

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

SECTION 1 Pedestrian Vehicle

Driver Action 1. Phantom <input checked="" type="checkbox"/> 2. Hit and Run 3. N/A	Year 2009	Make CADI	Type 01	Use 01	Veh. License Number [REDACTED]	State FL	Vehicle Identification Number [REDACTED]					18. Undercarriage 19. Overturn 20. Windshield 21. Trailer		
Trailer Or Towed Vehicle Information		Trailer Type												
Vehicle Traveling N	on [REDACTED]	At [REDACTED]	Est. MPH 30	Posted Speed 25	Est. Vehicle Damage \$8,000	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) FEDERAL INSURANCE COMPANY			Policy Number 73548246		Vehicle Removed By: JOHNSON'S			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"/> GENERAL MOTORS COMPANY			Current Address (Number and Street) 2717 SCHUST RD			City and State SAGINAW MI		Zip Code 48603						
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 ELDRICK T WOODS			Current Address (Number and Street) [REDACTED]			City, State and Zip Code [REDACTED]		Date Of Birth 30/Dec/1975						
Driver License Number W320218754700	State FL	DL Type 5	Req. End 3	AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused		Results 5	Alc/Drug 1	Phys. Def 1	Res. 1	Race 2	Sex 1	Inj. 4	S. Equip. 1 5	Eject. 1
Hazardous Materials Being Transported <input checked="" type="checkbox"/> 1 yes 2 No	Placarded <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> 1 yes 2 No	Recommend Driver Re-exam, if Yes Explain In Narrative <input checked="" type="checkbox"/> 1 yes 2 No		Driver's Phone No.							

SECTION Pedestrian Vehicle

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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. 1	Eject.
Hazardous Materials Being Transported <input type="checkbox"/> 1 yes 2 No	Placarded <input type="checkbox"/> 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? <input type="checkbox"/> 1 yes 2 No	Recommend Driver Re-exam, if Yes Explain In Narrative <input type="checkbox"/> 1 yes 2 No		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 02 Van 03 Light Truck/P.U.-2 or 4 rear tires Automobile 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Bobtail) 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 Other	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount/Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	1 County Of Crash 2 Elsewhere In State 3 Non-Resident Out Of State 4 Foreign 5 Unknown DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper.-Rest. 7 None Race 1 White 2 Black 3 Hispanic 4 Other Required Endorsements 1 Yes 2 No 3 No endorsement Required	1 No Defects Known 2 Eyesight Defect 3 Fatigue/Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect Injury Severity 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	1 Not Drinking or using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALC/DRUG Test Results Safety Equipment In Use 1 Not in use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air bag - Not Deployed 6 Safety Helmet 7 Eye Protection	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other Ejected 1 No 2 Yes 3 Partial

SECTION		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.					
# 1	Property Damaged - Other Than Vehicles FIRE HYDRANT	Est. Amount \$3,000	Owner's Name ORANGE CO UTIL	Address		State FL	Zip 32809							
# 2	Property Damaged - Other Than Vehicles TREE AND SOD	Est. Amount \$200	Owner's Name JEROME ADAMS	Address		State FL	Zip 34786							

Contributing Causes - Driver/Pedestrian			Vehicle Defect			Vehicle Movement			Vehicle Special Functions						
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	12 Driverless or Vehicle			Source Of Carrier Information			
08 Drugs - Under Influence				08 Equipment/Vehicle Defect				08 Properly Parked	1 Not Applicable			1 Not Applicable	1	2	3
09 Alcohol & Drugs - Under Influence				77 All Other (Explain In Narrative)				09 Improperly Parked	2 Shipping Papers			2 Shipping Papers			
10 Followed Too Closely				Point Of Collision				10 Making U-Turn	3 Vehicle Side			3 Vehicle Side	1		
11 Disregarded Traffic Signal				01 On Road	04 Median	1	2	11 Passing	4 Driver	5 Other		4 Driver	5 Other		
12 Exceeded Safe Speed Limit				02 Not On Road	05 Turn Lane	1	2	Pedestrian Action			Location Type				
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				Work Area				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	09 Standing in Pedestrian Island				3 Open Country		
16 Drove Left of Center				02 Nearby	01			04 Walking Along Road With Traffic	77 All Other (Explain in Narrative)				77 All Other (Explain in Narrative)		
17 Exceeded Stated Speed Limit				03 Entered	01			05 Walking Along Road Against Traffic	88 Unknown						
18 Obstructing Traffic								06 Working on Vehicle in Road							

First/Subsequent Harmful Event (s)			Road System Identifier			Lighting Condition					
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				Road Surface Condition		Weather		Road Surface Type	
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											

Road Conditions At Time Of Crash		Vision Obstructed		Traffic Control		Site Location		Trafficway Character	
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		Type Shoulder	
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					

Violator(s)				
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number
1	ELDRICK T WOODS	316.1925.1	CARELESS DRIVING	5839-STM
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 27/Nov/2009	County/ 07	City Code 00	Invest. Agency Report Number FHPD09OFF105628	HSMV Crash Report Number 77685828
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(Narrative)

Vehicle one was traveling in a southeasterly direction while exiting the driveway of 6348 Deacon Circle. Vehicle one entered onto Deacon Court and continued to travel southeasterly. Vehicle one crossed over the roadway (Deacon Court) and the concrete curb onto the grass median of Deacon Court. Vehicle one swerved to the left in an attempt to travel northbound on Deacon Circle. Subsequently, vehicle one crossed over Deacon Circle 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 Deacon Circle 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 6348 Deacon Circle. Vehicle one continued to travel in a northerly direction crossing over the driveway of 6342 Deacon Circle and the front of vehicle one collided with a tree. Vehicle one came to a final rest facing northbound in the front of 6342 Deacon Circle. 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 6342 Deacon Circle). 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 OCFR	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer	4 Certified 1st Aider 5 Other	Injured Taken To: HEALTH CENTRAL	By - Name HEALTH CENTRAL
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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 27/Nov/2009	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"/>
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Investigator - Rank & Signature TPR. EVANS	ID/Badge Number 2791/1567	Department FHPD	FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> Other <input type="checkbox"/>
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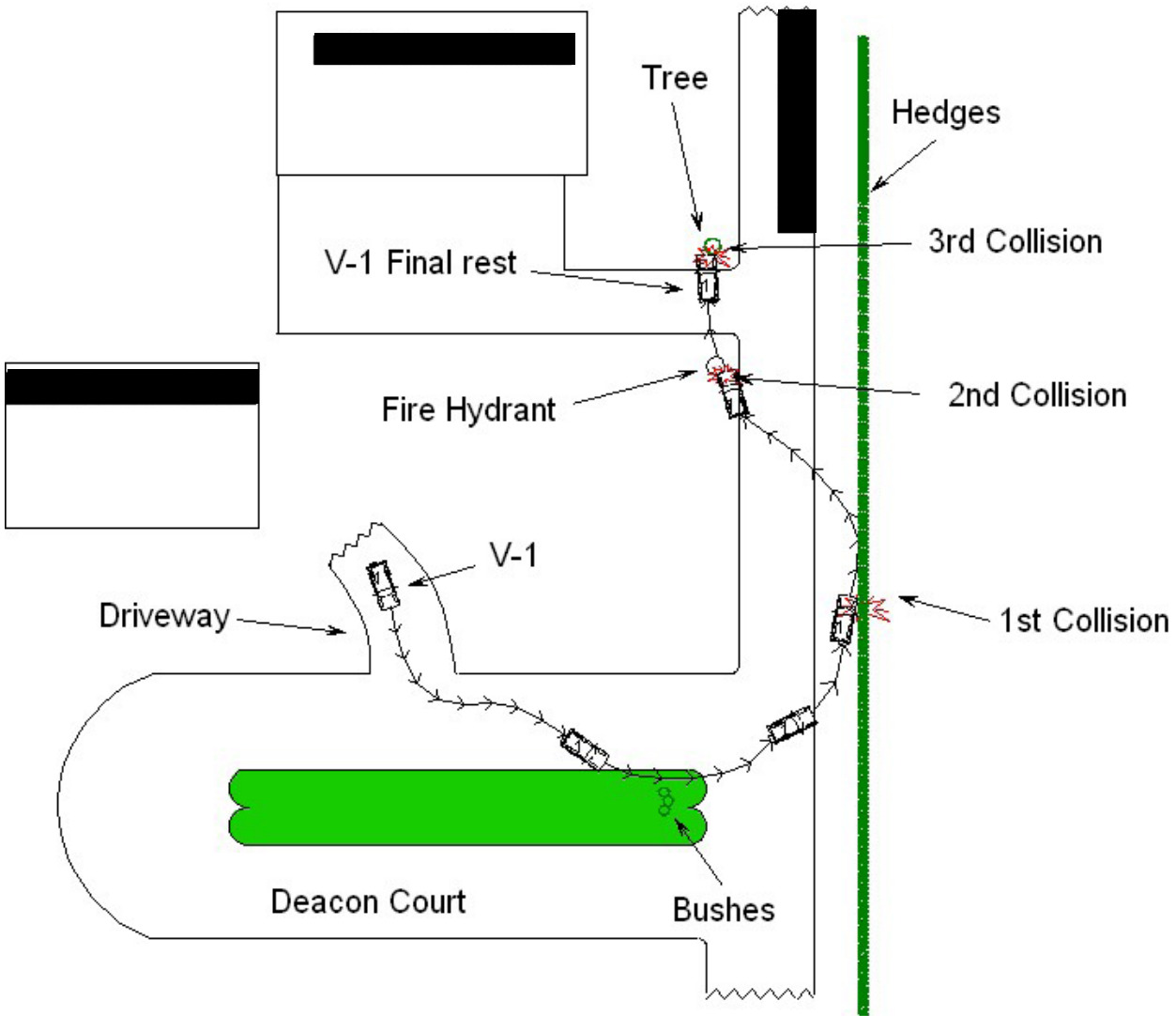
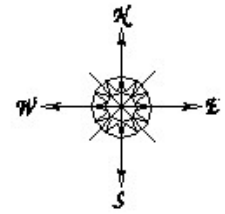


Diagram Not To Scale

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 27/Nov/2009	County / City 07 00	Invest. Agency Report Number FHPD09OFF105628	HSMV Crash Report Number 77685828
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SECTION <input type="checkbox"/> 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	
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Name of Owner (Trailer or Towed Vehicle)			Current Address (Number and Street)				City and State			Zip Code				
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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"/> 1 yes 2 No	Placarded <input type="checkbox"/> 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? <input type="checkbox"/> 1 yes 2 No	Recommnd Driver Re-exam, if Yes Explain In Narrative <input type="checkbox"/> 1 yes 2 No			Driver's Phone No.				

SECTION <input type="checkbox"/> 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												
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 <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"/>
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#	Property Damaged - Other Than Vehicles	Est. Amount	Owner's Name	Address	City	State	Zip
3	HEDGES	\$100	ISLEWORTH HOA	[REDACTED]	[REDACTED]	FL	34786
#	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? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	If No, Then Where?	Is Investigation Complete? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	If No, Then Why?	Date of Report 27/Nov/2009	Photos Taken? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	If Yes, By Whom? <input type="checkbox"/> 1 Invest. Agency 2 Other
Investigator - Rank & Signature TPR. EVANS		ID/Badge Number 2791/1567	Department FHPD	<input checked="" type="checkbox"/> FHP <input type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> Other		

Contributing Causes - Driver/Pedestrian		Vehicle Defect		Vehicle Movement		Vehicle Special Functions	
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	Source Of Carrier Information	
08 Drugs - Under Influence	<input type="checkbox"/>	08 Equipment/Vehicle Defect	<input type="checkbox"/>	08 Properly Parked	Vehicle	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	77 All Other (Explain in Narrative)	2 Shipping Papers	<input type="checkbox"/>
10 Followed To Closely	<input type="checkbox"/>	Point Of Collision	<input type="checkbox"/>	10 Making U-Turn		3 Vehicle Side	<input type="checkbox"/>
11 Disregarded Traffic Signal	<input type="checkbox"/>	01 On Road	<input type="checkbox"/>	11 Passing		4 Driver	<input type="checkbox"/>
12 Exceeded Safe Speed Limit	<input type="checkbox"/>	02 Not On Road	<input type="checkbox"/>	Pedestrian Action			
13 Disregarded Stop Sign	<input type="checkbox"/>	03 Shoulder	<input type="checkbox"/>	01 Crossing Not At Intersection	07 Working in Road	5 Other	<input type="checkbox"/>
14 Failed To Maintain Equip./ Vehicle	<input type="checkbox"/>	Work Area	<input type="checkbox"/>	02 Crossing At Mid-block Crosswalk	08 Standing/Playing in Road		<input type="checkbox"/>
15 Improper Passing	<input type="checkbox"/>	01 None	<input type="checkbox"/>	03 Crossing At Intersection			<input type="checkbox"/>
16 Drove Left of Center	<input type="checkbox"/>	02 Nearby	<input type="checkbox"/>	04 Walking Along Road With Traffic	09 Standing in Pedestrian Island		<input type="checkbox"/>
17 Exceeded Stated Speed Limit	<input type="checkbox"/>	03 Entered	<input type="checkbox"/>	05 Walking Along Road Against Traffic			<input type="checkbox"/>
18 Obstructing Traffic	<input type="checkbox"/>			06 Working on Vehicle in Road	77 All Other (Explain in Narrative)		<input type="checkbox"/>
					88 Unknown		<input type="checkbox"/>

First /Subsequent Harmful Event (s)	
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	
29 Mv Ran Into Ditch/Culvert	
30 Ran Off Road Into Water	
31 Overturned	
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)	

(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				