

READING YOUR FLORIDA CAR ACCIDENT REPORT

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☐ SHORT FORM ☐ UPDATE ☐

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
NEIL KIRKMAN BUILDING
FL 32399-0537

TOTAL # OF VEHICLE SECTION(S) _____

TOTAL # OF PERSON SECTION(S) _____

TOTAL # OF NARRATIVE SECTION(S) _____

The first page begins with the basics, such as the date, time, and exact location of the crash. It sets the stage for what happened and where.

DATE OF REPORT		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
PLACE OR CITY OF CRASH					
CHECK IF COMPLETED <input type="checkbox"/>		REASON (If Investigation NOT Complete)			Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input type="checkbox"/>

ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY				AT STREET ADDRESS # 1		AT LATITUDE AND LONGITUDE 2	
FEET	MILES	N S E W	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3			OR FROM MILEPOST # 4	
Road System Identifier		Type of Shoulder		Type of Intersection			
<input type="checkbox"/> 1 Interstate <input type="checkbox"/> 2 U.S. <input type="checkbox"/> 4 County <input type="checkbox"/> 5 Local		<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		<input type="checkbox"/> 1 Paved <input type="checkbox"/> 2 Unpaved <input type="checkbox"/> 3 Curb		<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	

The second section contains details about factors that may have played a role. These include road conditions, weather, and other harmful events that contributed to the crash.

Weather Condition		Roadway Surface Condition		School Bus Related		Manner of Collision/Impact			
<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"/> 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		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, School Bus Directly Involved <input type="checkbox"/> 3 Yes, School Bus Indirectly Involved		<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			
Collision Non-Fixed Object		Collision with Fixed Object		First Harmful Event Location					
<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		<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 Relation to Junction		Contributing Circumstances: Road		Contributing Circumstances: Environment					
<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		<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		<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		Crash in Work Zone		Type of Work Zone		Workers in Work Zone		Law Enforcement in Work Zone	
<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<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"/> 77 Other, Explain in Narrative		<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		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle Only Present	

At the bottom of the page, the officer will include any witness information, including their names, addresses, and contact information. You'll also see a note about damage to any property that wasn't part of a vehicle.

ADDRESS		CITY & STATE		ZIP CODE	
ADDRESS		CITY & STATE		ZIP CODE	
ADDRESS		CITY & STATE		ZIP CODE	
OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE



Lower down, you'll see more information about passengers, including their names, birthdates, addresses, and whether they were taken to a hospital. You'll also find any additional violations noted here, along with the name of the reporting officer.

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DIAGRAM	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
<div></div>		

This page includes a drawn diagram of the crash as the officer understands it. The diagram shows how the vehicles were positioned and the direction each was traveling when the crash occurred.

This section can be hard to interpret on your own. One of our experienced car accident attorneys can help explain what the diagram shows and how it could impact your case.

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Page four only applies to crashes involving commercial vehicles such as large trucks. At the top, you'll find information about the vehicle itself, its insurance, any hazardous materials involved, and where the impact occurred.

The middle of the page includes more specific details such as vehicle type, trailer type, and any crash-related factors tied to the commercial vehicle.

At the bottom, the report lists any violations related to the crash. This includes the violator's name, the Florida statute they violated, the type of charge, and the citation number.

VEHICLE # <input type="checkbox"/>		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
1 Vehicle in Transport 2 Parked Motor Vehicle		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN
MAKE		MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Functional 3 None		EST. AMOUNT
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	
CURRENT ADDRESS				CITY & STATE		ZIP CODE	
REGISTRATION EXPIRES		Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR	MAKE	LENGTH
REGISTRATION EXPIRES		Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR	MAKE	LENGTH
ON STREET, ROAD, HIGHWAY				AT EST. SPEED	POSTED SPEED	TOTAL LANES	
HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact		Most Damaged Area	
1 No 2 Yes 88 Unknown		1 No 2 Yes 88 Unknown					
MOTOR CARRIER NAME				US DOT NUMBER		ZIP CODE	
MOTOR CARRIER ADDRESS				CITY & STATE		PHONE NUMBER	

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		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	
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		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	
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		Emergency Vehicle Use 1 No 2 Yes 88 Unknown	
Sequence of Events 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		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	
Traffic Control Device For This Vehicle 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		Vehicle Defects 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown	
VEHICLE VIOLATOR		FL STATUTE NUMBER	
VEHICLE VIOLATOR		FL STATUTE NUMBER	
PERSON #		NAME OF VIOLATOR	
FL STATUTE NUMBER		CHARGE	
FL STATUTE NUMBER		CHARGE	
FL STATUTE NUMBER		CHARGE	
FL STATUTE NUMBER		CHARGE	

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On the fifth page, you'll find notes about additional people involved in the crash, what the drivers were doing at the time, and what safety equipment was used (such as seatbelts or car seats).

This page also includes information about any pedestrians, bicyclists, or others who weren't in vehicles but were still involved. If alcohol or drugs were suspected, that would be noted here too. The page may also continue listing passengers if there wasn't room on earlier pages.

PERSON # <input type="text"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
1 Driver <input type="checkbox"/> 2 Non-Motorist <input type="checkbox"/> 3 Passenger <input type="checkbox"/>		VEHICLE #	NAME	PHONE NUMBER	Check if Recommended Driver Re-exam <input type="checkbox"/>
Number and Street)		CITY & STATE		ZIP CODE	
DRIVER LICENSE NUMBER		STATE	EXPIRES	INJURY SEVERITY (INI) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	
DRIVER					
Endorsements Req. Endorsement <input type="checkbox"/> Other Inside the Vehicle (plain in narrative) External Distraction (outside the vehicle, explain in narrative) Extending Inattentive 88 Unknown		1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		Driver's Actions at Time of Crash 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	
Condition At Time of Crash 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		<input type="checkbox"/>			
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: 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		LOCATION: SEAT ROW OTHER (LOC) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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	
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 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		Action Prior to Crash <input type="checkbox"/> 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 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.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		Non-Motorist Actions/Circumstances 1st <input type="checkbox"/> 2nd <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) 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					
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		EMS AGENCY NAME OR ID <input type="text"/>			
EMS RUN NUMBER <input type="text"/>		MEDICAL FACILITY TRANSPORTED TO <input type="text"/>			
ADDITIONAL PASSENGERS					
DATE OF BIRTH <input type="text"/>		INI	SEX	LOC: S R O	EJECT HU EP ABD RS
Number and Street)		CITY & STATE		ZIP CODE	
EMS AGENCY NAME OR ID <input type="text"/>		EMS RUN NUMBER <input type="text"/>		MEDICAL FACILITY TRANSPORTED TO <input type="text"/>	
DATE OF BIRTH <input type="text"/>		INI	SEX	LOC: S R O	EJECT HU EP ABD RS
Number and Street)		CITY & STATE		ZIP CODE	
EMS AGENCY NAME OR ID <input type="text"/>		EMS RUN NUMBER <input type="text"/>		MEDICAL FACILITY TRANSPORTED TO <input type="text"/>	