



FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☐ SHORT FORM ☐ UPDATE ☐

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) _____

At the top, you'll see the date, time, and location of the crash.

CRASH		DATE OF REPORT		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
TIME OF CRASH		PLACE OR CITY OF CRASH		CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>		TIME REPORTED	
TIME ON SCENE		TIME CLEARED SCENE		CHECK IF COMPLETED <input type="checkbox"/>		REASON (If Investigation NOT Complete)	
						Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input type="checkbox"/>	
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)							
CRASH OCCURRED ON STREET, ROAD, HIGHWAY				AT STREET ADDRESS # 1		AT LATITUDE AND LONGITUDE 2	
FEET		MILES		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"/> 3 State <input type="checkbox"/> 4 County <input type="checkbox"/> 5 Local <input type="checkbox"/> 6 Turnpike/Toll <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			
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>							
Light Condition		Weather Condition		Roadway Surface Condition		School Bus Related	
<input type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dusk <input type="checkbox"/> 3 Dawn <input type="checkbox"/> 4 Dark-Lighted <input type="checkbox"/> 5 Dark-Not Lighted <input type="checkbox"/> 6 Dark-Unknown <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<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"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain		<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 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 4 Ice/Frost		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, School Bus Directly Involved <input type="checkbox"/> 3 Yes, School Bus Indirectly Involved	
Manner of Collision/Impact		First Harmful Event		Non-Collision		Collision Non-Fixed Object	
<input type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle <input type="checkbox"/> 4 Side-impact, Same Direction <input type="checkbox"/> 5 Side-impact, Opposite Direction <input type="checkbox"/> 6 Rear-End <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Overturn/Rollover <input type="checkbox"/> 2 Fire/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision		<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	
First Harmful Event within Interchange		First Harmful Event Relation to Junction		Contributing Circumstances: Road		Contributing Environmental	
<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<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"/> 1 None <input type="checkbox"/> 4 Work Zone (construction/maintenance/utility) <input type="checkbox"/> 6 Shoulders (none, low, soft, high) <input type="checkbox"/> 7 Rut, Holes, Bumps <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	
Work Zone Related		Crash in Work Zone		Type of Work Zone		Workers 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"/> 5 Termination Area		<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	
WITNESSES							
NAME		ADDRESS		CITY & STATE		ZIP CODE	
NAME		ADDRESS		CITY & STATE		ZIP CODE	
NAME		ADDRESS		CITY & STATE		ZIP CODE	
NON VEHICLE PROPERTY DAMAGE							
VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE

The second section includes information about the drivers and vehicles involved. This includes names, addresses, insurance details, vehicle descriptions, license plate numbers, and vehicle identification numbers (VINs). It also notes any damage to the vehicles. Additionally, this section documents the posted speed limit, injuries to occupants and pedestrians, and any alcohol or drug tests conducted by the police.



- Witness testimonies, passenger information, additional violations, witness contact details, and whether any parties were treated or taken to a hospital.

Page ____ of ____



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 Commercial		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER		
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle Hit and Run		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	
YEAR		MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	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		
Check if Business)		CURRENT ADDRESS		CITY & STATE		ZIP CODE		
STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN		YEAR	MAKE	LENGTH	
STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN		YEAR	MAKE	LENGTH	
W Off-Road Unknown		ON STREET, ROAD, HIGHWAY				AT EST. SPEED	POSTED SPEED	
HAZ. MAT. PLACARD		HAZ. MAT. NUMBER	HAZ. MAT. CLASS		Area of Initial Impact			Most Damaged Area
Unknown		US DOT NUMBER		CITY & STATE		ZIP CODE		PHONE NUMBER
5 Low Speed Vehicle 6 (Sport) Utility Vehicle 7 Cargo Van (10,000 lbs 4,536 kg) or less) 8 Motor Coach 9 Other Light Trucks (10,000 lbs 4,536 kg) or less) 10 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 11 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		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		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		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		8 Truck 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
Non-Commercial 1 Motor Carrier 2 Motor Carrier 3 Commerce/Government 4 Commerce/Other Truck		Trailer Type		Cargo Body Type		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		
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		Comm GVWR/GCWR		Collision with Non-Fixed Object		Collision Fixed Object		
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		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		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		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		
Roadway Grade		Roadway Alignment		Vehicle Maneuver Action		Traffic Control Device For This Vehicle		
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		1 Straight Ahead 2 Turning Left 3 Backing 4 Turning Right 5 Changing Lanes 6 Parked 7 Making U-Turn 8 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		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		
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		12 Suspension 13 Wheels 14 Windows/ Windshield 15 Mirrors 16 Truck Coupling/ Trailer Hitch/ Safety Chains 77 Other, Explain in Narrative 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 # <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 Recommend Driver Re-exam <input type="checkbox"/>																							
CURRENT ADDRESS (Number and Street)						CITY & STATE						ZIP CODE																							
Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>			DRIVER LICENSE NUMBER			STATE			EXPIRES			INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality <input type="checkbox"/>																							
DRIVER																																			
Required Endorsements <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No Req. Endorsement			Driver's Actions at Time of Crash									Condition At Time of Crash <input type="checkbox"/>																							
Driver's Position 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) 7 Other 8 Unknown			4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 8 Unknown			1st <input type="checkbox"/> 2nd <input type="checkbox"/>			3rd <input type="checkbox"/> 4th <input type="checkbox"/>																										
Driver's Actions 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 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																																
DRIVER OR PASSENGER																																			
Position: 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) 7 Other 8 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																							
Ejection (EJECT) <input type="checkbox"/> 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown			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																													
NON-MOTORIST																																			
Description 1 Wheelchair, person in a conveyance, etc.) 2 Vehicle Not in Transport 3 Motor Vehicle 4 Non-Motorist			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						Action Prior to Crash <input type="checkbox"/> 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																										
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 TESTED: 1 Not Given 2 Refused 3 Given 77 Other, Explain in Narrative 88 Unknown			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														
MEDICAL FACILITY <input type="checkbox"/> 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																							
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																										
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																										