

CRASH DATE		TIME OF CRASH		DATE OF REPORT		REPORTING AGENCY CASE NUMBER	
CRASH IDENTIFIERS							
COUNTY CODE		CITY CODE		COUNTY OF CRASH		PLACE OR CITY OF CRASH	
TIME ON SCENE		TIME CLEARED SCENE		CHECK IF COMPLETED <input type="checkbox"/>		REASON (If Investigation NOT Complete)	
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)							
CRASH OCCURRED ON STREET, ROAD, HIGHWAY						AT STREET ADDRESS <div>1</div>	
FEET		MILES		N S E W <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <div>3</div>	
Road System Identifier <div><input type="checkbox"/></div> <div>1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative</div>				Type of Shoulder <div><input type="checkbox"/></div> <div>1 Paved 2 Unpaved 3 Curb</div>		Type of Intersection <div><input type="checkbox"/></div> <div>1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative</div>	

1.

On your four-page Florida Traffic Crash Report, you'll find the basic information pertaining to your crash at the top of page one. This includes the date, time and location of the crash.

CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>									
Light Condition <div><input type="checkbox"/></div> <div>1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown</div>		Weather Condition <div><input type="checkbox"/></div> <div>4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 1 Clear 2 Cloudy 3 Rain</div>		Roadway Surface Condition <div><input type="checkbox"/></div> <div>5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown 1 Dry 2 Wet 4 Ice/Frost</div>		School Bus Related <div><input type="checkbox"/></div> <div>1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved</div>		Manner of Collision/Impact <div><input type="checkbox"/></div> <div>4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown 1 Front to Rear 2 Front to Front 3 Angle</div>	
First Harmful Event <div><input type="checkbox"/></div>		Non-Collision <div><input type="checkbox"/></div> <div>1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision</div>		Collision Non-Fixed Object <div><input type="checkbox"/></div> <div>10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object</div>		Collision with Fixed Object <div><input type="checkbox"/></div> <div>19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)</div>		First Harmful Event Location <div><input type="checkbox"/></div> <div>1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown</div>	
First Harmful Event Relation to Junction <div><input type="checkbox"/></div> <div>1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown</div>			Contributing Circumstances: Road <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>1 None 4 Work Zone (construction/ maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing 14 Non-Highway Work Zone 77 Other, Explain in Narrative 88 Unknown</div>			Contributing Circumstances: Environment <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>			
Work Zone Related <div><input type="checkbox"/></div> <div>1 No 2 Yes 88 Unknown</div>		Crash in Work Zone <div><input type="checkbox"/></div> <div>1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area</div>		Type of Work Zone <div><input type="checkbox"/></div> <div>1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative</div>		Witnesses <div><input type="checkbox"/></div>			
WITNESSES									
NAME				ADDRESS					
NAME				ADDRESS					
NAME				ADDRESS					
NON VEHICLE PROPERTY DAMAGE									
VEHICLE #		PERSON #		PROPERTY DAMAGE – OTHER THAN VEHICLE		EST. AMOUNT			
VEHICLE #		PERSON #		PROPERTY DAMAGE – OTHER THAN VEHICLE		EST. AMOUNT			
OWNER'S NAME <input type="checkbox"/> (Check if Business)		OWNER'S NAME <input type="checkbox"/> (Check if Business)		OWNER'S NAME <input type="checkbox"/> (Check if Business)		OWNER'S NAME <input type="checkbox"/> (Check if Business)			

2.

The second section of page one will include information regarding the drivers and vehicles involved. This includes driver names and addresses, insurance information, vehicle descriptions, plate numbers, vehicle identification numbers and damage to each vehicle involved. In addition, police will document the posted speed limit, injuries to vehicle occupants and pedestrians, and alcohol or drug tests administered by police.



VEHICLE #

Check if Commercial

REPORTING AGENCY CASE NUMBER

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3.

The second page will include information on factors that led to the crash such as driver actions, vehicle defects, weather conditions, road conditions, sequence of events, and other potential causes. Each contributing factor will have a number code.

STATE

REGISTRATION EXPIRES

Check if Permanent Registration

VIN

MODEL

STYLE

COLOR

DAMAGE:

1 Disabling

2 Functional

3 None

4 Minor

88 Unknown

EST. AMOUNT

E POLICY NUMBER

Towed due to Damage:

1 No

2 Yes

VEHICLE REMOVED BY

1 Rotation

2 Owner Request

3 Driver

77 Other, Explain in Narrative

CURRENT ADDRESS

CITY & STATE

ZIP CODE

Check if Permanent Registration

VIN

YEAR

MAKE

LENGTH

AXLES

Check if Permanent Registration

VIN

YEAR

MAKE

LENGTH

AXLES

ON STREET, ROAD, HIGHWAY

AT EST. SPEED

POSTED SPEED

TOTAL LANES

HAZ. MAT. RELEASED

1 No

2 Yes

88 Unknown

HAZ. MAT. PLACARD

1 No

2 Yes

88 Unknown

HAZ. MAT. NUMBER

HAZ. MAT. CLASS

MOTOR CARRIER NAME

US DOT NUMBER

Area of Initial Impact

Most Damaged Area

MOTOR CARRIER ADDRESS

CITY & STATE

ZIP CODE

PHONE NUMBER

Vehicle Body Type

1 Passenger Car

2 Passenger Van

3 Pickup

7 Motor Home

8 Bus

11 Motorcycle

12 Moped

13 All Terrain Vehicle (ATV)

15 Low Speed Vehicle

16 (Sport) Utility Vehicle

17 Cargo Van (10,000 lbs (4,536 kg) or less)

18 Motor Coach

19 Other Light Trucks (10,000 lbs (4,536 kg) or less)

20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))

21 Farm Labor Vehicle

77 Other, Explain in Narrative

88 Unknown

Comm/Non-Commercial

1 Interstate Carrier

2 Intrastate Carrier

3 Not in Commerce/Government

4 Not in Commerce/Other Truck

Most Harmful Event

1 Overturn/Rollover

2 Fire/Explosion

3 Immersion

4 Jackknife

5 Cargo/Equipment Loss or Shift

6 Fell/Jumped From Motor Vehicle

7 Thrown or Falling Object

8 Ran into Water/ Canal

9 Other Non-Collision

Sequence of Events

1st

2nd

3rd

4th

Roadway Grade

1 Level

2 Hillcrest

3 Uphill

4 Downhill

5 Sag (bottom)

Special Function of Motor Vehicle

1 No Special Function

2 Farm Vehicle

3 Police

7 Taxi

8 Military

9 Ambulance

10 Fire Truck

11 Farm Labor Transport

12 School Bus

13 Transit/Commuter Bus

14 Intercity Bus

15 Charter/Tour Bus

16 Shuttle Bus

17 Farm Labor Bus

88 Unknown

Trafficway

1 Two-Way, Not Divided

2 Two-Way, Not Divided, with a Continuous Left Turn Lane

3 Two-Way, Divided, Unprotected (painted >4 feet) Median

4 Two-Way, Divided, Positive Median Barrier

5 One-Way Trafficway

88 Unknown

Trailer Type

1 Single Semi Trailer

2 Tandem Semi Trailer

3 Tank Trailer

4 Saddle Mount/Trailer

5 Boat Trailer

6 Utility Trailer

7 House Trailer

8 Pole Trailer

9 Towed Vehicle

10 Auto Transport

77 Other, Explain in Narrative

88 Unknown

Comm GVWR/GCWR

1 10,000 lbs (4,536 kg) or less

2 10,001-26,000 lbs (4,536-11,793 kg)

3 More than 26,000 lbs (11,793 kg)

4 Not Applicable

Collision with Non-Fixed Object

10 Pedestrian

11 Pedalcycle

12 Railway Vehicle (train, engine)

13 Animal

14 Motor Vehicle in Transport

15 Parked Motor Vehicle

16 Work Zone/Maintenance Equipment

17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

18 Other Non-Fixed Object

Collision Fixed Object

19 Impact Attenuator/Crash Cushion

20 Bridge Overhead Structure

21 Bridge Pier or Support

22 Bridge Rail

23 Culvert

24 Curb

25 Ditch

26 Embankment

27 Guardrail Face

28 Guardrail End

Vehicle Maneuver Action

1 Straight Ahead

3 Turning Left

4 Backing

5 Turning Right

6 Changing Lanes

8 Parked

10 Making U-Turn

11 Overtaking/ Passing

13 Stopped in Traffic

14 Slowing

15 Negotiating a Curve

16 Leaving Traffic Lane

17 Entering Traffic Lane

77 Other, Explain in Narrative

88 Unknown

Commercial Motor Vehicle Configuration

1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials

2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg))

3 Single-Unit Truck (3 or more axles)

4 Truck Pulling Trailer(s)

5 Truck Tractor (bobtail)

6 Truck Tractor/Semi-Trailer

7 Truck Tractor/Double

8 Truck Tractor/Triple

9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify

10 Bus/Large Van (seats for 9-15 occupants, including driver)

11 Bus (seats for more than 15 occupants, including driver)

77 Other, Explain in Narrative

88 Unknown

Cargo Body Type

3 Van/Enclosed Box

4 Hopper

5 Pole-Trailer

6 Cargo Tank

7 Flatbed

8 Dump

9 Concrete Mixer

10 Auto Transport

11 Garbage/Refuse

12 Log

13 Intermodal Container Chassis

14 Vehicle Towing Another Vehicle

15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard)

77 Other, Explain in Narrative

88 Unknown

Emergency Vehicle Use

1 No

2 Yes

88 Unknown

VIOLATIONS

PERSON #

NAME OF VIOLATOR

FL STATUTE NUMBER

PERSON #

NAME OF VIOLATOR

FL STATUTE NUMBER

PERSON #

NAME OF VIOLATOR

FL STATUTE NUMBER

4.

On the bottom section of page two, police will document any traffic violations that caused or contributed to the crash. That includes the name of the violator, Florida statute number, the charge, and the citation number.

HSMV 90010 S (V/P) (rev 06/13)

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DIAGRAM	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
<div>7. On page four, you'll find the illustrated diagram of how the investigating officer believed your crash occurred. If you have a difficult time understanding the diagram, our legal team can go over it with you.</div>		