

# FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO DEPT. 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 <b>27/Nov/2009</b>	Time of Crash <b>02: 31 AM</b>	Time Officer Notified <b>02: 35 AM</b>	Time Officer Arrived <b>03: 01 AM</b>	Invest. Agency Report Number <b>FHPD09OFF105628</b>	HSMV Crash Report Number <b>77685828</b>
County Code/ <b>07</b>	City Code <b>00</b>	Feet or Mile(s) <b>1</b>	Direction of <b>E</b>	City or Town <b>WINDERMERE</b>	(check if in City or Town) <input type="checkbox"/> County <b>Orange</b>
At Node No. or <b>2</b>	Feet or Mile(s) <b>50</b>	From Node No.	Next Node No.	No. of Lanes <b>2</b>	1. Divided 2. Undivided On Street, Road or Highway <b>[REDACTED]</b>
At The Intersection Of (street, road or highway) or		Feet or Mile(s) <b>50</b>	Direction <b>N</b>	From Intersection Of (street, road or highway) <b>[REDACTED]</b>	

## SECTION 1 Pedestrian Vehicle

Driver Action 1. Phantom <input checked="" type="checkbox"/> 2. Hit and Run 3. N/A	Year <b>2009</b>	Make <b>CADI</b>	Type <b>01</b>	Use <b>01</b>	Veh. License Number <b>[REDACTED]</b>	State <b>FL</b>	Vehicle Identification Number <b>[REDACTED]</b>					18. Undercarriage 19. Overturn 20. Windshield 21. Trailer	
Trailer Or Towed Vehicle Information		Trailer Type											
Vehicle Traveling <b>N</b>	on <b>[REDACTED]</b>	At <b>[REDACTED]</b>	Est. MPH <b>30</b>	Posted Speed <b>25</b>	Est. Vehicle Damage <b>\$8,000</b>	1. Disabling <input checked="" type="checkbox"/> 2. Functional 3. No Damage		Est. Trailer Damage	Show first point of vehicle damage and circle damaged areas <input checked="" type="checkbox"/>				
Motor Vehicle Insurance Company (Liability or PIP) <b>FEDERAL INSURANCE COMPANY</b>			Policy Number <b>[REDACTED]</b>		Vehicle Removed By: <b>JOHNSON'S</b>		1. Tow Rotation List 2. Tow Owner's Request		3. Driver <input checked="" type="checkbox"/> 4. Other				
Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/>			Current Address (Number and Street) <b>[REDACTED]</b>			City and State <b>SAGINAW MI</b>		Zip Code <b>48603</b>					
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 (Taken from Driver license)/ Pedestrian <b>ELDRICK T WOODS</b>			Current Address (Number and Street) <b>[REDACTED]</b>			City, State and Zip Code <b>[REDACTED]</b>		Date Of Birth <b>30/Dec/1975</b>					
Driver License Number <b>[REDACTED]</b>	State <b>FL</b>	DL Type <b>5</b>	Req. End <b>3</b>	AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused	Results <b>5</b>	Alc/Drug <b>1</b>	Phys. Def <b>1</b>	Res. <b>1</b>	Race <b>2</b>	Sex <b>1</b>	Inj. <b>4</b>	S. Equip. <b>1 5</b>	Eject. <b>1</b>
Hazardous Materials Being Transported <input checked="" type="checkbox"/>	Placarded <input checked="" type="checkbox"/>	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond			Was Hazardous Material Spilled? <input checked="" type="checkbox"/>	Recommend Driver Re-exam, if Yes Explain In Narrative <input checked="" type="checkbox"/>		Driver's Phone No.					

## SECTION Pedestrian Vehicle

Driver Action 1. Phantom <input type="checkbox"/> 2. Hit and 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		Trailer Type											
Vehicle Traveling <b>N</b>	on <b>[REDACTED]</b>	At <b>[REDACTED]</b>	Est. MPH <b>30</b>	Posted Speed <b>25</b>	Est. Vehicle Damage <b>\$8,000</b>	1. Disabling <input type="checkbox"/> 2. Functional 3. No Damage		Est. Trailer Damage	Show first point of vehicle damage and circle damaged areas <input type="checkbox"/>				
Motor Vehicle Insurance Company (Liability or PIP)			Policy Number		Vehicle Removed By:		1. Tow Rotation List 2. Tow Owner's Request		3. Driver <input type="checkbox"/> 4. Other				
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 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 (Taken from Driver license)/ Pedestrian			Current Address (Number and Street)			City, State and Zip Code		Date Of Birth					
Driver License Number	State	DL Type	Req. End	AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused	Results	Alc/Drug	Phys. Def	Res.	Race	Sex	Inj.	S. Equip. <b>1</b>	Eject.
Hazardous Materials Being Transported <input type="checkbox"/>	Placarded <input type="checkbox"/>	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond			Was Hazardous Material Spilled? <input type="checkbox"/>	Recommend Driver Re-exam, if Yes Explain In Narrative <input type="checkbox"/>		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 Automobile	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 5 Unknown	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 Illness	5 Had Been Drinking	5 Rear Center
06 Truck Tractor (Cab-Bobtail)	06 Private School Bus	06 Utility Trailer		6 Seizure, Epilepsy, Blackout	6 Pending ALC/DRUG Test Results	6 Rear Right
07 Motor Home (RV)	07 Ambulance	07 House Trailer		7 Other Physical Defect		7 In Body Of Truck
08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer				8 Bus Passenger
09 Bus (driver + seats for over 15)	09 Fire/Rescue	09 Towed Vehicle				9 Other
10 Bicycle	10 Military	10 Auto Transport				
11 Motorcycle	11 Other Government	77 Other				
12 Moped	12 Dump					
13 All Terrain Vehicle	13 Concrete Mixer					
14 Train	14 Garbage or Refuse					
15 Low Speed Vehicle	15 Cargo Van					
77 Other	77 Other					

<b>SECTION</b>		Pedestrian <input type="checkbox"/>		Vehicle <input type="checkbox"/>										
Driver Action	1. Phantom <input type="checkbox"/> 2. Hit and 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		Trailer Type		Trailer Type		Trailer Type		Trailer Type		Trailer Type		Trailer Type		
Vehicle Traveling	on	At	Est. MPH	Posted Speed	Est. Vehicle Damage	1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage		Est. Trailer Damage	Show first point of vehicle damage and circle damaged areas <input type="checkbox"/>					
Motor Vehicle Insurance Company (Liability or PIP)				Policy Number		Vehicle Removed By:		1. Tow Rotation List <input type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/>		3. Driver <input type="checkbox"/> 4. Other <input type="checkbox"/>				
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 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 (Taken from Driver license)/ Pedestrian				Current Address (Number and Street)				City, State and Zip Code		Date Of Birth				
Driver License Number	State	DL Type	Req. End	AIC/Drug Test Type <input type="checkbox"/> 1 Blood 3 Urine 5 None 2 Breath 4 Refused		Results	Alc/Drug	Phys.Def	Res.	Race	Sex	Inj.	S. Equip. <input type="checkbox"/>	Eject. <input type="checkbox"/>
Hazardous Materials Being Transported <input type="checkbox"/>	Placarded <input type="checkbox"/>	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond <input type="checkbox"/>				Was Hazardous Material Spilled? <input type="checkbox"/>	Recommend Driver Re-exam, if Yes Explain In Narrative <input type="checkbox"/>		Driver's Phone No.					
#	Property Damaged - Other Than Vehicles	Est. Amount	Owner's Name	Address		State	Zip							
1	<b>FIRE HYDRANT</b>	<b>\$3,000</b>	<b>ORANGE CO UTIL</b>	[REDACTED]		<b>FL</b>	<b>32809</b>							
#	Property Damaged - Other Than Vehicles	Est. Amount	Owner's Name	Address		State	Zip							
2	<b>TREE AND SOD</b>	<b>\$200</b>	<b>JEROME ADAMS</b>	[REDACTED]		<b>FL</b>	<b>34786</b>							

<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	1 None	1	2	3
02 Careless Driving (Explain in Narrative)	02			02 Def. Brakes	01			02 Slowing/ Stopping/ Stalled	01			2 Farm			
03 Failure to Yield Right-Of-Way				03 Warn/ Smooth Tires				03 Making Left Turn				3 Police Pursuit	1		
04 Improper Backing				04 Defective/ Improper Lights				04 Backing				4 Recreational			
05 Improper Lane Change				05 Puncture/Blowout				05 Making Right Turn				5 Emergency Operation			
06 Improper Turn				06 Steering Mech.				06 Changing Lanes				6 Construction/Maintenance			
07 Alcohol - Under Influence				07 Windshield Wipers				07 Entering/Leaving/ Parking Space Runaway Vehicle	12 Driverless or			Source Of Carrier Information			
08 Drugs - Under Influence				08 Equipment/Vehicle Defect				08 Properly Parked	Vehicle			1 Not Applicable	1	2	3
09 Alcohol & Drugs - Under Influence				77 All Other (Explain In Narrative)				09 Improperly Parked	77 All Other (Explain In Narrative)			2 Shipping Papers			
10 Followed Too Closely				<b>Point Of Collision</b>				10 Making U-Turn				3 Vehicle Side	1		
11 Disregarded Traffic Signal				01 On Road	04 Median	1	2	11 Passing				4 Driver	5	Other	
12 Exceeded Safe Speed Limit				02 Not On Road	05 Turn Lane	1	2	<b>Pedestrian Action</b>							
13 Disregarded Stop Sign				03 Shoulder		02		01 Crossing Not At Intersection	07 Working in Road	1	2	3	1 Primarily Business	2	
14 Failed To Maintain Equip./ Vehicle				<b>Work Area</b>				02 Crossing At Mid-block Crosswalk	08 Standing/Playing in Road				2 Primarily Residential		
15 Improper Passing				01 None	1	2	3	03 Crossing At Intersection					3 Open Country		
16 Drove Left of Center				02 Nearby	01			04 Walking Along Road With Traffic	09 Standing in Pedestrian Island				77 All Other (Explain in Narrative)		
17 Exceeded Stated Speed Limit				03 Entered	01			05 Walking Along Road Against Traffic	77 All Other (Explain in Narrative)				88 Unknown		
18 Obstructing Traffic								06 Working on Vehicle in Road							

<b>First/Subsequent Harmful Event (s)</b>			<b>Road System Identifier</b>			<b>Lighting Condition</b>				
01 Collision With MV in Transport (Rear End)	15 Collision With Animal	28 Collision With Moveable Object on Road	1	2	3	01 Interstate	07 Forest Road	05	01 Daylight	05
02 Collision With MV in Transport (Head On)	16 MV Hit Sign / Sign Post	29 Mv Ran Into Ditch/Culvert	22			02 U.S.	08 Private Roadway		02 Dusk	
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole / Light Pole	30 Ran Off Road Into Water				03 State	77 All other (Explain In Narrative)		03 Dawn	
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	31 Overturned	27			04 County			04 Dark (Street Light)	
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	32 Occupant/Fell From Vehicle				05 Local			05 Dark (No Street Light)	
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	33 Tractor/Trailer Jackknifed	77			06 Turnpike / Toll			06 Unknown	
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	34 Fire				<b>Road Surface Condition</b>	<b>Weather</b>		<b>Road Surface Type</b>	
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	35 Explosion				01 Dry	01 Clear	01	01 Slag/Gravel/Stone	02
09 Collision with MV on Roadway	23 Collision With Construction Barricade Sign	36 Downhill Runaway				02 Wet	02 Cloudy		02 Blacktop	
10 Collision With Pedestrian	24 Collision With Traffic Gate	37 Cargo Loss or Shift				03 Slippery	03 Rain		03 Brick/Block	
11 Collision With Bicycle	25 Collision With Crash Attenuators	38 Separation of Units				04 Icy	04 Fog		04 Concrete	
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	39 Median Crossover				07 All other (Explain in Narrative)	77 All other (Explain in Narrative)		05 Dirt	
13 Collision With Moped	27 MV Hit Other Fixed Object	77 All Other (Explain in Narrative)							07 All Other (Explain in Narrative)	
14 Collision With Train									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>		<b>Trafficway Character</b>	
01 No Defects	01	01 Vision Not Obstructed	01	01 No Control	03	01 Not At Intersection/RR X-ing/Bridge		01 Straight - Level	1
02 Obstruction With Warning		02 Inclement Weather		02 Special Speed Zone		02 At Intersection		02 Straight - Upgrade/Downgrade	
03 Obstruction Without Warning		03 Parked/ Stopped Vehicle		03 Speed Control Sign		03 Influenced By Intersection	01	03 Curve - Level	
04 Road under Repair/ Construction		04 Trees/Crops/Bushes		04 School Zone		04 Driveway Access		04 Curve - Upgrade/Downgrade	
05 Loose Surface Materials		05 Load On Vehicle		05 Traffic Signal		05 Railroad		<b>Type Shoulder</b>	
06 Shoulders - Soft/Low/High		06 Building/Fixed Object		06 Stop Sign		06 Bridge		01 Paved	3
07 Holes/Ruts/Unsafe Paved Edge		07 Signs/Billboards		07 Yield Sign		07 Entrance Ramp		02 Unpaved	
08 Standing Water		08 Fog		08 Flashing Light		08 Exit Ramp		03 Curb	
09 Worn/Polished Road Surface		09 Smoke		09 Railroad Signal		09 Parking Lot - Public			
77 All other (Explain In Narrative)		10 Glare		10 Officer/Guard/Flagperson					
		77 All other (Explain In Narrative)		11 Posted No U-Turn					

<b>Violator(s)</b>				
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number
1	<b>ELDRICK T WOODS</b>	<b>316.1925.1</b>	<b>CARELESS DRIVING</b>	<b>5839-STM</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

**FLORIDA TRAFFIC CRASH REPORT**

**NARRATIVE/DIAGRAM**

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

DO NOT WRITE IN THIS SPACE

Time EMS Notified (Fatalities Only) :	Time EMS Arrived (Fatalities Only) :	Date Of Crash <b>27/Nov/2009</b>	County/ <b>07</b>	City Code <b>00</b>	Invest. Agency Report Number <b>FHPD09OFF105628</b>	HSMV Crash Report Number <b>77685828</b>
--	---	-------------------------------------	----------------------	------------------------	--	---

(Narrative)

Vehicle one was traveling in a southeasterly direction while exiting the driveway of [REDACTED]. Vehicle one entered onto [REDACTED] and continued to travel southeasterly. Vehicle one crossed over the roadway [REDACTED] and the concrete curb onto the grass median of [REDACTED]. Vehicle one swerved to the left in an attempt to travel northbound on [REDACTED]. Subsequently, vehicle one crossed over [REDACTED] and the concrete curb onto the grass shoulder on the east side of the roadway. As a result, the right side of vehicle one collided with a row of hedges. Vehicle one then swerved back to the left (west) crossing back over [REDACTED] and the concrete curb onto the grass shoulder on the west side of the roadway. Vehicle one then traveled in a northerly direction and the front of vehicle one collided with a fire hydrant in the front lawn of [REDACTED]. Vehicle one continued to travel in a northerly direction crossing over the driveway of [REDACTED] and the front of vehicle one collided with a tree. Vehicle one came to a final rest facing northbound in the front of [REDACTED]. The driver of vehicle one received injuries and was transported to Health Central Hospital. Photographs: On scene photographs were taking by Isleworth Security Officers and Jerome Adams Jr. by cell phone (resident of [REDACTED]). Post scene photographs were taking by the Florida Highway Patrol. Subsequent harmful events: Code 77 - Final collision with a tree.

Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
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	Current Address	City & State	Zip Code
Witness Name	Current Address	City & State	Zip Code

First Aid Given By - Name <b>OCFR</b>	1 Physician or Nurse 2 Parametic or EMT 3 Police Officer	4 Certified 1st Aider 5 Other	Injured Taken To: <b>HEALTH CENTRAL</b>	By - Name <b>HEALTH CENTRAL</b>
--	--	----------------------------------	--	------------------------------------

Was Investigation Made At Scene?	1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	If No, Then Where?	Is Investigation Complete?	1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	If No, Then Why?	Date of Report <b>27/Nov/2009</b>	Photos Taken?	1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	If Yes, By Whom?	1 Invest. Agency <input type="checkbox"/> 2 Other <input type="checkbox"/>
----------------------------------	---	--------------------	----------------------------	---	------------------	--------------------------------------	---------------	---	------------------	--

Investigator - Rank & Signature <b>TPR. EVANS</b>	ID/Badge Number <b>2791/1567</b>	Department <b>FHPD</b>	FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> Other <input type="checkbox"/>
--	-------------------------------------	---------------------------	---

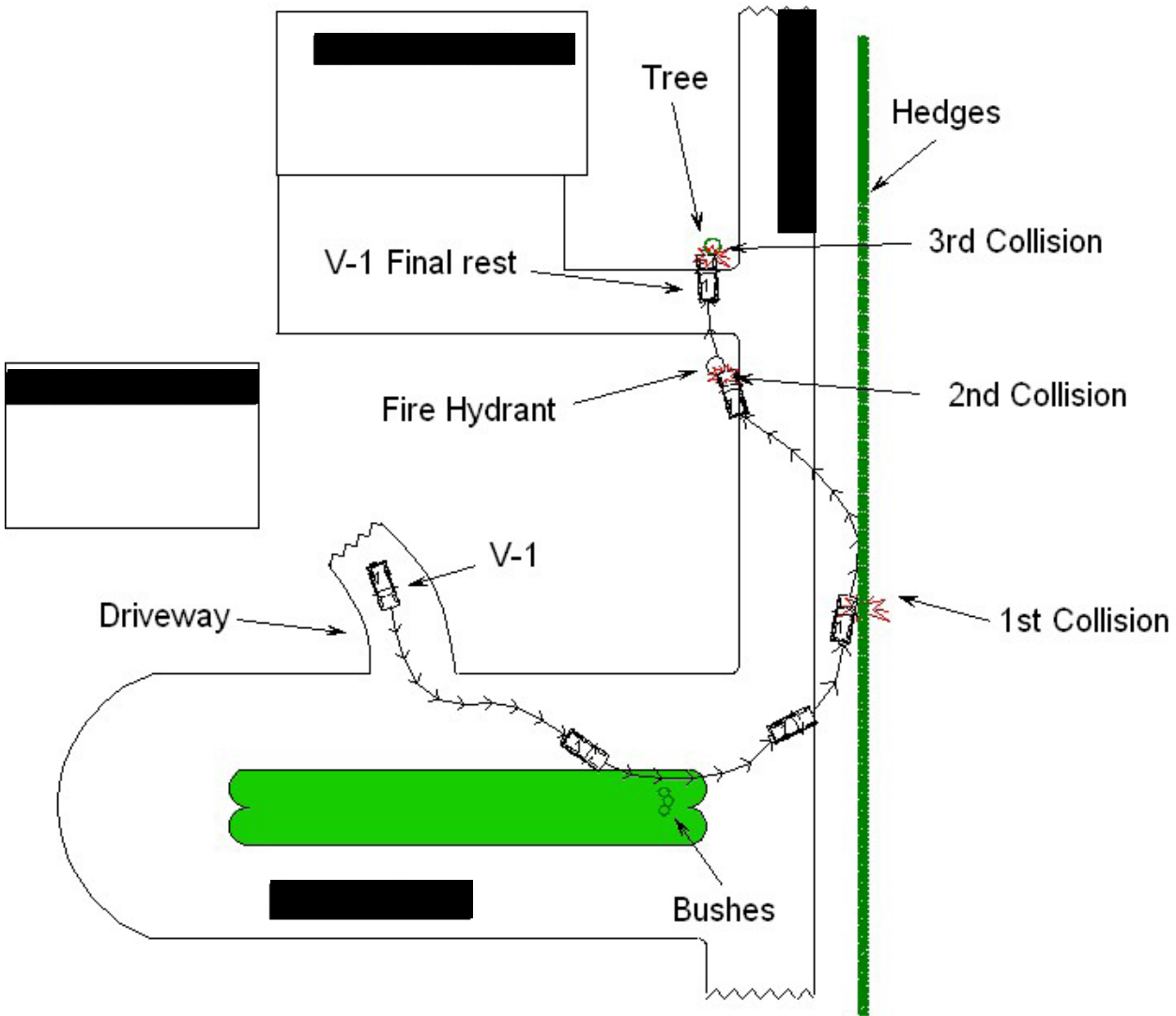
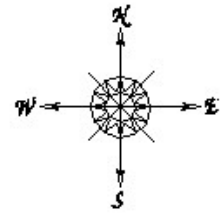


Diagram Not To Scale

**FLORIDA TRAFFIC CRASH REPORT**

UPDATE  CONTINUATION

DO NOT WRITE IN THIS SPACE

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

Date of Crash <b>27/Nov/2009</b>	County / City <b>07 00</b>	Invest. Agency Report Number <b>FHPD09OFF105628</b>	HSMV Crash Report Number <b>77685828</b>
-------------------------------------	-------------------------------	--	---

<b>SECTION</b> Pedestrian <input type="checkbox"/> Vehicle <input type="checkbox"/>															
Driver Action 1. Phantom <input type="checkbox"/> 2. Hit and Run 3. N/A	Year	Make	Type	Use	Veh. License Number	State	Vehicle Identification Number							18. Undercarriage 19. Overturn 20. Windsheild 21. Trailer	
Trailer Or Towed Vehicle Information		Trailer Type												15. 16. 17.	
Vehicle Traveling	on	At	Est. MPH	Posted Speed	Est. Vehicle Damage	1. Disabling <input type="checkbox"/> 2. Functional 3. No Damage			Est. Trailer Damage	Show first point of vehicle damage and circle damaged areas <input type="checkbox"/>					
Motor Vehicle Insurance Company (Liability or PIP)				Policy Number		Vehicle Removed By:			1. Tow Rotation List 2. Tow Owner's Request		3. Driver <input type="checkbox"/> 4. Other				
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 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 (Taken from Driver license)/ Pedestrian				Current Address (Number and Street)				City, State and Zip Code				Date Of Birth			
Driver License Number	State	DL Type	Req. End	AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused			Results	Alc/Drug	Phys.Def	Res.	Race	Sex	Inj.	S. Equip. I	Eject.
Hazardous Materials Being Transported 1 yes 2 No	Placarded 1 yes 2 No	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond				Was Hazardous Material Spilled? 1 yes 2 No	Recommnd Driver Re-exam, if Yes Explain In Narrative 1 yes 2 No				Driver's Phone No.				

<b>SECTION</b> Pedestrian <input type="checkbox"/> Vehicle <input type="checkbox"/>															
Driver Action 1. Phantom <input type="checkbox"/> 2. Hit and Run 3. N/A	Year	Make	Type	Use	Veh. License Number	State	Vehicle Identification Number							18. Undercarriage 19. Overturn 20. Windsheild 21. Trailer	
Trailer Or Towed Vehicle Information		Trailer Type												15. 16. 17.	
Vehicle Traveling	on	At	Est. MPH	Posted Speed	Est. Vehicle Damage	1. Disabling <input type="checkbox"/> 2. Functional 3. No Damage			Est. Trailer Damage	Show first point of vehicle damage and circle damaged areas <input type="checkbox"/>					
Motor Vehicle Insurance Company (Liability or PIP)				Policy Number		Vehicle Removed By:			1. Tow Rotation List 2. Tow Owner's Request		3. Driver <input type="checkbox"/> 4. Other				
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 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 (Taken from Driver license)/ Pedestrian				Current Address (Number and Street)				City, State and Zip Code				Date Of Birth			
Driver License Number	State	DL Type	Req. End	AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused			Results	Alc/Drug	Phys.Def	Res.	Race	Sex	Inj.	S. Equip. I	Eject.
Hazardous Materials Being Transported 1 yes 2 No	Placarded 1 yes 2 No	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond				Was Hazardous Material Spilled? 1 yes 2 No	Recommnd Driver Re-exam, if Yes Explain In Narrative 1 yes 2 No				Driver's Phone No.				

#	Property Damaged - Other Than Vehicles	Est. Amount	Owner's Name	Address	City	State	Zip
3	<b>HEDGES</b>	<b>\$100</b>	<b>ISLEWORTH HOA</b>	[REDACTED]	[REDACTED]	<b>FL</b>	<b>34786</b>
#	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	Current Address	City & State	Zip Code
Witness Name	Current Address	City & State	Zip Code

Was Investigation Made At Scene? 1 Yes <input checked="" type="checkbox"/> 2 No	If No, Then Where?	Is Investigation Complete? 1 Yes <input checked="" type="checkbox"/> 2 No	If No, Then Why?	Date of Report <b>27/Nov/2009</b>	Photos Taken? 1 Yes <input checked="" type="checkbox"/> 2 No	If Yes, By Whom? 1 Invest. Agency 2 Other
Investigator - Rank & Signature <b>TPR. EVANS</b>			ID/Badge Number <b>2791/1567</b>	Department <b>FHPD</b>	FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> Other <input type="checkbox"/>	

<b>Contributing Causes - Driver/Pedestrian</b>		<b>Vehicle Defect</b>		<b>Vehicle Movement</b>		<b>Vehicle Special Functions</b>	
01 No Improper Driving/Action	<input type="checkbox"/>	01 No Defects	<input type="checkbox"/>	01 Straight Ahead	<input type="checkbox"/>	1 None	<input type="checkbox"/>
02 Careless Driving (Explain in Narrative)	<input type="checkbox"/>	02 Def. Brakes	<input type="checkbox"/>	02 Slowing/ Stopping/ Stalled	<input type="checkbox"/>	2 Farm	<input type="checkbox"/>
03 Failure to Yield Right-Of-Way	<input type="checkbox"/>	03 Warn/ Smooth Tires	<input type="checkbox"/>	03 Making Left Turn	<input type="checkbox"/>	3 Police Pursuit	<input type="checkbox"/>
04 Improper Backing	<input type="checkbox"/>	04 Defective/ Improper Lights	<input type="checkbox"/>	04 Backing	<input type="checkbox"/>	4 Recreational	<input type="checkbox"/>
05 Improper Lane Change	<input type="checkbox"/>	05 Puncture/Blowout	<input type="checkbox"/>	05 Making Right Turn	<input type="checkbox"/>	5 Emergency Operation	<input type="checkbox"/>
06 Improper Turn	<input type="checkbox"/>	06 Steering Mech.	<input type="checkbox"/>	06 Changing Lanes	<input type="checkbox"/>	6 Construction/Maintenance	<input type="checkbox"/>
07 Alcohol - Under Influence	<input type="checkbox"/>	07 Windshield Wipers	<input type="checkbox"/>	07 Entering/Leaving/ Parking Space Runaway	12 Driverless or Vehicle	<b>Source Of Carrier Information</b>	
08 Drugs - Under Influence	<input type="checkbox"/>	08 Equipment/Vehicle Defect	<input type="checkbox"/>	08 Properly Parked	77 All Other (Explain in Narrative)	1 Not Applicable	<input type="checkbox"/>
09 Alcohol & Drugs - Under Influence	<input type="checkbox"/>	77 All Other (Explain In Narrative)	<input type="checkbox"/>	09 Improperly Parked		2 Shipping Papers	<input type="checkbox"/>
10 Followed To Closely	<input type="checkbox"/>	<b>Point Of Collision</b>		10 Making U-Turn		3 Vehicle Side	<input type="checkbox"/>
11 Disregarded Traffic Signal	<input type="checkbox"/>	01 On Road	04 Median	11 Passing		4 Driver	<input type="checkbox"/>
12 Exceeded Safe Speed Limit	<input type="checkbox"/>	02 Not On Road	05 Turn Lane	<b>Pedestrian Action</b>			
13 Disregarded Stop Sign	<input type="checkbox"/>	03 Shoulder	<input type="checkbox"/>	01 Crossing Not At Intersection	07 Working in Road	<input type="checkbox"/>	<input type="checkbox"/>
14 Failed To Maintain Equip./ Vehicle	<input type="checkbox"/>	<b>Work Area</b>		02 Crossing At Mid-block Crosswalk	08 Standing/Playing in Road	<input type="checkbox"/>	<input type="checkbox"/>
15 Improper Passing	<input type="checkbox"/>	01 None	<input type="checkbox"/>	03 Crossing At Intersection			
16 Drove Left of Center	<input type="checkbox"/>	02 Nearby	<input type="checkbox"/>	04 Walking Along Road With Traffic	09 Standing in Pedestrian Island		
17 Exceeded Stated Speed Limit	<input type="checkbox"/>	03 Entered	<input type="checkbox"/>	05 Walking Along Road Against Traffic			
18 Obstructing Traffic	<input type="checkbox"/>			06 Working on Vehicle in Road	77 All Other (Explain in Narrative)		
					88 Unknown		

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

**(Additional Narrative)**

Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Section #	Name Of Violator		FL Statute Number	Charge				Citation Number				
Section #	Name Of Violator		FL Statute Number	Charge				Citation Number				