OR TOWED VEHICLE MAKE

MAKE  
Gator

This space is used to identify the vehicle manufacturer's trade name of a trailer or towed vehicle.

- > Enter the first four letters or the complete name of the trailer or towed vehicle. This information should be extracted from the Florida Vehicle Registration Certificate or a similar out of state document.
- > Enter UK in the space provided if the vehicle make is unknown.
- > If not applicable, draw a diagonal line in the space provided.

### TRAILER OR TOWED VEHICLE TYPE

TRAILER TYPE  
01

This space is used to identify the type of trailer or towed vehicle involved in the traffic crash. The trailer type codes are located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003) in the "Code Information" section..

- > Enter the trailer type code (09 for towed vehicle) in the space provided.
- > Enter UK in the space provided if the vehicle make is unknown.
- > If not applicable, draw a diagonal line in the space provided.

If tandem trailers (trailer type 02) are involved in a traffic crash then the second set of trailer information must appear on the Florida Traffic Crash Report, Update/Continuation (Form Number HSMV-90004). Utility trailers (trailer type 06) also include enclosed rental trailers, horse trailers, and trailers used by lawn services. Towed vehicle (trailer type 09) apply to other driverless vehicles being towed by a wrecker or another vehicle

## Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

### VEHICLE LICENSE NUMBER - TRAILER OR TOWED VEHICLE

VEH. LICENSE NUMBER P09Y8
------------------------------

This space is used to identify the vehicle license plate number of the trailer or towed vehicle.

- > Enter the vehicle license plate number in the space provided.
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

### STATE - TRAILER OR TOWED VEHICLE

STATE FL
-------------

This space is used to identify the state that issued the vehicle license plate to the trailer or towed vehicle.

- > Enter the state of issuance. Use the standard, two letter postal service abbreviations for all states (Appendix 2).
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

### VEHICLE IDENTIFICATION NUMBER - TRAILER OR TOWED VEHICLE

VEHICLE IDENTIFICATION NUMBER 0642367UIL
---

This space is used to identify the vehicle identification number assigned to the trailer or towed vehicle.

- > Enter the complete vehicle identification number (vin) in the space provided.
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

The vin is a set of numbers generated by the vehicle manufacturer that describe the characteristics of a vehicle in a coded format. The vin is recorded on the forward half of the left side of trailers. The vin also appears on the vehicle registration certificate issued by the state that licensed the vehicle for use.

# Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

## VEHICLE TRAVELING

VEHICLE TRAVELLING				ON	AT	Est MPH
<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	US 90 (Tennessee St.)		55

This space is used to identify the direction and name of the street, road or highway the vehicle or pedestrian was traveling on when the traffic crash occurred. This space is also used to identify the estimated speed of the vehicle.

- > Enter the name of the street, road or highway each vehicle or pedestrian was traveling on in the space provided.
- > Enter the direction of travel on the street, road or highway prior to impact by placing an X in the correct box.
- > Enter the estimated speed of the vehicle involved in the traffic crash.
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

## POSTED SPEED

Posted Speed:
55

This space is used to identify the posted speed for the street, road or highway the vehicle or pedestrian was traveling on at the time the traffic crash occurred.

- > Enter the posted speed in the space provided.
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

## ESTIMATED VEHICLE DAMAGE

EST. VEHICLE DAMAGE
\$ 4000.00

This space is used to identify the **estimated** property damaged sustained by a vehicle involved in a traffic crash. All **estimates** of damage must be displayed numerically and rounded off to the nearest dollar.

- > Enter the estimated amount of damage in the space provided if the vehicle involved was damaged.
- > Enter the estimated amount of damage in the space provided if the vehicle was totaled. Do not enter the word totaled.
- > Enter 00 in the space provided if the vehicle was not damaged.
- > If not applicable, draw a diagonal line in the space provided.

**NOTE:** If a vehicle owner or driver is found to be uninsured at the time of the traffic crash and if the driver was issued a moving traffic citation, the Bureau of Financial Responsibility may require the owner or driver to post security equal to the estimated amount of vehicle damage

## Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

### DAMAGED SEVERITY

1. Disabling	1
2. Functional	
3. No Damage	

This space is used to identify to what extent a vehicle is damaged. There are three categories for assessing damage severity to a vehicle:

1. Disabling Damage - vehicle must be towed from the scene of the traffic crash because it is inoperable or vehicle is drivable but must be towed from the scene of the traffic crash to prevent additional damage. This does not include a drivable vehicle that is towed from the scene of the traffic crash for any other reason.
2. Functional Damage - vehicle is operable and is driven away from the scene of the traffic crash in its usual operating manner.
3. No Damage - no visible signs of damage.
  - > Enter the appropriate damage severity code in the space provided.
  - > If not applicable, draw a diagonal line in the space provided.

NOTE: A traffic crash involving only disabling damage may be reported to the Department on the Florida Traffic Crash Report, Long Form, HSMV-90003 or the Law Enforcement Short Form, HSMV-90006 (s. 316.066[3][a]3).

### ESTIMATED TRAILER OR TOWED VEHICLE DAMAGE

EST TRAILER DAMAGE
\$ 1000.00

This space is used to identify the **estimated** property damaged sustained by a trailer or towed vehicle involved in a traffic crash. All **estimates** of damage must be displayed numerically and rounded off to the nearest dollar.

- > Enter the estimated amount of damage in the space provided if the trailer or towed vehicle was damaged.
- > Enter the estimated amount of damage in the space provided if the trailer or towed vehicle was totaled. Do not enter the word totaled.
- > Enter 00 in the space provided if the trailer or towed vehicle was not damaged.
- > If not applicable, draw a diagonal line in the space provided.

### MOTOR VEHICLE INSURANCE COMPANY (Liability or PIP)

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER
Equate Fire and Casualty Insurance Company	PB09876

This space is used to identify the motor vehicle insurance company and policy number of the vehicle owner or driver. The best source for obtaining this information is a valid motor vehicle insurance identification card, an insurance policy, an insurance binder or a certificate of self insurance issued by the Department of Highway Safety and Motor Vehicles.

## Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

- > Enter the name of the motor vehicle insurance company in the space provided..
- > Enter the policy number, self insurance certificate number or the word binder in the space provided.
- > Enter UK in the space provided if unknown
- > If not applicable, draw a diagonal line in the space provided.

### VEHICLE REMOVED BY

VEHICLE REMOVED BY: Bob's Garage	1. Tow Rotation List 2. Tow Owner's Request	3. Driver 4 Other	2
-------------------------------------	--	----------------------	---

This space is used to identify the name of the person, garage, or wrecker service that removed the vehicle from the scene of the traffic crash and how the vehicle was removed.

- > Enter the name of the person, garage, or wrecker service in the space provided.
- > Enter 1, 2, 3, or 4 in the box provided to indicate how the vehicle was removed from the scene of the traffic crash..
- > Enter UK in the space provided if unknown..
- > If not applicable, draw a diagonal line in the space provided.

### NAME OF VEHICLE OWNER

NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>
Jimmy D. Doe

This space is used to identify the owner of the vehicle involved in the traffic crash.

- > Enter the first name, middle initial, and last name of the person who owns the vehicle.
- > Enter only one name if joint ownership is established.
- > Enter "same as driver" if the owner and driver are the same and place an "X" in the box provided.
- > Enter the full legal name of any company or corporation that owns the vehicle.
- > Enter UK in the space provided if unknown..
- > If not applicable, draw a diagonal line in the space provided.

### VEHICLE OWNER CURRENT ADDRESS

CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
Apt. 10, 1515 Angle Street	Triangle, FL	32000 -000

This space is used to identify the current physical address or mailing address of the owner of the vehicle involved in the traffic crash.

- > Enter the street address or mailing address, city, state and zip code of the person who owns the vehicle.
- > Enter the street address or mailing address, city, state and zip code of the company or corporation that owns the vehicle.
- > Do not abbreviate the name of the city.
- > Use the standard two letter postal service abbreviations for all states (Appendix 2).

**VEHICLE OWNER CURRENT ADDRESS (continued)**

- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

**NAME OF OWNER (Trailer or Towed Vehicle)**

<small>NAME OF OWNER (Trailer or Towed Vehicle)</small> Area Trucking Inc.
---

This space is used to identify the owner of the trailer or towed vehicle.

- > Enter the first name, middle initial, and last name of the person who owns the trailer or towed vehicle.
- > Enter only one name if joint ownership is established.
- > Enter the full legal name of any company or corporation that owns the trailer or towed vehicle.
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

**TRAILER OR TOWED VEHICLE OWNER CURRENT ADDRESS**

<small>CURRENT ADDRESS (Number and Street)</small>	<small>CITY AND STATE</small>	<small>ZIP CODE</small>
1014 Radius Road	Triangle, FL	32303-0000

This space is used to identify the current physical address or mailing address of the owner of the trailer or towed vehicle.

- > Enter the street address or mailing address, city, state and zip code of the person who owns the vehicle.
- > Enter the street address or mailing address, city, state and zip code of the company or corporation that owns the vehicle.
- > Do not abbreviate the name of the city.
- > Use the standard two letter postal service abbreviations for all states (Appendix 3).

**NAME OF MOTOR CARRIER (Commercial Vehicle Only)**

<small>NAME OF MOTOR CARRIER (Commercial Vehicle Only)</small> Intermodal Inc. Shipping Co.
--

This space is used to identify the name of the motor carrier. A motor carrier is "the business entity, individual, partnership, corporation, or religious organization responsible for the transportation of goods, property, or people."

- > Enter the name of the motor carrier. If the motor carrier is a person enter the first name, middle initial, and last name. If the motor carrier is a company or corporation enter the full legal name.
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

# Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

## NAME OF MOTOR CARRIER (Commercial Vehicle Only) - Continued

This space must be completed for any self-propelled vehicle - **with or without a trailer** - being used in commerce to transport cargo, or passengers, or any vehicle displaying a hazardous material placard including: a van (vehicle type code 02); a light truck, with six tires on the ground (vehicle type code 03); a medium truck (vehicle type code 04); a heavy truck (vehicle type code 05); a truck-tractor (vehicle type code 06); a bus designed to transport 9 to 15 passengers (vehicle type code 08); and a bus designed to transport over 15 passengers (vehicle type code 09).

The shipping papers that drivers carry in the cab of a truck are the best source for identifying the name of the motor carrier. The name on the side of a truck can be different than the person or company responsible for the movement of the cargo or passengers. It is not unusual for a tractor and semi-trailer to display different company names.

Example: John Smith owns a truck-tractor (bobtail). He contracts with White Manufacturing Company to take one of its trailers loaded with its goods from New York to Los Angeles. John Smith is the motor carrier because his is the entity that has agreed to carry this particular load.

Example: John Smith, driving his truck-tractor, utilizes a cargo broker to obtain goods from Intermodal Incorporated Shipping Company for his return trip to New York. On the return trip, John Smith is again the carrier.

Example: John Smith, driving his truck-tractor, leases his services to Polyester Chemical Company. Polyester has a contract to transport chemicals for a company based in St. Louis and directs Smith to deliver a semi-trailer from New York to St. Louis. In this case, Polyester is the motor carrier, because it told Smith to take the particular load.

Example: John Smith is driving a tractor/semi-trailer. The tractor and semi-trailer are owned by ABC Trucking, so ABC Trucking is the motor carrier.

Example: John Smith is driving a tractor owned by ABC Trucking which has been leased to XYZ Trucking Company. XYZ used the tractor to pull XYZ trailers in its regular shipping service. In this case XYZ is the motor carrier because XYZ is directing the carrying of the load.

## MOTOR CARRIER CURRENT ADDRESS

CURRENT ADDRESS (Number and Street)	CITY, STATE AND ZIP CODE
5060 Tango Street	Triangle, FL 32000-0000

This space is used to identify the current physical address or mailing address of the owner of the motor carrier.

- > Enter the street address or mailing address, city, state and zip code of the motor carrier.
- > Do not abbreviate the name of the city.
- > Use the standard two letter postal service abbreviations for all states (Appendix 2).
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

# Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

## U S DOT or ICC IDENTIFICATION NUMBERS

U S DOT or ICC MC IDENTIFICATION NUMBERS								
0	0	4	5	6	7	8	9	

This space is used to identify the United States Department of Transportation (U S DOT) or the Interstate Commerce Commission Motor Carrier (ICC MC) identification number assigned to the motor carrier.

- > Enter the the U S DOT identification number, if applicable, in the space provided. The U S DOT number will have six or seven digits, NOTE: The digits are entered right-justified. Use zero(s) to fill any remaining boxes at the left of the series
- > Enter ICC MC identification number, if applicable, in the space provided. The ICC MC number may have up to six digits. In some cases, a motor carrier could have two or more ICC MC numbers. Officers should choose only one to record. NOTE: The digits are entered right-justified. Use zero(s) to fill any remaining boxes at the left of the series
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

A U S DOT or an ICC MC identification number is issued to private fleet and for-hire vehicles involved in **interstate** commerce. The U S DOT identification number is found **only** on vehicles of **interstate** private carriers (those trucks operating in the furtherance of any commercial enterprise). The identification number is always preceded by the abbreviation U S DOT. The ICC MC identification number is found **only** on vehicles of **interstate** for-hire carriers (those in the transportation business). The identification number is usually preceded by the abbreviation ICC MC. In some cases it may be preceded by just ICC or MC. Vehicles which haul exempt commodities are not required to have a U S DOT or an ICC MC number even if they travel across state lines. A motor carrier may have more than one ICC MC number. Officers should choose only one to record.

State numbers are issued by a state agency to vehicles that operate either in interstate commerce or only within that state. **Do not record the state number.**

## NAME OF DRIVER OR PEDESTRIAN

NAME OF DRIVER (Take From Driver License) or PEDESTRIAN
Bonnie R. Doe

This space is used to identify the name of the driver of the vehicle or the name of the pedestrian involved in the traffic crash. A driver is "any person who drives or is in actual physical control of a vehicle on a highway or who is exercising control of a vehicle or steering a vehicle being towed by a motor vehicle" (section 316.003 [10], F.S.)

- > Enter the first name, middle initial, and last name of the driver or pedestrian in the space provided. This format is used to display the name of a licensed driver on the Florida Driver License. It must be used even if an out of state driver license is different or if a driver does not have a driver license. If a driver has changed his or her name since

## Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

### NAME OF DRIVER OR PEDESTRIAN (Continued)

the last issue date of the driver license, enter the driver's first name, middle initial, last name, and name change in parentheses.

- > Enter the first name, middle initial, and last name of the driver if the vehicle involved in the traffic crash was illegally parked. **Do not** enter the name of the driver if the vehicle was legally parked and the driver's seat was unoccupied when the collision occurred.
- > Enter UK in the space provided if the name of the driver or pedestrian is unknown.unknown..
- > If not applicable, draw a diagonal line in the space provided.

### DRIVER OR PEDESTRIAN CURRENT ADDRESS

CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE
Apt. 10, 1515 Angle Street	Triangle, FL 32000-0000

This space is used to identify the **current** physical or mailing address of the driver of the vehicle or the pedestrian involved in a traffic crash.

- > Enter the current street address or mailing address, city, state and zip code of the driver or pedestrian in the space provided.
- > Do not abbreviate the name of the city.
- > Use the standard two letter postal service abbreviations for all states (Appendix 2).
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

### DRIVER OR PEDESTRIAN DATE OF BIRTH

DATE OF BIRTH
05-05-46

This space is used to identify the date of birth of the driver of a vehicle or the pedestrian involved in a traffic crash.

- > Enter the date of birth of the driver or pedestrian in month, day and year sequence.
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

### DRIVER LICENSE NUMBER

DRIVER LICENSE NUMBER
D 001 001 46 001

This space is used to identify the driver license number of the vehicle driver.

- > Enter the driver license number in the space provided.
- > Enter "none" in the space provided if the vehicle driver does not have a driver license.
- > Enter UK in the space provided if unknown.

## Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

### DRIVER LICENSE NUMBER (Continued)

> If not applicable, draw a diagonal line in the space provided.

The driver license number is used to identify and update the driver history record. It is very important to enter the correct driver license number on the traffic crash report, and ensure that this number matches the driver license number on any traffic citations issued as a result of the traffic crash.

### DRIVER LICENSE STATE

STATE  
FL

This space is used to identify the state that issued the driver license.

- > Enter the state that issued the driver license in the space provided. Use the standard two letter abbreviations for all states (Appendix 2).
- > Enter UK in the space provided if unknown.
- > If not applicable, draw a diagonal line in the space provided.

### DRIVER LICENSE TYPE

DL  
TYPE  
A

This space is used to identify the type (class) of driver license issued to the vehicle driver. The driver license type codes are located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003) in the "Code Information" section.

- > Enter the driver license type in the space provided.
- > Enter code 7 in the space provided if the driver license type is unknown, not required or if a pedestrian is involved in the traffic crash.

The driver license type (class) codes verify that the driver in question has been tested and licensed to operate certain types of vehicles. Class A, B, and C driver licenses are required in order to drive commercial vehicles. A class D driver license is required for a chauffeur license and class E for an operator or restricted operator.

### DRIVER LICENSE REQUIRED ENDORSEMENTS

REQ  
END  
1

This space is used to identify if the driver license issued to the vehicle driver required any other special endorsements for the type of vehicle being operated. The required endorsement codes are located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003) in the "Code Information" section.

## Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

### DRIVER LICENSE REQUIRED ENDORSEMENTS

- > Enter a 1 in the space provided if the driver license presented is correctly endorsed; for example, the driver is authorized to operate a motorcycle or transport hazardous materials.
- > Enter a 2 in the space provided if the driver license presented is not correctly endorsed ; for example, the driver is operating a motorcycle without a motorcycle endorsement or transporting hazardous materials without an endorsement.
- > Enter a 3 in the space provided if an endorsement is not required; for example, the driver is operating an automobile for private transportation.

### ALCOHOL / DRUG TEST TYPE

ALC/DRUG TEST TYPE				
1 Blood	3 Urine	5 None	5	
2 Breath	4 Refused			

This space is used to identify the type of test a law enforcement officer required to determine if a vehicle driver or pedestrian involved in a traffic crash is under the influence of alcohol or a controlled substance.

- > Enter the alcohol / drug test code in the space provided for all drivers and pedestrians.

### ALCOHOL / DRUG TEST TYPE RESULTS

RESULTS		

This space is used to identify the results of any test a law enforcement officer required to determine if a vehicle driver or pedestrian involved in a traffic crash is under the influence of alcohol or a controlled substance.

- > Enter the alcohol / drug test results in the space (boxes) provided for all drivers and pedestrians.
- > Enter UK in the space provided if the alcohol / drug test results are not known, pending, or if they cannot be revealed on the Florida Traffic Crash Report (HSMV-90003) for legal reasons. Use the Florida Traffic Crash Update/Continuation Report (HSMV-90004) to report the results when they are known or it is permissible to reveal them.
- > If not applicable, draw a diagonal line in the space provided.

### ALCOHOL / DRUG USE

ALC/DRUG
1

This space is used to identify if a vehicle driver or pedestrian had consumed alcohol or a controlled substance prior to being involved in a traffic crash. The alcohol / drug use codes are located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003) in the "Code information" section.

- > Enter the appropriate alcohol / drug use code in the space provided.

# Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

## ALCOHOL / DRUG USE

> Enter a 6 in the space provided if the alcohol / drug test type results are pending. Use the Florida Traffic Crash Report, Update/Continuation, HSMV-90004, to update the alcohol / drug use.

## PHYSICAL DEFECTS

PHYS DEF
1

This space is used to identify any physical defects attributed to a vehicle driver or pedestrian involved in a traffic crash. The physical defects codes are located at the bottom of page one on the Florida Traffic Crash Report, Long Form, HSMV-90003, in the "Code Information" section.

> Enter the appropriate physical defect code in the space provided.

## RESIDENCE

RES
1

This space is used to identify demographic information about the vehicle driver or pedestrian.

The residence codes are located at the bottom of page one on the Florida Traffic Crash Report, Long Form, HSMV-90003, in the "Code Information" section.

> Enter the appropriate residence code in the space provided.

## RACE

RACE
1

This space is used to identify the race of a vehicle driver or pedestrian involved in a traffic crash.

The codes are located at the bottom of page one on the Florida Traffic Crash Report, Long Form, HSMV-90003, in the "Code Information" section.

> Enter the appropriate code in the space provided.

## SEX

SEX
2

This space is used to identify the gender of a vehicle driver or pedestrian involved in a traffic crash.

The codes are located at the bottom of page one on the Florida Traffic Crash Report, Long Form, HSMV-90003, in the "Code Information" section.

> Enter the appropriate code in the space provided.

## Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

### INJURY SEVERITY

INJ
2

This space is used to identify the severity of injuries sustained by a vehicle driver or pedestrian involved in a traffic crash. The injury codes are located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003) in the "Code information" section.

> Enter the appropriate injury code in the space provided.

### SAFETY EQUIPMENT

S EQUIP	
2	5

This space is used to identify the type(s) of safety equipment the driver of a vehicle was using at the time of the traffic crash. The safety equipment codes are located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003) in the "Code information" section.

> Enter the appropriate safety equipment code(s) in the space provided. Sometimes more than one type of safety equipment device was in use; for example, seatbelt/shoulder harness (code 2) and air bag - deployed (code 4).

An officer should record both types of safety equipment

### EJECTED

EJECT.
1

This space is used to identify if the driver of a vehicle involved in a traffic crash was ejected. The ejection codes are located on page one of the Florida Traffic Crash Report (Form Number HSMV-90003) in the "Code information" section.

> Enter the appropriate ejected code in the space provided.

### HAZARDOUS MATERIALS BEING TRANSPORTED

HAZARDOUS MATERIALS BEING TRANSPORTED
1 Yes 2 No
1

This space is used to identify if any vehicle involved in the traffic crash was carrying a hazardous material as cargo.

> Enter 1 in the space (box) provided if a hazardous material was being carried. (This does not include the fuel needed to propel the vehicle supplying power.)

> Enter 2 in the space (box) provided if a hazardous material was not being carried.

# Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

## PLACARDED

PLACARDED	<input type="text" value="1"/>
1 Yes 2 No	

This space is used to identify if the vehicle carrying a hazardous material as cargo displayed a hazardous material placard as required by federal law.

- > Enter 1 in the space (box) provided if a hazardous material placard was displayed.
- > Enter 2 in the space (box) provided if a hazardous material placard was not being displayed.

There are two shapes of placards - **diamond or rectangular**. Vehicles carrying hazardous materials are required by law to display a placard that identifies the specific name of the hazardous material cargo. In addition, vehicles carrying hazardous materials in tank cars, cargo tanks, or portable tanks are required to display the 4 - digit hazardous materials number assigned to the specific material on placards or orange panels

## TYPE OF HAZARDOUS MATERIAL

IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	<input type="text" value="explosives"/>	<input type="text" value="1"/>
--	---	--------------------------------

This space is used to identify what kind of hazardous material was being carried, if any.

- > Enter the 4-digit number or the name of the hazardous material in the space provided. This information is extracted from the middle of the diamond shape placard or from the rectangular shape placard. If the 4-digit number is not displayed, the placard should have one of the following names: explosives, gases, flammable liquid, flammable solid, dangerous, oxidizer, poison, radioactive, or corrosive. Enter the 1-digit number located at the bottom of the diamond, if it is displayed, in the space (box) provided. When multiple placards are displayed on the vehicle, enter the information from only one of the placards.

## HAZARDOUS MATERIAL SPILLED

WAS HAZARDOUS MATERIAL SPILLED*	<input type="text" value="2"/>
1 Yes 2 No	

This space is used to identify if the hazardous material ( placarded cargo) was released from the cargo tank or compartment of the vehicle as a result of the traffic crash.

- > Enter 1 in the space (box) provided if hazardous material was released. (This does not include the fuel spilled from the vehicle fuel tank.)
- > Enter 2 in the space provided if the hazardous material was not released.

## Vehicle or Pedestrian Sections

(Form Number HSMV-90003)

### RECOMMEND DRIVER RE-EXAM

RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE
1 Yes 2 No <input type="text" value="2"/>

This space is used to identify if the driving ability of a vehicle driver is questionable.

- > Enter 1 in the space (box) provided if the ability of the driver to operate a vehicle is questionable.
- > Enter 2 in the space (box) provided if the ability of the driver to operate a vehicle is not questionable.

Section 322.126 (2), (3), Florida Statutes, provides that "any physician, person, or agency having knowledge of any licensed driver's or applicant's mental or physical disability to drive .... is authorized to report such knowledge to the Department." The decision to require the driver to submit to another driver license exam is made by the law enforcement investigator. In making this assessment, the investigator should take into account obvious driver physical defects, coordination, reflexes, and perception. If a driver 's ability is questionable, you must explain your reasons in the narrative section of the Florida Traffic Crash Narrative/Diagram Report (HSMV-90005).

### DRIVER'S TELEPHONE NUMBER

DRIVER'S PHONE NO. (       )
---------------------------------

This space is used to identify the telephone number of the driver.

- > Enter driver's telephone number. .

# Property Damage - Other Than Vehicle Section

(Form Number HSMV-90003)

## PROPERTY DAMAGED OTHER THAN VEHICLES

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1	Fence	\$ 300.00	Calico Company	1212 Diameter Drive	Triangle	FL	32000-0000
2	Guard Rail	\$ 1000.00	Goget Technical	4444 Square Blvd.	Triangle	FL	32000-0000

This space is used to identify damage to other kinds of property. **Do not record damage to a vehicle, trailer or driverless towed vehicle in this section.**

- > Enter the type of property damaged; for example, fence, telephone pole, mail box, street marker, animal (cow, horse, deer, etc.) or damage to cargo that was being carried by another vehicle.
- > Enter the estimated damage amount in dollars.
- > Enter the owner's name, street or mailing address, city, state, and zip code.
- > Use the standard two letter postal service abbreviations for all states (appendix 2).
- > Use the Florida Traffic Crash Report, Update/Continuation (HSMV-90004), to record more than two instances of damage to property other than vehicles.

## Events Section

(Form Number HSMV-90003)

This section is designed to identify vehicle, driver, pedestrian, and crash scene characteristics. When completing this section it is important to remember that code entries must correspond to the **VEHICLE OR PEDESTRIAN SECTION** they are intended to represent. Vehicle or pedestrian sections are identified by the **number** at the **top** of each box or series of boxes. Some vehicle or pedestrian data fields may have spaces (boxes) for multiple codes. Always enter the primary code in the first space (box) and, if applicable, any subsequent codes in the remaining spaces (boxes)

The crash scene characteristics data fields do not have a number at the top of a box because they do not apply to a particular vehicle or pedestrian section. Some of these fields have spaces (boxes) for multiple data codes. Always enter the primary code in the first space (box) and, if applicable, any subsequent codes in the remaining spaces

### CONTRIBUTING CAUSES DRIVER / PEDESTRIAN

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN			
	1	2	3
01 No Improper Driving / Action			
02 Careless Driving (Explain in Narrative)			
03 Failed To Yield Right - of - Way	12	01	01
04 Improper Backing			
05 Improper Lane Change			
06 Improper Turn	10	/	/
07 Alcohol - Under Influence			
08 Drugs - Under Influence			
09 Alcohol & Drugs - Under Influence			
10 Followed Too Closely	/	/	/
11 Disregarded Traffic Signal			
12 Exceeded Safe Speed Limit			
13 Disregarded Stop Sign			
14 Failed To Maintain Equip / Vehicle			
15 Improper Passing			
16 Drove Left of Center			
17 Exceeded Stated Speed Limit			
18 Obstructing Traffic			
19 Improper Load			
20 Disregarded Other Traffic Control			
21 Driving Wrong Side / Way			
22 Fleeting Police			
23 Vehicle Modified			
24 Driver Distracted			
77 All Other (Explain in Narrative)			

This classification is used to identify improper driver or pedestrian action(s) that may have caused the traffic crash.

- > Enter the **primary** contributing cause code in the first box for each driver or pedestrian; for example, if section 1 driver ran into the rear of section 2 driver, the investigator might conclude that excessive speed by driver 1 was the main contributing cause rather than following too closely. The investigator would record the **primary** contributing cause in the first box for section 1 driver as 12 and the subsequent contributing cause in the second box for section 1 driver as 10.
- > Enter additional - if applicable - contributing cause codes (maximum 3) for each driver or pedestrian as needed.
- > If code 2, 24 or 77 is used, explain and identify the contributing factors in the Florida Traffic Crash Narrative/ Diagram Report (Form Number HSMV-90005).
- > Enter a diagonal line in each box not used.

## Events Section

(Form Number HSMV-90003)

### VEHICLE DEFECT

VEHICLE DEFECT	1	2	3
01 No Defects			
02 Def. Brakes			
03 Worn / Smooth Tires	02	01	/
04 Defective / Improper Lights			
05 Puncture / Blowout	03	/	/
06 Steering Mech.			
07 Windshield Wipers			
08 Equipment / Vehicle Defect	77 All Other (Explain in Narrative)		

This classification is used to identify vehicle mechanical and equipment defects.

- > Enter the **primary** vehicle defect code in the first box for each vehicle.
- > Enter additional - if applicable - vehicle defect code for each vehicle.
- > If code 77 is used, explain and identify the vehicle defect in the Florida Traffic Crash Narrative/Diagram Report (HSMV-90005).
- > Enter a diagonal line in each box not used.

### VEHICLE MOVEMENT

VEHICLE MOVEMENT	1	2	3
01 Straight Ahead			
02 Slowing / Stopped / Stalled			
03 Making Left Turn	01	01	/
04 Backing			
05 Making Right Turn	11 Passing		
06 Changing Lanes	12 Driverness or Runaway Vehicle		
07 Entering / Leaving / Parking Space	77 All Other (Explain in Narrative)		
08 Properly Parked			
09 Improperly Parked			
10 Making U-Turn			

This classification is used to identify vehicle movement of each vehicle at the time of the traffic crash.

- > Enter the vehicle movement code in the space (box) provided.
- > If code 77 is used, explain and identify the vehicle movement in the Florida Traffic Crash Narrative/Diagram Report (HSMV-90005).
- > Enter a diagonal line in each box not used.

### VEHICLE SPECIAL FUNCTIONS

VEHICLE SPECIAL FUNCTIONS	1	2	3
1 None			
2 Farm			
3 Police Pursuit	01	01	/
4 Recreational			
5 Emergency Operation			
6 Construction / Maintenance			

This classification is used to identify special operating conditions of a vehicle involved in a traffic crash.

- > Enter the special function code in the space (box) provided.
- > If code 77 is used, explain and identify the vehicle special functions in the Florida Traffic Crash Narrative/Diagram Report (HSMV-90005).
- > Enter a diagonal line in each box not used.

## Events Section

(Form Number HSMV-90003)

### SOURCE OF CARRIER INFORMATION

SOURCE OF CARRIER INFORMATION			
	1	2	3
1 Not Applicable			
2 Shopping Papers			
3 Vehicle Side	02	01	01
4 Driver			
5 Other			

This classification is used to identify the means used to obtain the name and address of the motor carrier who was responsible for directing the movement of cargo or passengers.

- > Enter the carrier information code in the space (box) provided.
- > If code 5 is used, explain and identify the source of carrier information in the Florida Traffic Crash Narrative/Diagram Report (HSMV-90005).

### POINT OF COLLISION

POINT OF COLLISION			
	1	2	3
01 On Road			
02 Not On Road			
03 Shoulder	01	01	03
04 Median			
05 Turn Lane			

This classification is used to identify where the first point of contact between vehicles or pedestrians occurred.

- > Enter the point of collision code in the space (box) provided.
- > Enter a diagonal line in each box not used.

### WORK AREA

WORK AREA			
	1	2	3
01 None			
02 Nearby			
03 Entered	01	01	01

This classification is used to identify the proximity of a work area to a traffic crash involving a vehicle or pedestrian.

- > Enter the work area code in the space (box) provided.
- > Enter a diagonal line in each box not used.

A **work area** is defined as that area designated by the presence of a flag person, cones, barricades, drums, arrow boards, pavement markings, signage or other traffic control used to separate workers and their equipment from other functions. This includes work areas related to servicing manholes, tree trimming, road work, and other activities that may have some influence on traffic. The presence of workers at the time of the crash is not needed to define the work area. The work area codes should be used in the following manner: none (01), no work area relevant to the traffic crash scene; nearby (02), designated work area in the vicinity of the traffic crash; and entered (03), during the sequence of events related to the traffic crash, one or more of the involved vehicles or pedestrians were within the boundaries of a designated work area.

# Events Section

(Form Number HSMV-90003)

## PEDESTRIAN ACTION

PEDESTRIAN ACTION					
01 Crossing Not at Intersection	07 Working In Road	1 2 3			
02 Crossing at Mid-block Crosswalk	08 Standing/Playing In Road	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px; text-align: center;">/</td> <td style="width: 33%; height: 20px; text-align: center;">/</td> <td style="width: 33%; height: 20px; text-align: center;">04</td> </tr> </table>	/	/	04
/	/	04			
03 Crossing at Intersection	09 Standing in Pedestrian Island				
04 Walking Along Road With Traffic	77 All Other (Explain in Narrative)				
05 Walking Along Road Against Traffic	88 Unknown				
06 Working on Vehicle In Road					

This classification is used to identify what the pedestrian was doing prior to the traffic crash.

- > Enter the pedestrian action code in the space (box) provided. Ensure that the pedestrian action code is placed only in the vehicle or pedestrian section it pertains too; for example, if section 1 and 2 are vehicles and section 3 is a pedestrian, place a diagonal line in the section 1 and 2 boxes and the appropriate pedestrian action code in the section 3 box.
- > If code 77 is used, explain and identify the pedestrian action code in the Florida Traffic Crash Narrative/Diagram Report (HSMV-90004).
- > Enter a diagonal line in each box not used.

## LOCATION TYPE

LOCATION TYPE	
1 Primarily Business	
2 Primarily Residential	3
3 Open Country	

This classification is used to describe specific land use characteristics.

- > Enter the location type code in the space (box) provided.

An investigator should interpret the three location type codes as broadly descriptive of the crash area.

## FIRST AND SUBSEQUENT HARMFUL EVENT (S)

FIRST / SUBSEQUENT HARMFUL EVENT(S)			1 2 3		
01 Collision With MV in Transport (Pole End)	15 Collision With Animal	25 MV Ran Into Drive/Conver	1	2	3
02 Collision With MV in Transport (Head On)	16 MV Hit Sign / Sign Post	30 Ran Off Road Into Water	01	10	03
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole / Light Pole	31 Overturned			
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle			
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor/Trailer Jackknifed			
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire	29	29	/
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	35 Explosion			
08 Collision With Parked Car	22 MV Hit Tree /Shrubbery	36 Downhill Runaway			
09 Collision With MV on Roadway	23 Collision With Construction Barricade Sign	37 Cargo Loss or Shift	33	31	/
10 Collision With Pedestrian	24 Collision With Traffic Gate	38 Separation of Units			
11 Collision With Bicycle	25 Collision With Crash Attenuators	39 Median Crossover			
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	77 All Other (Explain in Narrative)	37	/	/
13 Collision With Moped	27 MV Hit Other Fixed Object				
14 Collision With Train	28 Collision With Moveable Object On Road				

This classification is used to identify the first and subsequent harmful events for each vehicle or pedestrian.

- > Enter the the first(primary) harmful event in the space (box) provided.
- > Enter any subsequent harmful events in the spaces (boxes) provided if applicable.

## Events Section

(Form Number HSMV-90003)

### FIRST AND SUBSEQUENT HARMFUL EVENT(S) (Continued)

- > If code 77 is used, explain and identify the harmful events in the Florida Traffic Crash Report, Narrative/Diagram, HSMV-90005.
- > Enter a diagonal line in each box not used.

### ROAD SYSTEM IDENTIFIER

ROAD SYSTEM IDENTIFIER	
01 Interstate	07 Forest Road
02 U.S.	08 Private Roadway
03 State	77 All Other (Explain in Narrative)
04 County	
05 Local	
06 Turnpike / Toll	

02

This classification is used to identify the primary road system on which the traffic crash occurred. Use the highest road system classification assigned to a particular street, road, or highway; for example, if the crash occurred on a U. S. Highway which is also a state highway, use the U. S. highway designation.

- > Enter the road system identifier code in the space provided.
- > If code 77 is used, explain and identify the road system identifier in the Florida Traffic Crash Report, Narrative/Diagram, HSMV-90005.

The road system identifier code 06 (turnpike/toll) should be entered for various urban expressway toll facilities as well as the Florida Turnpike.

### LIGHTING CONDITION

LIGHTING CONDITION	
01 Daylight	
02 Dusk	01
03 Dawn	
04 Dark (Street Light)	
05 Dark (No Street Light)	
88 Unknown	

This classification is used to identify the lighting condition at the time of the traffic crash.

- > Enter the lighting condition code in the space provided.

### ROAD SURFACE CONDITION

ROAD SURFACE CONDITION	
01 Dry	
02 Wet	
03 Slippery	02
04 Icy	
77 All Other (Explain in Narrative)	

This classification is used to identify the surface condition of the street, road, or highway at the time of the traffic crash

- > Enter the road surface condition code in the space provided.
- > If code 77 is used, explain and identify the road surface condition in the Florida Traffic Crash Report, Narrative/Diagram, HSMV-90005

**Events Section**  
(Form Number HSMV-90003)

**WEATHER CONDITIONS**

WEATHER	
01 Clear	
02 Cloudy	
03 Rain	03
04 Fog	
77 All Other (Explain in Narrative)	

This classification is used to identify the weather conditions at the time of the traffic crash.

- > Enter the weather condition code at the time of the crash in the space provided.
- > If code 77 is used, explain and identify the weather conditions in the Florida Traffic Crash Report Narrative/Diagram, HSMV-90005.

**ROAD SURFACE TYPE**

ROAD SURFACE TYPE	
01 Slag/Gravel/Stone	
02 Blacktop	
03 Brick/Block	02
04 Concrete	
05 Dirt	
77 All Other (Explain in Narrative)	

This classification is used to identify the surface construction of the street, road, or highway on which the traffic crash occurred.

- > Enter the the road surface type code in the space provided
- > If code 77 is used, explain and identify the road surface type in the Florida Traffic Crash Report, Narrative/Diagram HSMV-90005.

**ROAD CONDITIONS AT TIME OF CRASH**

ROAD CONDITIONS AT TIME OF CRASH	
01 No Defects	
02 Obstruction With Warning	
03 Obstruction Without Warning	08
04 Road Under Repair / Construction	
05 Loose Surface Materials	
06 Shoulders - Soft / Low / High	
07 Holes / Ruts / Unsafe Paved Edge	
08 Standing Water	
09 Worn / Polished Road Surface	09
77 All Other (Explain in Narrative)	

This classification is used to identify the road conditions of the street, road, or highway on which the traffic crash occurred.

- > Enter road condition code(s) in the space(s) provided.
- > If code 77 is used, explain and identify the road conditions at time of crash in the Florida Traffic Crash Report, Narrative/Diagram, HSMV-90005.



# Events Section

(Form Number HSMV-90003)

## TRAFFICWAY CHARACTER

TRAFFICWAY CHARACTER	
01. Straight - Level	01
02. Straight - Upgrade / Downgrade	
03. Curve - Level	
04. Curve - Upgrade / Downgrade	

This classification is used to identify the characteristics of the trafficway.

- > Enter the trafficway character code in the space provided.

## TYPE SHOULDER

TYPE SHOULDER	
01. Paved	01
02. Unpaved	
03. Curb	

This classification is used to identify the type of roadway shoulder.

- > Enter the type of shoulder code in the space provided.

## VIOLATOR(S)

	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
Violator(s)	1	Bonnie R. Doe	316. 185	Special Hazards	0000001
	1	Bonnie R. Doe	316.0895	Following to Close	0000002
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

This classification is used to identify each vehicle **driver** or **pedestrian** who was given a citation for a traffic violation, by the law enforcement officer who investigated the traffic crash.

- > Enter the correct section number, the name of the violator (driver or pedestrian) who was given the traffic violation citation; the Florida Statute number, the type of charge, and the citation number in the spaces provided.
- > If more than four citations are issued list them on the Florida Traffic Crash Report, Narrative/Diagram (HSMV-90005) in the violator(s) data fields. Additional violator(s) data fields appear on the Florida Traffic Crash Report, Update/Continuation (HSMV-90004).

The section number must at all times correspond to the driver or pedestrian who was given the citation. If a vehicle owner or a passenger is given a citation for an infraction, do not place that information in the violator data fields. Explain the owner or passenger infractions in the narrative portion of the Florida Traffic Crash Report, Narrative / Diagram, (HSMV-90005).

Florida Traffic Crash Report  
Narrative / Diagram  
HSMV-90005

# FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM

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

DO NOT WRITE IN THIS SPACE

SAMPLE NARRATIVE/DIAGRAM FOR 2002

TIME EMS NOTIFIED (FATALITIES ONLY)	TIME EMS ARRIVED (FATALITIES ONLY)	DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				

(NARRATIVE)

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

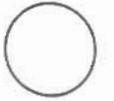
WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
------------------	-----------------	--------------	----------	------------------	-----------------	--------------	----------

FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	INJURED TAKEN TO:	BY - NAME
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WAS INVESTIGATION MADE AT SCENE?	1. YES <input type="checkbox"/>	2. NO <input type="checkbox"/>	F NO, THEN WHERE?	IS INVESTIGATION COMPLETE?	1. YES <input type="checkbox"/>	2. NO <input type="checkbox"/>	F NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN	1. YES <input type="checkbox"/>	2. NO <input type="checkbox"/>	IF YES, BY WHOM?	1. INVESTIGATING AGENCY <input type="checkbox"/>	2. OTHER <input type="checkbox"/>
----------------------------------	---------------------------------	--------------------------------	-------------------	----------------------------	---------------------------------	--------------------------------	-----------------	----------------	--------------	---------------------------------	--------------------------------	------------------	--	-----------------------------------

INVESTIGATOR - RANK & SIGNATURE	BADGE NUMBER	DEPARTMENT	FLIP	SO	PD	OTHER
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DIAGRAM



INDICATE NORTH  
WITH ARROW

## Narrative / Diagram

(Form Number HSMV-90005)

This report is used to describe and diagram the traffic crash scene, and to identify passengers. It is always used in conjunction with the Florida Traffic Crash Report, Long Form, HSMV-90003. Extreme care should be taken to ensure that the date of the traffic crash, the county / city code, the investigating agency report number, and the HSMV pre-printed crash report number on the narrative / diagram and the long form are identical.

### TIME EMS NOTIFIED (Fatalities only)

TIME EMS NOTIFIED (FATALITIES ONLY)		
10:15	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM

Enter the time of day that emergency medical services were notified of the traffic crash

- > Place an X or a check mark in the AM or PM box.
- \* Midnight is considered AM and noontime is considered PM.

NOTE: Use the 12 hour clock system to identify the time of the crash. Do not use the 24 hour clock system (aka military time).

### TIME EMS ARRIVED (Fatalities only)

TIME EMS ARRIVED (FATALITIES ONLY)		
10:15	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM

Enter the time of day that emergency medical services arrived at the scene of the traffic crash.

- > Place an X or a check mark in the AM or PM box.
- \* Midnight is considered AM and noontime is considered PM.

NOTE: Use the 12 hour clock system to identify the time you were notified of the traffic crash. Do not use the 24 hour clock system (aka military time).

### DATE OF CRASH

DATE OF CRASH		
01	10	02

Enter the date of the traffic crash in month, day, and year order in the following manner:

- > Display the month by using the numbers 01 through 12.
- > Display the day by using the numbers 01 through 31.
- > Display the appropriate year as required.
- > The date of the crash must be identical to the date of the crash on page one of the Florida Traffic Crash Report, Long Form, HSMV-90003

## Narrative / Diagram

(Form Number HSMV-90005)

### COUNTY / CITY CODE

COUNTY / CITY CODE  
13 / 51

This space is used to identify the county and city (aka place) codes. Please refer to appendix 1 for the correct codes.

- > Enter the county and city code as required.
- > The county / city code must be identical to the county / city code on page one of the Florida Traffic Crash Report, Long Form, HSMV-90003

### INVESTIGATING AGENCY REPORT NUMBER

INVEST AGENCY REPORT NUMBER  
01-011234567-01

This space is used to identify the investigating law enforcement agency's report or file number.

- > Enter the report or file number assigned by the agency.
- > The investigating agency report number must be identical to the investigating agency report number on page one of the Florida Traffic Crash Report, Long Form, HSMV-90003

### HSMV CRASH REPORT NUMBER

HSMV CRASH REPORT NUMBER  
1 2 3 4 5 6 7 8

This space is used to identify the eight digit pre-printed crash report number. A pre-printed crash report number appears on each Florida Traffic Crash Report, Long form, HSMV-90003.

- > Enter the HSMV pre-printed crash report number.
- > The pre-printed crash report number must be identical to the pre-printed crash report number on page one of the Florida Traffic Crash Report, Long Form, HSMV-90003

## Narrative / Diagram

(Form Number HSMV-90005)

### NARRATIVE

Describe what happened, and ensure that the correct section number is used when referring to specified vehicles, drivers, or pedestrians. Use the Florida Traffic Crash Report, Update / Continuation, HSMV-90004, if additional narrative space is needed.

(NARRATIVE)

The driver of vehicle 1 (section 1) ran into the back of the vehicle 2 (section 2). Driver 2 lost control of his vehicle and ran off the road and struck pedestrian (section 3) who was walking on the shoulder of the road.

### PASSENGERS

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	EQUIP		EJECT
1	1	Jimmy D. Doe	Apt. 10, 1515 Angle Street	Triangle, FL	32000-0000	05/08/40	1	1	3	3	2	4	1

This space is used to identify all passengers riding within or on a vehicle. This includes people riding in the back of a pick-up truck and people riding illegally on the vehicle. The passenger information must be provided for all injured and uninjured passengers.

- > Enter the correct section number. This number must be identical to the vehicle or pedestrian section number controlling the vehicle the passenger was riding in or on at the time of the traffic crash.
- > Enter the passenger number(s) for all passengers riding in or on the same vehicle
- > Enter the name, current address, city and state, and zip code for each passenger.
- > Enter the date of birth for each passenger.
- > Enter the elements for identifying the race, sex, location, injury, safety equipment, and ejected codes for each passenger. The codes are located on page one of the Florida Traffic Crash Report, Long Form, HSMV-90003 in the " Code Information" section.
- > Use the Florida Traffic Crash Report, Update / Continuation, HSMV-90004, if more space for passenger information is required.

## Narrative / Diagram

(Form Number HSMV-90005)

### VIOLATOR(S)

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

This classification is used to identify each vehicle **driver** or **pedestrian** who was given a citation for a traffic violation by the law enforcement officer who investigated the traffic crash.

- > Enter the correct section number, the name of the violator (driver or pedestrian) who was given the traffic violation citation; the Florida Statute number, the type of charge, and the citation number in the spaces provided.
- > Additional violator(s) data fields appear on the Florida Traffic Crash Report, Update/Continuation (HSMV-90004).

The section number must at all times correspond to the driver or pedestrian who was given the citation. If a vehicle owner or a passenger is given a citation for an infraction, do not place that information in the violator data fields. Explain the owner or passenger infractions in the narrative portion of the Florida Traffic Crash Report, Narrative / Diagram, (HSMV-90005).

### WITNESS NAME

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
None			

This space is used to identify anyone who witnessed the traffic crash

- > Enter the information requested in the same manner previously described for similar records.

### FIRST AID GIVEN BY

FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other
James Bond	2

This space is used to identify if first aid was administered at the scene of the traffic crash

- > Enter the name of the person administering first aid and the code that best identifies their certification level.

### FIRST AID GIVEN BY

INJURED TAKEN TO:
Memorial

This space is used to identify the name of the hospital or facility that received injured drivers, pedestrians, or passengers.

- > Enter the name as appropriate.

# Narrative / Diagram

(Form Number HSMV-90005)

## BY-NAME

BY - NAME
Memorial Ambulance

This space is used to identify the name of the person or agency that transported the injured drivers, pedestrians, or passengers.

- > Enter the name as appropriate..

## WAS INVESTIGATION MADE AT SCENE

WAS INVESTIGATION MADE AT SCENE?	1 YES	2 NO	IF NO, THEN WHERE?
		1	

This space is used to identify if the investigation was made at the traffic crash scene.

- > Enter the number 1 in the space provided if the investigation was made at the scene.
- > Enter the number 2 in the space provided if no and then the name of the location where the investigation took place.

## IS INVESTIGATION COMPLETE

IS INVESTIGATION COMPLETE?	1 YES	2 NO	IF NO, THEN WHY?
		1	

This space is used to identify if the investigation is complete.

- > Enter the number 1 in the space provided if the investigation is complete.
- > Enter the number 2 in the space provided if no and the reason why the investigation is not complete.

## DATE OF REPORT

DATE OF REPORT
01   10   02

This space is used to identify the date the traffic crash report was completed..

- > Enter the date the report was completed in month, day, and year sequence.

## PHOTOS TAKEN

PHOTOS TAKEN	1 YES	2 NO	IF YES, BY WHOM?	1 INVESTIGATING AGENCY	2 OTHER
		1		1	

This space is used to identify if photographs were taken at the scene of the traffic crash and if so, by whom.

- > Enter a 1 if photos were taken or a 2 if they were not taken in the space provided.
- > Enter a 1 if the investigating agency took the photos or a 2 if not.

## Narrative / Diagram

(Form Number HSMV-90005)

### BY-NAME

INVESTIGATOR - RANK & SIGNATURE Cpl. Bob Baker	ID/BADGE NUMBER 1234	DEPARTMENT Triangle Police Department	FHP <input type="checkbox"/>	SO <input type="checkbox"/>	PD <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
---	-------------------------	--	---------------------------------	--------------------------------	---	-----------------------------------

This space is used to identify the name of the investigator and the investigating law enforcement agency.

- > Enter the your rank and name and sign the report..
- > Enter your ID or badge number.
- > Enter the name of your department and place an X in the correct box.

### DIAGRAM

This space is used to draw the traffic crash scene. The diagram should be prepared based on the standard operating procedures of the submitting agency for matters of this type.

Florida Traffic Crash Report  
UPDATE / CONTINUATION  
HSMV-90004

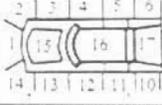
# FLORIDA TRAFFIC CRASH REPORT

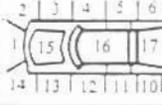
UPDATE  CONTINUATION

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

DO NOT WRITE IN THIS SPACE

DATE OF CRASH	COUNTY - CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
---------------	--------------------	------------------------------	--------------------------

S e c t i o n	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER			18 Undercarriage 19 Overturn 20 Windshield 21 Trailer			
	TRAILER OR TOWED VEHICLE INFORMATION											SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)		
V e h i c l e	VEHICLE TRAVELLING N S E W	ON	AT	Est MPH	Posted Speed	EST VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S)					
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY		1. Tow Rotation List 2. Tow Owner's Request		3. Driver 4. Other					
P e d e s t r i a n	NAME OF VEHICLE OWNER (Check Box if Same As Driver)		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 MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)				CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS					
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)				CITY, STATE & ZIP CODE		DATE OF BIRTH					
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS DEF	RES	RACE	SEX	NJ	S EQUIP	EJECT
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND			WAS HAZARDOUS MATERIAL SPILLED*	RECOMMEND DRIVER RE EXAM IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
1 Yes 2 No		1 Yes 2 No				1 Yes 2 No	1 Yes 2 No							

S e c t i o n	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER			18 Undercarriage 19 Overturn 20 Windshield 21 Trailer			
	TRAILER OR TOWED VEHICLE INFORMATION											SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)		
V e h i c l e	VEHICLE TRAVELLING N S E W	ON	AT	Est MPH	Posted Speed	EST VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S)					
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY		1. Tow Rotation List 2. Tow Owner's Request		3. Driver 4. Other					
P e d e s t r i a n	NAME OF VEHICLE OWNER (Check Box if Same As Driver)		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 MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)				CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS					
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)				CITY, STATE & ZIP CODE		DATE OF BIRTH					
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS DEF	RES	RACE	SEX	NJ	S EQUIP	EJECT
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND			WAS HAZARDOUS MATERIAL SPILLED*	RECOMMEND DRIVER RE EXAM IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
1 Yes 2 No		1 Yes 2 No				1 Yes 2 No	1 Yes 2 No							

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
\$						
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
\$						
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
\$						
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
WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO		IF NO., THEN WHERE?		IS INVESTIGATION COMPLETE? 1 YES 2 NO		F. NO. THEN WHY?	
DATE OF REPORT		PHOTOS TAKEN 1 YES 2 NO		F. YES, BY WHOM? 1 INVESTIGATING AGENCY 2 OTHER			
INVESTIGATOR - RANK & SIGNATURE		BADGE NUMBER		DEPARTMENT		EMP. SO. PD. OTHER	



## Update / Continuation

(Form Number HSMV-90004)

This report is used to update or upgrade information previously recorded on a Florida Traffic Crash Report, Long Form, HSMV-90003. This report also functions as a continuation report to identify additional vehicle, driver, pedestrian, passenger, property damage other than vehicles, and crash scene characteristics if more than three vehicles or pedestrians are involved in the same traffic crash. When completing this section it is important to remember that code entries must correspond to the **VEHICLE OR PEDESTRIAN SECTION** they are intended to represent.

Refer to the procedures for entering data on the long form and narrative / diagram when completing the

### UPDATE

#### FLORIDA TRAFFIC CRASH REPORT

UPDATE       CONTINUATION

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

Provide the following information when this form is used to update a vehicle or pedestrian section. Only the updated information and data to link the update / continuation report with the long form and narrative / diagram are required.

- > Enter an X or a check mark in the box marked "Update."
- > Enter the Date of the Crash. The date must be identical to the date of the crash on the Florida Traffic Crash Report Long Form, HSMV-90003 and the Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005.
- > Enter the County / City code. The code must be identical to the county / city codes on the Florida Traffic Crash Report Long Form, HSMV-90003 and The Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005
- > Enter the Investigating Agency Report Number. The number must be identical to the investigating agency report number on the Florida Traffic Crash Report Long Form, HSMV-90003 and The Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005.
- > Enter the eight digit pre-printed HSMV Crash Report Number. The number must be identical to the pre-printed HSMV Crash report number on the Florida Traffic Crash Report Long Form, HSMV-90003 and The Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005.
- > Enter the vehicle or pedestrian section number (1,2,3,etc) that you intend to update.
- > Enter the updated information; for example, alcohol /drug test results from .000 to .010.
- > Enter rank and sign the report.
- > Enter your ID / Badge number
- > Enter the name of your department and place an X in the appropriate box.

## Update / Continuation

(Form Number HSMV-90004)

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	\$ EQUIP.	EJECT
1	1											2

Provide the following information when this form is used to update a passenger record. Only the updated information and data to link the update / continuation report with the long form and narrative / diagram are required.

- > Enter an X or a check mark in the box marked "Update."
- > Enter the Date of the Crash. The date must be identical to the date of the crash on the Florida Traffic Crash Report Long Form, HSMV-90003 and the Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005.
- > Enter the County / City code. The codes must be identical to the county / city codes on the Florida Traffic Crash Report Long Form HSMV-90003 and The Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005
- > Enter the Investigating Agency Report Number. The number must be identical to the investigating agency report number on the Florida Traffic Crash Report Long Form, HSMV-90003 and The Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005.
- > Enter the eight digit pre-printed HSMV Crash Report Number. The number must be identical to the pre-printed HSMV Crash report number on the Florida Traffic Crash Report Long Form, HSMV-90003 and The Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005.
- > Enter the section and passenger number and the updated information.
- > Enter rank and sign the report.
- > Enter your ID / Badge number
- > Enter the name of your department and place an X in the appropriate box.

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1		\$ 500.00					

Provide the following information when this form is used to update a property damage other than vehicle record. Only the updated information and data to link the update / continuation report with the long form and narrative/diagram are required.

- > Enter an X or a check mark in the box marked "Update."
- > Enter the Date of the Crash. The date must be identical to the date of the crash on the Florida Traffic Crash Report Long Form, HSMV-90003 and the Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005.
- > Enter the County / City code. The code must be identical to the county / city codes on the Florida Traffic Crash Report Long Form, HSMV-90003 and The Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005
- > Enter the Investigating Agency Report Number. The number must be identical to the investigating agency report number on the Florida Traffic Crash Report Long Form, HSMV-90003 and The Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005.

## Update / Continuation

(Form Number HSMV-90004)

- > Enter the eight digit pre-printed HSMV Crash Report Number. The number must be identical to the pre-printed HSMV Crash report number on the Florida Traffic Crash Report Long Form, HSMV-90003 and The Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005.
- > Enter the section number and the updated information.
- > Enter rank and sign the report.
- > Enter your ID / Badge number
- > Enter the name of your department and place an X in the appropriate box.

### CONTINUATION

#### FLORIDA TRAFFIC CRASH REPORT

UPDATE       CONTINUATION

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

Provide the following information when this form is used as continuation report.

- > Enter an X or a check mark in the box marked "Continuation"
- > Enter the Date of the Crash. The date must be identical to the date of the crash on the Florida Traffic Crash Report Long Form, HSMV-90003 and the Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005.
- > Enter the County / City code. The code must be identical to the county / city codes on the Florida Traffic Crash Report Long Form, HSMV-90003 and The Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005
- > Enter the Investigating Agency Report Number. The number must be identical to the investigating agency report number on the Florida Traffic Crash Report Long Form, HSMV-90003 and The Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005.
- > Enter the eight digit pre-printed HSMV Crash Report Number. The number must be identical to the pre-printed HSMV Crash report number on the Florida Traffic Crash Report Long Form, HSMV-90003 and The Florida Traffic Crash Report, Narrative / Diagram Report, HSMV-90005.
- > Enter the Section Number (4.5 etc) for the vehicle or pedestrian.
- > Enter the additional vehicle, pedestrian, property damage-other than vehicle, or passenger information as previously outlined in this manual
- > Enter rank and sign the report.
- > Enter your ID / Badge number
- > Enter the name of your department and place an X in the appropriate box.

LAW ENFORCEMENT SHORT FORM  
DRIVER REPORT OF TRAFFIC CRASH  
DRIVER EXCHANGE OF INFORMATION  
HSMV-90006

- 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 of	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 1	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 1	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 2	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 2	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 3	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 3	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	
Violator(s)	SECTION #	NAME OF VIOLATOR			FL STATUTE NUMBER	CHARGE	CITATION NUMBER							
	SECTION #	NAME OF VIOLATOR			FL STATUTE NUMBER	CHARGE	CITATION NUMBER							
	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	<input type="checkbox"/> FHP <input type="checkbox"/> SO <input type="checkbox"/> PD <input type="checkbox"/> OTHER								

<b>CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN</b>			<b>VEHICLE DEFECT</b>			<b>VEHICLE MOVEMENT</b>			<b>VEHICLE SPECIAL FUNCTIONS</b>				
01 No Improper Driving / Action	1	2	3	01 No Defects	1	2	3	01 Straight Ahead	1	2	3		
02 Careless Driving (Explain in Narrative)				02 Def Brakes				02 Slowing / Stopped / Stalled					
03 Failed To Yield Right - of - Way				03 Worn / Smooth Tires				03 Making Left Turn					
04 Improper Backing				04 Defective / Improper Lights				04 Backing					
05 Improper Lane Change				05 Puncture / Blowout				05 Making Right Turn	11 Passing				
06 Improper Turn				06 Steering Mech				06 Changing Lanes	12 Driverless or Runaway vehicle				
07 Alcohol - Under Influence				07 Windshield Wipers				07 Entering / Leaving / Parking Space	77 All Other (Explain in Narrative)				
08 Drugs - Under Influence				08 Equipment / Vehicle Defect				08 Properly Parked					
09 Alcohol & Drugs - Under influence				77 All Other (Explain in Narrative)				09 Improperly Parked					
10 Followed Too Closely								10 Making U-Turn					
11 Disregarded Traffic Signal				<b>POINT OF COLLISION</b>			<b>PEDESTRIAN ACTION</b>			<b>SOURCE OF CARRIER INFORMATION</b>			
12 Exceeded State Speed Limit	19 Improper Load	20 Disregarded Other Traffic Control	21 Driving Wrong Side / Way	01 On Road	1	2	3	01 Crossing Not at Intersection	07 Working in Road	1	2	3	
13 Disregarded Stop Sign	22 Fleeing Police	23 Vehicle Modified	24 Driver Distraction	02 Not On Road				02 Crossing at Mid-block Crosswalk	08 Standing Playing in Road				
14 Failed To Maintain Equip. / Vehicle	25 Fleed From Police	26 Driver Distraction	77 All Other (Explain in Narrative)	03 Shoulder				03 Crossing at Intersection	09 Standing in Pedestrian Island				
15 Improper Passing	27 All Other (Explain in Narrative)			04 Median				04 Waking Along Road With Traffic	77 All Other (Explain in Narrative)				
16 Drove Left of Center				05 Turn Lane				05 Waking Along Road Against Traffic	38 Unknown				
17 Exceeded State Speed Limit				<b>WORK AREA</b>			<b>LOCATION TYPE</b>			<b>ROAD SYSTEM IDENTIFIER</b>			
18 Obstructing Traffic				01 None	1	2	3	01 Crossing at Intersection	01 Interstate	07 Forest Road	01 Daylight	<b>LIGHTING CONDITION</b>	
				02 Nearby				02 Crossing at Mid-block Crosswalk	02 U.S.	08 Private Roadway	02 Dusk	<b>ROAD SURFACE CONDITION</b>	
				03 Entered				03 Crossing at Intersection	03 State	09 All Other (Explain in Narrative)	03 Dawn	<b>WEATHER</b>	
								04 Waking Along Road With Traffic	04 County		04 Dark (Street Light)	<b>ROAD SURFACE TYPE</b>	
								05 Waking Along Road Against Traffic	05 Local		05 Dark (No Street Light)	<b>ROAD SURFACE CONDITION</b>	
								06 Working on Vehicle In Road	06 Turnpike / Toll		06 Unknown	<b>WEATHER</b>	
												<b>ROAD SURFACE TYPE</b>	
												<b>WEATHER</b>	
												<b>ROAD SURFACE TYPE</b>	
												<b>WEATHER</b>	
												<b>ROAD SURFACE TYPE</b>	
												<b>WEATHER</b>	
												<b>ROAD SURFACE TYPE</b>	
												<b>WEATHER</b>	
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## Law Enforcement Short Form Report

(Form Number HSMV-90006)

This form is used as a Law Enforcement Short Form Report, Driver Report of Traffic Crash, or Driver Exchange of Information form. Time and location data are entered based on the instructions previously outlined for the long form report. The vehicle and pedestrian sections should be completed based on the information requested for each field. Completion of the events data (back of sheet 1) of the short form are the same as the long form.

This form is used to report all traffic crashes to the department that do not require completion of a Florida Traffic Crash Report, Long Form, HSMV-90003, by a law enforcement officer. A short form report is prepared (sheet 1) if the officer at the scene of the traffic crash decides to report the traffic crash to the department. The reporting officer is only required to fill in the shaded areas. Additional data can be entered if it is required by the reporting officer's agency. Place an X or check mark in the box at the top of sheet 1 that identifies the form as a Law Enforcement Short Form Report. Also, place an X or check mark in the box at the bottom of sheet 1 that states "no further action is required by you report completed by law enforcement agency." After completion the investigating officer should distribute the remaining copies (sheets 2, 3 and 4) to the driver(s).

If the officer decides not to report the crash, then the driver(s) must complete the form and send a copy to the department. The officer should remove sheet 1, and place an X or check mark in the box at the top of the sheet 2 that identifies the report as a Driver Report of Traffic Crash. Also place an X or check mark at the bottom of the sheet 2 that states "you must read and comply with the instructions on the back of this page." This statement refers to the instructions on the back of sheets 2, 3 and 4.

Use this form as a driver exchange of information when a long form is completed.

Appendix 1  
County and City / Place  
Codes

	County	City		County	City
<b>Dade County</b>					
Aventura	01	29	Pinewood	01	81
Bal Harbor	01	30	Richmond Heights	01	86
Bay Harbor Islands	01	32	South Miami	01	87
Biscayne Gardens	01	33	South Miami Heights	01	95
Biscayne Park	01	34	Sunny Isles	01	88
Browns Village	01	47	Surfside	01	89
Bunche Park	01	45	Sweetwater	01	90
Carol City	01	37	Uleta	01	96
Coconut Grove	01	36	Unicorporated	01	00
Coral Gables	01	38	Unincorporated Count	01	91
Coral Way Village	01	40	University of Miami	01	94
Cutler Ridge	01	42	Virginia Gardens	01	92
Dade Co. School P D	01	31	West Miami	01	93
El Portal	01	44	Westview	01	98
FI International Un.	01	99	Westwood Lakes	01	97
Florida City	01	46			
Golden Beach	01	48	<b>Duval County</b>		
Golden Glades	01	50	Atlantic Beach	02	30
Goulds	01	52	Baldwin	02	32
Hialeah	01	54	Bayard	02	34
Hialeah Gardens	01	56	Cecil Field NAS	02	48
Homestad AFB	01	59	Dinsmore	02	36
Homestead	01	58	Jacksonville	02	38
Indian Creek Village	01	60	Jacksonville Beach	02	40
Islandia	01	61	Jacksonville NAS	02	50
Kendall	01	63	Jacksonville University	02	46
Key Biscayne	01	62	Mandarin	02	42
Leisure City	01	65	Mayport NAS	02	52
Medley	01	64	Neptune Beach	02	44
Miami	01	66	Unicorporated	02	00
Miami Beach	01	68	Un. Of North Florida	02	60
Miami Lakes	01	69			
Miami Shores	01	70	<b>Hillsborough</b>		
Miami Springs	01	72	Brandon	03	39
Miami TP	01	67	Clair-Mel	03	38
Micc. Indian Res.	01	73	E. Lake Orient Park	03	46
Naranja	01	74	Egypt Lake	03	47
North Bay	01	76	Lake Carroll	03	48
North Bay Village	01	78	Lake Magdalene	03	49
North Miami	01	80	Leto	03	44
North Miami Beach	01	82	MacDill AFB	03	58
Norwood	01	71	Palm River/Clair Mel	03	51
Ojus	01	83	Plant City	03	40
Olympia Heights	01	77	Progress Village	03	42
Opa Locka	01	84	Rocky Creek	03	43
Palmetto Estates	01	79	Ruskin	03	45
Perrine	01	85	Sweetwater Creek	03	41
Pine Crest Village	01	35	Tampa	03	50

County and City / Place  
Codes

	County	City		County	City
<b>Hillsborough (Cont.)</b>					
Tampa Int. Airport	03	60	Fort Meade	05	44
Temple Terrace	03	52	Frostproof	05	42
Unincorporated	03	00	Haines City	05	46
Un. Of South Florida	03	54	Highland Park Village	05	43
Un. Of Tampa	03	56	Hillcrest Heights	05	47
			Lake Alfred	05	48
<b>Pinellas</b>			Lake Hamilton	05	50
Belleair	04	30	Lake Holloway	05	53
Belleair Beach	04	32	Lake Wales	05	54
Belleair Bluffs	04	34	Lakeland	05	52
Clearwater	04	36	Mulberry	05	56
Dunedin	04	38	Polk City	05	60
Eckerd College	04	72	Unincorporated	05	00
Gulfport	04	40	Wahnetta	05	61
Indian Rocks Beach	04	42	West Winter Haven	05	55
Indian Shores	04	74	Winston	05	35
Kenneth City	04	44	Winter Haven	05	62
Largo	04	46			
Lealman	04	47	<b>Palm Beach</b>		
Maderia Beach	04	48	Atlantis	06	28
N. Redington Beach	04	50	Belle Glade	06	30
Oldsmar	04	52	Belvedere Homes	06	31
Pinellas Co Campus P D	04	78	Boca Raton	06	32
Pinellas Park	04	54	Boynton Beach	06	34
Redington Beach	04	56	Briny Breezes	06	36
Redington Shores	04	58	Cloud lake	06	38
Safety Harbor	04	60	Delray Beach	06	40
Seminole Park	04	61	FI Atlantic Un.	06	95
Seminole Park	04	76	Glen Ridge	06	41
South Pasadena	04	62	Golf Village	06	24
St. Petersburg	04	64	Golfview	06	26
St. Petersburg Beach	04	66	Greenacres City	06	42
St.Pete/Clearwater Air.	04	65	Gulf Stream	06	44
Tarpon Springs	04	68	Haverhill	06	46
Treasure Island	04	70	Highland Beach	06	48
Unincorporated	04	00	Hypoluxo	06	50
			Juno Beach	06	52
<b>Polk</b>			Jupiter	06	54
Auburndale	05	30	Jupiter Inlet Colony	06	56
Bartow	05	32	Lake Clark Shores	06	58
Combee settlement	05	31	Lake Park	06	60
Cypress Gardens	05	37	Lake Worth	06	62
Davenport	05	34	Lantana	06	64
Dundee	05	36	Manalapan	06	66
Eagle Lake	05	38	Mangonia Park	06	68
Eagle Peak	05	40	North Palm Beach	06	70
East Auburndale	05	33	Ocean Ridge	06	72
Florida Southern Coll.	05	64	Pahokee	06	74

County and City / Place  
Codes

<b>Palm Beach (Cont.)</b>	County	City	<b>Volusia</b>	County	
Palm Beach	06	76	Bethune Cookman Col.	08	62
Palm Beach AFB	06	75	Daytona Beach	08	30
Palm Beach Gardens	06	78	Daytona Beach Airport	08	33
Palm Beach School Bd.	06	96	Daytona Beach Shores	08	32
Palm Beach Shores	06	80	De Bary	08	34
Palm Springs	06	82	De Land	08	36
Riveria Beach	06	84	De Leon Springs	08	39
Royal Palm Beach	06	86	Deltona	08	37
South Bay	06	88	Edgewater	08	38
South Palm Beach	06	90	Holly Hill	08	40
Tequesta Village	06	92	Lake Helen	08	42
Unincorporated	06	00	New Smyrna Beach	08	44
Wellington	06	89	Oak Hill	08	46
West Gate	06	93	Orange City	08	48
West Palm Beach	06	94	Ormond Beach	08	50
			Ormond By The Sea	08	41
			Pierson	08	52
<b>Orange</b>			Ponce Inlet	08	54
Apoka	07	30	Port Orange	08	56
Azalea Park	07	44	Seville	08	58
Bay Lake	07	31	South Daytona	08	60
Belle Isle	07	32	South Peninsula	08	61
Conway	07	47	Stetson Un.	08	64
Eatonville	07	34	Unincorporated	08	00
Edgewood	07	35			
Fairview Shores	07	36	<b>Escambia</b>		
Holden Hills	07	49	Brent	09	28
Lake Buena Vista	07	53	Cantoment	09	30
Lockhart	07	51	Century	09	32
Maitland	07	40	Corry Field NAS	09	66
McCoy AFB	07	56	Ellyson Field NAS	09	68
Mount Dora	07	39	Escambia NAS	09	72
Oakland	07	41	Myrtle Grove	09	40
Ocoee	07	42	Pensacola	09	50
Ora Tran A	07	33	Saufley Field NAS	09	70
Orlando	07	46	Unincorporated	09	00
Orlando AFB	07	58	Un. Of West Florida	09	64
Orlando TP	07	57	Warrington	09	62
Orlovista	07	43	West Pensacola	09	63
Pine Hills	07	48			
Sky Lake	07	45	<b>Broward</b>		
Un. Of Central Florida	07	55	Broadview	10	37
Unincorporated	07	00	Browardale	10	29
Union Park	07	70	Carver Ranch Estates	10	39
Windermere	07	50	Coconut Creek	10	28
Winter Garden	07	52	Collier Manr/Crestha	10	35
Winter Park	07	54			

County and City / Place  
Codes

<b>Broward (Cont.)</b>	County	City	<b>Alachua (Cont.)</b>	County	City
Cooper City	10	30	Sante Fe Community College	11	31
Coral Springs	10	31	University Of Florida	11	50
Dania Beach	10	32	Unincorporated	11	00
Davie	10	34	Waldo	11	60
Deerfield Beach	10	36			
Ft. Lauderdale	10	38	<b>Lake</b>		
Hacienda	10	41	Astula	12	28
Hallendale	10	40	Clermont	12	30
Hillsboro Beach	10	42	Eustis	12	32
Hollywood	10	44	Fruitland Park	12	34
Hollywood Ridge Farm	10	46	Groveland	12	36
Lake Forest	10	47	Howey-in-the-Hills	12	38
Lauderdale by the Sea	10	48	Lady Lake	12	40
Lauderdale Lakes	10	50	Leesburg	12	42
Lauderhill	10	52	Mascotte	12	50
Lazy Lake Village	10	54	Minneola	12	52
Lighthouse Point	10	56	Montverde	12	53
Margate	10	60	Mount Dora	12	54
Melrose Park	10	61	Tavares	12	60
Miramar	10	62	Umatilla	12	62
North Andrews Garden	10	67	Unincorporated	12	00
North Lauderdale	10	63			
Oakland Park	10	64	<b>Leon</b>		
Parkland	10	71	Florida A & M University	13	30
Pembroke Park	10	66	Florida State University	13	40
Pembroke Pines	10	68	Tallahassee	13	50
Plantation	10	70	Unincorporated	13	00
Pompano Beach	10	72			
Pompano Beach Hlnds.	10	65	<b>Marion</b>		
Riverland	10	69	Bellview	14	30
Sea Ranch Lakes	10	74	Dunnellon	14	32
Seminole Indian Res.	10	75	McIntosh	14	34
Sunrise	10	76	Ocala	14	40
Tamarac	10	77	Reddick	14	42
Unincorporated	10	00	Silver Springs Shore	14	50
West Hollywood	10	78	Unincorporated	14	00
Weston	10	79	West End	14	39
Wilton Manors	10	80			
			<b>Manatee</b>		
<b>Alachua</b>			Anna Maria	15	30
Alachua	11	30	Bayshore Gardens	15	48
Archer	11	32	Bradenton	15	32
Gainesville	11	34	Bradenton Beach	15	34
Hawthorne	11	36	Cedar Hmck/Brad S	15	35
High Springs	11	38	Holmes Beach	15	36
La crosse	11	39	Longboat Key	15	38
Micanopy	11	40	Memphis	15	44
Newberry	11	42	Oneco	15	40

County and City / Place  
Codes

<b>Manatee (Cont.)</b>	County	City	<b>Lee (Cont.)</b>	County	City
Palmetto	15	42	Unincorporated	18	00
Parrish	15	43			
Samoset	15	46	<b>Brevard</b>		
Unincorporated	15	00	Canova Beach	19	28
West Bradenton	15	50	Cape Canaveral	19	30
			Cocoa	19	32
<b>Sarasota</b>			Cocoa Beach	19	34
Englewood	16	47	Cocoa West	19	49
Gulf Gate Estates	16	38	Eau Gallie	19	36
Kensington Park	16	39	Florida Inst. Of Tec	19	56
Longboat Key	16	40	Indialantic	19	38
Nokomis/Laurel	16	41	Indian Harbour Beach	19	40
North Port	16	48	June Park	19	47
Port Charlotte	16	42	Kennedy Space Center	19	64
Ridgewood Heights	16	52	Malabar	19	60
Sarasota	16	50	Melbourne	19	42
Sarasota S	16	43	Melbourne AA	19	66
Sarasota SE	16	49	Melbourne Beach	19	44
Sarasota Springs	16	44	Melbourne Village	19	65
Sarasota-Manatee Air	16	51	Merritt Island	19	45
Siesta Key	16	45	Mims	19	41
Unincorporated	16	0	Palm Bay	19	46
Venice	16	60	Palm Shores	19	62
Venice South	16	46	Patrick AFB	19	48
			Rockledge	19	50
<b>Seminole</b>			Satellite Beach	19	52
Altamonte Springs	17	30	South Patrick Shores	19	51
Casselberry	17	32	Titusville	19	54
Lake Mary	17	38	Unincorporated	19	00
Longwood	17	40	West Eau Gallie	19	53
Oviedo	17	44	West Melbourne	19	43
Sanford	17	60			
Unincorporated	17	00	<b>St Johns</b>	County	City
Winter Springs	17	70	FL School for Deaf/Blind	20	51
			Fla. Memorial College	20	30
<b>Lee</b>			Hastins	20	40
Bonita Springs	18	30	Marineland	20	42
Cape Coral	18	41	Ponte Vedra	20	46
Fort Myers	18	40	St. Augustine	20	50
Fort Myers Beach	18	42	St. Augustine Beach	20	52
Fort Myers SE	18	43	Unincorporated	20	00
Fort Myers SW	18	46			
Ft. Myers Vil/Pin Mn	18	44	<b>Gadsden</b>		
Lee Co. Airport Poli	18	56	Chattahoochee	21	30
Lehigh Acres	18	45	Greensboro	21	32
North Fort Myers	18	47	Gretna	21	34
Sanibel	18	50	Havana	21	40
Tice	18	55	Midway	21	45

County and City / Place  
Codes

	County	City		County	City
<b>Gadsden (Cont.)</b>			<b>Highlands</b>		
Quincy	21	50	Avon Park	27	30
Unincorporated	21	00	Lake Placid	27	40
			Sebring	27	50
<b>Putnam</b>			Sebring Airport	27	51
Crescent City	22	30	Unincorporated	27	00
Interlachen	22	35			
Palatka	22	40	<b>Pasco</b>		
Unincorporated	22	00	Beacon Square	28	26
Welaka	22	60	Buena Vista	28	28
			Dade City	28	30
<b>Bay</b>			East Richey Lakes	28	34
Bayview	23	28	Jasmine Estates	28	32
Calloway	23	30	Land O' Lakes	28	35
Cedar Grove	23	32	New Port Richey	28	40
Highland Park	23	31	Port Richey	28	50
Lynn Haven	23	34	San Antonio	28	60
Mexico Beach	23	40	St. Leo	28	62
Panama City	23	50	Unincorporated	28	00
Panama City Beach	23	62	Zephyrhills	28	70
Parker	23	51			
Springfield	23	52	<b>Columbia</b>		
Tyndall AFB	23	60	Fort White	29	50
Unincorporated	23	00	Lake City	29	51
			Unincorporated	29	00
<b>St Lucie</b>			Watertown	29	49
Fort Pierce	24	40			
Fort Pierce NW	24	30	<b>Hardee</b>		
Port St. Lucie	24	50	Bowling Green	30	40
St. Lucie Village	24	52	Unincorporated	30	00
Unincorporated	24	00	Wauchula	30	60
			Zolfo Springs	30	80
<b>Jackson</b>					
Alford	25	28	<b>Suwannee</b>		
Bascom	25	52	Branford	31	30
Cottdale	25	30	Live Oak	31	40
Graceville	25	40	Unincorporated	31	00
Grand Ridge	25	42			
Malone	25	46	<b>Indian River</b>		
Marianna	25	50	Fellsmere	32	36
Sneads	25	51	Gifford	32	38
Unincorporated	25	00	Indian River Shores	32	40
			Orchid	32	42
<b>Osceola</b>			Sebastian	32	50
Kissimmee	26	40	Unincorporated	32	00
St. Cloud	26	50	Vero Beach	32	52
Unincorporated	26	00	Vero Beach South	32	54
			Wabasso	32	60

County and City / Place  
Codes

	County	City	Levy	County	City
<b>Santa Rosa</b>					
Eglin AFB	33	54	Bronson	39	30
Gulf Breeze	33	40	Cedar Key	39	32
Jay	33	42	Chiefland	39	34
Milton	33	50	Dept. of Agriculture	39	31
Unincorporated	33	00	Fanning Springs	39	42
Whiting Field	33	52	Inglis	39	40
			Otter Creek	39	41
			Unincorporated	39	0
<b>De Soto</b>			Williston	39	60
Arcadia	34	30	Yankeetown	39	62
Unincorporated	34	00			
			<b>Hernando</b>		
<b>Madison</b>			Brooksville	40	30
Greenville	35	30	Weekiwachee	40	40
Lee	35	32	Unincorporated	40	00
Madison	35	40			
Unincorporated	35	00	<b>Nassau</b>		
			Callahan	41	30
<b>Walton</b>			Fernandina Beach	41	40
Defuniak Springs	36	40	Hilliard	41	42
Destin	36	55	Unincorporated	41	00
Eglin AFB	36	50	Yulee	41	60
Florala	36	54			
Freeport	36	52	<b>Martin</b>		
Paxton	36	60	Hobe Sound	42	39
Port Washington	36	62	Indiantown	42	40
Santa Rosa Beach	36	42	Jensen Beach	42	41
Unincorporated	36	00	Jupiter Island	42	42
			Ocean Breeze Park	42	50
<b>Taylor</b>			Ocean Ridge Park	42	52
Perry	37	50	Palm City	42	53
Steinhatchee	37	40	Port Salerno	42	54
Unincorporated	37	00	Port St. Lucie	42	56
			Sewalls Point	42	60
<b>Monroe</b>			Stuart	42	62
Boca Chica	38	48	Unincorporated	42	00
Boca Chica NAS	38	50			
Islamorada	38	30	<b>Okaloosa</b>		
Key Colony Beach	38	40	Cinco Bayou	43	28
Key Largo	38	41	Crestview	43	30
Key West	38	42	Eglin	43	34
Layton	38	44	Eglin AFB	43	62
Marathon	38	45	Ft. Walton Beach	43	32
Munson Island	38	46	Laurel Hill	43	44
Plantation	38	43	Mary Esther	43	40
Tavernier	38	52	Niceville	43	42
Unincorporated	38	00	Ocean City	43	36
			Okaloosa County Airport	43	33

County and City / Place  
Codes

<b>Okaloosa (Cont.)</b>	County	City	<b>Washington (Cont.)</b>	County	City
Shalimar	43	46	Unincorporated	50	00
Unincorporated	43	00	Wausua	50	60
Valparaiso	43	60			
<b>Sumter</b>			<b>Holmes</b>		
Bushnell	44	30	Bonifay	51	30
Center Hill	44	32	Eto	51	32
Coleman	44	34	Ponce De Leon	51	40
Webster	44	60	Unincorporated	51	00
Wildwood	44	62	Westville	51	36
Unincorporated	44	00			
<b>Bradford</b>			<b>Baker</b>		
Brooker	45	35	Glen St. Mary	52	50
Hampton	45	37	Macclenny	52	60
Lawtey	45	39	Unincorporated	52	00
Starke	45	40			
Unincorporated	45	0	<b>Charlotte</b>		
<b>Jefferson</b>			Englewood	53	52
Monticello	46	40	Port Charlotte	53	54
Unincorporated	46	00	Punta Gorda	53	50
			Unincorporated	53	00
<b>Citrus</b>			<b>Dixie</b>		
Crystal River	47	40	Cross City	54	40
Homosassa Springs	47	41	Cross City AF Station	54	45
Inverness	47	42	Horseshoe Beach	54	50
Unincorporated	47	0	Unincorporated	54	00
<b>Clay</b>			<b>Gilchrist</b>		
Doctors Inlet	48	38	Bell	55	44
Green Cove Springs	48	40	Fanning Springs	55	46
Keystone Heights	48	42	Trenton	55	50
Lee Field NAS	48	46	Unincorporated	55	00
Middleburg	48	48			
Orange Park	48	44	<b>Hamilton</b>		
Penny Farms	48	47	Jasper	56	40
Unincorporated	48	00	Jennings	56	42
			Unincorporated	56	00
<b>Hendry</b>			White Springs	56	60
Clewiston	49	40			
La Belle	49	50	<b>Okeechobee</b>		
Unincorporated	49	00	Okeechobee	57	50
			Unincorporated	57	00
<b>Washington</b>			<b>Calhoun</b>		
Caryville	50	30	Altha	58	30
Ebro	50	40	Blountstown	58	32
Vernon	50	50	Unincorporated	58	00

County and City / Place  
Codes

	County	City		County	City
<b>Franklin</b>			<b>Liberty</b>		
Apalachicola	59	30	Bristol	67	30
Eastpoint	59	31	Unincorporated	67	0
Carrabelle	59	32			
Unincorporated	59	0	<b>Unknown</b>		
			Unincorporated	68	0
<b>Glades</b>					
Moore Haven	60	40			
Unincorporated	60	0			
<b>Flagler</b>					
Beverly Beach	61	28			
Bunnell	61	30			
Flagler Beach	61	40			
Marineland	61	42			
Painter Hill	61	44			
Unincorporated	61	0			
<b>Lafayette</b>					
Mayo	62	40			
Unincorporated	62	0			
<b>Union</b>					
Lake Butler	63	40			
Raiford	63	41			
Unincorporated	63	0			
Worthing Springs	63	50			
<b>Collier</b>					
East Naples	64	56			
Everglades	64	40			
Immokalee	64	50			
Naples	64	52			
North Naples	64	54			
Unincorporated	64	0			
<b>Wakulla</b>					
Crawfordville	65	30			
Sopchoppy	65	60			
St. Marks	65	62			
Unincorporated	65	0			
Wakulla	65	64			
<b>Gulf</b>					
Port St. Joe	66	40			
Unincorporated	66	0			
Ward Ridge	66	50			
Wewahitchka	66	52			

Appendix 2  
State Codes

Alabama	AL	Missouri	MO
Alaska	AK	Montana	MT
Arizona	AZ	Nebraska	NE
California	CA	New Hampshire	NH
Colorado	CO	New Jersey	NJ
Connecticut	CT	New Mexico	NM
Delaware	DE	New York	NY
District of Columbia	DC	North Carolina	NC
Florida	FL	North Dakota	ND
Georgia	GA	Ohio	OH
Hawaii	HI	Oklahoma	OK
Idaho	ID	Oregon	OR
Illinois	IL	Pennsylvania	PA
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY
Canada	CAN	Canal Zone	CZ
Guam	GU	Puerto Rico	PR