

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

## SECTION 1 Pedestrian Vehicle

Driver Action 1. Phantom <input checked="" type="checkbox"/> 2. Hit and Run 3. N/A	Year <b>2009</b>	Make <b>CADI</b>	Type <b>01</b>	Use <b>01</b>	Veh. License Number <b>926XJH</b>	State <b>FL</b>	Vehicle Identification Number <b>1GYFK23289R131421</b>					18. Undercarriage 19. Overturn 20. Windshield 21. Trailer	
Trailer Or Towed Vehicle Information		Trailer Type											
Vehicle Traveling <b>N</b>	on <b>DEACON CIRCLE</b>	At	Est. MPH <b>30</b>	Posted Speed <b>25</b>	Est. Vehicle Damage <b>\$8,000</b>	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) <b>FEDERAL INSURANCE COMPANY</b>			Policy Number <b>73548246</b>		Vehicle Removed By: <b>JOHNSON'S</b>		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"/> <b>GENERAL MOTORS COMPANY</b>			Current Address (Number and Street) <b>2717 SCHUST RD</b>			City and State <b>SAGINAW MI</b>		Zip Code <b>48603</b>					
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 <b>ELDRICK T WOODS</b>			Current Address (Number and Street) <b>6348 DEACON CIRCLE</b>			City, State and Zip Code <b>WINDERMERE FL 34786</b>		Date Of Birth <b>30/Dec/1975</b>					
Driver License Number <b>W320218754700</b>	State <b>FL</b>	DL Type <b>5</b>	Req. End <b>3</b>	AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused	Results <b>5</b>	Alc/Drug <b>1</b>	Phys. Def <b>1</b>	Res. <b>1</b>	Race <b>2</b>	Sex <b>1</b>	Inj. <b>4</b>	S. Equip. <b>1 5</b>	Eject. <b>1</b>
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

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											
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 1 Blood 3 Urine 5 None 2 Breath 4 Refused	Results	Alc/Drug	Phys. Def	Res.	Race	Sex	Inj.	S. Equip. <b>1</b>	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  Sex 1 Male 2 Female	1 No Defects Known 2 Eyesight Defect 3 Fatigue/Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physcial 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



**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 <b>27/Nov/2009</b>	County/ <b>07</b>	City Code <b>00</b>	Invest. Agency Report Number <b>FHPD09OFF105628</b>	HSMV Crash Report Number <b>77685828</b>
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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 <b>OCFR</b>	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer	4 Certified 1st Aider 5 Other	Injured Taken To: <b>HEALTH CENTRAL</b>	By - Name <b>HEALTH CENTRAL</b>
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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 <b>27/Nov/2009</b>	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 <b>TPR. EVANS</b>	ID/Badge Number <b>2791/1567</b>	Department <b>FHPD</b>	FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> Other <input type="checkbox"/>
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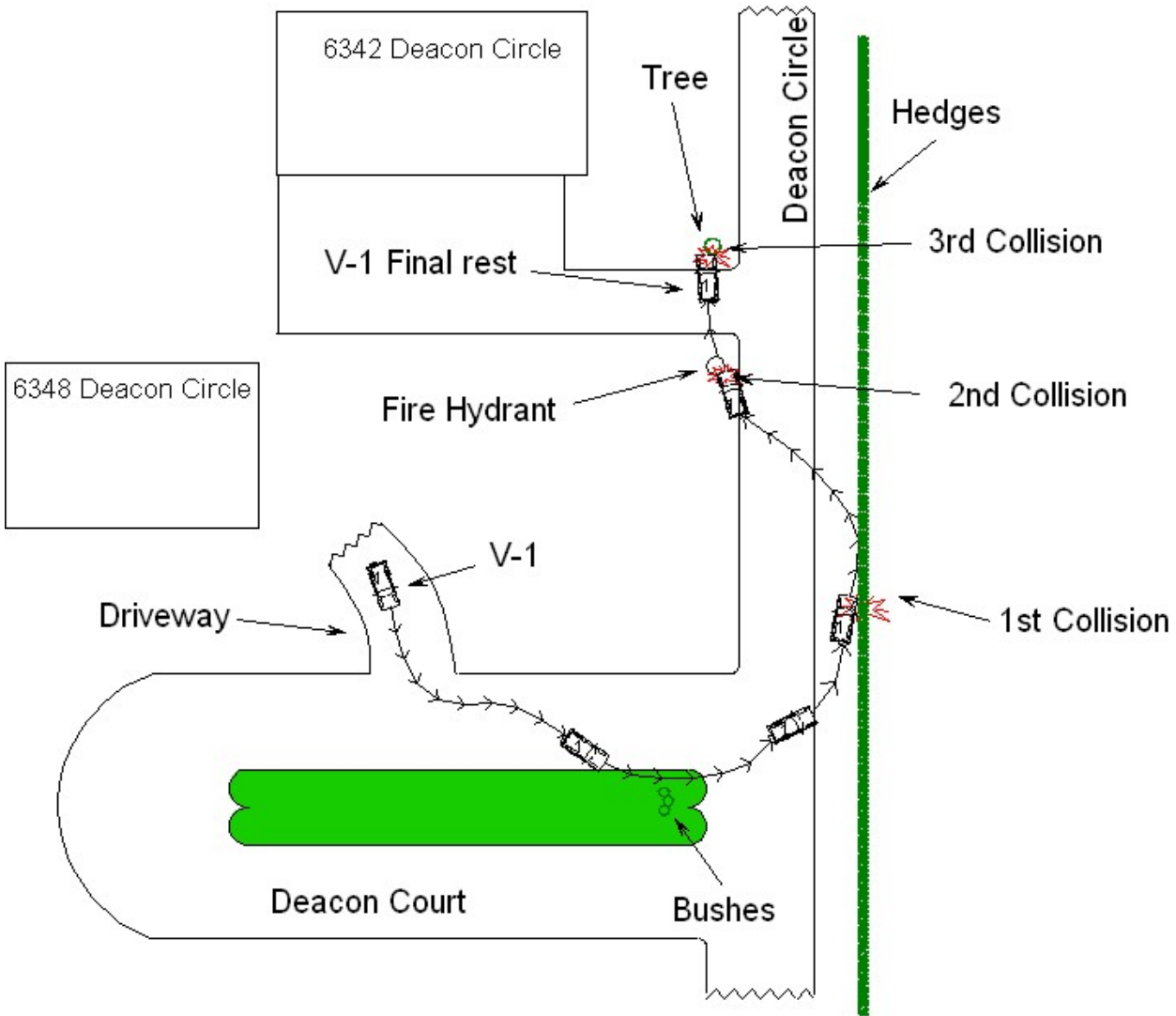
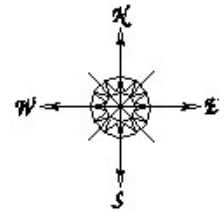


Diagram Not To Scale

**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 <b>27/Nov/2009</b>	County / City <b>07 00</b>	Invest. Agency Report Number <b>FHPD09OFF105628</b>	HSMV Crash Report Number <b>77685828</b>
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<b>SECTION</b>		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"/>
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		Was Hazardous Material Spilled? <input type="checkbox"/>	Recommnd Driver Re-exam, if Yes Explain In Narrative		1 yes 2 No		1 yes 2 No		Driver's Phone No.			

<b>SECTION</b>		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"/>
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		Was Hazardous Material Spilled? <input type="checkbox"/>	Recommnd Driver Re-exam, if Yes Explain In Narrative		1 yes 2 No		1 yes 2 No		Driver's Phone No.			

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

<b>Contributing Causes - Driver/Pedestrian</b>		<b>Vehicle Defect</b>		<b>Vehicle Movement</b>		<b>Vehicle Special Functions</b>	
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	<input type="checkbox"/>	<b>Source Of Carrier Information</b>	
08 Drugs - Under Influence	<input type="checkbox"/>	08 Equipment/Vehicle Defect	<input type="checkbox"/>	08 Properly Parked	<input type="checkbox"/>	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	<input type="checkbox"/>	2 Shipping Papers	<input type="checkbox"/>
10 Followed To Closely	<input type="checkbox"/>	<b>Point Of Collision</b>	<input type="checkbox"/>	10 Making U-Turn	<input type="checkbox"/>	3 Vehicle Side	<input type="checkbox"/>
11 Disregarded Traffic Signal	<input type="checkbox"/>	01 On Road	<input type="checkbox"/>	11 Passing	<input type="checkbox"/>	4 Driver	<input type="checkbox"/>
12 Exceeded Safe Speed Limit	<input type="checkbox"/>	02 Not On Road	<input type="checkbox"/>	<b>Pedestrian Action</b>			
13 Disregarded Stop Sign	<input type="checkbox"/>	03 Shoulder	<input type="checkbox"/>	01 Crossing Not At Intersection	<input type="checkbox"/>	07 Working in Road	<input type="checkbox"/>
14 Failed To Maintain Equip./ Vehicle	<input type="checkbox"/>	<b>Work Area</b>	<input type="checkbox"/>	02 Crossing At Mid-block Crosswalk	<input type="checkbox"/>	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"/>	09 Standing in Pedestrian Island	<input type="checkbox"/>
16 Drove Left of Center	<input type="checkbox"/>	02 Nearby	<input type="checkbox"/>	04 Walking Along Road With Traffic	<input type="checkbox"/>	77 All Other (Explain in Narrative)	<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"/>	88 Unknown	<input type="checkbox"/>
18 Obstructing Traffic	<input type="checkbox"/>			06 Working on Vehicle in Road	<input type="checkbox"/>		

<b>First /Subsequent Harmful Event (s)</b>	
01 Collision With MV in Transport (Rear End)	<input type="checkbox"/>
02 Collision With MV in Transport (Head On)	<input type="checkbox"/>
03 Collision With MV in Transport (Angle)	<input type="checkbox"/>
04 Collision With MV in Transport (Left Turn)	<input type="checkbox"/>
05 Collision With MV in Transport (Right Turn)	<input type="checkbox"/>
06 Collision With MV in Transport (Sideswipe)	<input type="checkbox"/>
07 Collision With MV in Transport (Backed Into)	<input type="checkbox"/>
08 Collision With Parked Car	<input type="checkbox"/>
09 Collision with MV on Roadway	<input type="checkbox"/>
10 Collision With Pedestrian	<input type="checkbox"/>
11 Collision With Bicycle	<input type="checkbox"/>
12 Collision With Bicycle (Bike Lane)	<input type="checkbox"/>
13 Collision With Moped	<input type="checkbox"/>
14 Collision With Train	<input type="checkbox"/>
15 Collision With Animal	<input type="checkbox"/>
16 MV Hit Sign / Sign Post	<input type="checkbox"/>
17 MV Hit Utility Pole / Light Pole	<input type="checkbox"/>
18 MV Hit Guardrail	<input type="checkbox"/>
19 MV Hit Fence	<input type="checkbox"/>
20 MV Hit Concrete Barrier Wall	<input type="checkbox"/>
21 MV Hit Bridge/Pier/Abutment/Rail	<input type="checkbox"/>
22 MV Hit Tree / Shrubbery	<input type="checkbox"/>
23 Collision With Construction Barricade Sign	<input type="checkbox"/>
24 Collision With Traffic Gate	<input type="checkbox"/>
25 Collision With Crash Attenuators	<input type="checkbox"/>
26 Collision With Fixed Object Above Road	<input type="checkbox"/>
27 MV Hit Other Fixed Object	<input type="checkbox"/>
28 Collision With Moveable Object on Road	<input type="checkbox"/>
29 Mv Ran Into Ditch/Culvert	<input type="checkbox"/>
30 Ran Off Road Into Water	<input type="checkbox"/>
31 Overturned	<input type="checkbox"/>
32 Occupant Fell From Vehicle	<input type="checkbox"/>
33 Tractor/Trailer Jackknifed	<input type="checkbox"/>
34 Fire	<input type="checkbox"/>
35 Explosion	<input type="checkbox"/>
36 Downhill Runaway	<input type="checkbox"/>
37 Cargo Loss or Shift	<input type="checkbox"/>
38 Separation of Units	<input type="checkbox"/>
39 Median Crossover	<input type="checkbox"/>
77 All Other (Explain in Narrative)	<input type="checkbox"/>

**(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				