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FLHSMV
FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES



CRASH RECORD REPORTING TRAINING SESSION 2024


Objectives

After completing this training session, you will be able to...

- Understand the electronic Crash Reporting process at a high level 

- Fill in the crash report data fields with accurate and uniform information 

- Correct common load errors on Crash Reports. 

- Know how crucial accurate reporting is for various state programs. 

Traffic Crash Program

F.S 316.066 / Written report of crashes

A Florida Traffic Crash Report long form must be completed and submitted to the department within 10 days after an investigation is completed by the law enforcement officer who in the regular course of duty investigates a motor vehicle crash....

FLHSMV is responsible for the collection and dissemination of all state crash records data including traffic fatalities to fulfill federal reporting requirements.

F.S 316.069 / State to tabulate and analyze crash reports

- This explains that the state must collect, analyze, and tabulate crash reports, and publish this information, annually or more frequently.

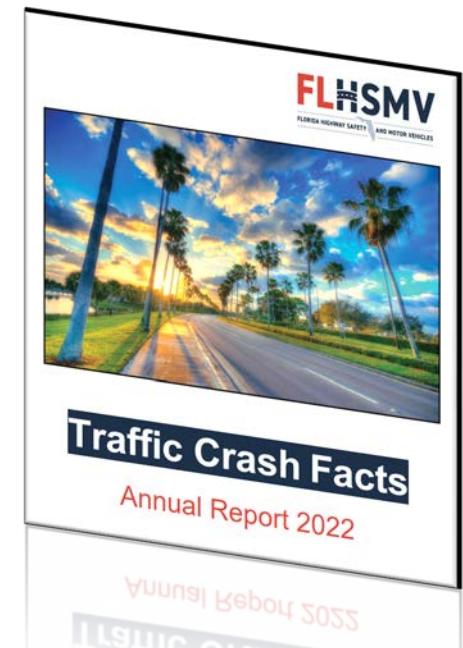
2022 Traffic Crash Facts



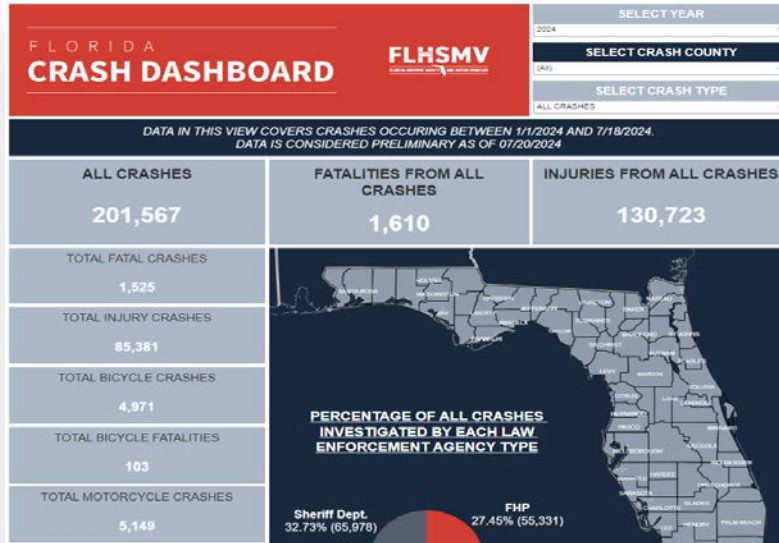
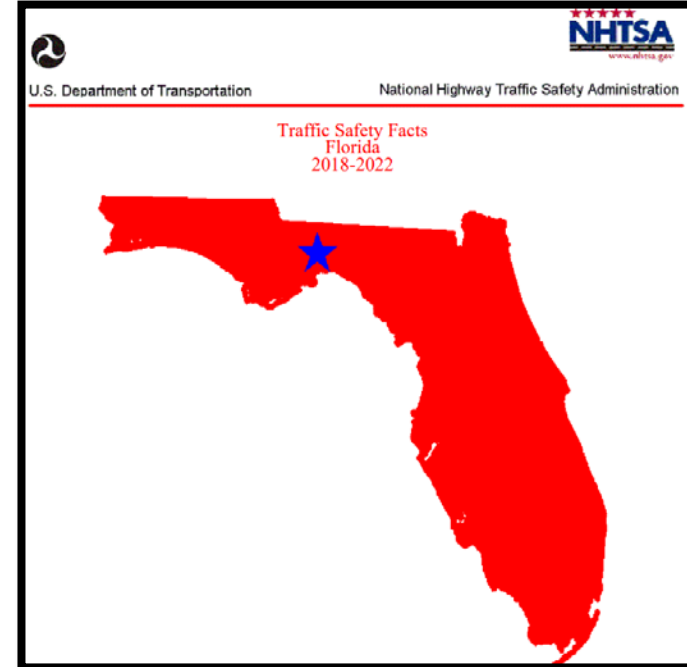
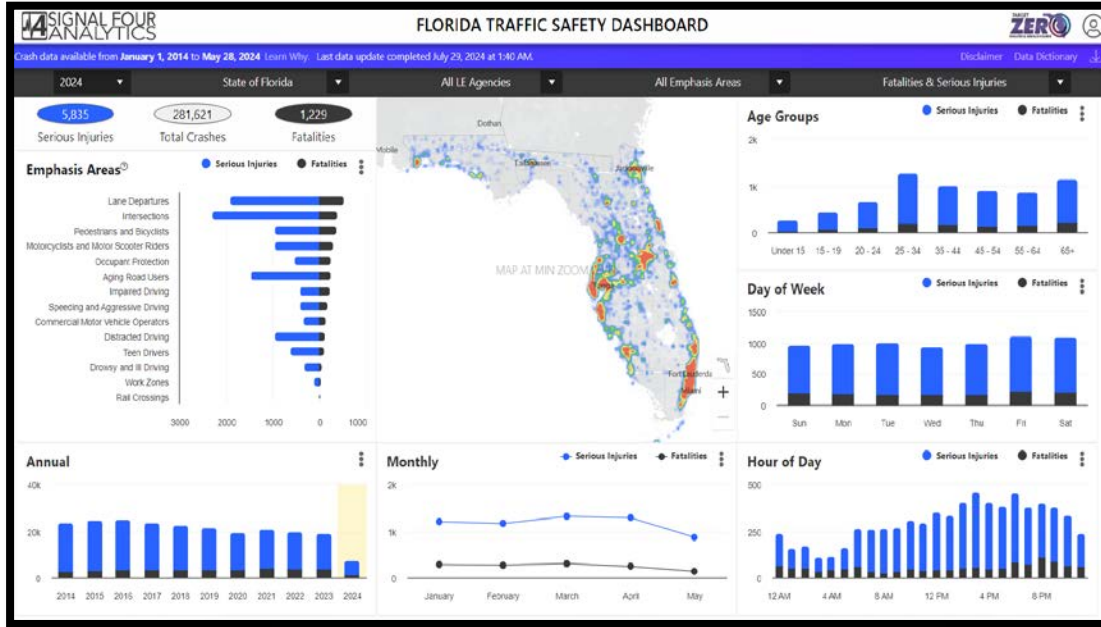
Florida Traffic Crash Statistics Summary

		2022	2021	2020	% Change 2021 to 2022	3 Year Average
General Statistics	Total Codeable Crashes	397,620	401,540	341,399	-0.98%	380,186
	Drivers Involved	678,783	683,869	569,182	-0.74%	643,945
	Average Crashes per Day	1,089	1,100	935	-0.98%	1,042
	Mileage Death Rate (per 100 million VMT)	1.56	1.72	1.57	-9.30%	1.62
	Fatal Crashes	3,320	3,454	3,098	-3.88%	3,291
	Fatalities	3,553	3,741	3,332	-5.03%	3,542
	Incapacitating Injury Crashes	12,747	13,435	12,462	-5.12%	12,881

Traffic Crash Facts Statistics Summary is extracted from law enforcement agency reports of traffic crashes.



Reporting Dashboards



Crash Data Statistics

Statistic Description	<u>Year 2021**</u>	<u>Year 2022</u>	<u>Year 2023</u>
Number of Total crashes *	703,071	706,901	714,967
Number of Fatalities	3,741	3,553	3,428
Percentage of electronic crash submissions	98.65%	98.64%	99.08%
Total Revenue generated from Crash Sales Portal	\$6,910,380	\$7,258,632	\$7,626,116
Revenue generated from Crash Sales Portal: Distributed to LEA	\$1,778,275	\$1,895,200	\$1,997,700

* Total Crashes equal unique long and short form crash reports. Updates are not included in the count.

** Calendar Year January through December.

FDOT Strategic Highway Safety Plan



Developed and implemented by various traffic safety collaborators

- Florida Police Chiefs Association
- Florida Sheriffs Association
- DHSMV
- FLHSMV
- FHP
- FDOT
- FDOH
- DOE
- Etc.



Traffic Safety Coalitions



Florida traffic coalitions vision:
Eliminating fatalities and reducing serious injuries on all public roads



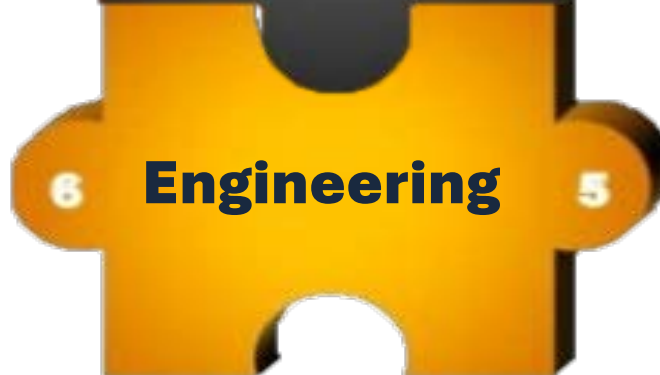
Prioritization

We need Data-Driven Decision-making to curb focus areas such as:

- Impaired driving
- Teen drivers
- Aging drivers
- Occupant protection
(seatbelts/child safety seats)

- Speeding/aggressive driving
- Commercial vehicles
- Wrong-way driving
- Work zone safety
- And more...

Valuable Data Efforts



Crash and UTC Data improvement Grant



*Better Data Leads to
Safer Roadways*

Objective 1

Establish a timeline with goals for each remaining paper-submitting LEA to achieve full adoption of electronic crash reporting

Objective 2

Conducting four state-wide LEA trainings on the importance of electronic crash reporting and data quality to improve crash data

Today's Training will cover...

Electronic Crash Reporting Process → High-level outline of electronic reporting

Parts of the FL Traffic Crash Report → Event, Vehicle, Person, Narrative, and Diagram Sections

Correcting Crash Report Errors → Understanding load/error reports and preventing errors

FARS Reporting: Process & Errors → Clarifying traffic fatality and officer's part in data quality (Fatality Analysis and Reporting System)



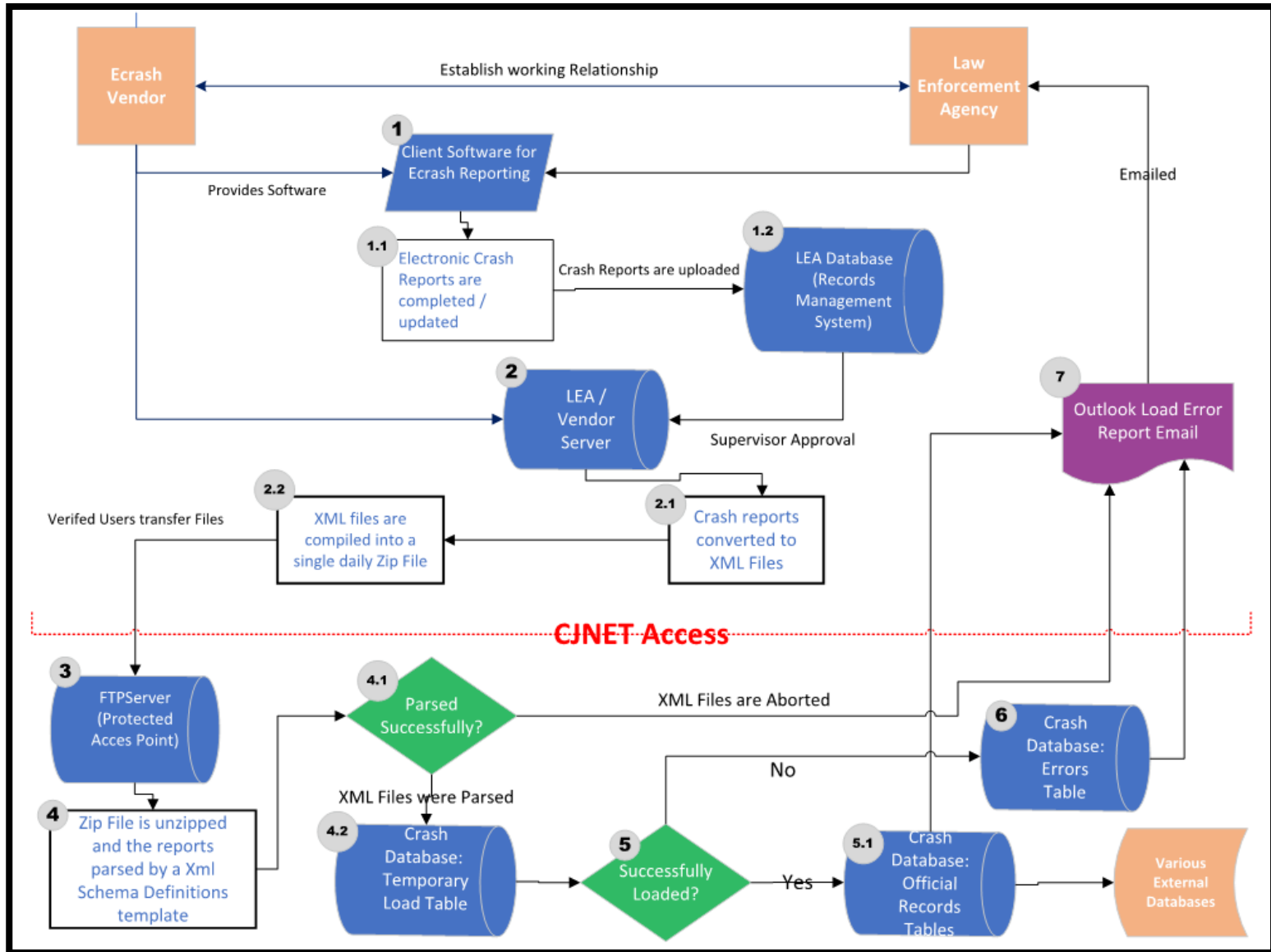
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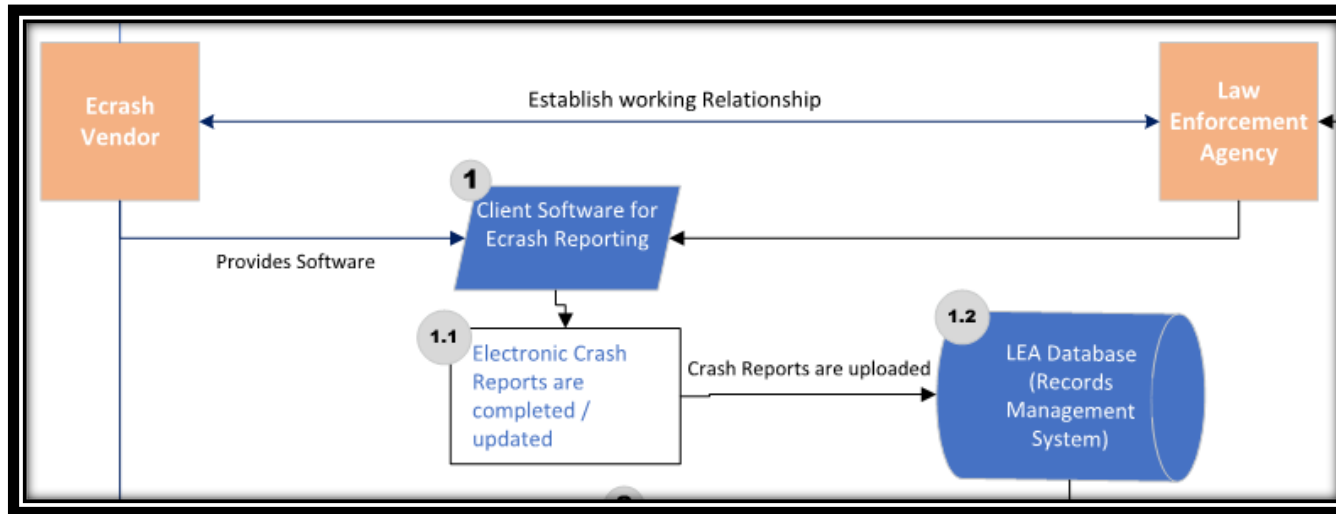


Electronic Crash Reporting Process

E-crash Data Reporting Process



LEA and Vendor Relationship



To submit electronically, LEA will need to partner with an E-crash vendor.

Current Software Solution Providers

The image displays logos for several software solution providers:

- BAY COUNTY FLORIDA
- CENTRALSQUARE
- LexisNexis
- SmartCOP
- SOUTHERN SOFTWARE, INC. (an employee-owned company)
- TraCS (Traffic and Criminal Software)
- tyler technologies
- USA SOFTWARE

CRASH IDs

Every agency is given a unique crash identifier.

It refers to both an agency and the vendor they are in a working relationship with.



crash098	Trenton PD	TraCS
crash136	Belle Isle PD	TraCS
crash203	Lawtey PD	CTS

vendor change = new crashID
This is for security and data tracking purposes.

Issuance HSMV Numbers

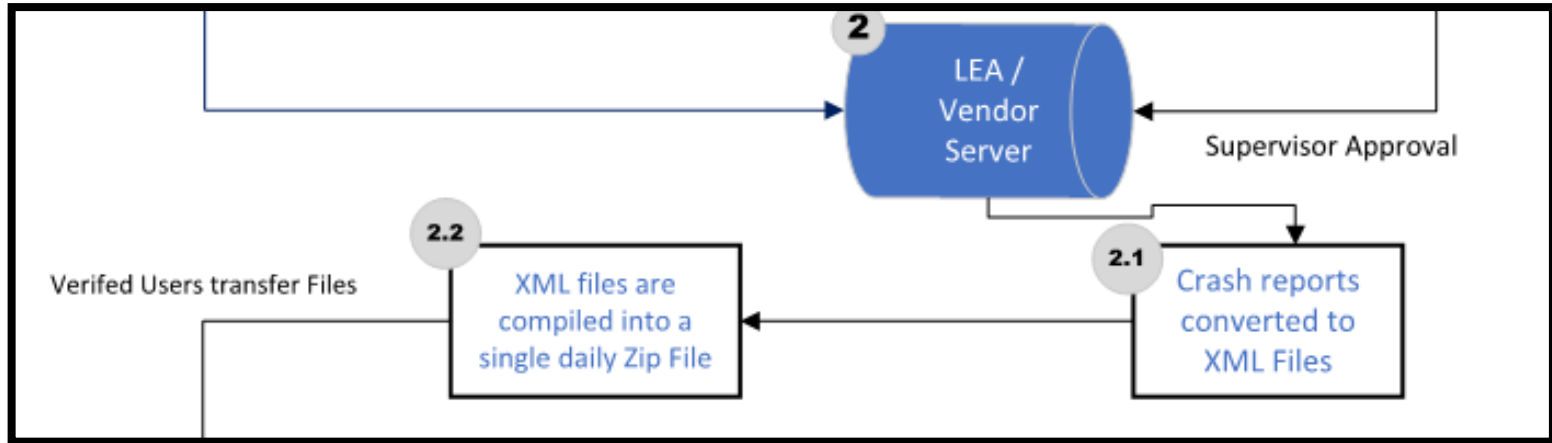
- ❖ HSMV crash numbers are the unique crash identifier of a crash for the state.
- ❖ Request should be submitted to crashrecords@flhsmv.gov
- ❖ HSMV numbers are issued based on average annual crash submission per year.
- ❖ Ensures a uniform record keeping across the State of Florida.



It takes both a crash ID and HSMV numbers to submit electronic reports.

These are unique to you.

Vendor Process



Once the supervisor approves the crash reports in a queue the crash reports are uploaded and prepared for transmission to FLHSMV.



File Naming Convention

Standardized naming convention for record keeping

- Reports are processed daily in-between 3am – 4am

The zip file must follow this standard Naming convention to be processed:

- `crashXXX_YYYYMMDD_new.zip`
 - `crashXXX` = login ID (crash013)
 - `YYYYMMDD` = Current Date

The XML file must follow the standard Naming Convention to be processed:

- `crashXXX_NNNNNNNNN`
 - `crashXXX` = login ID (i.e crash013)
 - `NNNNNNNN` = 8-digit HSMV Crash Report Number

XML_FILE	IMPORT_FILE
crash041_26241702.xml	..CRASH041_20240823_NEW.ZIP
crash041_26241703.xml	..CRASH041_20240823_NEW.ZIP

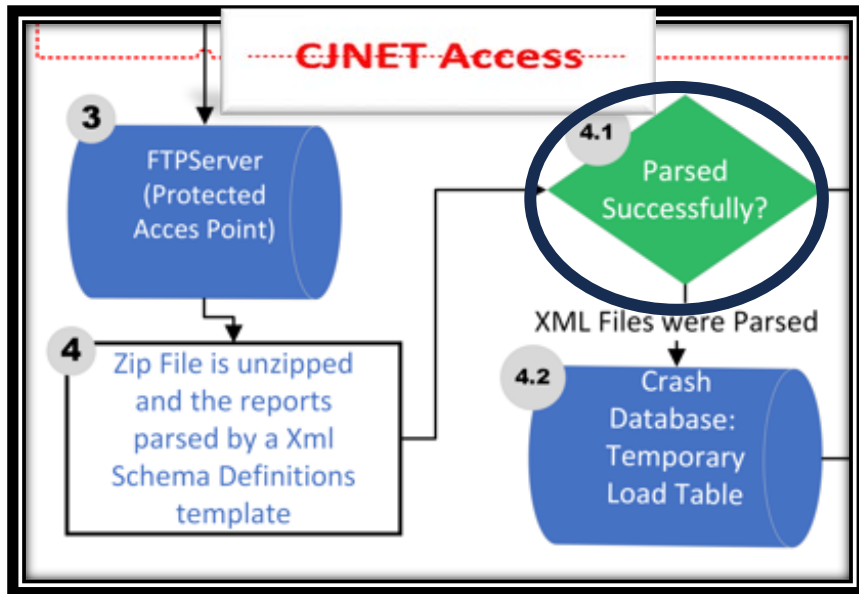
Updating Software Tools

Officers may have to update their software to avoid errors in the information that is transmitted.

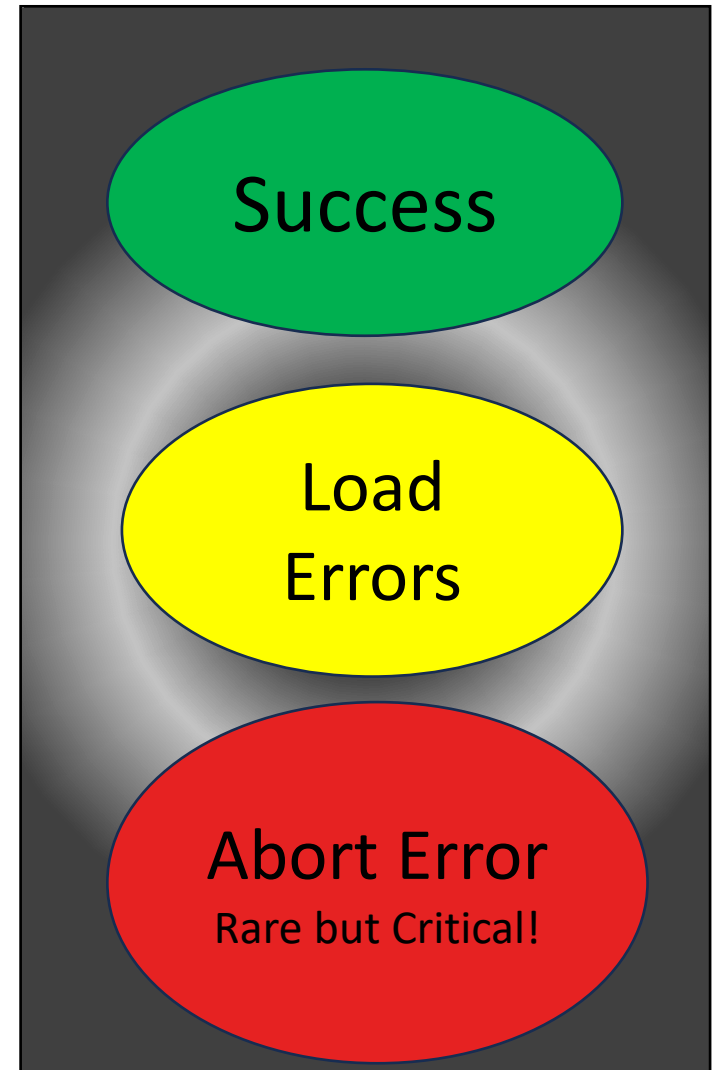


Ex: Diagram issues that are fixed through a software update. Be aware.

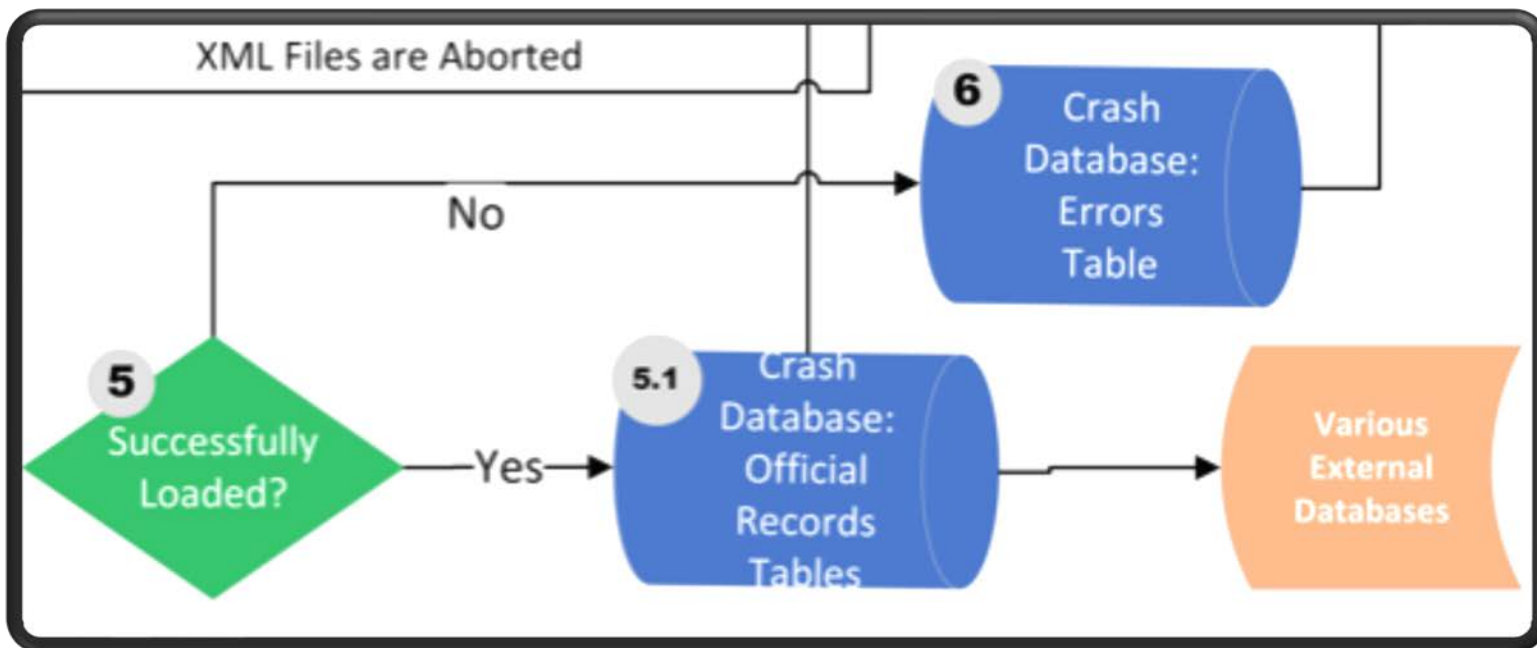
Transferring Crash Reports to FLHSMV



- crashIDs give the vendor access the CJNET.
- The data is parsed and loaded into a temporary table



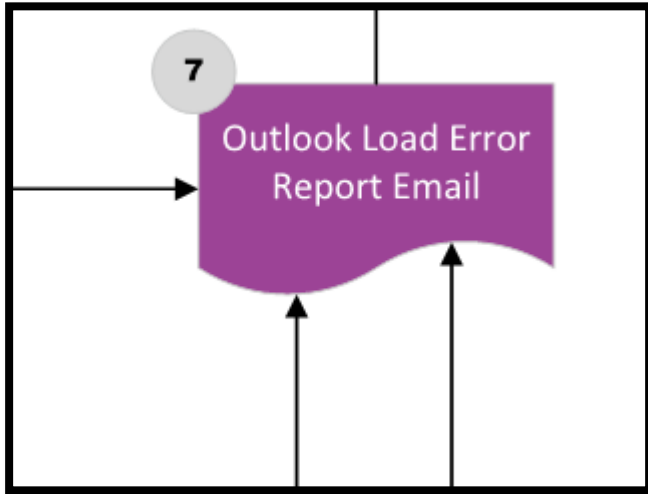
Successful Submission Process



Successful reports are sent to the Official Records Table.

Errored reports are logged in the Errors Table

Load Error Report



Daily E-crash Load Report NEW FORMS - Key West PD

crash@hsmv.state.fl.us
To: OraDBA, Burt, David (OPS), Gonzalez, Melissa, Sparmann, Sigrid, tracs@keywestcity.com, kream@keywestcity.com
Fri 4/12/2024 3:39 AM

Daily E-crash Load Statistics for 11-Apr-2024

Number of ZIP files = 1
Total Records = 12

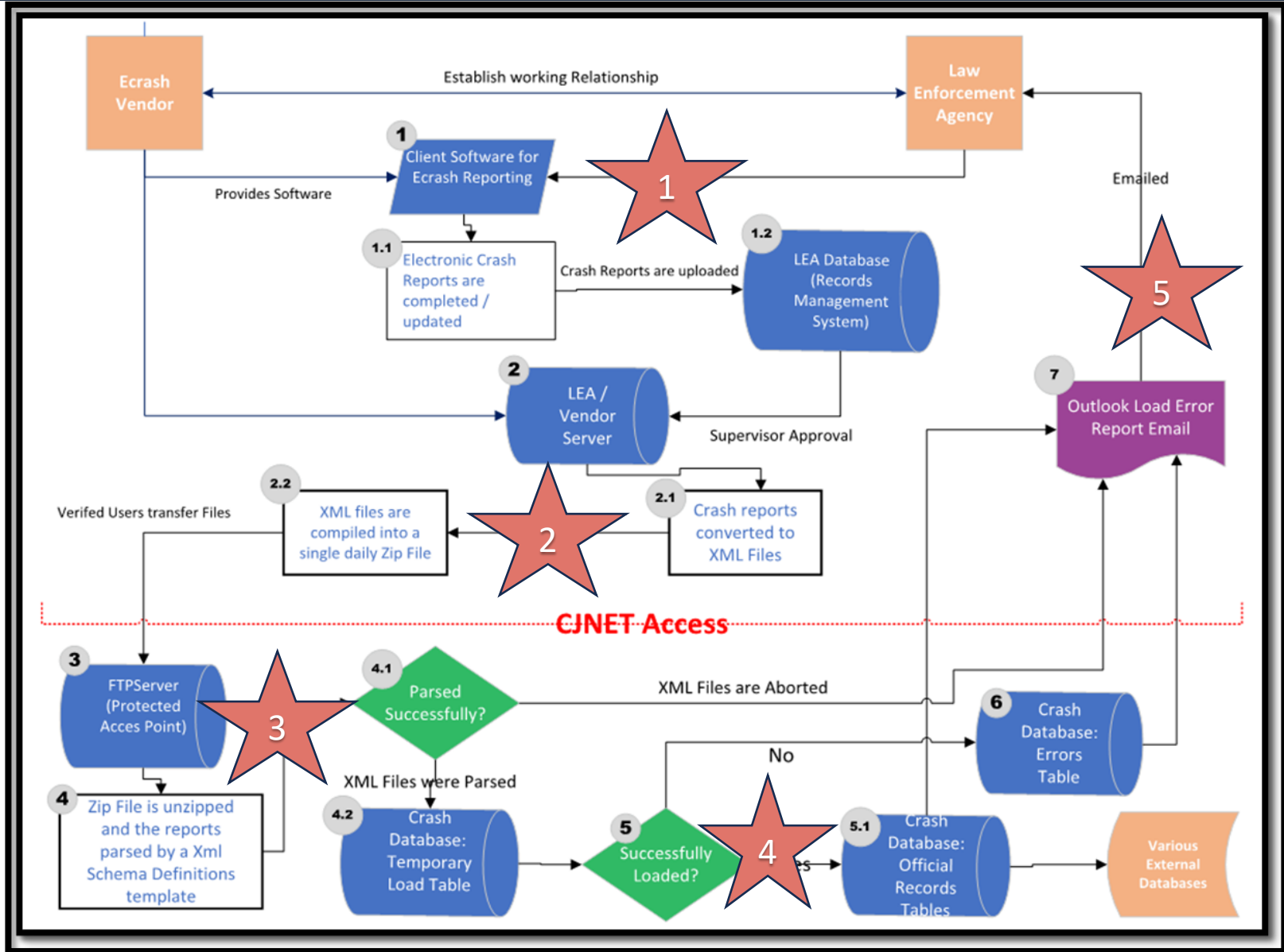
New Long Form Crash Records = 10
New Short Form Crash Records = 1
Updated Long Form Crash Records = 0
Updated Short Form Crash Records = 0
Load Errors = 1
Abort Errors = 0

\n##### Errors for 'CRASH124_20240411_NEW.ZIP' #####\n

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
11-APR-24	12-APR-24	crash124_26500954.xml	24001905	STATE_OF_REGISTRATION = US	US is not a valid value

The Load Error report gives statistics and information about the records submitted.

E-Crash Recap





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Parts of the Florida Traffic Crash Report

Traffic Crash Report

The Florida Traffic Crash Report, which can be designated as either:

- “Long Form”
- “Short Form”



FLORIDA TRAFFIC CRASH REPORT									
LONG FORM <input type="checkbox"/> SHORT FORM <input type="checkbox"/> UPDATE <input type="checkbox"/>					TOTAL # OF VEHICLE SECTION(S) _____				
MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES					TOTAL # OF PERSON SECTION(S) _____				
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING					TOTAL # OF NARRATIVE SECTION(S) _____				
TALLAHASSEE, FL 32399-0537									
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									
FEET		MILES		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY		AT STREET ADDRESS #		AT LATITUDE AND LONGITUDE	
Road System Identifier			Type of Shoulder			Type of Intersection			Traffic Circle
CRASH INFORMATION (CHECK IF PICTURES TAKEN)									
Light Condition		Weather Condition		Roadway Surface Condition		School Bus Related		Manner of Collision/Impact	
First Harmful Event									
First Harmful Event Relation to Junction									
Work Zone Related									
Witnesses									
NON VEHICLE PROPERTY DAMAGE									

HSMV 90010S Long Form

F.S 316.066 Long Form Criteria:

- Resulted in death of, personal injury to, or any indication or complaints of pain or discomfort by any of the parties or passengers involved in the crash
- Leaving the scene involving damage to attended vehicles or property (*F.S. 316.061 (1)*) (*Hit & Run*)
- Driving while under the influence (*F.S. 316.193*)
- Rendered a vehicle inoperable to a degree that required a wrecker to remove it from the scene of the crash
- Involved a commercial motor vehicle

A narrative and diagram must be included for a long Form

Long Form = Codeable Crash

F.S 316.066 Short form and Self Report/Driver Exchange Criteria

No human injuries resulted from the crash (**no report of pain or discomfort or visible injuries**)

No vehicle involved **in the crash** required a **wrecker**

The crash **did not** involve a criminal violation of **F.S 316.193 (DUI)**.

The crash **did not** involve leaving the scene involving damage to attended vehicles or property described under **F.S 316.061 (1)**

The crash **did not** involve a commercial motor vehicle

Consult chain of command further guidance

Short Form Exceptions



If a report meets the criteria, a Short Form can be submitted for reports

HOWEVER:

Validation Check

If a Short Form Report is used, a diagram and narrative are not required unless **'77: Other-Explain in Narrative'** is selected.

Traffic Control Device For This Vehicle	
<input type="checkbox"/>	
1 No Controls	8 Flashing Signal
4 School Zone Sign/ Device	9 Railway Crossing Device
5 Traffic Control Signal	10 Person (including Flagman, Officer, Guard, etc.)
6 Stop Sign	13 Warning Sign
7 Yield Sign	77 Other, Explain in Narrative
	88 Unknown

Completing Crash Reports

All Long Form and Short Form crash reports must include:

- The date, time, and location of the crash
- Description of vehicle(s) involved
- Names and address' of all parties involved, including drivers and passengers
- Names and address' of all witnesses
- Names of insurance companies
- The name, badge number, and agency of the officer investigating the crash





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Crash Report Event Section

Event Page

The topics covered in this section include:

- Event Page heading
- Crash Identifiers
- Roadway Information
- Crash Information
 - Harmful Event
 - Work Zone
- Witnesses
- Non-Vehicle Property Damage

FLORIDA TRAFFIC CRASH REPORT											
LONG FORM <input type="checkbox"/> SHORT FORM <input type="checkbox"/> UPDATE <input type="checkbox"/>					TOTAL # OF VEHICLE SECTION(S) _____						
MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING TALLAHASSEE, FL 32399-0537					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 <input type="checkbox"/>		
TIME ON SCENE		TIME CLEARED SCENE		CHECK IF COMPLETED <input type="checkbox"/>		REASON (If Investigation NOT Complete)		Notified By: 1 Motorist 2 Law Enforcement <input type="checkbox"/>			
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)											
CRASH OCCURRED ON STREET, ROAD, HIGHWAY											
				1 AT STREET ADDRESS #		2 AT LATITUDE		AND LONGITUDE			
FEET		MILES		N S E W		3 AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY		4 OR FROM MILEPOST #			
Road System Identifier		Type of Shoulder		Type of Intersection		3 Traffic Circle		6 Roundabout			
1 Interstate 2 U.S. 3 State		7 Forest Road 8 Private Roadway 9 Parking Lot 6 Turnpike/Toll 77 Other, Explain in Narrative		1 Paved 2 Unpaved 3 Curb		1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 V-Intersection		7 Five-Point, or More 77 Other, Explain in Narrative			
CRASH INFORMATION (CHECK IF PICTURES TAKEN)											
Light Condition		Weather Condition		Roadway Surface Condition		School Bus Related		Manner of Collision/Impact			
1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted		3 Dark-Not Lighted 6 Dark-Unknown 77 Other, Explain in Narrative 88 Unknown		3 Fog, Smog, Smoke 5 Sleet/ hail 6 Freezing Rain 8 Blowing Sand, Soil, Dirt 1 Cloudy 77 Other, Explain in Narrative		3 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown		1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		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		Non-Collision		Collision Non-Fixed Object		Collision with Fixed Object		First Harmful Event Location			
1 No 2 Yes 88 Unknown		1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment 6 Loss of Shift 6 Fall/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		10 Pedestrian 11 Pedestrian 12 Railway Vehicle (train, trolley) 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		19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 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.)		1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 5 Side 6 Separation 7 Parking Lane or Zone 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown			
First Harmful Event within Interchange		First Harmful Event Relation to Junction		Contributing Circumstances: Road		Contributing Circumstances: Environment					
1 No 2 Yes 88 Unknown		1 No 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		1 None 4 Work Zone (construction/maintenance, utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worm, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Destruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-highway Work 77 Other, Explain in Narrative 88 Unknown		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		Crash in Work Zone		Type of Work Zone		Workers in Work Zone		Law Enforcement in Work Zone			
1 No 2 Yes 88 Unknown		1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		1 No 2 Yes 88 Unknown		1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present			
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							
HSMV 90010 0 (E) (Rev 06/13)											
Page ___ of ___											

Event Page Heading

This section is designed to identify overall characteristics of the traffic crash.

- CRASH DATE
- TIME OF CRASH
- DATE OF REPORT
- REPORTING LEA CASE NUMBER
- HSMV CRASH REPORT NUMBER

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) _____

CRASH DATE	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER

Crash Date vs. Report Date

Crash Date

The date when the Traffic Crash occurred

Date of Report

The date when the specific Traffic Crash report filled out.

Be mindful to not mix up Crash date and the Date of Report.

When submitting an Update:

- **Crash Date should NOT change (unless incorrect).**
- **Date of Report should change to reflect the date when the Update was filled out.**

Crash Identifiers

- COUNTY CODE
- CITY CODE
- COUNTY OF CRASH
- PLACE OR CITY OF CRASH
- NOTIFIED BY



All reports must be coded
“2 Law Enforcement”

CRASH IDENTIFIERS										
COUNTY CODE	CITY CODE	COUNTY OF CRASH	PLACE OR CITY OF CRASH			CHECK IF WITHIN CITY LIMITS	<input type="checkbox"/>	TIME REPORTED	TIME DISPATCHED	
TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED	<input type="checkbox"/>	REASON (If Investigation NOT Complete)					Notified By: 1 Motorist 2 Law Enforcement	

**Make sure to use the correct
 County Code for the crash!
 Especially for Fatalities**

Roadway Information

Latitude/Longitude is not required however, many LEAs have integrated mapping functionality to plot the geolocation of the crash report.

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)											
CRASH OCCURRED ON STREET, ROAD, HIGHWAY					1	AT STREET ADDRESS #		2		AT LATITUDE AND LONGITUDE	
FEET	MILES	N	S	E	W	3 AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY			4 OR FROM MILEPOST #		
<input type="checkbox"/>		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		<input type="checkbox"/>		Type of Shoulder 1 Paved 2 Unpaved 3 Curb	
<input type="checkbox"/>		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							

Double Check roadway information. Its imperative for Traffic Safety Analysis

Be sure that the crash report location does not record your immediate location.

EX: Officer's house.

Crash Information

CRASH INFORMATION (CHECK IF PICTURES TAKEN)

Light Condition <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 Lighting <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		Weather Condition <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		Roadway Surface Condition <input type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 4 Ice/Frost <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		School Bus Related <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 <input type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle <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	
First Harmful Event <input type="checkbox"/>		Non-Collision <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		Collision Non-Fixed Object <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		Collision with 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 Location <input type="checkbox"/> 1 On Roadway <input type="checkbox"/> 2 Off Roadway <input type="checkbox"/> 3 Shoulder <input type="checkbox"/> 4 Median <input type="checkbox"/> 6 Gore <input type="checkbox"/> 7 Separator <input type="checkbox"/> 8 In Parking Lane or Zone <input type="checkbox"/> 9 Outside Right-of-way <input type="checkbox"/> 10 Roadside <input type="checkbox"/> 88 Unknown	
First Harmful Event within Interchange <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown									
First Harmful Event Relation to Junction <input type="checkbox"/> 1 Non-Junction <input type="checkbox"/> 2 Intersection <input type="checkbox"/> 3 Intersection-Related <input type="checkbox"/> 4 Driveway/Alley Access Related <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			Contributing Circumstances: Road <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			Contributing Circumstances: Environment <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 <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		Crash in Work Zone <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		Type of Work Zone <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		Workers in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		Law Enforcement in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle Only Present	

Crash Info: Pictures Taken



CRASH INFORMATION (CHECK IF PICTURES TAKEN)

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision/Impact
<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 Lighting <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	<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 <input type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle

I MADE CONTACT WITH DRIVER (D2) OF V2 WHO ADVISED THAT AS HE WAS ATTEMPTING TO ENTER THE PARKING GARAGE OF HIS APARTMENT COMPLEX, WHEN THE DRIVER (D1) OF V1 PUT HER VEHICLE IN REVERSE AFTER SHE REALIZED SHE WAS UNABLE TO GAIN ACCESS. D1 BEGAN TO BACK THE VEHICLE UP AND AS A RESULT V1 COLLIDED WITH V2. D2 STATED THAT HE WAS GOING TO GIVE D1 ACCESS SO THAT SHE COULD TURN AROUND AND EXIT, BUT DUE TO A LANGUAGE BARRIER D1 DIDN'T COMPREHEND WHAT HE WAS SAYING.

I THEN MADE CONTACT WITH A WITNESS WHO ADVISED THAT V1 BELIEVED THAT THE PRIVATE PARKING GARAGE WAS PUBLIC TO WHICH D1 WAS INFORMED THAT SHE WAS UNABLE TO PARK IN THE GARAGE BECAUSE SHE DID NOT HAVE A KEY FOB TO GAIN ACCESS. IT WAS ADVISED THAT D1 THEN PANICKED AND REVERSED INTO V2.

I THEN MADE CONTACT WITH THE D1 WHO ADVISED THAT SHE THOUGHT THE GARAGE WAS PUBLIC PARKING, AND REALIZED SHE WAS UNABLE TO GAIN ACCESS TO THE GARAGE. D1 CONFIRMED THAT SHE PANICKED AND REVERSED INTO V2.

I OBSERVED THAT BOTH VEHICLES SUSTAINED MINOR DAMAGE TO THE REAR BUMPER OF V1 AND FRONT BUMPER OF V2. IT SHOULD BE NOTED THAT ALL PARTIES DECLINED MEDICAL ATTENTION.

IT SHOULD ALSO BE NOTED THAT THE PARKING GARAGE HAS CAMERAS, HOWEVER, NO CAMERAS FACED THE ENTRANCE WHERE THE ACCIDENT OCCURRED. THERE WAS ONE WITNESS WHO OBSERVED THE ACCIDENT AND AGREED TO PROVIDE A STATEMENT.

BASED ON MY INVESTIGATION I DETERMINED V1 AS THE AT FAULT VEHICLE, AND NO CITATIONS WERE ISSUED (A VERBAL WARNING WAS GIVEN).

BWC ACTIVE.

Best Practice

Only Check box if Digital or Physical Photos are taken.

Not Video or Body Worn Camera Footage. Notate in Narrative if BWC were used.

Crash Info: Roadway Conditions



CRASH INFORMATION (CHECK IF PICTURES TAKEN)


Light Condition		Weather Condition		Roadway Surface Condition		School Bus Related		Manner of Collision/Impact			
<input type="checkbox"/>	1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted	<input type="checkbox"/>	5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	1 Dry 2 Wet 4 Ice/Frost	<input type="checkbox"/>	5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	<input type="checkbox"/>	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

❖ Light Condition cannot be left blank

❖ Make sure Light Condition aligns Time of Crash

If Weather condition is 3 – Rain or 5 – sleet/hail/freezing rain, then Roadway Surface Condition cannot be 1-Dry.

Crash Info: Junction

First Harmful Event Relation to Junction	
	
1 Non-Junction	5 Railway Grade Crossing
2 Intersection	14 Entrance/Exit Ramp
3 Intersection-Related	15 Crossover - Related
4 Driveway/Alley Access Related	16 Shared-Use Path or Trail
	17 Acceleration/Deceleration Lane
	18 Through Roadway
	77 Other, Explain in Narrative
	88 Unknown

Intersection: The type of intersection at which two or more roadways intersect at the same level.

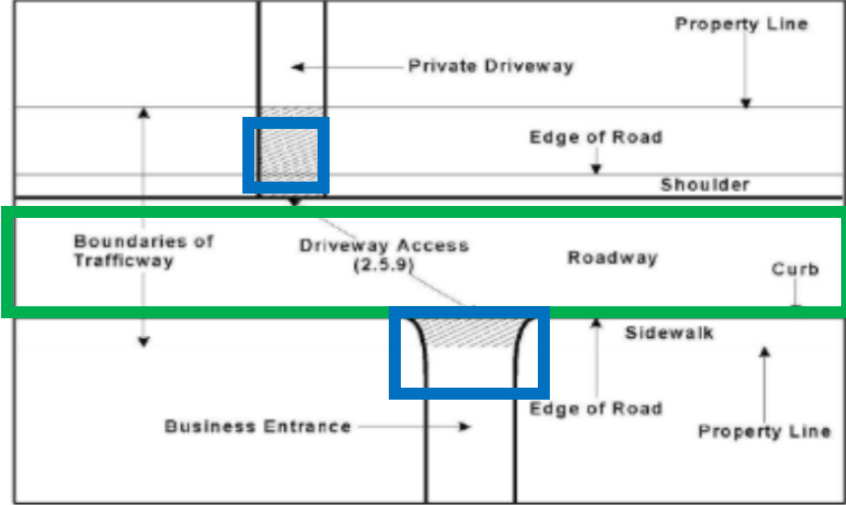
Driveway/ Alley Access: A roadway providing access to property adjacent to a trafficway.

Intersection-Related: A traffic crash in which the first harmful event occurs on an approach to or exit from an intersection and results from an activity, behavior or control related to the movement of traffic units through the intersection

Non-Junction: Not an intersection

Identifying Different Junctions

Figure 5: Driveway Access
(See ANSI D16.1 - 2017, 8th Edition)



Driveway Access
Blue
Roadway
Green

Intersection:

RED

Intersection-Related:

Orange



Crash Info: Work Zone



<p>Work Zone Related</p> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<p>Crash in Work Zone</p> <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	<p>Type of Work Zone</p> <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	<p>Workers in Work Zone</p> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<p>Law Enforcement in Work Zone</p> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle Only Present
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If Work Zone Related is marked "2-Yes", then all other Work Zone fields must be completed.



Non-Vehicle Property Damage



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

Validation Check
Property Damage
Description must be under
40 characters.

F.S 316.065 requires the driver of a vehicle involved in a crash involving injury or death to a person, or at least \$500 estimated vehicle or property damage to immediately contact local law enforcement. Otherwise, complete a “Driver Report of Traffic Crash (Self Report)” or “Driver Exchange of Information” online.



"FLORIDA"
ARRIVE ALIVE
- BUCKLE UP -



Crash Report Vehicle Section



Vehicle Section

- The topics covered in this section include:
 - Vehicle Description
 - Commercial Vehicle Identification
 - Hazardous Materials
 - Vehicle Body Type
 - Harmful Events

VEHICLE #		Check if Commercial		REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration
14 and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR
INSURANCE COMPANY		INSURANCE POLICY NUMBER	Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY	DAMAGE: 4 Minor 2 Functional 88 Unknown
NAME OF VEHICLE OWNER (Check if Business)		CURRENT ADDRESS		QTY & STATE	EST. AMOUNT 1 Station 2 Owner Request 3 Driver 77 Other, Explain in Narrative
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VEHICLE YEAR MAKE LENGTH AXLES
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VEHICLE 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	HAZ. MAT. PLACARD	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of Initial Impact	
1 No 2 Yes 88 Unknown				Most Damaged Area	
MOTOR CARRIER NAME		US DOT NUMBER		MOTOR CARRIER ADDRESS	
		QTY & STATE		ZIP CODE PHONE NUMBER	
Vehicle Body Type		Trailer Type		Commercial Motor Vehicle Configuration	
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 22 Other, Explain in Narrative 88 Unknown 13 All Terrain Vehicle (ATV)		1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Centered Left Lane 3 Two-Way, Divided, Unprotected (marked as feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown TRAILER 1 TRAILER 2 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Single Motor/Trailer 5 Semi Trailer 6 Utility Trailer 7 House Trailer 8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 11 Other, Explain in Narrative 88 Unknown Comm GWR/GCWR 1 10,000 lb (4,536 kg) or less 2 10,001-26,000 lb (4,536-11,793 kg) 3 More than 26,000 lb (11,793 kg) 4 Not Applicable		1 Vehicle 10,000 lb or less Placarded 2 Hazardous Materials 3 Single-Line Truck (2 axle and GVWR more than 10,000 lbs (4,536 kg)) 4 Truck Pulling (Trailer) 5 Truck Tractor (boom) 6 Truck Tractor (semi-trailer) 7 Truck Tractor/Double 8 Truck Tractor/Single 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 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 or less not displaying HW placard) 16 Concrete Mixer 17 Other, Explain in Narrative 88 Unknown	
Most Harmful Event		Collision with Non-Fixed Object		Collision Fixed Object	
1 Non-Collision 2 Overturn/Rollover 3 Immersion 4 Jackknifing 5 Cargo/Equipment Loss or Shift 6 Fuel Unspilled from Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision 10-48 Sequence of Events only 40 Equipment Failure (Blowout, Brake Failure, etc.) 41 Separation of Lanes 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Med an 45 Cross Centerline 46 Downhill Runaway		1 Pedestrian 11 Pedestrian 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 Not 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 Death 26 Embankment 27 Guardrail Face 28 Guardrail End	
Sequence of Events		Vehicle Maneuver Action		Traffic Control Device For This Vehicle	
1st 2nd 3rd 4th 5th 6th		1 Straight Ahead 2 Turns Left 3 Backing 4 Backing 5 Turns Right 6 Changing Lanes 7 Parked 8 Making LT Turn 9 Overlapping/Passing 10 Intersecting Bus 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus		1 No Controls 2 Stop Sign 3 Traffic Control Device 4 School Zone Sign/Device 5 Traffic Control Sign 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (Including Farmer, Officer, Guard, etc.) 11 Warning Sign 12 Warning Sign 13 Warning Sign 14 Intersecting Bus 15 Charter/Tour Bus 16 School Bus 17 Farm Labor Bus 18 Unknown	
Roadway Grade		Vehicle Defects		Violations	
1 Level 2 Hill (up) 3 Uphill 4 Downhill 5 Sag (bottom)		1 None 2 Brakes 3 Tires 4 Lights (Head, signal, tail) 5 Mirrors 6 Steering 7 Wipers 8 Seating 9 Exhaust System 10 Body, Storey 11 Power Train 12 Suspension 13 Wheels 14 Windshield/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch 17 Other, Explain in Narrative 77 Other, Explain in Narrative 88 Unknown		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	
Special Function of Motor Vehicle		Violations		HSMV 90010 S (vP) (rev 06/13)	
1 No Special Function 2 Farm Vehicle 3 Police 4 Taxi 5 Military 6 Ambulance 7 Fire Truck 8 Farm Labor Transport 9 Taxi 10 School Bus 11 Transit/Commuter Bus		1 No Controls 2 Stop Sign 3 Traffic Control Device 4 School Zone Sign/Device 5 Traffic Control Sign 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (Including Farmer, Officer, Guard, etc.) 11 Warning Sign 12 Warning Sign 13 Warning Sign 14 Intersecting Bus 15 Charter/Tour Bus 16 School Bus 17 Farm Labor Bus 18 Unknown		Page ___ of ___	

e-Crash Layout

Vehicle 1:
Always included

Additional vehicles
and people can be
added to E-crash

Vehicle 2+:
Added as necessary

VEHICLE										CHECK IF COMMERCIAL		<input type="checkbox"/>	
VEHICLE #	HIT AND RUN	VEHICLE YEAR	VEHICLE LICENSE #	STATE	VEHICLE MAKE	VEHICLE STYLE	VEHICLE COLOR	VIN					
1	NO												
PERM. REG.	REG. EXPIRES	VEHICLE MODEL	VEHICLE STATUS	EXTENT OF DAM.	EST. DAM.	TOWED DUE TO DAMAGE	VEHICLE REMOVED BY	ROTATION					
					\$								
INSURANCE COMPANY (DRIVER)						INSURANCE POLICY NUMBER							
NAME OF VEHICLE OWNER (CHECK IF BUSINESS)				<input type="checkbox"/>	CURRENT ADDRESS			CITY	STATE	ZIP CODE			
TRAILER 1: LICENSE #	STATE	REG. EXPIRES	PERM. REG.	VIN	YEAR	MAKE	LENGTH	AXLES					
TRAILER 2: LICENSE #	STATE	REG. EXPIRES	PERM. REG.	VIN	YEAR	MAKE	LENGTH	AXLES					
DIRECTION	ON STREET, ROAD, HIGHWAY						AT EST. SPEED	POSTED SPEED	TOTAL LANES				
CMV CONFIGURATION				CARGO BODY TYPE				AREA OF INITIAL IMPACT		MOST DAMAGED AREA			
COMM GVWR/GCWR	TRAILER TYPE (TRAILER ONE)	TRAILER TYPE (TRAILER TWO)		18 UNDERCARRIAGE 18		19 OVERTURN 19		20 WINDSHIELD 20		21 TRAILER 21			
NOT APPLICABLE				15 16 17		13 12 11 10		14 9		15 16 17		13 12 11 10	
HAZ MAT RELEASE	HAZ. MAT. PLA	NUMBER	CLASS	MOTOR CARRIER NAME		US DOT NUMBER							
MOTOR CARRIER ADDRESS				CITY	STATE	ZIP CODE	PHONE NUMBER						
COMM/NON-COMM	VEHICLE BODY TYPE	VEHICLE DEFECTS (1)	VEHICLE DEFECTS (2)	EMERGENCY VEHICLE USE	UNIT #	SPECIAL FUNCTION OF MV							
VEHICLE MANEUVER ACTION	TRAFFICWAY	ROADWAY GRADE	ROADWAY ALIGNMENT	MOST HARMFUL DETAIL									
TRAFFIC CONTROL FOR THIS VEHICLE	FIRST SEQUENCE OF EVENTS	SECOND SEQUENCE OF EVENTS	THIRD SEQUENCE OF EVENTS	FOURTH SEQUENCE OF EVENTS									
VEHICLE										CHECK IF COMMERCIAL		<input type="checkbox"/>	
VEHICLE #	HIT AND RUN	VEHICLE YEAR	VEHICLE LICENSE #	STATE	VEHICLE MAKE	VEHICLE STYLE	VEHICLE COLOR	VIN					
2													
PERM. REG.	REG. EXPIRES	VEHICLE MODEL	VEHICLE STATUS	EXTENT OF DAM.	EST. DAM.	TOWED DUE TO DAMAGE	VEHICLE REMOVED BY	ROTATION					
					\$								
INSURANCE COMPANY (DRIVER)						INSURANCE POLICY NUMBER							
NAME OF VEHICLE OWNER (CHECK IF BUSINESS)				<input type="checkbox"/>	CURRENT ADDRESS			CITY	STATE	ZIP CODE			

Vehicle Description



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 3 Working Vehicle	<input type="checkbox"/>	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	<input type="checkbox"/>	VIN		
Hit and Run 1 No 2 Yes 88 Unknown	<input type="checkbox"/>	YEAR	MAKE	MODEL	STYLE	DR	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	<input type="checkbox"/>	EST. AMOUNT

- Check if Commercial
- Hit and Run
- VIN
- License Number
- Make
- Model
- Vehicle Traveling

Best Practice

If Permanent Registration is checked, the '**Registration Expires**' date should remain blank.

If vendor requires a date, input
01-01-1900.

Vehicle Desc: Hit and Run



The image shows a portion of a vehicle report form. The top section is titled 'VEHICLE #' and has a small square box next to it. Below this, there are three options: '1 Vehicle in Transport', '2 Parked Motor Vehicle', and '3 Working Vehicle'. The '2 Parked Motor Vehicle' option is highlighted with a callout box. Below these options is a section for 'Hit and Run' with three choices: '1 No', '2 Yes', and '88 Unknown'. The '2 Yes' option is highlighted with a callout box. To the right of the 'Hit and Run' section is a 'YEAR' field. Below the 'Hit and Run' section is an 'INSURANCE COMPANY' field. At the bottom of the form, there is a 'VIOLATIONS' section with columns for 'VIOLATION', 'DATE OF VIOLATION', 'FL STATUTE NUMBER', and 'VIOLATION NUMBER'. A large callout box points to the 'Hit and Run' section.

Best practice is the “violating vehicle” is entered as VEHICLE #1.

Validation Check
A ‘Parked Motor Vehicle’ cannot have a driver.



Remember:
A Hit and Run requires a Long form be used.

Validation Check
If the crash is not a ‘Hit and Run,’ the **vehicle owner information is required.**

Damage vs Towing

Disabling Damage

- Damage to the Motor Vehicle that is sufficient to require the motor vehicle to be towed

Functional Damage

- Damage which is not disabling but affects operation of the vehicle or its parts.

Minor Damage

- Non disabling damage such a Flat Tire, dented Bumpers, or broken lights,

DAMAGE:

1 Disabling 4 Minor
2 Functional 88 Unknown
3 None

Exclusions

- Damage that can be remedied temporarily at the scene of the crash without special tools or parts.
- Tire disablement without other damage even if no spare tire is available.

Towed due
to Damage:
1 No 2 Yes

VEHICLE REMOVED BY

Commercial Vehicle



VEHICLE #	<input type="checkbox"/>	Check if Commercial	<input checked="" type="checkbox"/>
------------------	--------------------------	----------------------------	-------------------------------------

If 'Check if Commercial' is populated, the following fields are required:

- Commercial Motor Vehicle Configuration
- Cargo Body Type
- Commercial GVWR/GCWR

	Commercial Motor Vehicle Configuration	
<input type="checkbox"/>	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
	Cargo Body Type	
<input type="checkbox"/>	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
<input type="checkbox"/>	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	

Commercial Vehicle



If 'Comm GVWR/GCWR' is populated with a 1, 2, or 3, the following fields are required:

- Haz. Mat. Placard
- Motor Carrier Name
- US DOT Number
- Motor Carrier Address, City, State and Zip Code

Comm GVWR/GCWR	<input type="text"/>	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
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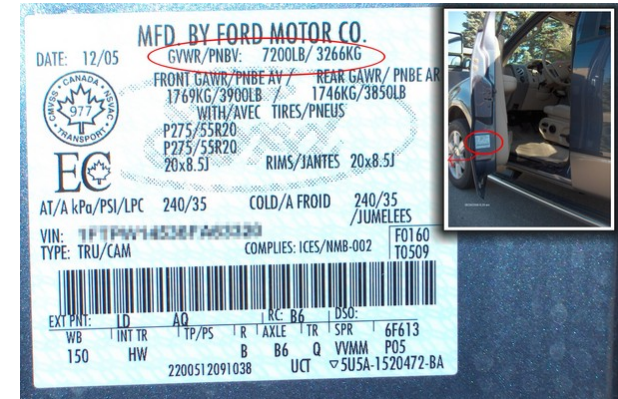
HAZ. MAT. RELEASED 1 No <input type="text"/> 2 Yes <input type="text"/> 88 Unknown <input type="text"/>	HAZ. MAT PLACARD 1 No <input type="text"/> 2 Yes <input type="text"/> 88 Unknown <input type="text"/>	HAZ. MAT. NUMBER	HAZ. MAT. CLASS
MOTOR CARRIER NAME		US DOT NUMBER	
MOTOR CARRIER ADDRESS		CITY & STATE	ZIP CODE PHONE NUMBER



GVWR Location

The weight ratings, including GVWR, are printed on the certification label located here.

- driver's door or door frame
- cab behind driver's seat
- driver-side visor



Second-stage manufacturers may add an additional GVWR plate, which can be a yellow sticker located on the door frame.

To access a web-based VIN decoder for **CMV's**, click this link:

https://cmvid.nisrinc.com/CMV_ID/CMV_ID.asp

To access a web-based VIN decoder for **non-CMV's**, click this link:

<https://vpic.nhtsa.dot.gov/decoder/>

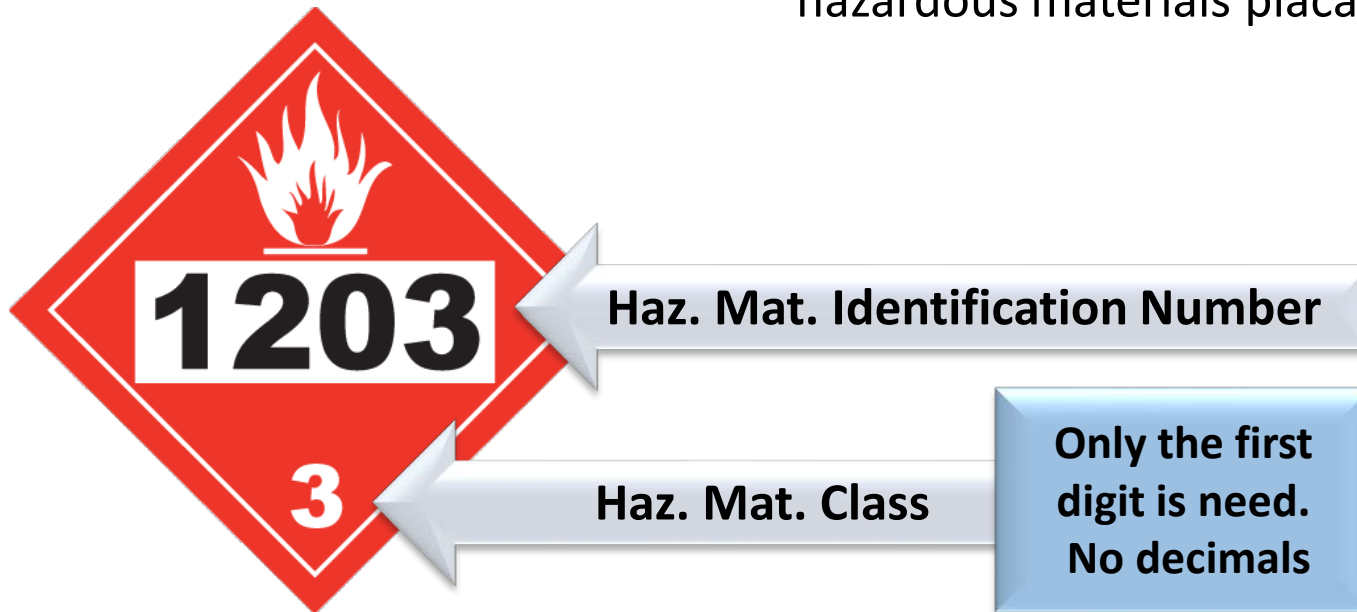
Hazardous Materials

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	<input type="checkbox"/>	HAZ. MAT PLACARD 1 No 2 Yes 88 Unknown	<input type="checkbox"/>	HAZ. MAT. NUMBER	HAZ. MAT. CLASS
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If **HAZ.MAT.PLACARD** is '2 Yes', then the following fields are required:

- HAZ. MAT. NUMBER
- HAZ. MAT. CLASS

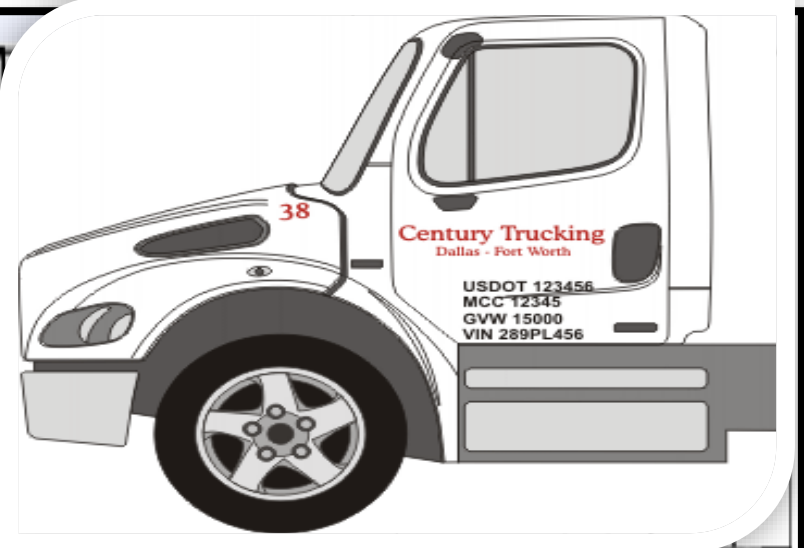
Any motor vehicle transporting hazardous materials in quantities above the thresholds established by the U.S. Department of Transportation, or other authorized entity, is required to display a hazardous materials placard.



Motor Carrier Definition

Motor Carrier: the business entity, individual, partnership, corporation, or religious organization responsible for the transportation of goods, property or people.

HAZ. MAT. RELEASED	HAZ. MAT. PLACARD	HAZ. MAT. NUMBER	HAZ. MAT. CLASS
1 No <input type="checkbox"/>	1 No <input type="checkbox"/>		
2 Yes <input type="checkbox"/>	2 Yes <input type="checkbox"/>		
88 Unknown <input type="checkbox"/>	88 Unknown <input type="checkbox"/>		
MOTOR CARRIER NAME		US DOT NUMBER	
MOTOR CARRIER ADDRESS		CITY & STATE	ZIP CODE
			PHONE NUMBER



The illustration shows a white truck with a box trailer. On the side of the cab, the number '38' is visible. The company name 'Century Trucking' is printed in red, with 'Dallas - Fort Worth' in smaller black text below it. Further down, the following identification numbers are listed: USDOT 123456, MCC 12345, GVW 15000, and VIN 289PL456.

Identifying Motor Carriers

To identify motor carriers, review:

- Shipping papers, Lease/rental agreements, Driver's log, Vehicle registration

Common Problems in Identifying the Correct Information

- Shipping papers are only required for hazardous material cargo.
- Driver may say that there are no shipping papers or trip manifest, even when they may be in the vehicle.
- USDOT# is not available on the shipping papers or the driver's log for the carrier responsible for the load.



<https://safer.fmcsa.dot.gov/CompanySnapshot.aspx>

Vehicle Body Type

Devices such as Mopeds, Motorized Scooters, Tri-Cycles/ Autocycles are being used more frequently.

Vehicle Body Type



- | | |
|------------------------------|--|
| 1 Passenger Car | 15 Low Speed Vehicle |
| 2 Passenger Van | 16 (Sport) Utility Vehicle |
| 3 Pickup | 17 Cargo Van (10,000 lbs (4,536 kg) or less) |
| 7 Motor Home | 18 Motor Coach |
| 8 Bus | 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) |
| 11 Motorcycle | 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) |
| 12 Moped | 21 Farm Labor Vehicle |
| 13 All Terrain Vehicle (ATV) | 77 Other, Explain in Narrative |
| | 88 Unknown |



Vehicle Body Type: Moped vs Motorcycle

	Person Type	Type of Vehicle	Endorsement Required
Moped	1: Driver	12: Moped	No (F.S 322.01 (28))
Motorcycle (50cc or below)	1: Driver	11: Motorcycle	No (F.S 322.01 (28))
Motorcycle (Above 50cc)	1: Driver	11: Motorcycle	Yes (F.S 322.03 (5))
Autocycle (2 Wheels in Front, 1 in back)	1: Driver	11: Motorcycle	No (F.S 322.03 (5))

F.S 316.003 (2)
Defines Autocycle
F.S 316.003 (47)
Defines Motorcycle

F.S 316.003 (44)
Mopeds have Pedals to permit propulsion by human power.
Moped cannot exceed 50cc.
Moped's Top Speed cannot be greater than 30 mph.

F.S 316.003 (48)
If a Motorized Scooters
Top Speed is above
20mph = Motorcycle

[Welcome to VIN Decoding :: provided by vPIC \(dot.gov\)](http://www.vpic.dot.gov)

Most Harmful Event

Event which produced the most severe injury or greatest property damage for this vehicle.

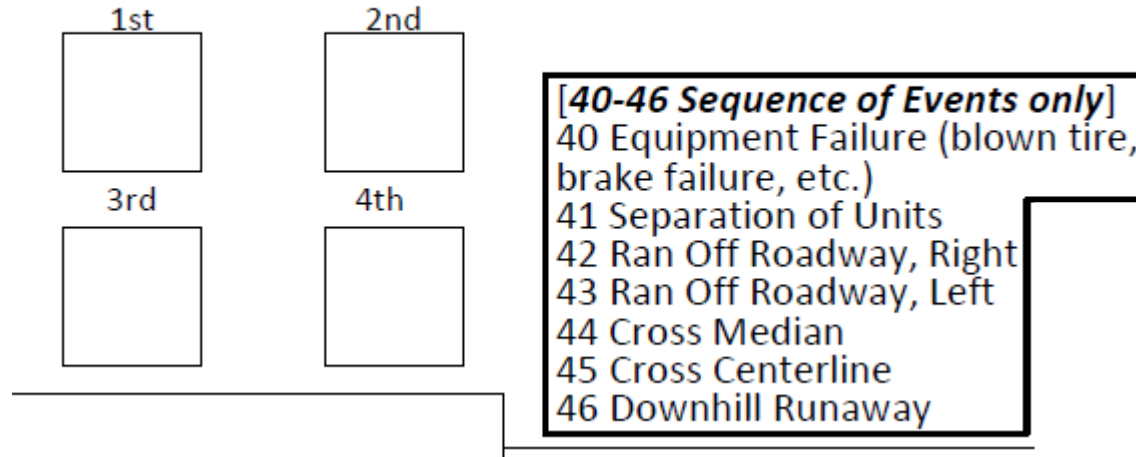
Most Harmful Event		Non-Collision		Collision with Non-Fixed Object		Collision Fixed Object	
<input type="text"/>		1 Overturn/Rollover	2 Fire/Explosion	10 Pedestrian	19 Impact Attenuator/Crash Cushion	29 Cable Barrier	30 Concrete Traffic Barrier
		3 Immersion	4 Jackknife	11 Pedalcycle	20 Bridge Overhead Structure	31 Other Traffic Barrier	32 Tree (standing)
		5 Cargo/Equipment Loss or Shift	6 Fell/Jumped From Motor Vehicle	12 Railway Vehicle (train, engine)	21 Bridge Pier or Support	33 Utility Pole/Light Support	34 Traffic Sign Support
		7 Thrown or Falling Object	8 Ran into Water/ Canal	13 Animal	22 Bridge Rail	35 Traffic Signal Support	36 Other Post, Pole, or Support
		9 Other Non-Collision		14 Motor Vehicle in Transport	23 Culvert	37 Fence	38 Mailbox
				15 Parked Motor Vehicle	24 Curb	39 Other Fixed Object (wall, building, tunnel, etc.)	
				16 Work Zone/Maintenance Equipment	25 Ditch		
				17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle	26 Embankment		
				18 Other Non-Fixed Object	27 Guardrail Face		
					28 Guardrail End		
Sequence of Events		[40-46 Sequence of Events only]					
1st	2nd	40 Equipment Failure (blown tire, brake failure, etc.)					
<input type="text"/>	<input type="text"/>	41 Separation of Units					
3rd	4th	42 Ran Off Roadway, Right					
<input type="text"/>	<input type="text"/>	43 Ran Off Roadway, Left					
<input type="text"/>	<input type="text"/>	44 Cross Median					
		45 Cross Centerline					
		46 Downhill Runaway					

Exclusions:

Injury or damage resulting when a driver dies or loses consciousness because of a disease condition such as a stroke, heart attack, diabetic coma, or epileptic seizure.

Sequence of Events

Sequence of Events



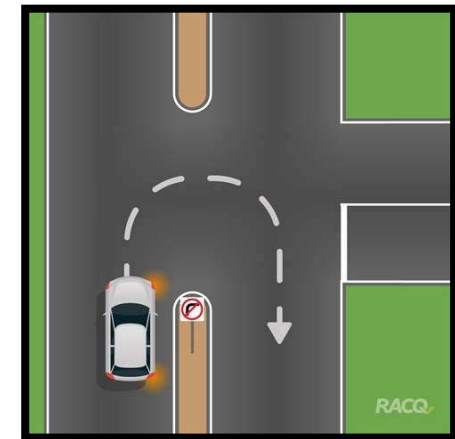
Sequence of events captures harmful events and non-harmful events for each involved traffic unit. Sequence of events **CANNOT** be used for **MOST** Harmful Event.

Vehicle Actions and Traffic Control Device

Vehicle Maneuver Action	
<input type="checkbox"/>	1 Straight Ahead
<input type="checkbox"/>	3 Turning Left
<input type="checkbox"/>	4 Backing
<input type="checkbox"/>	5 Turning Right
<input type="checkbox"/>	6 Changing Lanes
<input type="checkbox"/>	8 Parked
<input type="checkbox"/>	10 Making U-Turn
<input type="checkbox"/>	11 Overtaking/ Passing
<input type="checkbox"/>	13 Stopped in Traffic
<input type="checkbox"/>	14 Slowing
<input type="checkbox"/>	15 Negotiating a Curve
<input type="checkbox"/>	16 Leaving Traffic Lane
<input type="checkbox"/>	17 Entering Traffic Lane
<input type="checkbox"/>	77 Other, Explain in Narrative
<input type="checkbox"/>	88 Unknown

Tip
Traffic Control Device should align with the correct device found at Crash Location.
I.E Intersection

Traffic Control Device For This Vehicle	
<input type="checkbox"/>	8 Flashing Signal
<input type="checkbox"/>	9 Railway Crossing Device
<input type="checkbox"/>	10 Person (including Flagman, Officer, Guard, etc.)
<input type="checkbox"/>	13 Warning Sign
<input type="checkbox"/>	77 Other, Explain in Narrative
<input type="checkbox"/>	88 Unknown
<input type="checkbox"/>	1 No Controls
<input type="checkbox"/>	4 School Zone Sign/ Device
<input type="checkbox"/>	5 Traffic Control Signal
<input type="checkbox"/>	6 Stop Sign
<input type="checkbox"/>	7 Yield Sign





“FLORIDA”
ARRIVE ALIVE
_ BUCKLE UP _

FLHSMV
FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES



Crash Report Person Section

Person Section

Person Section Variations

1. Driver
2. Non-Motorist
3. Passenger

Each require different data elements.

- Each person involved in the crash must be given a unique number. (Numbering must stay consistent with future updates)

Best Practices

At-Fault driver must be the person #1 and vehicle #1.

PERSON #		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER		
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE #	NAME		PHONE NUMBER	Check if Recommended Driver Re-exam <input type="checkbox"/>	
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 (IN) 1 None 2 Possible 3 Fatal (within 30 days) 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	
DL Type		Required Endorsements		Driver's Actions at Time of Crash		
1 A, 2 B, 3 C 4 D/Chauffeur 5 Operator 6 E/Oper - Rest 7 None	1 Yes 2 No 3 No Req. Endorsement	1st 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		2nd 26 Ran off Roadway 27 Disregarded Other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Served or Avoided: Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 32 Other Contributing Action		
Driver Distracted By		4 Other Inside the Vehicle (explain in narrative)		Condition At Time of Crash		
1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player) 4 Texting 5 Inattentive 6 Unknown		5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 8 Unknown		1 Apparently Normal 2 Asleep or Fatigued 3 Ill (lick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional Distress (angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown		
Driver Vision Obstructions		3 Load on Vehicle 4 Increased Weather 5 Panned/Stopped Vehicle 6 Trees/Crops/Bushes		9 Smoke 10 Glare 11 Signal/Billboards 12 All Other, Explain in Narrative		
DRIVER OR PASSENGER		Motor Vehicle Seating Position:		Helmet Use (HU)		
Seat		LOCATION: SEAT ROW OTHER		1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet		
1 Left 2 Middle 3 Right 4 Fourth 77 Other (explain in narrative) 88 Unknown	1 Front 2 Second 3 Third 4 Unenclosed Cargo Area 77 Other (explain in narrative) 88 Unknown	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		1 Yes 2 No 3 Not Applicable		
Ejection (EJECT)		Air Bag Deployed (ABD)		Eye Protection (EP)		
1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed-Other (knee, air belt, etc.) 5 Deployed-Combination 6 Deployed-Curtain 7 Deployed-Front 88 Deployment 8 Unknown		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 88 Unknown		
NON-MOTORIST		Non-Motorist Description		Non-Motorist Location At Time of Crash		
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, stroller, pedestrian conveyance, etc.) 3 Bicycle 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		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/Reeve-side 8 Unknown		8 Median/Crossing Island 9 Driveway Access 10 Shared-Use Path or Trail 11 Shared-Use Area 12 Non-Traffic Area 77 Other, Explain in Narrative 88 Unknown		
Safety Equipment		Non-Motorist Actions/Circumstances		Action Prior to Crash		
1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Unknown 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Office 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 (ears clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown		3 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) (incident response) 9 Working in Trafficway (incident response) 10 None 11 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 77 Other, Explain in Narrative 88 Unknown		
SUSPECTED ALCOHOL USE:		ALCOHOL TESTED:		ALCOHOL TEST TYPE:		
1 No 2 Yes 88 Unknown	1 Test Not Given 2 Test Refused 3 Test Given 77 Other, If Tested 88 Unknown, If Tested	1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative 88 Unknown		1 Pending 2 Completed 88 Unknown		
SUSPECTED DRUG USE:		SUSPECTED DRUG USE:		DRUG TESTED:		
1 No 2 Yes 88 Unknown	1 No 2 Yes 88 Unknown	1 No 2 Yes 88 Unknown		1 Test Not Given 2 Test Refused 3 Test Given 77 Other, If Tested 88 Unknown		
SUSPECTED DRUG TEST TYPE:		SUSPECTED DRUG TEST RESULT:		SUSPECTED DRUG TEST RESULT:		
1 Blood 2 Urine 77 Other, Explain in Narrative 88 Unknown	1 Positive 2 Negative 3 Pending 88 Unknown	1 Positive 2 Negative 3 Pending 88 Unknown		1 Positive 2 Negative 3 Pending 88 Unknown		
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					MEDICAL FACILITY TRANSPORTED TO	
PERSON #		VEHICLE #		NAME		
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE		
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					MEDICAL FACILITY TRANSPORTED TO	
PERSON #		VEHICLE #		NAME		
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE		
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					MEDICAL FACILITY TRANSPORTED TO	

HSMV 90010 S (V/P) (rev 06/13)

Page of

Person Information



PERSON # <input type="text"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER			
<input type="text"/>		VEHICLE #	NAME	PHONE NUMBER	Check if Recommend Driver Re-exam <input type="checkbox"/>		
<input type="text"/>		CURRENT ADDRESS (Number and Street)		CITY & STATE	ZIP CODE		
1 Driver 2 Non-Motorist 3 Passenger	<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"/>
DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	<input type="checkbox"/>					

For the field **'Driver/Non-Motorist/Passenger'**, enter either **'1:Driver'**, **'2:Non-Motorist'**, or **'3:Passenger'**.

Validation Check

- If **'1: Driver'** is chosen, all the driver applicable fields are required.
- If **'2: Non-Motorist'** is chosen, all the non-motorist applicable fields are required.

Date of Birth



PERSON # <input type="text"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER			
1 Driver 2 Non-Motorist 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		
DATE OF BIRTH	SEX: 1 Male 2 Female 88 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"/>

Validation Check

- Driver cannot be under 5 years-old.
They do not qualify as individuals who can have full control of a motor vehicles, and therefore cannot be drivers.
- Mark as non-motorist, and explain in narrative

CDL Exemptions

PERSON # <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
1 Driver 2 Non-Motorist 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	
DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	<input type="checkbox"/>	DRIVER LICENSE NUMBER	STATE	EXPIRES
			INJURY SEVERITY (INJ)		<input type="checkbox"/>
			1 None 2 Possible 3 Non-incapacitating		4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality

Exemptions to Being Required to Have a CDL

- Active-duty military possessing a military license, operating a military vehicle.
- Firefighters meeting approved training standards and operating authorized emergency vehicles.
- Farmers
- Individuals operating motor homes or other vehicles used exclusively to transport personal possessions or family members, for non-business purposes.

Officer Confidentiality (PII)

Protecting Officer Personal Identifiable Information

PERSON # <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER			
1 Driver 2 Non-Motorist 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		
DATE OF BIRTH	SEX: 1 Male 2 Female 38 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"/>

Date of Birth

Obfuscate by putting
"01-01-1900"

Driver License Number

Obfuscate by putting all zeros
"00000000"

Injury Severity



PERSON # <input type="text"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER		
1 Driver 2 Non-Motorist 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	
DATE OF BIRTH	SEX: 1 Male 2 Female 88 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"/>

- An **injury**: **ANY** person(s) injured as a result of the crash who immediately receives medical treatment.
- A **traffic fatality**: **ANY** person(s) killed in or outside of any vehicle involved in the crash or who dies within **30 days of the crash** as a result of an injury sustained in the crash.

Validation Check

If Injury Severity is 3,4,5, or 6 = Long form Required

Injury Severity: Fatality

INJURY SEVERITY (INJ)

- | | |
|----------------------|--------------------------|
| 1 None | 4 Incapacitating |
| 2 Possible | 5 Fatal (within 30 days) |
| 3 Non-incapacitating | 6 Non-Traffic Fatality |



- 5 Fatal (Within 30 days): Death occurred within 30 days of motor vehicle, occurred on a public roadway, and was a direct result of crash (e.g not natural causes or suicide).
- 6 Non-Traffic Fatality: Death occurred but did not meet criteria for 5 Fatal.
- If an injured Motorist (inj. Severity 4,3,2) listed on Crash report succumbs to injuries after 30 days, the INJURY SEVERITY code should revert to the code assigned on the preliminary crash report

Note

Fatal Fatalities are recorded as 6-Non-Traffic Fatalities

Reporting FSBI

The screenshot shows a web browser window displaying the DAVID FSBI Home Page. The browser's address bar shows the URL <https://david.flhsmv.gov/DAVID/FSBI>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The browser's toolbar shows various icons for navigation and utility. The DAVID logo is prominently displayed on the left side of the page. The search bar contains the text "Search (tag, DL, person, etc.)" and "009 - Crash". The main content area features the heading "FSBI Home Page" and a paragraph of text: "In accordance with Section 322.27, Florida Statutes, the Department of Highway Safety and Motor Vehicles must be notified, within 24 hours, of any traffic fatality, or when the law enforcement agency initiates action requiring a blood test for impairment or intoxication resulting in a serious bodily injury or fatality pursuant to s. 316.1933." Below this text are four green buttons with white text: "Inquire Traffic Fatality / Serious Bodily Injury(SBI)", "Add Traffic Fatality/Serious Bodily Injury(SBI) Record", "Create Traffic Fatality/Serious Bodily Injury(SBI) Report", and "Instructions for the Traffic Fatality/Serious Bodily Injury System". The browser's status bar at the bottom right shows a zoom level of 150%.

https://david.flhsmv.gov/DAVID/FSBI

DAVID | Driver and Vehicle L...

File Edit View Favorites Tools Help

Convert Select

Tracker Florida Highway Patrol - H... FARS Single SignOn FIRES Portal DAVID DFR Link CRS System Florida Department of Hig... Web Slice Gallery Suggested Sites

Page Safety Tools

DAVID Search Menu Johnson

Search (tag, DL, person, etc.) 009 - Crash Search

FSBI Home Page

In accordance with Section 322.27, Florida Statutes, the Department of Highway Safety and Motor Vehicles must be notified, within 24 hours, of any traffic fatality, or when the law enforcement agency initiates action requiring a blood test for impairment or intoxication resulting in a serious bodily injury or fatality pursuant to s. 316.1933.

Inquire Traffic Fatality / Serious Bodily Injury(SBI)

Add Traffic Fatality/Serious Bodily Injury(SBI) Record

Create Traffic Fatality/Serious Bodily Injury(SBI) Report

Instructions for the Traffic Fatality/Serious Bodily Injury System

150%

Driver Elements

DL Type			Required Endorsements			DRIVER			Driver's Actions at Time of Crash			Condition At Time of Crash		
<input type="checkbox"/>	1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper – Rest 7 None	<input type="checkbox"/>	1 Yes 2 No 3 No Req. Endorsement	<input type="checkbox"/>	1st	<input type="checkbox"/>	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 Drive 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	<input type="checkbox"/>	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	<input type="checkbox"/>	3rd	<input type="checkbox"/>	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 Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	<input type="checkbox"/>	4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	<input type="checkbox"/>	2nd	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	4th	<input type="checkbox"/>		
<input type="checkbox"/>	Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	<input type="checkbox"/>	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	<input type="checkbox"/>		<input type="checkbox"/>	9 Smoke 10 Glare 77 All Other, Explain in Narrative	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

- DL Type (enter a #, not a letter)
- Driver Distracted By
- Required Endorsements
- Driver Vision Obstructions

Note

In some instances, officers have selected **“Not Distracted”** even though the narrative details the driver being distracted.

When “77: Other, Explain in Narrative” is selected, the Narrative Page must be completed.

Driver Elements

DL Type		Required Endorsements	
<input type="checkbox"/>	1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper – Rest 7 None	<input type="checkbox"/>	1 Yes 2 No 3 No Req. Endorsement
Driver Distracted By		4 Other Inside the Vehicle (explain in narrative)	
<input type="checkbox"/>	1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	
Driver Vision Obstructions		5 Load on Vehicle	
<input type="checkbox"/>	1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative

DRIVER			
Driver's Actions at Time of Crash			
<input type="checkbox"/>	1st	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
<input type="checkbox"/>	2nd		
<input type="checkbox"/>	3rd		
<input type="checkbox"/>	4th		
<input type="checkbox"/>	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's Actions at Time of Crash: A first occurrence is required, additional actions are optional.
- Condition at Time of Crash



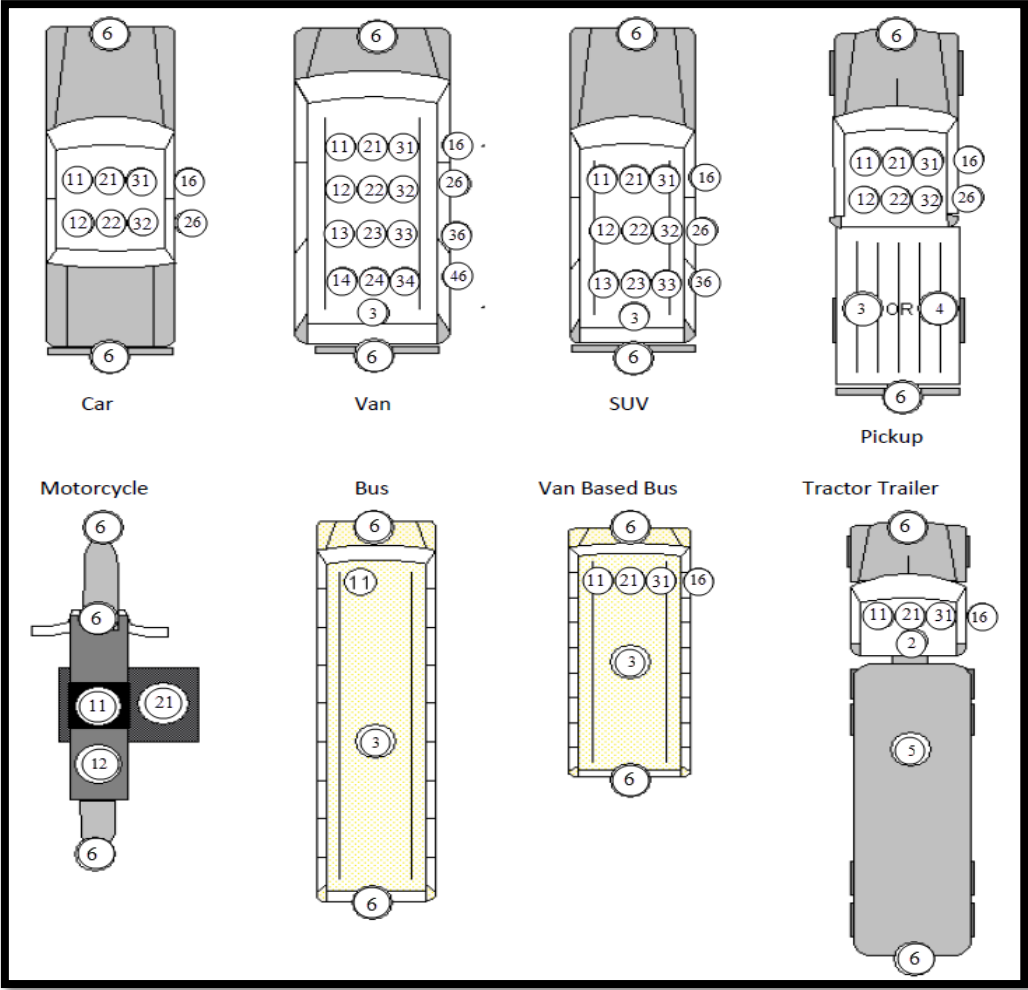
Driver or Passenger

DRIVER OR PASSENGER				DRIVER OR PASSENGER		
Motor Vehicle Seating Position:				Helmet Use (HU)		
Seat	Row	Other	LOCATION: SEAT (LOC)	<input type="checkbox"/>	1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
1 Left	1 Front	1 Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	1 Yes 2 No 3 Not Applicable	
2 Middle	2 Second	2 Sleeper Section of Truck Cab	<input type="checkbox"/>	<input type="checkbox"/>	Air Bag Deployed (ABD)	
3 Right	3 Third	3 Other Enclosed Cargo Area	<input type="checkbox"/>	<input type="checkbox"/>	5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	
77 Other (explain in narrative)	4 Fourth	4 Unenclosed Cargo Area	Ejection (EJECT)		Restraint Systems (RS)	
88 Unknown	77 Other Row	5 Trailing Unit	<input type="checkbox"/>	1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		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
	88 Unknown	6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown				

- Motor Vehicle Seating Position
- Helmet Use
- Eye Protection
- Ejection
- Air Bag Deployed
- Restraint Systems



Seating Chart Diagram



DRIVER OR PASSENGER			
Motor Vehicle Seating Position:			LOCATION: SEAT ROW OTHER (LOC) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Seat	Row	Other	Ejection <input type="checkbox"/> 1 Not Ejected <input type="checkbox"/> 2 Ejected <input type="checkbox"/> 3 Ejected <input type="checkbox"/> 4 Not Applicable <input type="checkbox"/> 88 Unknown
1 Left	1 Front	1 Not Applicable	
2 Middle	2 Second	2 Sleeper Section of Truck Cab	
3 Right	3 Third	3 Other Enclosed Cargo Area	
77 Other (explain in narrative)	4 Fourth	4 Unenclosed Cargo Area	
	77 Other Row	5 Trailing Unit	
	88 Unknown	6 Riding on Motor Vehicle Exterior (non-trailing unit)	
		88 Unknown	

1st Number = Seat Number
 2nd Number = Row Number
 &
 3rd Number = Other Special Locations

- If 3rd Number is applicable, then officer should input
 - Seat:77, Row:77, Other: XX
- If Seat Position is Unknown, then Officer should input
 - ❖ Seat: 88, Row: 88, Other:88

Non-Motorist Elements

NON-MOTORIST			
<p>Non-Motorist Description</p> <p>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 Transportation Device (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist</p>	<p>Non-Motorist Location At Time of Crash</p> <p>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</p>	<p>Action Prior to Crash</p> <p>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</p>	<p>Safety Equipment</p> <p>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</p>
	<p>Non-Motorist Actions/Circumstances</p> <p>1st <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 2nd <input type="checkbox"/> 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.)</p>	<p>10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown</p>	

Non-Motorist required fields:

- Non-Motorist Description
- Non-Motorist Location at Time of Crash
- Action Prior to Crash
- Safety Equipment
- Non-Motorist Actions/Circumstances

Non-Motorist Description: Micro-Mobility



F.S 320.01(a)

Micro-Mobility devices are not considered Motor Vehicles.

F.S 316.003 (41)
Micro-Mobility device Definition



F.S 316.003(48)

Motorized Scooter's Top Speed cannot be greater than 20 mph.

	Person Type	Non-Motorist Description	Endorsement Required
E-Scooter	2: Non-Motorist	2: Other Pedestrian	No
Motorized Scooter	2: Non-Motorist	2: Other Pedestrian	No
Hoverboards	2: Non-Motorist	2: Other Pedestrian	No
E-Bike	2: Non-Motorist	2: Other Pedestrian	No

Detailing Micro-Mobility



F.S 316.2128

Details how Micro-Mobility devices and Motorized Scooters do not require their user to have a license, registration, or insurance.



Motorized Scooter vs. Motorcycle *Above 20mph or not*

Current ways to identify the Difference

- Speed Measurement Device
- VIN Decoding



Details

- Explain the Micro-Mobility device in narrative

How do you identify the difference?

Alcohol/Drug

ALCOHOL/DRUG/EMS								
SUSPECTED ALCOHOL USE: 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	ALCOHOL TESTED: 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested <input type="checkbox"/>	ALCOHOL TEST TYPE: 1 Blood <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/>	ALCOHOL TEST RESULT: 1 Pending <input type="checkbox"/> 2 Completed <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	BAC <input type="text"/>	SUSPECTED DRUG USE: 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	DRUG TESTED: 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested <input type="checkbox"/>	DRUG TEST TYPE: 1 Blood <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/>	DRUG TEST RESULT: 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown <input type="checkbox"/>
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		EMS AGENCY NAME OR ID <input type="text"/>		EMS RUN NUMBER <input type="text"/>		MEDICAL FACILITY TRANSPORTED TO <input type="text"/>		

If **'2: Yes'** is selected, fields **'Alcohol/Drug Tested,' 'Alcohol/Drug Test Type,'** and **'Alcohol/Drug Test Results'** are required.

If **'3: Test Given'** is selected, the field **'Alcohol Test Type'** is required.

- Alcohol Test Result

- If **'2: Completed'** is selected, the **'BAC'** field is required.

Note

Officers must update results of test once received using an Update form.

EMS

ALCOHOL/DRUG/EMS

SUSPECTED ALCOHOL USE: 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	ALCOHOL TESTED: 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested <input type="checkbox"/>	ALCOHOL TEST TYPE: 1 Blood <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/>	ALCOHOL TEST RESULT: 1 Pending <input type="checkbox"/> 2 Completed <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	BAC <input type="text"/>	SUSPECTED DRUG USE: 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	DRUG TESTED: 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested <input type="checkbox"/>	DRUG TEST TYPE: 1 Blood <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/>	DRUG TEST RESULT: 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown <input type="checkbox"/>
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported <input type="checkbox"/> 2 EMS 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative 88 Unknown <input type="checkbox"/>		EMS AGENCY NAME OR ID <input type="text"/>		EMS RUN NUMBER <input type="text"/>		MEDICAL FACILITY TRANSPORTED TO <input type="text"/>		

Source of Transport to Medical Facility

If '2: EMS' is selected, complete the following fields:

- 'EMS Agency Name or ID'
- 'EMS Run Number'
- 'Medical Facility Transported To'



"FLORIDA"
ARRIVE ALIVE
- BUCKLE UP -



Crash Report Narrative and Diagram



Crash Narrative Tips

o window	NARRATIVE	REPORTING AGENCY CASE NUMBER	FLSMV CRASH REPORT NUMBER
— — — — —	<p>A front to rear accident involving two vehicles occurred on the T-intersection of East Park Ave and Richview Rd, Tallahassee. V1 is at fault.</p>		<p>Clear and Concise Location and Sequence of Events</p>
— — — — — — — — — — — — — —	<p>V2 was traveling westbound on E Park Ave at 5:23pm. V1 was speeding down E Park Ave. The stop light at the intersection of Richview Rd turned red bringing V2 to a stop. V1 did not slow down in time, and rear-ended V2.</p>		<p>Detailed Summarization of Crash Details.</p>
— — — — — — — — — — — — — —			<p>V1 should be the one at Fault.</p>

Updating Narratives

window NARRATIVE	REPORTING AGENCY CASE NUMBER	FLSMV CRASH REPORT NUMBER
<p><i>Vehicles #2 and #1, in that order, were stopped facing west in the right thru lane on US 17/92 (SR 50) 900 block of West Colonial Drive, approximately 15 feet east of North Westmoreland Drive. Driver #2 stated she was stopped in her land of traffic. When traffic began to move forward, she traveled forward. A vehicle in front of her stopped and as she stopped, the rear of her vehicle was struck.</i></p> <p>Update 8/17/2023 Toxicology report showed that D1 was killed by collision. Injury severity status was updated to 5 for D1. Report updated by Lt. Warren Buffet.</p>		

When updating a crash report, be sure to add to the narrative:

- Description of Change
- Officer conducting update
- Date of Update

Common Missing Info:

- Toxicology Results
- Positive Drug Test (Level and Specific Drugs)
- Delayed Fatalities (After Crash)

77- Explain in Narrative

When the officer selects code **“77-Explain in Narrative”**, make sure to explain that choice in the narrative.



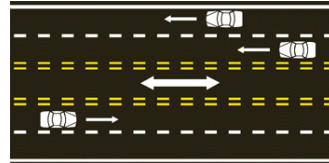
Common Elements Not Explained

- Restraint Systems
- Air Bag Deployed boxes
- Manner of Collision
- Driver's condition of Impairment
- Driver Actions at Time of Crash
 - Driver Distracted by
 - Driver Vision Obstructions
- Driver Condition at Time of Crash
- Source of Transportation to Medical Facility
 - Vehicle Maneuver Action

Important for Federal Reporting Requirements and Analysis

Diagram

This space is used to draw the traffic crash scene. The diagram should be prepared based on the standard operating procedures of the submitting agency. However, at a minimum, the following information must be documented:



Roadway Markings

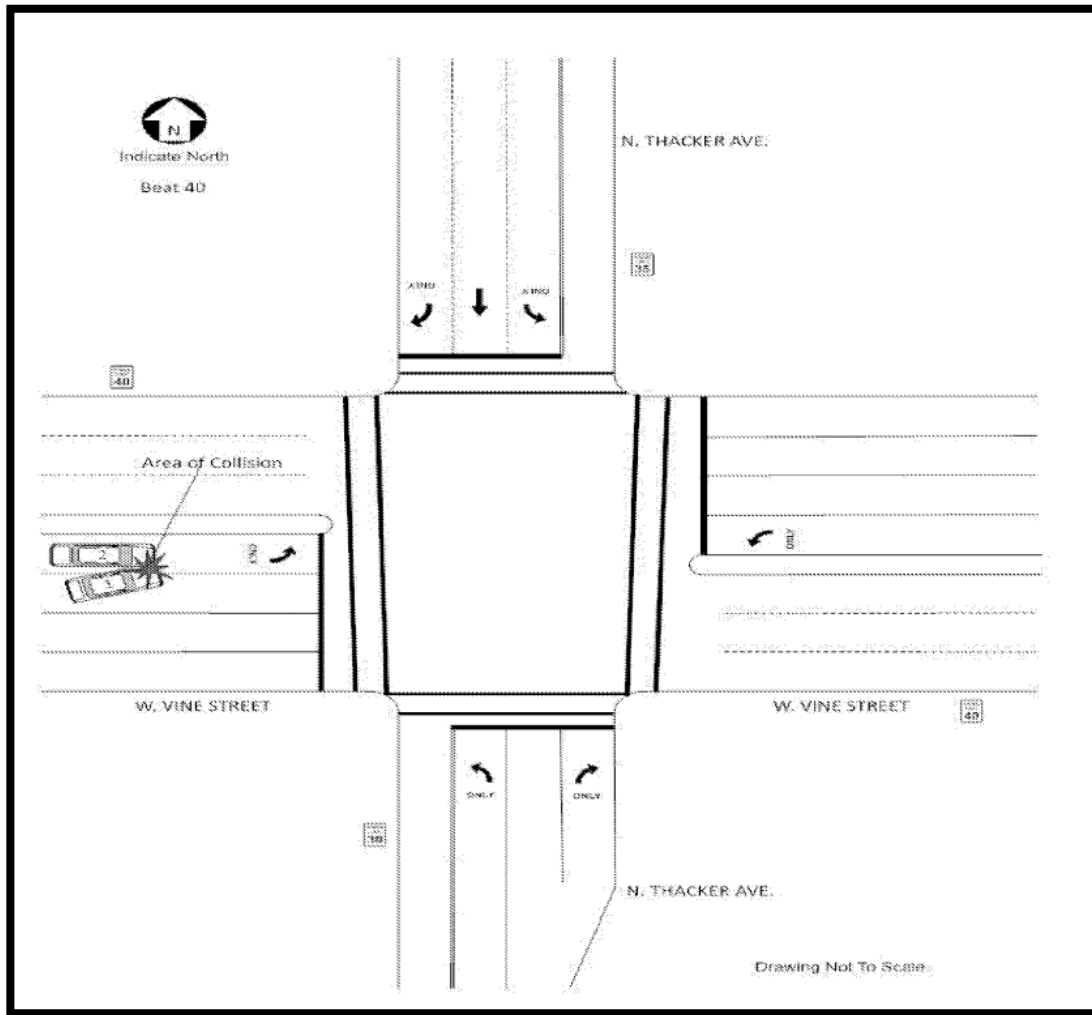


Location of traffic crash (road names)



North directional arrow being placed upward or to the right when looking at the page.

Diagram Example



Important Items

- Medians
- Roadway markings
- North arrow
- Road names for both the on-road and the intersecting road
- the position of the vehicles in the lane and on roadway at the point of first impact.
- a building with an address as a landmark which helps clear up confusion when multiple areas match the described location.

S4 Diagram Demonstration

ILIR BEJLERI

Geoplan Center - University of Florida



FLHSMV

FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES



Correcting Crash Report Errors



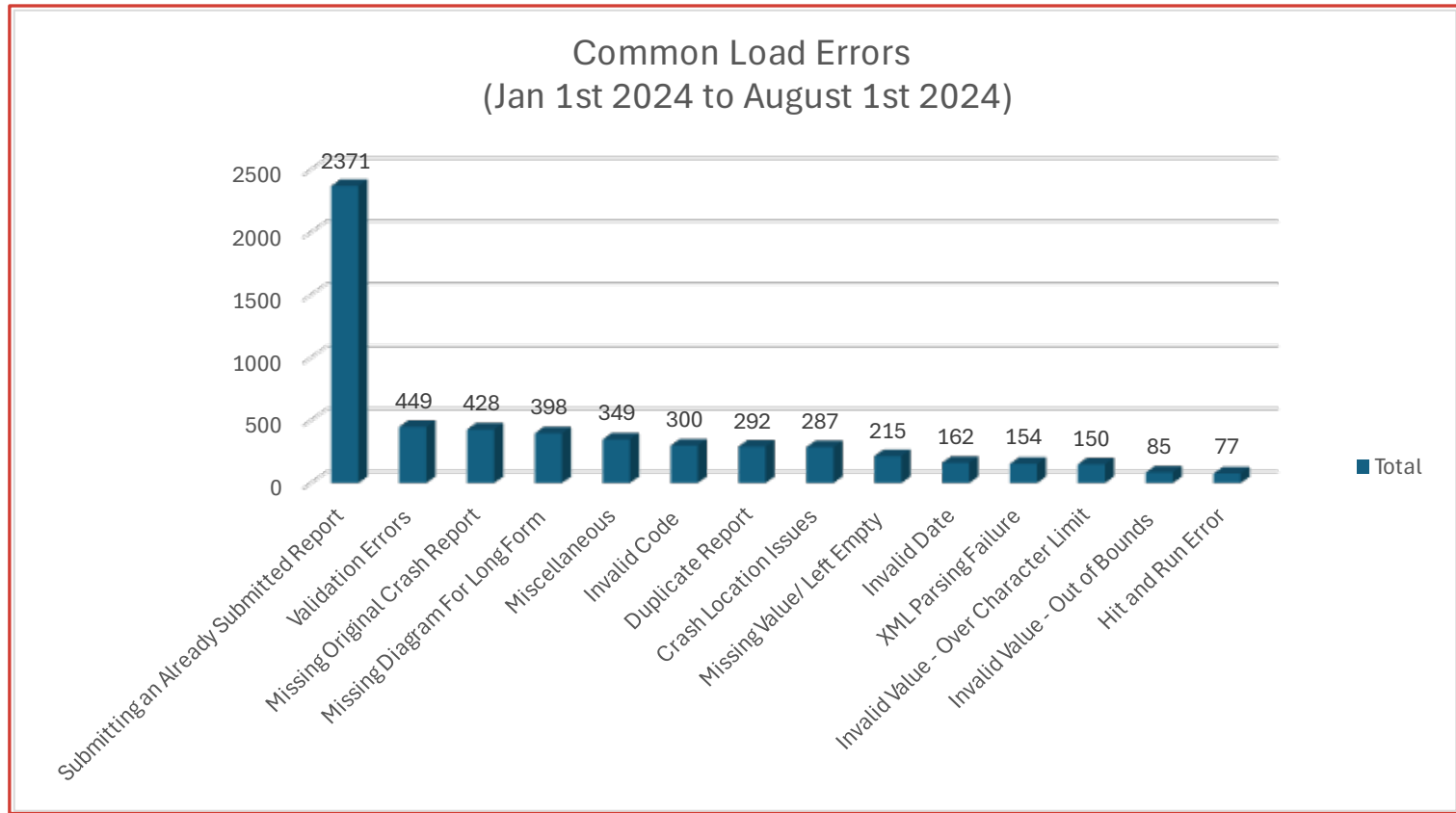
Load Errors

- When a crash report has an error and fails to load into the crash database, it produces a Load Error.

Reasons for errors:

- Missing Attributes
- Incorrect Codes or Value
- Errors in Cross Validations/ Edit Checks
- Incorrect Dates
- Etc.

Common Load Errors



Crash Load Error Report

Daily E-crash Load Report NEW FORMS - Key West PD



crash@hsmv.state.fl.us

To **OraDBA**; ● Burt, David (OPS); ● Gonzalez, Melissa; ● Sparmann, Sigrid; ○ tracs@keywestcity.com; ○ kream@keywestcity.com

Reply Reply All Forward

Fri 4/12/2024 3:39 AM

Daily E-crash Load Statistics for 11-Apr-2024

Number of ZIP files = 1
Total Records = 12



New Long Form Crash Records = 10
New Short Form Crash Records = 1
Updated Long Form Crash Records = 0
Updated Short Form Crash Records = 0
Load Errors = 1
Abort Errors = 0



\n##### Errors for 'CRASH124_20240411_NEW.ZIP' #####\n

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
11-APR-24	12-APR-24	crash124_26500954.xml	24001905	STATE_OF_REGISTRATION = US	US is not a valid value

FLHSMV

FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES



"FLORIDA"
ARRIVE ALIVE
"BUCKLE UP"



Load Error List

XML Parsing Failure

Examples:

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
23-AUG-24	23-AUG-24	CRASH081_26251461.xml	SJSO24CAD184331	FORM_TYPE =	no original crash report has been loaded
23-AUG-24	23-AUG-24	0822_new.zipCRASH081_2024		xml_file = xml_file ed	---ORA-31011: XML parsing failed

Error Message

“--- ORA-31011: XML parsing failed”

Explanation

- The xml file failed to be parsed due to issues within its xml file. This usually occurs when there is incorrect naming convention for the xml file or missing tags within the xml.

Solutions

The LEA should contact their vendor

The XML files should be structured as so crashXXX_#####.xml

- XXX is the crashID number
- ##### is the 8-digit HSMV number

Invalid Code

Error Message

“_____ is not a valid value.”

Explanation

- The officer entered an invalid code that's not acceptable in the crash manual, XML schema definitions, and data dictionary.

Examples:

```
29-JUN-24 30-JUN-24 crash210_26087852.xml 24008582 STATE_OF_REGISTRATION = US is not a valid value
US
```

- For State of Registration, the only valid US postal codes are accepted. However, a crash report put “U.S”. Thus “US is not a valid value” occurred.

Solutions

Officers can reference the correct codes in crash documentation

Automated Solutions

Vendors should put in place validations to check for these issues.

Invalid Value – Out of Bounds

Error Message

“_____ is not a valid value.”

Explanation

- The Officer entered a value that is outside the bounds of the acceptable values.

Examples:

18-MAR-24 19-MAR-24 crash352_25352520.xml 2024-003863

ESTIMATED_MPH = 445 445 is not a valid value

Estimated Speed has a cap of 200 MPH so “445 is not a valid value”.

Solutions

Officers must put in values that are within the acceptable range.

Using the crash manual to find the acceptable range of numbers.

Automated Solutions

Vendor can implement edit checks to prevent officers from going beyond the acceptable range.

Invalid Value – Over Character Limit

Error Message

“_____ is not a valid value.”

Explanation

- The officer entered a value that exceeded the character limit for that field. This tends to happen in attributes where officers must put in address or specific information such as Vehicle Model.

Examples:

```
\n##### Errors for 'CRASH031_20240629_new.zip' #####\n\nREC_DATE  LOAD_DATE  XML_FILE                AGENCY_REP_NUM  BAD_VALUE                ERROR_DESCRIPTION\n-----\n29-JUN-24  29-JUN-24  CRASH031_26484284.xml  OCSO24OFF008499  R 3500  VEHICLE_MODEL = PROMASTE PROMASTER 3500 is not a valid value
```

Vehicle Model has a character limit of 12 characters, or less/ “PROMASTE PROMASTER 3500 is not a valid value”

Solutions

Officers can use abbreviations of vehicles or property and elaborate in the narrative

Automated Solution

Vendors can also implement a character limit for certain text fields

Crash has no Vehicle

Error Message

“Crash has no Vehicles.”

Explanation

- The crash report was submitted with no cars reported on it. This error occurred because if a crash report is filled out, then there must be a car involved.

Examples:

LOAD_DATE	LOAD_STATUS_FLAG	VENDOR	COLUMN_NAME	ERROR_DESCRIPTION	ERROR_CLASS
22-JUN-24	E	Bay CO IT	VEHICLE	Crash has no vehicles	REJECT
01-JUN-24	E	iyeTek	VEHICLE	Crash has no vehicles	REJECT
01-JUN-24	E	iyeTek	VEHICLE	Crash has no vehicles	REJECT
01-JUN-24	E	iyeTek	VEHICLE	Crash has no vehicles	REJECT

Number of Vehicles number should be, but in these crash reports it is missing.

Solutions

The Officer must make corrections to the crash report to add the vehicles that were present in the crash.

Automated Solution

Vendors can implement some stop gaps to make sure that officers cannot submit crashes without vehicles.

Missing Value/ Left Empty

Error Message

“_____ is not a valid value.”

Explanation

- The error is triggered when nothing is entered into a required element on the crash report.

Examples:

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
03-JUL-24	04-JUL-24	crash066_26152052.xml	2024-00012147	CRASH LOCATION =	invalid crash location
03-JUL-24	04-JUL-24	crash066_26152052.xml	2024-00012147	LOCATION_CODE =	is not a valid value
03-JUL-24	04-JUL-24	crash066_26152052.xml	2024-00012147	ACTION_PRIOR_TO_CRASH_CO DE =	is not a valid value

Action Prior to the Crash is a field that requires a code if the crash report is a Long Form.

So “_____ is not a valid value” occurs when the field is left blank

Solutions

The officer must make a correction to the crash report to fill in that required element.

Automated Solution

Vendors can make edit checks that ask the officer to fill in required elements.

Cross-Validation Errors

Error Message

Various.

- “individual name is invalid if owner is a business”
- “negative distances not allowed”
- “driver with dob: ___ is too young”

Explanation

- These are various errors that occur due to cross validations with other fields. These validations make sure that certain elements are not conflicting with each other on the crash report.

Examples:

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
22-AUG-24	23-AUG-24	crashlex_25930249.xml	2024-81531	DATE_OF_BIRTH = 2024-07-01T00:00:00	driver with dob: 2024-07-01T00:00:00 is too young(.12 years old)

Date of Birth has a cross validation. If person is a driver, then the driver’s date of birth cannot be younger than 5.

Solutions

Officers will have to consult the crash documentation, or the help of crash records to ensure they resolve the errors.

Automated Solution

Vendors should have edit checks and validations within their system to catch these errors

Invalid Date

Error Message

“___ is not a valid value”

Explanation

- This error message occurs when an invalid date is entered into one of the various date fields. There are validations in place to make sure that acceptable date values are entered at the correct time.

Examples:

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
18-FEB-24	18-FEB-24	CRASH067_26104618.xml	104034		CRASH_DATE_TIME = 2024-0 2024-02-18T20:12:00 is not a val
				z-18T20:12:00	id value
18-FEB-24	18-FEB-24	CRASH067_26104618.xml	104034		REPORT_DATE_TIME = 2024- 2024-02-18T20:17:00 is not a val
				02-18T20:17:00	id value

Report Date was entered incorrectly because it was more values than YYYY-MM-DD HH:MM:SS/ “2024-2024-02-18T00:00:00 is not a valid value.”

Solutions

Officer should make corrections to change the date to valid date.

Automated Solution

The vendor can implement safeguards to make sure that the officers enter valid dates.

Duplicate Person/ Vehicle Error

Error Message

“Duplicate vehicle number”

“Duplicate person number”

Explanation

- This error message occurs when the crash report have two or more vehicles or people marked under the same number.

Examples:

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
18-JUN-24	18-JUN-24	crash320_26595414.xml	2024007189	VEHICLE_NUMBER =	Duplicate vehicle number

Vehicle Number must be unique.

Solutions

Officers would have to make corrections to fix the report.

Automated Solution

The Vendor can make sure to automatically assign the person/vehicle numbers.

Hit and Run Error

Error Message

“owner info required when not a hit and run”

Explanation

- This error message occurs when the hit and run element is marked as 1 (No), and the Officer does not enter the owner information for the car involved in a crash.

Examples:

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
04-JUL-24	05-JUL-24	crashlex_26532326.xml	342406111471	OWNER_LAST_NAME =	owner info required when not a hit and run

The Owner Last Name was left blank which activated the error/ “owner info required when not a hit and run”

Solutions

The Officer would have to add the owner information.

If the crash is a Hit and Run, then Unknown is acceptable. Elaborate in narrative.

Missing Narrative for Long Form

Error Message

“narrative cannot be null for Long/Update Crash Reports”

Explanation

- This error occurs when no narrative is submitted on a long form or update to a Long form crash report. Narratives are required for Long Forms.

Examples:

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
07-JUN-24	08-JUN-24	crash029_26080914.xml	2425118	DIAGRAM =	diagram cannot be null for Long/Update Crash Reports
07-JUN-24	08-JUN-24	crash029_26080914.xml	2425118	NARRATIVE =	narrative cannot be null for Long/Update Crash Reports

The crash report contains no narrative section.

Solutions

The officer must make corrections to add the narratives to the crash report.

Automated Solution

Vendor can require a narrative for long forms.

Missing Diagram for Long Form

Error Message

“diagram cannot be null for Long/Update Crash Reports”

Explanation

- This error occurs when no diagram is submitted on a long form or update form a long form crash report. Diagrams are required for Long Forms

Examples:

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
07-JUN-24	08-JUN-24	crash029_26080914.xml	2425118	DIAGRAM =	diagram cannot be null for Long/Update Crash Reports
07-JUN-24	08-JUN-24	crash029_26080914.xml	2425118	NARRATIVE =	narrative cannot be null for Long/Update Crash Reports

The crash report contains no diagram.

Solutions

The officer must make corrections to add the diagram to the crash report.

Automated Solution

Vendor can require a diagram for long forms.

Missing Original Crash Report

Error Message

“no original crash report has been loaded”

Explanation

- This error occurs when the LEA is attempting to upload Updates to crash reports that have no original short or long form.

Examples:

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD VALUE	ERROR DESCRIPTION
12-JUL-24	12-JUL-24	crash072_24556662.xml	210821-112512	FORM_TYPE =	no original crash report has been loaded

An agency’s original long form errors out but is never corrected.

Eventually the officers need to update the report, but because it errored out, it never loaded into the official database. Thus “no original crash report has been loaded”.

Solutions

A verification must be made of what reports were sent in by the LEA. Coordination with crash records is necessary to verify successful vs error reports.

Submitting an Already Submitted Report

Error Message

“an original crash report must be the first crash report loaded”

Explanation

- The Officer submitted a long form or short form using the same HSMV number as an already submitted report.
- This can occur because Officers are unaware of what HSMV numbers have already been used which causes LEAs to submit reports that are already in the database.

Examples:

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
05-JUL-24	05-JUL-24	crash109_26581850.xml	240000918	FORM_TYPE =	an original crash report must be the first crash report loaded

An original long form was submitted on July 3rd. It was then submitted again on July 5th. Because the same HSMV number was used AND it was not marked as an Update, the report errored out.

Solutions

The report is already in CRSCAN, so no further action is needed unless:

1. The officer needs to submit the report as an update to the original.
2. The report is an entirely different crash, then the officer needs to use a new number.

Duplicate Crash Report

Error Message

“this is a duplicate crash report”

Explanation

This error occurs when Either:

- When a report with an already used HSMV number is submitted.
- An Update with no fields changed is submitted
- The HSMV report number has already been used by another agency.

Examples:

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
27-JUN-24	27-JUN-24	CRASH104_84254075.xml	BCSO24OFF001608	FORM_TYPE =	an original crash report must be the first crash report loaded
27-JUN-24	27-JUN-24	CRASH104_84254075.xml	BCSO24OFF001608	DUP_CHECK =	this is a duplicate crash report

Solutions

Officers must either make the necessary changes to their Update forms or need to use a new HSMV crash number.

Note

Minor changes are not always caught by the database

Crash Location Issues

Error Message

“invalid crash location”

Explanation

- This error occurs when a report has an issue with the crash location
- Geolocation tag that works with the Geolocation tool is left empty and there is a missing street address, intersecting street name, longitude, or latitude on the report either.

Examples:

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
05-JUL-24	06-JUL-24	crash393_26588371.xml	2024-00026905	CRASH LOCATION =	invalid crash location
05-JUL-24	06-JUL-24	crash393_26588379.xml	2024-00027666	CRASH LOCATION =	invalid crash location

The crash report lacked a Geolocation, Longitude, or Latitude, and produced an error. / “invalid crash location”

Solutions

The Officer will need to resubmit the report with the missing location data

Automated Solution

- Vendor may need to check their validations to ensure that officers are entering all the information needed for a crash location
- Implement a Geolocation Tool

ABORT ERRORS



Rare but Critical

Abort Errors

Daily E-crash Load Report NEW FORMS - Seminole Tribe - Found Abort Errors --

crash@hsmv.state.fl.us
To OraDBA; Burt, David (OPS); Gonzalez, Melissa; Sparmann, Sigrid; rhondarotton@semtribe.com

Daily E-crash Load Statistics for 27-Jun-2024

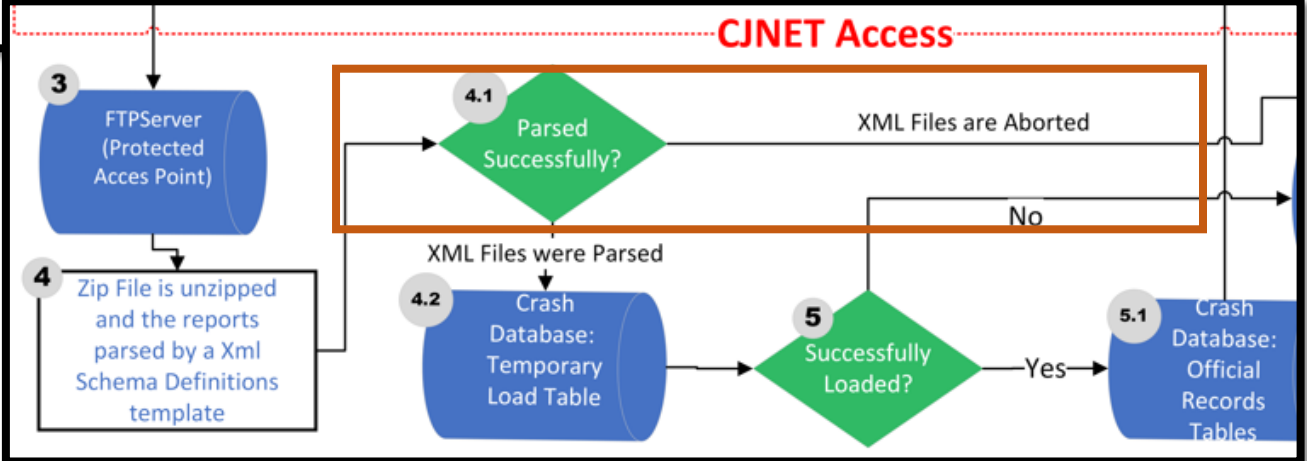
Number of ZIP files = 1
Total Records = 2

New Long Form Crash Records = 1
New Short Form Crash Records = 0
Updated Long Form Crash Records = 0
Updated Short Form Crash Records = 0
Load Errors = 0
Abort Errors = 1

\n##### Errors for 'CRASH241_20240627_NEW.ZIP' #####\n

no rows selected

Abort Errors are fundamental XML Errors in the crash report data submitted.



Recap

Correcting Load Errors

Errors that occur because a crash report fails to load into the database.

Daily E-crash Load Report NEW FORMS - Key West PD

crash@hsmv.state.fl.us
To: OraDBA; Burt, David (OPS); Gonzalez, Melissa; Sparmann, Sigrid; tracs@keywestcity.com; kream@keywestcity.com
Fri 4/12/2024 3:39 AM

Daily E-crash Load Statistics for 11-Apr-2024

Number of ZIP files = 1
Total Records = 12

New Long Form Crash Records = 10
New Short Form Crash Records = 1
Updated Long Form Crash Records = 0
Updated Short Form Crash Records = 0
Load Errors = 1
Abort Errors = 0

\\n##### Errors for 'CRASH124_20240411_NEW.ZIP' #####\n

REC_DATE	LOAD_DATE	XML_FILE	AGENCY_REP_NUM	BAD_VALUE	ERROR_DESCRIPTION
11-APR-24	12-APR-24	crash124_26500954.xml	24001905	STATE_OF_REGISTRATION = US	US is not a valid value US

**Abort Errors
Rare but Critical**

Various Load Errors

- Xml Parsing Failure
 - Invalid Codes
 - Invalid Dates
- Missing/Empty Fields
- Missing Narratives and or Diagrams
 - Validation Errors
 - Duplicate Reports
- Crash Location Issues
- Missing Original Crash Reports



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FARS: Background & Purpose

Fatality Analysis Reporting System (FARS)

FL FARS is a 6-member team which reviews & analyzes crash report and supplemental data to:

- Identify driver & vehicle data for parties involved in a fatal crash
- Detail the sequence of events of the fatal crash
- Identify and submit traffic fatality toxicology results
- Define and submit specific roadway elements of the fatal crash location

NHTSA FARS

A National data collection system that contains information on all known police-reported motor vehicle crashes in which there was at least one fatality

DAVID FSBI Report



FSBI Home Page

In accordance with Section 322.27, Florida Statutes, the Department of Highway Safety and Motor Vehicles must be notified, within 24 hours, of any traffic fatality, or when the law enforcement agency initiates action requiring a blood test for impairment or intoxication resulting in a serious bodily injury or fatality pursuant to s. 316.1933.

[Inquire Traffic Fatality / Serious Bodily Injury\(SBI\)](#)

[Add Traffic Fatality/Serious Bodily Injury\(SBI\) Record](#)

[Create Traffic Fatality/Serious Bodily Injury\(SBI\) Report](#)

[Instructions for the Traffic Fatality/Serious Bodily Injury System](#)

Instructions for the Traffic Fatality/Serious Bodily Injury System

This reporting system was created to record traffic crashes which meet one of the following criteria:

- A Traffic Fatality
- Serious Bodily Injury where a blood sample was drawn from any driver

We have omitted certain information that is not needed within the initial 24 hours, such as weather conditions, safety equipment in use or not, etc. (These will be gathered from the final crash report.)

Federal Criteria for Traffic Fatality

A reportable motor vehicle traffic fatality must meet the following criteria for injury severity code 5:

1. The death must occur within 30 days (720 hours) of the motor vehicle crash.
2. A death of motor vehicle crash must be a direct cause of the crash AND not the result of natural causes, heart attacks, suicide, homicide, or overdose.
3. A death of the motor vehicle crash must occur on the public roadway.

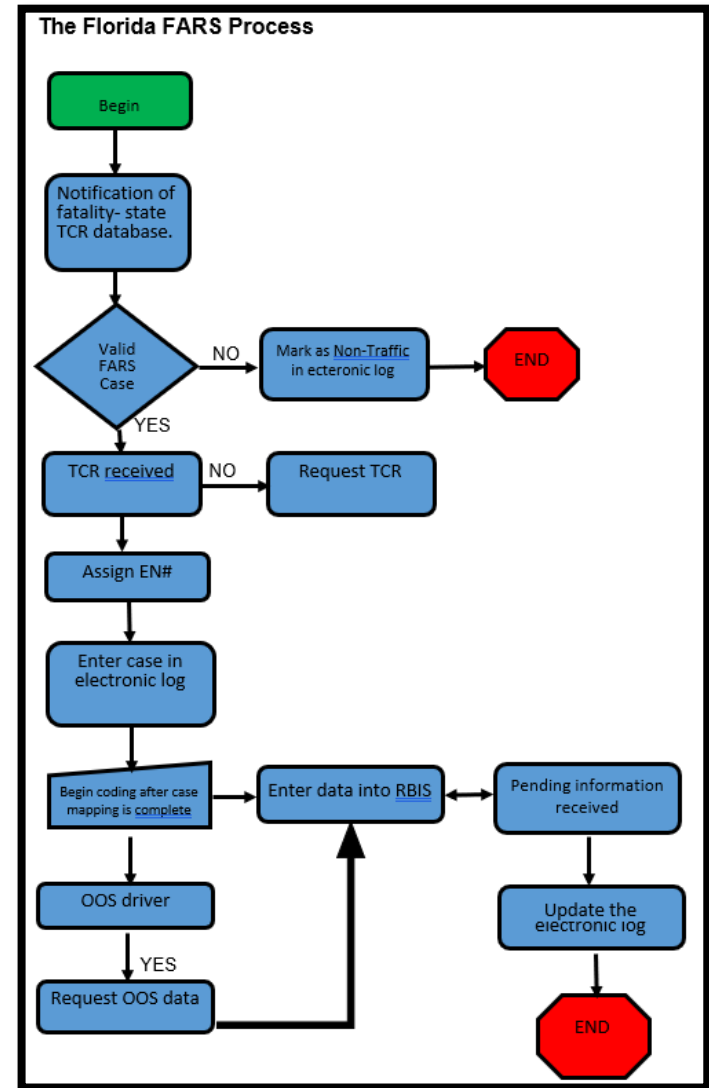
If criteria not met, injury severity code 6: “Non-traffic Fatality” should be used



FARS Data Collection Process

To ensure all traffic fatalities are reported accurately and completely, the following data sources are used:

- ❖ Florida Crash Reports
- ❖ DAVID's FSBI Reports submitted by LEAs
- ❖ FHP Traffic Homicide Reports
- ❖ FDOT roadway data
- ❖ FDOH, Office of Vital Statistics
- ❖ Other medical sources (Hospitals, medical examiner offices, etc.)



Usage of FARS Data

FARS federal reporting provides statistical data to:

- Support federal funding requests for engineering, educational outreach, and enforcement efforts
- Improve EMS response efforts
- Identify or improve safety features installed in vehicles
- Identify traffic control device needs

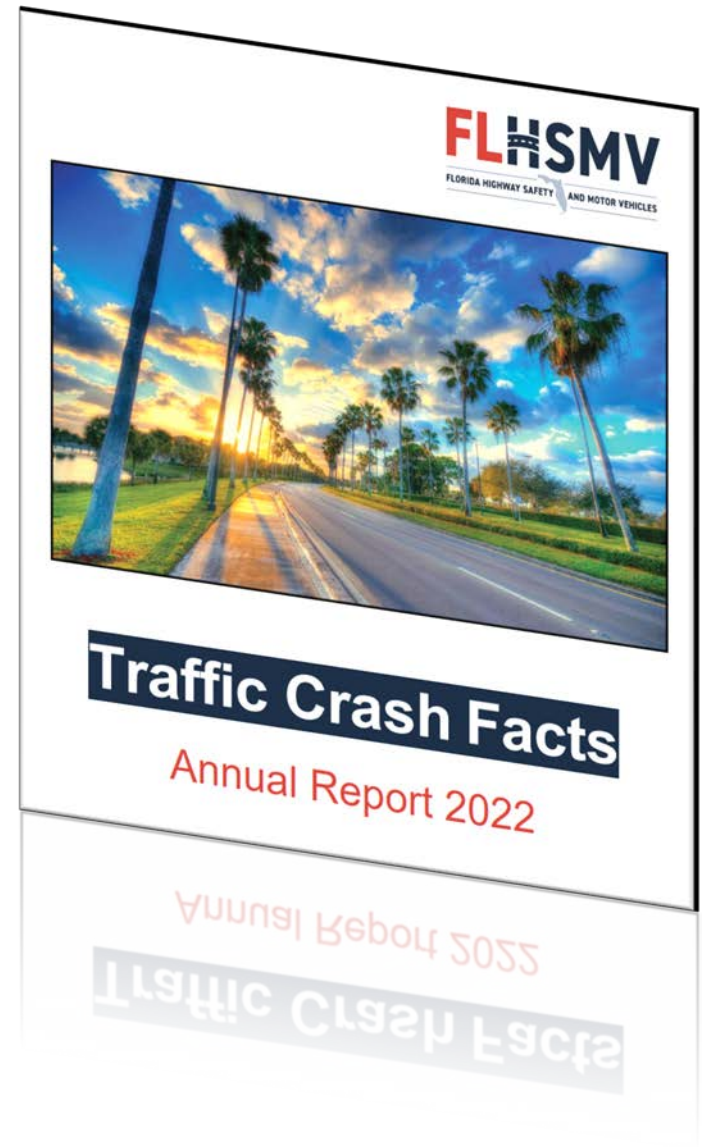


Crash, FARS, & LEA Reconciliation Process

Annually FLHSMV takes a snapshot of the crash database and produces a report of crash statistics.

To do this, we must reconcile the total number of crash fatalities in the FLHSMV crash database to match the FARS identified traffic fatality count.

This process is called Crash Close Out.



Reconciliation Efforts



FARS Database

Data elements that must be aligned across all 67 counties:

- Crash report #
- Crash Date
- Crash county
- Person number
- Decedent's name
- Injury severity code



Crash Database



FLHSMV & LEA Coordination

Common Discrepancies

- Wrong person listed as injury code 5-fatal
- Conflicting injury severity between officer and medical examiner data
- Missing crash report, location, person, name, etc.
- Missing toxicology results and medical examiner cause of death
- Incorrect crash dates effect annual count
- Multiple crash reports for same crash occurrence (*ex: on county lines*)
- Person listed multiple times

Reasons for discrepancies:

- Software issues
- Missing crash report updates
- Definition differences of fatal crash
 - *occurred after 30 days*
 - *occurred on private roadway*
 - *resulted of natural causes*

Officer Involvement

Have Timely submissions of missing and/or errored crash reports

Verify person's information is filled out accurately

Updating report info such as toxicology results and cause of death

Inform crashrecords@flhsmv.gov with best POC to assist coordination

FLHSMV must contact each LEA to request the electronic submission of the updated crash report.

A justification or reason for request is always provided.

Updating Crash Report Tips

- When updates to the crash report are submitted, Ensure That:
 - The vehicles are in the same order as the initial crash report
 - All Persons involved in the crash are included.
 - The crash date and time are unchanged.
 - Previously marked Traffic Fatalities (5s) are confirmed by Medical Examiner report.
 - The type of median is reported accurately and not left unknown.
 - Crash reports exclude deceased animals as decedents.



Recap

LEAs

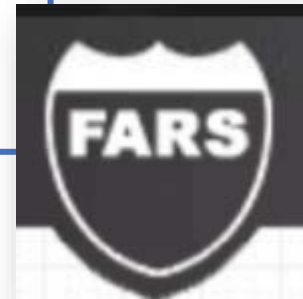
Submit Crash reports

- Decedent
- Injury Severity Codes



FARS

Verifies Traffic Fatalities for Federal reporting.



FLHSMV

Reconcile information from LEAs and FARs to get accurate Traffic Fatality Counts to publish for stakeholders.





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Future Improvements COMING SOON!

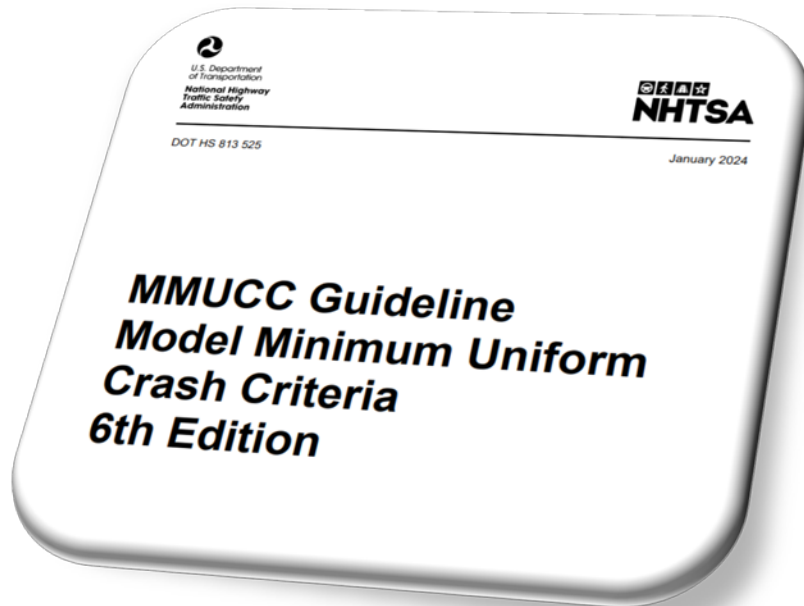
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Crash Modernization Efforts

State Electronic Data Collection (SEDC) Grant

On May 15, 2024, FLHSMV submitted a grant application to revamp our technical aspects of our system.



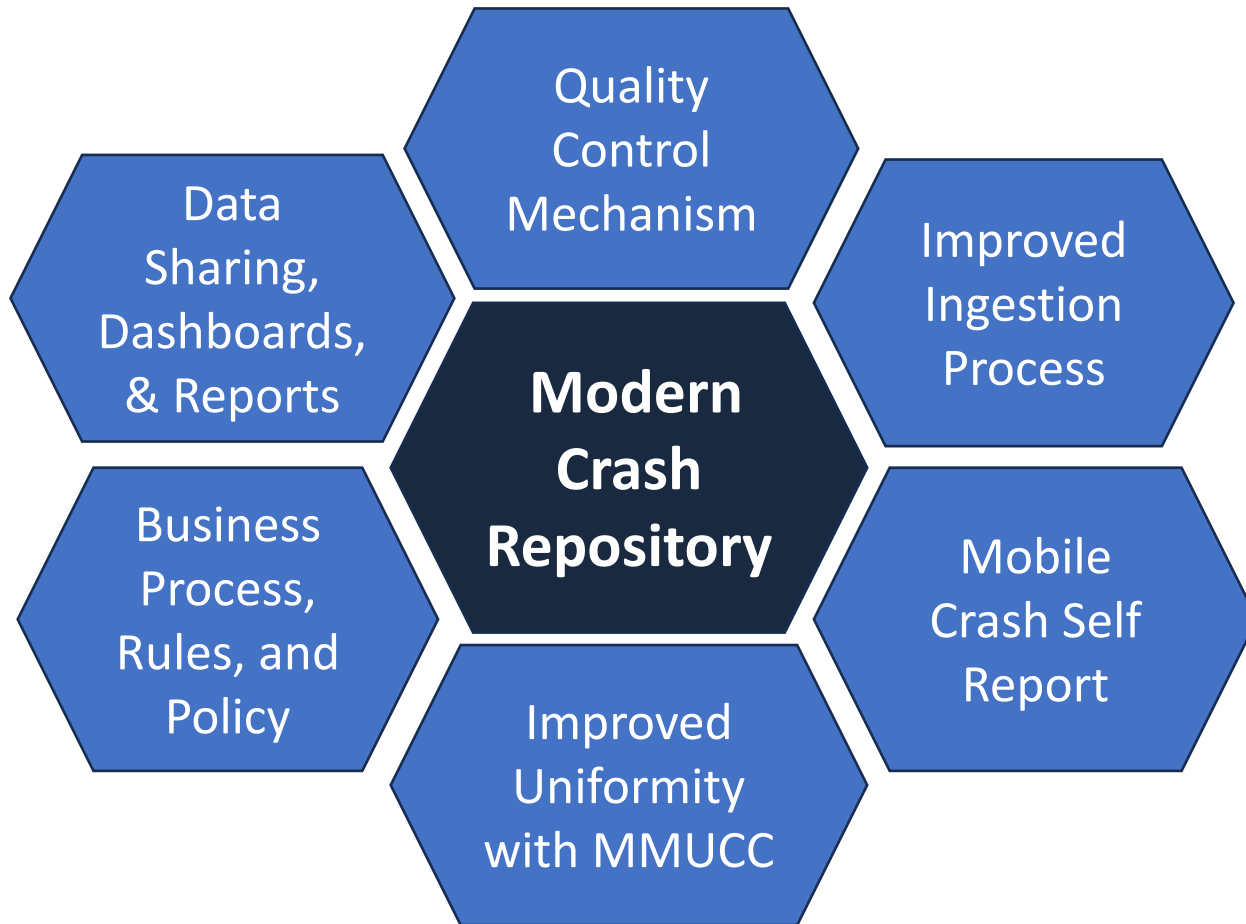
Allowable Grant Objectives

Fulfill equipment needs to upgrade a statewide crash repository

Increase adoption of e-crash

Increase Alignment to MMUCC 6th edition.

SEDC Grant Scope of Work



Modernize the crash model by improving data collection, quality, distribution and enhancing the value of traffic safety initiatives.

SEDC Grant - Timeline

High Level 5 Year Project Phases

Phase I Assessment and Planning (anticipated award date Dec. 2024)

Phase II Design

Phase III Development & Testing

Phase IV Implementation

Phase V Training & Support

If awarded Phase I Details

- Project Planning
- Gap Analysis
- Requirements gathering and validation
- Data Ingestion Improvements
- Performance Measures
- Mobile Application Assessment

FY25 Crash and UTC Data improvement Grant



*Anticipated date
10/2024 – 9/2025*

CRASH Objective 1 Create a work plan to improve the accessibility of the ACT Report

CRASH Objective 1 Implement plan to improve accessibility of the ACT Report

CRASH Objective 2 Expand the ACT Report to include vehicle and driver accuracy and completeness measures

A.C.T Report

Accuracy

The degree to which the data is error-free, satisfies internal consistency checks, and does not exist in duplicate within a single database.

Completeness

The number of records that are missing from the database (e.g., events of interest that occurred but were not entered into the database) and the number of missing (blank) data elements in the records that are in a database.

Timeliness

The span of time between the occurrence of an event and entry of information into the appropriate database.

Conclusion

- The Florida Traffic Crash Report is used by Law Enforcement Officers in Florida to report traffic crashes to the FLHSMV.
- Traffic crashes can be reported by the use of a long or short form Florida Traffic Crash Report and must be submitted to FLHSMV within 10 days of the crash.
- It is important that those who investigate and complete traffic crash reports do so uniformly to ensure accuracy.
- A crash report must include a motor vehicle.



Additional Resources

Florida Department of Highway Safety and Motor Vehicles

Crash Records: crashrecords@flhsmv.gov

Vehicle Information Check accessing VIN and GVWR for non-CMV vehicles

[Welcome to VIN Decoding :: provided by vPIC \(dot.gov\)](#)

Traffic and Criminal Software (TraCS):

[TraCS Florida - Better Data, Safer Roads](#)

Signal Four Analytics:

[Signal4 Lab \(ufl.edu\)](#)



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Thank you for participating in this Training.
We are interested in your feedback!

Please send us your comments, questions, concerns, or any input you wish you provide to DHSMV email at:
crashrecords@flhsmv.gov