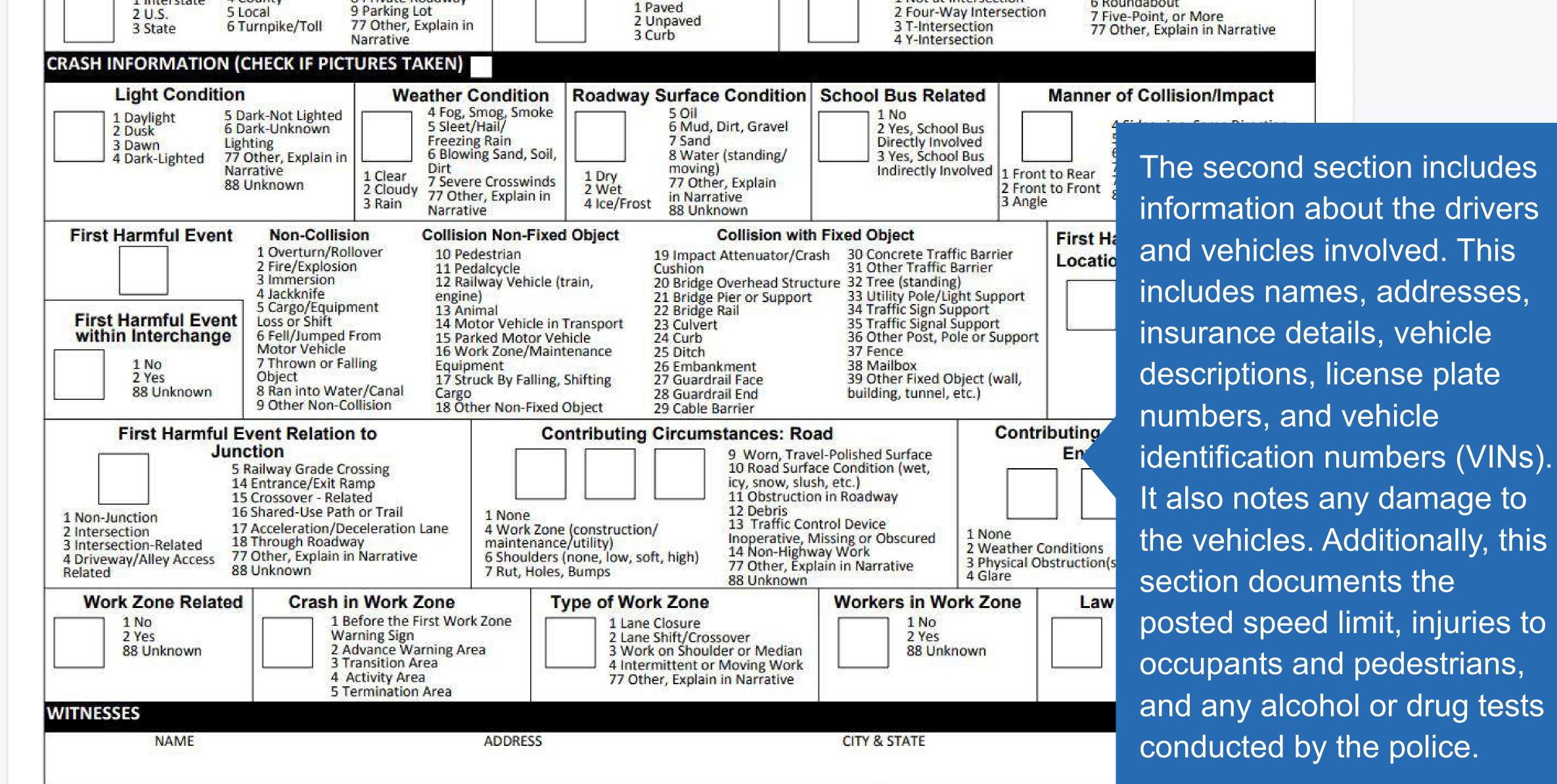


	FLORIDA LONG FORM SHO MAIL TO: DEPARTMENT TRAFFIC CRASH F	RT FORM	UPDATE	MOTOR VEHICLES	TOTAL # OF VEHICL TOTAL # OF PERSO TOTAL # OF NARRA	N SECTION(S)	
	ou'll see the date, ation of the	CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRAS	H REPORT NUMBER	
ash.		OF CRASH		PLACE OR CITY OF CRASH	CHECK IF WITH CITY LIMITS		RTED TIME DISPATCHED
		ARED SCENE		REASON (If Investigation NOT Complete)			Notified By: 1 Motorist 2 Law Enforcement
	ROADWAY INFORMATION	(CHOOSE O	ONLY 1 OF 4 OPT	TIONS)			
	CRASH OCCURRED ON STREET, RO	AD, HIGHWAY		AT ST	REET ADDRESS #	AT LATITUDE	AND LONGITUDE
	FEET MILES	N S E M	AT / FROM	I INTERSECTION WITH STREET, ROAD, HIGHWAY		4	OR FROM MILEPOST #
	Road System Ic		7 Forest Road 8 Private Roadway	Type of Shoulder	Type of I	ntersection 5 Traf	fic Circle



	NAME	ADDRESS	C	ITY & STATE	Z	IP CODE
	NAME	ADDRESS	C	ITY & STATE	Z	IP CODE
	LE PROPERTY DAMAGE					
/EHICLE # PERS	SON # PROPERTY DAMAGE - OTHER THAN VEHI	CLE EST. AMOUNT	OWNER'S NAME (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
EHICLE # PERS	ON # PROPERTY DAMAGE - OTHER THAN VEHI	LE EST. AMOUNT	OWNER'S NAME (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
HSMV 900	010 S (E) (rev 06/13)					
	10 0 (L) (lev 00/10)		Page of			

Page 1



		NARRATIVE	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
		NANNATIVE		
	- • • • • • • • •			
The second page				
for the investigat	ing officer to			
take notes about	how they			
believe the crash	-			
This narrative ma	-			
additional inform				
found in earlier s	ections,			
such as:				
 Witness testi 	monies,			
passenger in	formation,			
additional vio	lations.			
witness conta				
and whether				
were treated	or taken to a			
hospital.				
	ADDITIONAL PASSENGER	S		
	PERSON # VEHICLE # NAME		DATE OF BIRTH	I SEX LOC: S R O EJECT HU EP ABD RS
	CURRE	NT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
	SOURCE OF TRANSPORT TO MED		OR ID EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
	2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 8	8 Unknown		
	PERSON # VEHICLE # NAME		DATE OF BIRTH	SEX LOC: S R O EJECT HU EP ABD RS
	CUPPE	NT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
	CURREN	A ADDITEDS (NUMBER AND STREET)	CITT & STATE	LIF CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY	 EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported		

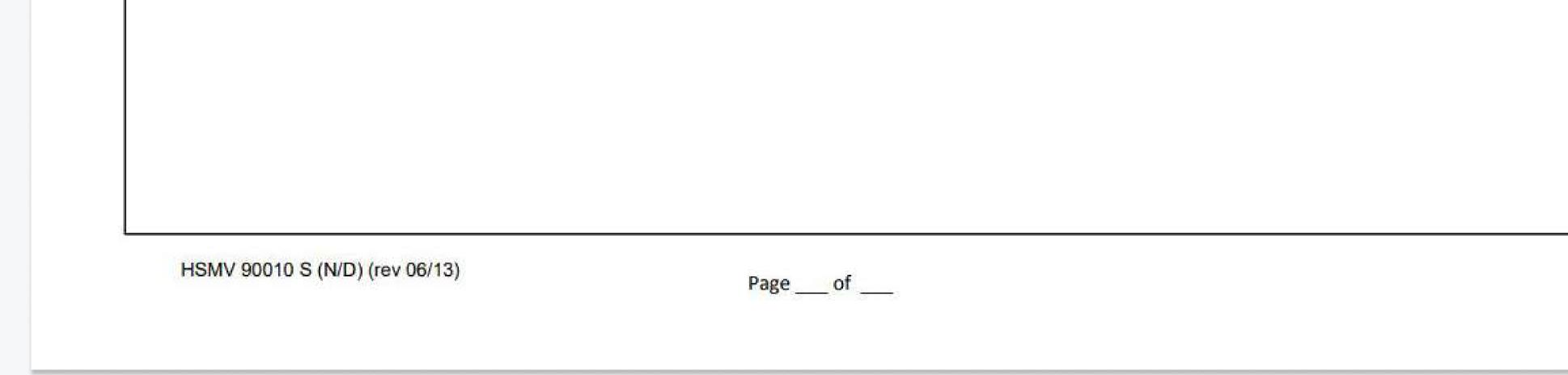
DDITIONAL VIOL	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
RSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
BADGE NUMBER		DEP	PARTMENT	FHP SO PD OTHER
HSMV 90010 S (N	/D) (rev 06/13)			





DIAGRAM	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER

The previous pages are all meant for notes on your accident, but the third page of the report has space for a diagram. This diagram will be illustrated by the investigating officer and should show through a picture how the accident occurred. Since this sketch may be unclear in comparison with straightforward notes, if you find the diagram confusing, contact The Law Offices of Casey D. Shomo, P.A. in Palm Beach Gardens. Mr. Shomo can go through each page with you to ensure you understand all the details and help set the record straight if something is wrong.

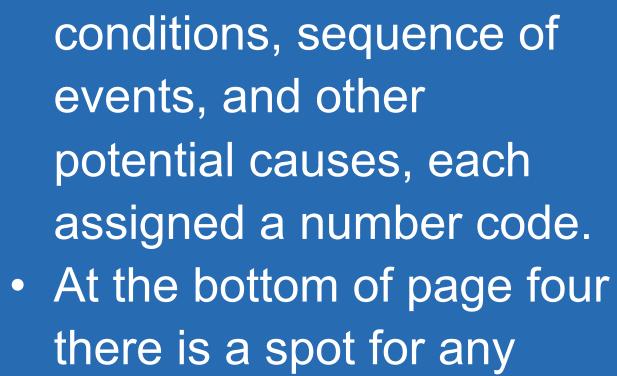




VEHICLE #	Check if C	ommercial	REPORTING AGENCY (CASE NUMBER	HSMV CF	RASH REPORT NUN	1BER	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	VEHICLE LICENSE NUMBER	STATE REGI	STRATION EXPIRES Check if Registra	Permanent VIN				
e of your	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Function 3 None	g 4 Minor al 88 Unknown	EST. A	MOUNT
Report will		INSURANCE POLICY NUMB	ER Towed due to Damage: 1 No 2 Yes		ED BY	2 O 3 Di	otation wner Request river Other, Explain ir	n Narrative
tation of	Check if Business)	CUF	RRENT ADDRESS	CITY &	& STATE		ZIP CC	I WERE AND ADDRESS OF THE OWNER AND ADDRESS OF THE OWNER ADDRESS OF
but factors that he crash,	STATE REGISTRATION E	XPIRES Check if Permanent Registration	t VIN		YEAR	MAKE	LENGTH	AXLES
	STATE REGISTRATION E	XPIRES Check if Permanent Registration	t VIN		YEAR	MAKE	LENGTH	AXLES
ctions, vehicle	W Off-Road Unknown	ON	STREET, ROAD, HIGHWAY		AT	EST. SPEED POST	ED SPEED TO	TAL LANES
ather road	Z. MAT PLACARD o es Unknown	. MAT. NUMBER HAZ. I	NAMES OF A DESCRIPTION OF	Area of Initial Impact		ercarriage 18	Most Damag	

The fourth pag Florida Crash have documen information abo contributed to including:

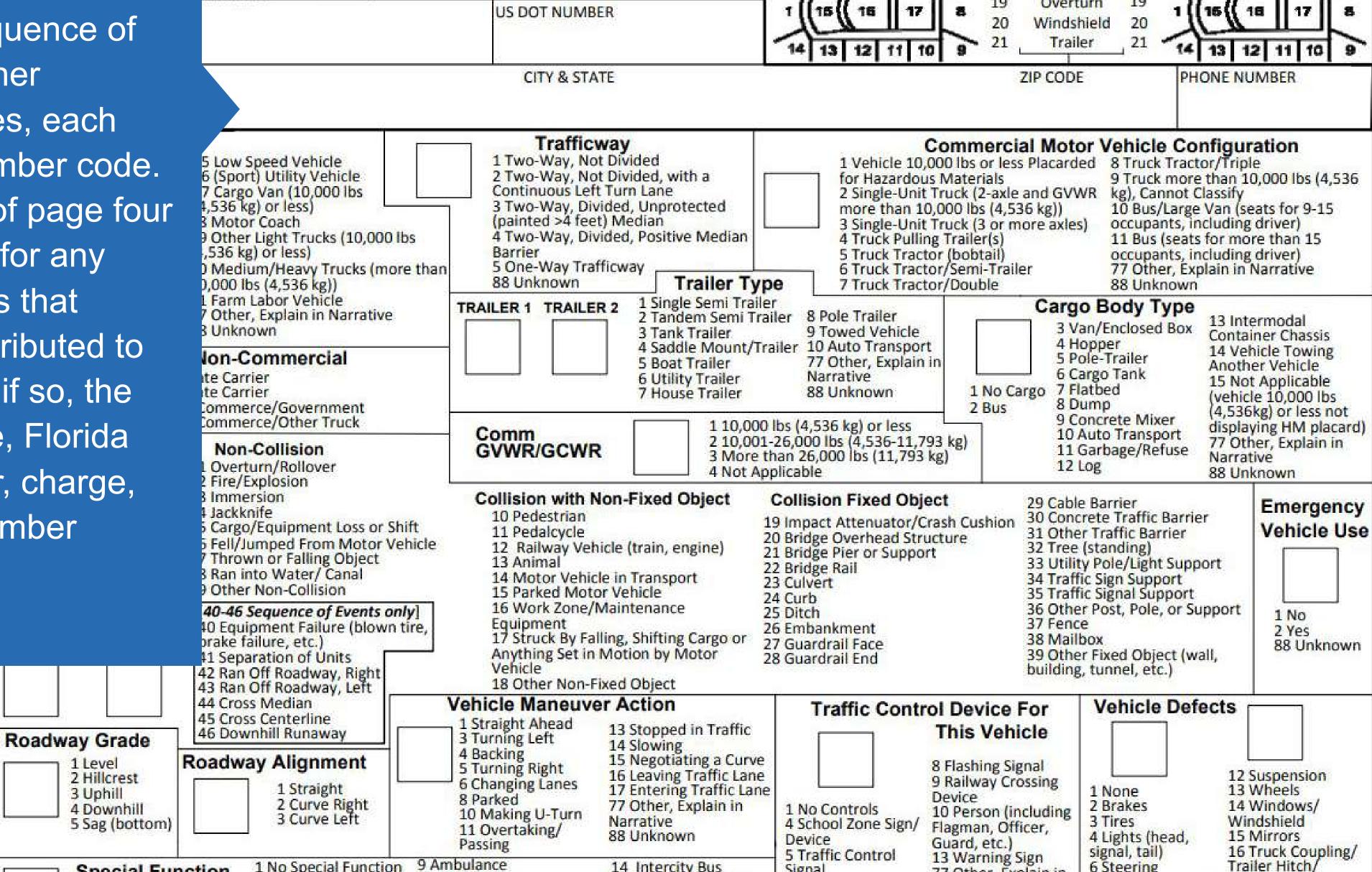
• The driver defects, we conditions,



traffic violations that caused or contributed to the crash, and if so, the violator's name, Florida statute number, charge, and citation number should all be documented.

1 Level

3 Uphill

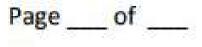


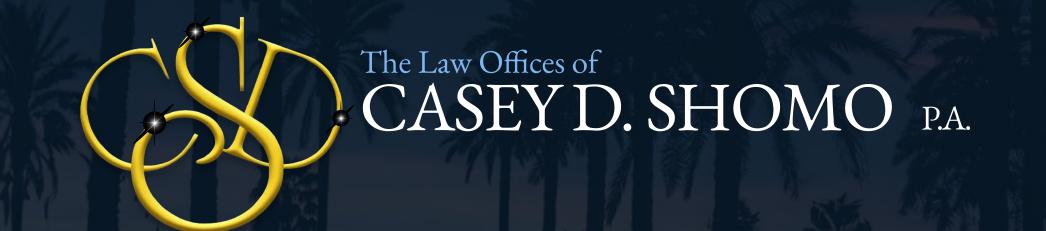
19

Overturn

1.2

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	Signal 6 Stop Sign 7 Yield Sign	77 Other, Explain in Narrative 88 Unknown	6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train	Trailer Hitch/ Safety Chains 77 Other, Explain in Narrative 88 Unknown
IS							
NAME	E OF VIOLATOR	FL STAT	UTE NUMBER		CHARGE	CIT	ATION NUMBER
NAME	E OF VIOLATOR	FL STAT	UTE NUMBER		CHARGE	СІТ	ATION NUMBER
NAME	OF VIOLATOR	FL STAT	UTE NUMBER		CHARGE	СІТ	ATION NUMBER
0	of Motor Vehicle	of Motor Vehicle 3 Police 7 Taxi 8 Military	Image: Solution of Motor Vehicle 3 Police 11 Farm Labor Transport 7 Taxi 12 School Bus 8 Military 13 Transit/Commuter Bus IS NAME OF VIOLATOR NAME OF VIOLATOR FL STATE	Motor Vehicle 2 Farm Venicle 10 Fire Fluck 15 Charter/ four Bus 3 Police 11 Farm Labor Transport 16 Shuttle Bus 7 Taxi 12 School Bus 17 Farm Labor Bus 8 Military 13 Transit/Commuter Bus 88 Unknown	2 Farm Vehicle 10 Fire Truck 15 Charter/Tour Bus 6 Stop Sign 3 Police 11 Farm Labor Transport 16 Shuttle Bus 7 Yield Sign 7 Taxi 12 School Bus 17 Farm Labor Bus 17 Farm Labor Bus 8 Military 13 Transit/Commuter Bus 88 Unknown 6 Stop Sign IS NAME OF VIOLATOR FL STATUTE NUMBER 6 Stop Sign NAME OF VIOLATOR FL STATUTE NUMBER 6 Stop Sign	Of Motor Vehicle 2 Farm Vehicle 10 Fire Truck 15 Charter/Tour Bus 6 Stop Sign Narrative 3 Police 11 Farm Labor Transport 16 Shuttle Bus 17 Farm Labor Bus 17 Farm Labor Bus 17 Farm Labor Bus 88 Unknown 5 NAME OF VIOLATOR FL STATUTE NUMBER CHARGE NAME OF VIOLATOR FL STATUTE NUMBER CHARGE	of Motor Vehicle 2 Farm Vehicle 10 Fire Fluck 15 Charter/Tour Bus 6 Stop Sign Narrative 7 Wipers 3 Police 11 Farm Labor Transport 16 Shuttle Bus 17 Farm Labor Bus 17 Farm Labor Bus 17 Farm Labor Bus 9 Exhaust System 10 Body, Doors 13 Transit/Commuter Bus 88 Unknown 6 Stop Sign Narrative 9 Exhaust System S 17 Farm Labor Bus 17 Farm Labor Bus 17 Farm Labor Bus 6 Stop Sign Narrative 7 Wipers S NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CIT NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CIT





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
	URRENT ADDRESS (Number and Street)	CITY & STATE	·	ZIP CODE

The fifth page of the Florida Crash Report is the Person's Page. Every individual involved in the crash will have their own page.

 At the top of the page, you'll find the person's name and contact

			100					
the Florida	le DRIVER LICE	NSE NUMBER	S	TATE EXPIRES	INJURY SEVERI	4	Incapacitating	
he Person's	nknown				2 Possible 3 Non-incapac		Fatal (within 30 days) Non-Traffic Fatality	
	Required Endorsem	nents	DRIVER Driver's Acti	ons at Time o	f Crash			
vidual	1 Yes	1st 11	No Contributing Action	26 Ran off	Roadway arded other Traffic [3rd	Condition At	<u> </u>
ash will	2 No 3 No Req. Endorse	ement 20	Operated MV in Careless egligent Manner Failed to Yield Right-of- \	S OF Sign 28 Disrega	arded Other Road		1 Apparently Normal 3 Asleep or Fatigued	
age.	nication etc.) 4 Other Inside t (explain in narr 5 External Distr (outside the ve	the Vehicle 2nd 61 rative) 10 raction 11	Improper Backing Improper Turn D Followed too Closely L Ran Red Light 2 Drove too Fast for Cond	29 Over-C Steering 30 Swerve to Wind, S	orrecting/Over- ed or Avoided : Due ilippery Surface, MV,	4th	5 III (sick) or Fainted 6 Seizure, Epilepsy, Bla 7 Physically Impaired 8 Emotional (depressional angry, disturbed, etc.)	on,
he page,	etc.) evice DVD player) 7 Inattentive		3 Ran Stop Sign 5 Improper Passing 7 Exceeded Posted Speed	Roadway, 31 Operat	ed MV in Erratic,		9 Under the Influence Medications/Drugs/Al	of cohol
person's	ructions 88 Unknown	21	Wrong Side of Wrong V Failed to Keep in Prope	Nay 77 Othor	or Aggressive Manner Contributing Action		77 Other, Explain in Na 88 Unknown	arrative
ntact	d 5 Load on Vehicle 6 Building/Fixed Ob hicle 7 Signs/Billboards	9 Smoke 9 Ject 10 Glare 77 All Other, Explain			DRIVER OR PASSE	NGER		
s well as the	s 8 Fog DRIVER OR PASSENGER	in Narrative	Helmet Use	-Compliant	ye Protection (EF	?)	Restraint Syste	ems
the	Position: LOCATION		Motor 2 Othe	cycle Helmet er Helmet leimet	2 No 3 Not Applicabl	2 None	(RS) Applicable Used - Motor Vehicle Oc	ccupant
ether they	Other 1 Not Applicable 2 Sleeper Section of Truck C		(ABD)	ag Deployed	5 Deployed-Other (knee, air belt, etc.)	4 Shou 5 Lap B	Ider and Lap Belt Used Ider Belt Only Used Belt Only Used	
passenger,	3 Other Enclosed Cargo Area Unenclosed Cargo Area ailing Unit Inding on Motor Vehicle E		on (EJECT) ot Ejected ected, Totally ected, Partially	1 Not Applicabl 2 Not Deployed 3 Deployed-Fro		7 Child 8 Child	aint Used - Type Unknow Restraint System - Forwa Restraint System - Rear f ter Seat	ard Facing
tc). Here you	ailing unit) 88 Unknown	4 No	ot Applicable	4 Deployed-Sid	e Unknown	10 Chil	d Restraint Type Unknow er, Explain in Narrative	/n
			CONTRACTOR OF THE OWNER WATER OF THE OWNER OWNE			// Uth	er, Explain in Narrauve	
			NON-MOTORIST		A -			
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heir vehicle oplies. h the	scription wheelchair, person in a estrian conveyance, etc.)	Non-Motorist Locat 1 Intersection - Marked 2 Intersection - Unmark 3 Intersection - Other 4 Midblock - Marked Cro 5 Travel Lane - Other Lo 6 Bicycle Lane 7 Shoulder/Roadside	NON-MOTORIST ion At Time of Cra Crosswalk 8 Sidewa ed Crosswalk 9 Mediar 10 Drivev osswalk 11 Share 12 Non-T 77 Other 88 Unkno	ilk n/Crossing Island way Access d-Use Path or Trai frafficway Area r, Explain in Narrat own	il 1 Crossing Roadwa 2 Waiting to Cross 3 Walking/Cycling Roadway with Tra	tion Price ay Roadway Along ffic (in or	5 Walking/Cycling on S 6 In Roadway Other playing, etc.) 7 Adjacent to Roadway shoulder, median) 8 Going to or from Sch 9 Working in Trafficwa (incident response)	(working, y (e.g., iool (K-12)
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information as well as the description of the individual (whether they were a driver, passenger, pedestrian, etc). Here you will also find their vehicle number if it applies.

- Depending on the description of the person, the officer at the scene will fill out the appropriate section in the middle of the page.
- There is also a section to document alcohol or drug use.

	MEDICAL FACILITY TRANSPORTED TO			EMS RUN NUMBER	EMS AGENCY NAME OR ID	ement	Not Transported EMS 3 Law Enforce				
ABD	HU EP	EJECT	0	R	LOC: S	SEX	INJ	DATE OF BIRTH			PERSON # VEHICLE #
	CODE	ZIP						CITY & STATE	nd Street)	CURRENT ADDRESS (Number	
	ED TO	ANSPOR	ITY TI	FACIL	EDICAL	N		EMS RUN NUMBER	EMS AGENCY NAME OR ID	ement larrative 88 Unknown	Not Transported EMS 3 Law Enforce
	ED TO	ANSPOR	ITY TI	FACIL	EDICAL	N		EMS RUN NUMBER	EMS AGENCY NAME OR ID	ement	Not Transported EMS 3 Law Enforce

