FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☐ **SHORT FORM** ☐ **UPDATE** ☐
(Shaded Areas)

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	TIME REPORTED	TIME DISPATCHED

TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED	REASON (If Investigation NOT Complete)	Notified By: 1 Motorist 2 Law Enforcement

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY ❶   AT STREET ADDRESS # ❷   AT LATITUDE   AND   LONGITUDE

FEET | MILES | N S E W | ❸ AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY | ❹ OR FROM MILEPOST #

Road System Identifier
- 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

Type of Shoulder
- 1 Paved
- 2 Unpaved
- 3 Curb

Type of Intersection
- 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

CRASH INFORMATION (CHECK IF PICTURES TAKEN) ☐

Light Condition
- 1 Daylight
- 2 Dusk
- 3 Dawn
- 4 Dark-Lighted
- 5 Dark-Not Lighted
- 6 Dark-Unknown Lighting
- 77 Other, Explain in Narrative
- 88 Unknown

Weather Condition
- 1 Clear
- 2 Cloudy
- 3 Rain
- 4 Fog, Smog, Smoke
- 5 Sleet/Hail/ Freezing Rain
- 6 Blowing Sand, Soil, Dirt
- 7 Severe Crosswinds
- 77 Other, Explain in Narrative

Roadway Surface Condition
- 1 Dry
- 2 Wet
- 4 Ice/Frost
- 5 Oil
- 6 Mud, Dirt, Gravel
- 7 Sand
- 8 Water (standing/ moving)
- 77 Other, Explain in Narrative
- 88 Unknown

School Bus Related
- 1 No
- 2 Yes, School Bus Directly Involved
- 3 Yes, School Bus Indirectly Involved

Manner of Collision/Impact
- 1 Front to Rear
- 2 Front to Front
- 3 Angle
- 4 Sideswipe, Same Direction
- 5 Sideswipe, Opposite Direction
- 6 Rear to Side
- 7 Rear to Rear
- 77 Other, Explain in Narrative
- 88 Unknown

First Harmful Event

First Harmful Event within Interchange
- 1 No
- 2 Yes
- 88 Unknown

Non-Collision
- 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 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
- 18 Other Non-Fixed Object

Collision with 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
- 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.)

First Harmful Event Location
- 1 On Roadway
- 2 Off Roadway
- 3 Shoulder
- 4 Median
- 5 Gore
- 6 Gore
- 7 Separator
- 8 In Parking Lane or Zone
- 9 Outside Right-of-way
- 10 Roadside
- 88 Unknown

First Harmful Event Relation to Junction
- 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

Contributing Circumstances: Road
- 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 or Obscured
- 14 Non-Highway Work
- 77 Other, Explain in Narrative
- 88 Unknown

Contributing Circumstances: Environment
- 1 None
- 2 Weather Conditions
- 3 Physical Obstruction(s)
- 4 Glare
- 5 Animal(s) in Roadway
- 77 Other, Explain in Narrative
- 88 Unknown

Work Zone Related
- 1 No
- 2 Yes
- 88 Unknown

Crash in Work Zone
- 1 Before the First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area
- 5 Termination Area

Type of Work Zone
- 1 Lane Closure
- 2 Lane Shift/Crossover
- 3 Work on Shoulder or Median
- 4 Intermittent or Moving Work
- 77 Other, Explain in Narrative

Workers in Work Zone
- 1 No
- 2 Yes
- 88 Unknown

Law Enforcement in Work Zone
- 1 No
- 2 Officer Present
- 3 Law Enforcement Vehicle Only Present

WITNESSES

NAME	ADDRESS	CITY & STATE	ZIP CODE

NON VEHICLE PROPERTY DAMAGE

VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME ☐ (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

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	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	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

HSMV 90010 S (N/D) (rev 01/12)

DIAGRAM	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER

	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER

VEHICLE #		Check if Commercial		REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER

		VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN

1 Vehicle in Transport
2 Parked Motor Vehicle
3 Working Vehicle

Hit and Run
1 No
2 Yes
88 Unknown

YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	EST. AMOUNT

INSURANCE COMPANY	INSURANCE POLICY NUMBER	Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY	1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative

NAME OF VEHICLE OWNER	(Check if Business)	CURRENT ADDRESS	CITY & STATE	ZIP CODE

TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES

VEHICLE TRAVELING: N S E W Off-Road Unknown | 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

Area of Initial Impact

2 3 4 5 6 7
1 15 16 17 8
14 13 12 11 10 9

18 Undercarriage 18
19 Overturn 19
20 Windshield 20
21 Trailer 21

Most Damaged Area

2 3 4 5 6 7
1 15 16 17 8
14 13 12 11 10 9

MOTOR CARRIER NAME	US DOT NUMBER

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

Non-Collision
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

[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

Sequence of Events
1st 2nd 3rd 4th

Roadway Grade
1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

Roadway Alignment
1 Straight
2 Curve Right
3 Curve Left

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
TRAILER 1 TRAILER 2
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
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.)

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 Truck
8 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
1 No Cargo
2 Bus
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

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
1 No Controls
4 School Zone Sign/Device
5 Traffic Control Signal
6 Stop Sign
7 Yield Sign
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

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

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 #		REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER

1 Driver 2 Non-Motorist 3 Passenger		VEHICLE #	NAME		PHONE NUMBER	Check if Recommend Driver Re-exam

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 4 Incapacitating 2 Possible 5 Fatal (within 30 days) 3 Non-incapacitating 6 Non-Traffic Fatality

DRIVER

DL Type
1 A 2 B 3 C
4 D/Chauffeur
5 E/Operator
6 E/Oper – Rest
7 None

Required Endorsements
1 Yes
2 No
3 No Req. Endorsement

Driver Distracted By
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

Driver Vision Obstructions
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's Actions at Time of Crash
1st **2nd** **3rd** **4th**

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

DRIVER OR PASSENGER

Helmet Use (HU)
1 DOT-Compliant Motorcycle Helmet
2 Other Helmet
3 No Helmet

Eye Protection (EP)
1 Yes
2 No
3 Not Applicable

Restraint Systems (RS)
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)
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

DRIVER OR PASSENGER

Motor Vehicle Seating Position:

LOCATION: SEAT ROW OTHER (LOC)

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

Ejection (EJECT)
1 Not Ejected
2 Ejected, Totally
3 Ejected, Partially
4 Not Applicable
88 Unknown

NON-MOTORIST

Non-Motorist Description
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

Safety Equipment
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 Location At Time of Crash
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

Non-Motorist Actions/Circumstances
1st **2nd**

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

Action Prior to Crash
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

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	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 88 Unknown	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

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