

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☐ SHORT FORM ☐ UPDATE ☐

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

TOTAL # OF VEHICLE SECTION(S) _____

TOTAL # OF PERSON SECTION(S) _____

TOTAL # OF NARRATIVE SECTION(S) _____

CRASH DATE		TIME OF CRASH		DATE OF REPORT		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER		
CRASH IDENTIFIERS										
COUNTY CODE	CITY CODE	COUNTY OF CRASH			PLACE OR CITY OF CRASH			CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED	TIME DISPATCHED
TIME ON SCENE		TIME CLEARED SCENE		CHECK IF COMPLETED <input type="checkbox"/>	REASON (If Investigation NOT Complete)				Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input type="checkbox"/>	
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)										
CRASH OCCURRED ON STREET, ROAD, HIGHWAY					AT STREET ADDRESS # 1		AT LATITUDE 2 AND LONGITUDE			
FEET	MILES	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3				OR FROM MILEPOST # 4			
Road System Identifier <input type="checkbox"/> 1 Interstate <input type="checkbox"/> 2 U.S. <input type="checkbox"/> 3 State <input type="checkbox"/> 4 County <input type="checkbox"/> 5 Local <input type="checkbox"/> 6 Turnpike/Toll <input type="checkbox"/> 7 Forest Road <input type="checkbox"/> 8 Private Roadway <input type="checkbox"/> 9 Parking Lot <input type="checkbox"/> 77 Other, Explain in Narrative			Type of Shoulder <input type="checkbox"/> 1 Paved <input type="checkbox"/> 2 Unpaved <input type="checkbox"/> 3 Curb			Type of Intersection <input type="checkbox"/> 1 Not at Intersection <input type="checkbox"/> 2 Four-Way Intersection <input type="checkbox"/> 3 T-Intersection <input type="checkbox"/> 4 Y-Intersection <input type="checkbox"/> 5 Traffic Circle <input type="checkbox"/> 6 Roundabout <input type="checkbox"/> 7 Five-Point, or More <input type="checkbox"/> 77 Other, Explain in Narrative				
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>										
Light Condition <input type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dusk <input type="checkbox"/> 3 Dawn <input type="checkbox"/> 4 Dark-Lighted <input type="checkbox"/> 5 Dark-Not Lighted <input type="checkbox"/> 6 Dark-Unknown Lighting <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		Weather Condition <input type="checkbox"/> 4 Fog, Smog, Smoke <input type="checkbox"/> 5 Sleet/Hail/Freezing Rain <input type="checkbox"/> 6 Blowing Sand, Soil, Dirt <input type="checkbox"/> 7 Severe Crosswinds <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain		Roadway Surface Condition <input type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 4 Ice/Frost <input type="checkbox"/> 5 Oil <input type="checkbox"/> 6 Mud, Dirt, Gravel <input type="checkbox"/> 7 Sand <input type="checkbox"/> 8 Water (standing/moving) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		School Bus Related <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, School Bus Directly Involved <input type="checkbox"/> 3 Yes, School Bus Indirectly Involved		Manner of Collision/Impact <input type="checkbox"/> 4 Sideswipe, Same Direction <input type="checkbox"/> 5 Sideswipe, Opposite Direction <input type="checkbox"/> 6 Rear to Side <input type="checkbox"/> 7 Rear to Rear <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle		
First Harmful Event <input type="checkbox"/>		Non-Collision <input type="checkbox"/> 1 Overturn/Rollover <input type="checkbox"/> 2 Fire/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision		Collision Non-Fixed Object <input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone/Maintenance Equipment <input type="checkbox"/> 17 Struck By Falling, Shifting Cargo <input type="checkbox"/> 18 Other Non-Fixed Object		Collision with Fixed Object <input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End <input type="checkbox"/> 29 Cable Barrier <input type="checkbox"/> 30 Concrete Traffic Barrier <input type="checkbox"/> 31 Other Traffic Barrier <input type="checkbox"/> 32 Tree (standing) <input type="checkbox"/> 33 Utility Pole/Light Support <input type="checkbox"/> 34 Traffic Sign Support <input type="checkbox"/> 35 Traffic Signal Support <input type="checkbox"/> 36 Other Post, Pole or Support <input type="checkbox"/> 37 Fence <input type="checkbox"/> 38 Mailbox <input type="checkbox"/> 39 Other Fixed Object (wall, building, tunnel, etc.)		First Harmful Event Location <input type="checkbox"/> 1 On Roadway <input type="checkbox"/> 2 Off Roadway <input type="checkbox"/> 3 Shoulder <input type="checkbox"/> 4 Median <input type="checkbox"/> 6 Gore <input type="checkbox"/> 7 Separator <input type="checkbox"/> 8 In Parking Lane or Zone <input type="checkbox"/> 9 Outside Right-of-way <input type="checkbox"/> 10 Roadside <input type="checkbox"/> 88 Unknown		
First Harmful Event within Interchange <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		First Harmful Event Relation to Junction <input type="checkbox"/> 5 Railway Grade Crossing <input type="checkbox"/> 14 Entrance/Exit Ramp <input type="checkbox"/> 15 Crossover - Related <input type="checkbox"/> 16 Shared-Use Path or Trail <input type="checkbox"/> 17 Acceleration/Deceleration Lane <input type="checkbox"/> 18 Through Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		Contributing Circumstances: Road <input type="checkbox"/> 1 None <input type="checkbox"/> 4 Work Zone (construction/maintenance/utility) <input type="checkbox"/> 6 Shoulders (none, low, soft, high) <input type="checkbox"/> 7 Rut, Holes, Bumps <input type="checkbox"/> 9 Worn, Travel-Polished Surface <input type="checkbox"/> 10 Road Surface Condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 11 Obstruction in Roadway <input type="checkbox"/> 12 Debris <input type="checkbox"/> 13 Traffic Control Device Inoperative, Missing or Obscured <input type="checkbox"/> 14 Non-Highway Work <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		Contributing Circumstances: Environment <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Weather Conditions <input type="checkbox"/> 3 Physical Obstruction(s) <input type="checkbox"/> 4 Glare <input type="checkbox"/> 5 Animal(s) in Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown				
Work Zone Related <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area		Type of Work Zone <input type="checkbox"/> 1 Lane Closure <input type="checkbox"/> 2 Lane Shift/Crossover <input type="checkbox"/> 3 Work on Shoulder or Median <input type="checkbox"/> 4 Intermittent or Moving Work <input type="checkbox"/> 77 Other, Explain in Narrative		Workers in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		Law Enforcement in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle Only Present		
WITNESSES										
NAME		ADDRESS			CITY & STATE			ZIP CODE		
NAME		ADDRESS			CITY & STATE			ZIP CODE		
NAME		ADDRESS			CITY & STATE			ZIP CODE		
NON VEHICLE PROPERTY DAMAGE										
VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE			
VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE			

NARRATIVE

REPORTING AGENCY CASE NUMBER

HSMV CRASH REPORT NUMBER

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported

2 EMS 3 Law Enforcement

77 Other, Explain in Narrative 88 Unknown

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EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

PERSON # VEHICLE # NAME

DATE OF BIRTH

INJ

SEX

LOC: S

R

O

EJECT

HU

EP

ABD

RS

CURRENT ADDRESS (Number and Street)

CITY & STATE

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1 Not Transported

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77 Other, Explain in Narrative 88 Unknown

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EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIAGRAM	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER

VEHICLE # <input type="text"/>		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	
Hit and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Functional 3 None	4 Minor 88 Unknown
INSURANCE COMPANY		INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY		1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>		CURRENT ADDRESS			CITY & STATE		ZIP CODE
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE
VEHICLE TRAVELING		N	S	E	W	Off-Road	Unknown
ON STREET, ROAD, HIGHWAY						AT EST. SPEED	POSTED SPEED
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			
MOTOR CARRIER ADDRESS				CITY & STATE		ZIP CODE	PHONE NUMBER

Vehicle Body Type <input type="checkbox"/> 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		Trafficway <input type="checkbox"/> 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		Commercial Motor Vehicle Configuration <input type="checkbox"/> 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		Emergency Vehicle Use <input type="checkbox"/> 1 No 2 Yes 88 Unknown	
Comm/Non-Commercial <input type="checkbox"/> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Trailer Type <input type="checkbox"/> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		Cargo Body Type <input type="checkbox"/> 1 No Cargo 2 Bus 3 Van/Enclosed Box 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log		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	
Most Harmful Event <input type="checkbox"/> 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		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		Vehicle Maneuver Action <input type="checkbox"/> 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/ Passing 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		Traffic Control Device For This Vehicle <input type="checkbox"/> 1 No Controls 4 School Zone Sign/ Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign	
Sequence of Events 1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> 4th <input type="text"/> (40-46 Sequence of Events only) 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		Roadway Grade <input type="checkbox"/> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Roadway Alignment <input type="checkbox"/> 1 Straight 2 Curve Right 3 Curve Left		Vehicle Defects <input type="checkbox"/> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train	
Special Function of Motor Vehicle <input type="checkbox"/> 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		8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		12 Suspension 13 Wheels 14 Windows/ Windshield 15 Mirrors 16 Truck Coupling/ Trailer Hitch/ Safety Chains 77 Other, Explain in Narrative 88 Unknown	

VIOLATIONS				
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON # <input type="text"/>			REPORTING AGENCY CASE NUMBER			HSMV CRASH REPORT NUMBER									
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # <input type="text"/>	NAME				PHONE NUMBER		Check if Recommend <input type="checkbox"/> Driver Re-exam <input type="checkbox"/>						
CURRENT ADDRESS (Number and Street)					CITY & STATE			ZIP CODE							
DATE OF BIRTH		SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER			STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality							
DRIVER															
DL Type <input type="checkbox"/> 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper – Rest 7 None		Required Endorsements <input type="checkbox"/> 1 Yes 2 No 3 No Req. Endorsement		Driver's Actions at Time of Crash			3rd		Condition At Time of Crash						
Driver Distracted By <input type="checkbox"/> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		1st <input type="checkbox"/> 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of- Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane			26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action			4th <input type="checkbox"/> 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown					
Driver Vision Obstructions <input type="checkbox"/> 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		9 Smoke 10 Glare 77 All Other, Explain in Narrative			DRIVER OR PASSENGER								
Motor Vehicle Seating Position:				LOCATION: SEAT ROW OTHER (LOC) <input type="text"/> <input type="text"/> <input type="text"/>		Helmet Use (HU) <input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet		Eye Protection (EP) <input type="checkbox"/> 1 Yes 2 No 3 Not Applicable		Restraint Systems (RS) <input type="checkbox"/> 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative					
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown				Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown		Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		Air Bag Deployed (ABD) <input type="checkbox"/> 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown					
Ejection (EJECT) <input type="checkbox"/> 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown															
NON-MOTORIST															
Non-Motorist Description <input type="checkbox"/> 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist			Non-Motorist Location At Time of Crash <input type="checkbox"/> 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection – Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside			Action Prior to Crash <input type="checkbox"/> 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown									
Safety Equipment <input type="checkbox"/> 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) <input type="checkbox"/> 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown			Non-Motorist Actions/Circumstances 1st <input type="checkbox"/> 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 2nd <input type="checkbox"/> 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)			10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown									
ALCOHOL/DRUG/EMS															
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative		ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown		BAC <input type="text"/>		SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown					
DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative		DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown											
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO						
ADDITIONAL PASSENGERS															
PERSON #	VEHICLE #	NAME			DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)					CITY & STATE			ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO						
PERSON #	VEHICLE #	NAME			DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)					CITY & STATE			ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO						