

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM    SHORT FORM  UPDATE  
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S)    2  
 TOTAL # OF PERSON SECTION(S)    2  
 TOTAL # OF NARRATIVE SECTION(S)    1

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
 TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING  
 TALLAHASSEE, FL 32399-0537

CRASH DATE <b>04 12 13</b>		TIME OF CRASH <b>9:21 AM</b>		DATE OF REPORT <b>04/12/13</b>		REPORTING AGENCY CASE NUMBER <b>2013-022162</b>		HSMV CRASH REPORT NUMBER <b>83517749</b>			
<b>CRASH IDENTIFIERS</b>											
COUNTY CODE <b>04</b>		CITY CODE <b>64</b>		COUNTY OF CRASH <b>PINELLAS</b>		PLACE OR CITY OF CRASH <b>ST PETERSBURG</b>		CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED	TIME DISPATCHED	
TIME ON SCENE		TIME CLEARED SCENE		CHECK IF COMPLETED <input checked="" type="checkbox"/>		REASON (If Investigation NOT complete)			Notified By: 1 Motorist <input type="checkbox"/>	2 Law Enforcement <input type="checkbox"/>	
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>											
CRASH OCCURRED ON STREET, ROAD, HIGHWAY <b>49 ST N</b>					AT STREET ADDRESS # <b>1</b>		AT LATITUDE <b>2</b>		AND LONGITUDE		
AT FEET <b>100</b>		MILES		N S E W <input checked="" type="checkbox"/>		FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>38 AV N</b>			OR FROM MILEPOST# <b>4</b>		
<b>Road System Identifier</b>			<b>Type of Shoulder</b>			<b>Type of Intersection</b>					
<input type="checkbox"/> 1 Interstate <input type="checkbox"/> 2 U.S. <input type="checkbox"/> 3 State <input type="checkbox"/> 4 County <input type="checkbox"/> 5 Local <input type="checkbox"/> 6 Turnpike/Toll <input type="checkbox"/> 7 Forest Road <input type="checkbox"/> 8 Private Roadway <input type="checkbox"/> 9 Parking Lot <input type="checkbox"/> 77 Other, Explain in Narrative			<input type="checkbox"/> 1 Paved <input type="checkbox"/> 2 Unpaved <input type="checkbox"/> 3 Curb			<input type="checkbox"/> 1 Not at Intersection <input type="checkbox"/> 2 Four-Way Intersection <input type="checkbox"/> 3 T-Intersection <input type="checkbox"/> 4 Y-Intersection <input type="checkbox"/> 5 Traffic Circle <input type="checkbox"/> 6 Roundabout <input type="checkbox"/> 7 Five-Point, or More <input type="checkbox"/> 77 Other, Explain in Narrative					
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/></b>											
<b>Light Condition</b>		<b>Weather Condition</b>		<b>Roadway Surface Condition</b>		<b>School Bus Related</b>		<b>Manner of Collision/Impact</b>			
<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"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain <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 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		<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"/> 3 <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	
<b>First Harmful Event</b>		<b>Non-Collision</b>		<b>Collision Non - Fixed Object</b>		<b>Collision with fixed object</b>		<b>First Harmful Event Location</b>			
<input type="checkbox"/> 14		<input type="checkbox"/> 1 Overturn/Rollover <input type="checkbox"/> 2 Fire/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision		<input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone/Maintenance Equipment <input type="checkbox"/> 17 Struck By Falling, Shifting Cargo <input type="checkbox"/> 18 Other Non-Fixed Object		<input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End <input type="checkbox"/> 29 Cable Barrier <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.)		<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			
<b>First Harmful Event Relation to Junction</b>		<b>Contributing Circumstances: Road</b>		<b>Contributing Circumstances: Environment</b>							
<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		<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"/> 77 Rut, Holes, Bumps <input type="checkbox"/> 9 Worn, Travel-Polished Surface <input type="checkbox"/> 10 Road Surface Condition (Wet, icy, snow, slush, etc.) <input type="checkbox"/> 11 Obstruction in Roadway <input type="checkbox"/> 12 Debris <input type="checkbox"/> 13 Traffic Control Device Inoperative, Missing or Obscured <input type="checkbox"/> 14 Non - Highway Work <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Weather Conditions <input type="checkbox"/> 3 Physical Obstruction(s) <input type="checkbox"/> 4 Glare <input type="checkbox"/> 5 Animal(s) in Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown							
<b>Work Zone Related</b>		<b>Crash in work Zone</b>		<b>Type of Work Zone</b>		<b>Workers in Work Zone</b>		<b>Law Enforcement in Work Zone</b>			
<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area		<input type="checkbox"/> 1 Lane Closure <input type="checkbox"/> 2 Lane Shift/Crossover <input type="checkbox"/> 3 Work on Shoulder or Median <input type="checkbox"/> 4 Intermittent or Moving work <input type="checkbox"/> 77 Other, Explain in Narrative		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle Only Present			
<b>WITNESSES</b>											
NAME			ADDRESS			CITY & STATE		ZIP CODE			
NAME			ADDRESS			CITY & STATE		ZIP CODE			
NAME			ADDRESS			CITY & STATE		ZIP CODE			
<b>NON VEHICLE PROPERTY DAMAGE</b>											
VEHICLE #	PERSON#	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME ** (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE				
VEHICLE #	PERSON#	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME ** (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE				

<b>VEHICLE #</b> 1		<b>Check if Commercial</b> <input type="checkbox"/>			<b>REPORTING AGENCY CASE NUMBER</b> 2013-022162			<b>HSMV CRASH REPORT NUMBER</b> 83517749						
1 Vehicle in Transport <input type="checkbox"/> 2 Parked Motor vehicle <input type="checkbox"/> 3 Working Vehicle <input type="checkbox"/>		<b>VEHICLE LICENSE NUMBER</b> 489TGR		<b>STATE</b> FL	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> **	<b>VIN</b> 1G4NV55MXSC427599							
<b>Hit and Run</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	<b>YEAR</b> 1995	<b>MAKE</b> BUIC		<b>MODEL</b> SKY	<b>STYLE</b> 4D	<b>COLOR</b> BLU		<b>DAMAGE:</b> 1 Disabling <input type="checkbox"/> 2 Functional <input type="checkbox"/> 3 None <input type="checkbox"/>		<b>EST.AMOUNT</b> 4 Minor <input type="checkbox"/> 88 Unknown <input type="checkbox"/>				
<b>INSURANCE COMPANY (DRIVER)</b> NONE			<b>INSURANCE POLICY NUMBER</b> N/A			<b>Towed due to damage:</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/>	<b>VEHICLE REMOVED BY</b> DRIVER			1.Rotation <input type="checkbox"/> 2.Owner Request <input type="checkbox"/> 3.Driver <input type="checkbox"/> 4.Other, Explain in Narrative <input type="checkbox"/>				
<b>NAME OF VEHICLE OWNER (Check if Business) **</b> MARTIN, MARY K				<b>CURRENT ADDRESS</b> 6565 5TH AV S, ST PETERSBURG, FL 33707				<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>				
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> **	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>	<b>LENGTH</b>	<b>AXLES</b>					
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> **	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>	<b>LENGTH</b>	<b>AXLES</b>					
<b>VEHICLE TRAVELLING</b> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>				<b>ON STREET, ROAD, HIGHWAY</b>				<b>AT EST.SPEED</b>	<b>POSTED SPEED</b>	<b>TOTAL LANES</b>				
<b>HAZ.MAT. RELEASED</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	<b>HAZ.MAT PLACARD</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>		<b>Area of initial Impact</b>			<b>Most Damaged Area</b>					
<b>MOTOR CARRIER NAME</b>				<b>US DOT NUMBER</b>										
<b>MOTOR CARRIER ADDRESS</b>				<b>CITY &amp; STATE</b>				<b>ZIP CODE</b>		<b>PHONE NUMBER</b>				
<b>Vehicle Body Type</b>			<b>Trafficway</b>			<b>Commercial Motor Vehicle Configuration</b>								
<input type="checkbox"/> 15 Low Speed Vehicle <input type="checkbox"/> 16 (Sport) Utility Vehicle <input type="checkbox"/> 17 Cargo Van (10,000 lbs (4,536 Kg) or less) <input type="checkbox"/> 18 Motor Coach <input type="checkbox"/> 19 Other Light trucks (10,000 lbs (4,536 Kg) or less) <input type="checkbox"/> 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 Kg) or less) <input type="checkbox"/> 21 Farm labor Vehicle <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 1 Two-Way, Not Divided <input type="checkbox"/> 2 Two-Way, Not Divided, with a Continuous Left Turn Lane <input type="checkbox"/> 3 Two-Way, Divided, Unprotected painted >4 feet) Median <input type="checkbox"/> 4 Two-Way, Divided, positive Median Barrier <input type="checkbox"/> 5 One-Way Trafficway <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials <input type="checkbox"/> 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 3 Single-Unit Truck (3 or more axles) <input type="checkbox"/> 4 Truck Pulling Trailer(s) <input type="checkbox"/> 5 Truck Tractor (bobtail) <input type="checkbox"/> 6 Truck Tractor/Semi-Trailer <input type="checkbox"/> 7 Truck Tractor/Double Truck <input type="checkbox"/> 8 Tractor/Triple Container Chassis <input type="checkbox"/> 9 Truck more than 10,000 lbs (4,536 Kg), Cannot Classify <input type="checkbox"/> 10 Bus/Large Van (seats for 9-15 occupants, including driver) <input type="checkbox"/> 11 Bus (Seats for more than 15) occupants including driver <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown								
<input type="checkbox"/> 1 Passenger Car <input type="checkbox"/> 2 Passenger Van <input type="checkbox"/> 3 Pickup <input type="checkbox"/> 7 Motor Home <input type="checkbox"/> 8 Bus <input type="checkbox"/> 11 Motorcycle <input type="checkbox"/> 12 Moped <input type="checkbox"/> 13 All Terrain Vehicle (ATV)			<input type="checkbox"/> 1 Single Semi Trailer <input type="checkbox"/> 2 Tandem Semi Trailer <input type="checkbox"/> 3 Tank Trailer <input type="checkbox"/> 4 Saddle Mount/Trailer <input type="checkbox"/> 5 Boat Trailer <input type="checkbox"/> 6 Utility Trailer <input type="checkbox"/> 7 House Trailer			<input type="checkbox"/> 8 Pole Trailer <input type="checkbox"/> 9 Towed Vehicle <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 1 No Cargo <input type="checkbox"/> 2 Bus <input type="checkbox"/> 3 Van/Enclosed Box <input type="checkbox"/> 4 Hopper <input type="checkbox"/> 5 Pole-Trailer <input type="checkbox"/> 6 Cargo Tank <input type="checkbox"/> 7 Flatbed <input type="checkbox"/> 8 Dump <input type="checkbox"/> 9 Concrete Mixer <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Log			<input type="checkbox"/> 13 Intermodal Container Chassis <input type="checkbox"/> 14 Vehicle Towing Another Vehicle <input type="checkbox"/> 15 Not Applicable (Vehicle 10,000 lbs (4,536Kg) or less not displaying HM placard) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		
<b>Comm/Non-Commercial</b>			<b>Trailer Type</b>			<b>Cargo Body Type</b>			<b>Emergency Vehicle Use</b>					
<input type="checkbox"/> 1 Interstate Carrier <input type="checkbox"/> 2 Intrastate Carrier <input type="checkbox"/> 3 Not in Commerce/Government <input type="checkbox"/> 4 Not in Commerce/Other Truck			<input type="checkbox"/> 1 10,000 lbs (4,536 Kg) or less <input type="checkbox"/> 2 10,000-26,000 lbs (4,536-11,793 kg) <input type="checkbox"/> More than 16,000 lbs (11,736 kg) <input type="checkbox"/> 4 Not Applicable			<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.)			<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown					
<b>Most Harmful Event</b>			<b>Collision Non - Fixed Object</b>			<b>Collision Fixed object</b>			<b>Emergency Vehicle Use</b>					
<input type="checkbox"/> 14 <b>Sequence of Events</b> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>			<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 or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> 18 Other Non-Fixed Object			<input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End			<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown					
<b>Non-Collision</b>			<b>Vehicle Maneuver Action</b>			<b>Traffic Control Device For This Vehicle</b>			<b>Vehicle Defects</b>					
<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 <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision <b>[40-46 Sequence of Events only]</b> <input type="checkbox"/> 40 Equipment Failure (blown tire, brake failure, etc.) <input type="checkbox"/> 41 Separation of Units <input type="checkbox"/> 42 Ran Off Roadway, Right <input type="checkbox"/> 43 ran Off Roadway, Left <input type="checkbox"/> 44 Cross Median <input type="checkbox"/> 45 Cross Centerline <input type="checkbox"/> 46 Downhill Runaway			<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"/> 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 <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 None <input type="checkbox"/> 2 Brakes <input type="checkbox"/> 3 Tires <input type="checkbox"/> 4 Lights (head, signal, tail) <input type="checkbox"/> 6 Steering <input type="checkbox"/> 7 Wipers <input type="checkbox"/> 9 Exhaust System <input type="checkbox"/> 10 Body, Doors <input type="checkbox"/> 11 Power Train <input type="checkbox"/> 12 Suspension <input type="checkbox"/> 13 Wheels <input type="checkbox"/> 14 Windows/Windshield <input type="checkbox"/> 15 Mirrors <input type="checkbox"/> 16 Truck Coupling/Trailer Hitch/Safety Chains <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown					
<b>Roadway Grade</b>			<b>Roadway Alignment</b>			<b>Special Function of Motor Vehicle</b>			<b>VIOLATIONS</b>					
<input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Hillcrest <input type="checkbox"/> 3 Uphill <input type="checkbox"/> 4 Downhill <input type="checkbox"/> 5 Sag (bottom)			<input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left			<input type="checkbox"/> 1 No Special Function <input type="checkbox"/> 2 Farm Vehicle <input type="checkbox"/> 3 Police <input type="checkbox"/> 7 Taxi <input type="checkbox"/> 8 Military <input type="checkbox"/> 9 Ambulance <input type="checkbox"/> 10 Fire Truck <input type="checkbox"/> 11 Farm Labor Transport <input type="checkbox"/> 12 School Bus <input type="checkbox"/> 13 Transit/Commuter Bus <input type="checkbox"/> 14 Intercity Bus <input type="checkbox"/> 15 Charter/Tour Bus <input type="checkbox"/> 16 Shuttle Bus <input type="checkbox"/> 17 Farm Labor Bus <input type="checkbox"/> 88 Unknown			<b>1</b> <b>NO PROOF OF INSURANCE</b> <b>2643-HBF</b>					
<b>Special Function of Motor Vehicle</b>			<b>VIOLATIONS</b>											
<input type="checkbox"/> 1 No Special Function <input type="checkbox"/> 2 Farm Vehicle <input type="checkbox"/> 3 Police <input type="checkbox"/> 7 Taxi <input type="checkbox"/> 8 Military			<input type="checkbox"/> 9 Ambulance <input type="checkbox"/> 10 Fire Truck <input type="checkbox"/> 11 Farm Labor Transport <input type="checkbox"/> 12 School Bus <input type="checkbox"/> 13 Transit/Commuter Bus <input type="checkbox"/> 14 Intercity Bus <input type="checkbox"/> 15 Charter/Tour Bus <input type="checkbox"/> 16 Shuttle Bus <input type="checkbox"/> 17 Farm Labor Bus <input type="checkbox"/> 88 Unknown			<b>1</b> <b>DWLSR - W/ KNOWLEDGE</b> <b>2644-HBF</b>								
<b>VIOLATIONS</b>														
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>			<b>FL STATUTE NUMBER</b>		<b>CHARGE</b>		<b>CITATION NUMBER</b>						
1	MARTIN, MARY K			316.646		NO PROOF OF INSURANCE		2643-HBF						
1	MARTIN, MARY K			322.34(10)		DWLSR - W/ KNOWLEDGE		2644-HBF						
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE		CITATION NUMBER						

<b>VEHICLE #</b> 2	<b>Check if Commercial</b> <input type="checkbox"/>	REPORTING AGENCY CASE NUMBER 2013-022162	HSMV CRASH REPORT NUMBER 83517749
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1 Vehicle in Transport 2 Parked Motor vehicle 3 Working Vehicle	VEHICLE LICENSE NUMBER A433KI	STATE FL	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN 1FTNX21P84EA92590
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Hit and Run 1 No 2 Yes 88 Unknown	YEAR 2004	MAKE FORD	MODEL F250	STYLE PK	COLOR BLU	DAMAGE: 1 Disabling 2 Functional 3 None	4 Minor 88 Unknown	EST.AMOUNT
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INSURANCE COMPANY (DRIVER) ALLIED PROP/CASUALTY INS CO	INSURANCE POLICY NUMBER PPCM0028338407	Towed due to damage: 1 No 2 Yes	VEHICLE REMOVED BY DRIVER	1.Rotation 2.Owner Request 3.Driver 4.Other, Explain in Narrative
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NAME OF VEHICLE OWNER (Check if Business) ** DUNCAN, BARRY M	CURRENT ADDRESS 5250 10TH AV N, ST PETERSBURG, FL 33710	CITY & STATE	ZIP CODE
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TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration **	VIN	YEAR	MAKE	LENGTH	AXLES
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TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration **	VIN	YEAR	MAKE	LENGTH	AXLES
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VEHICLE TRAVELLING	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY	AT EST.SPEED	POSTED SPEED	TOTAL LANES
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HAZ.MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ.MAT PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	
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MOTOR CARRIER NAME	US DOT NUMBER	MOTOR CARRIER ADDRESS	CITY & STATE	ZIP CODE	PHONE NUMBER
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MOTOR CARRIER ADDRESS	CITY & STATE	ZIP CODE	PHONE NUMBER
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<b>Vehicle Body Type</b> <input type="checkbox"/> 1 Passenger Car <input type="checkbox"/> 2 Passenger Van <input type="checkbox"/> 3 Pickup <input type="checkbox"/> 7 Motor Home <input type="checkbox"/> 8 Bus <input type="checkbox"/> 11 Motorcycle <input type="checkbox"/> 12 Moped <input type="checkbox"/> 13 All Terrain Vehicle (ATV)	<b>Trafficway</b> <input type="checkbox"/> 1 Two-Way, Not Divided <input type="checkbox"/> 2 Two-Way, Not Divided, with a Continuous Left Turn Lane <input type="checkbox"/> 3 Two-Way, Divided, Unprotected painted >4 feet Median <input type="checkbox"/> 4 Two-Way, Divided, positive Median Barrier <input type="checkbox"/> 5 One-Way Trafficway <input type="checkbox"/> 88 Unknown	<b>Commercial Motor Vehicle Configuration</b> <input type="checkbox"/> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials <input type="checkbox"/> 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 3 Single-Unit Truck (3 or more axles) <input type="checkbox"/> 4 Truck Pulling Trailer(s) <input type="checkbox"/> 5 Truck Tractor (bobtail) <input type="checkbox"/> 6 Truck Tractor/Semi-Trailer <input type="checkbox"/> 7 Truck Tractor/Double Truck <input type="checkbox"/> 8 Tractor/Triple <input type="checkbox"/> 9 Truck more than 10,000 lbs (4,536 Kg), Cannot Classify <input type="checkbox"/> 10 Bus/Large Van (seats for 9-15 occupants, including driver) <input type="checkbox"/> 11 Bus (Seats for more than 15) occupants including driver <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
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<b>Comm/Non-Commercial</b> <input type="checkbox"/> 1 Interstate Carrier <input type="checkbox"/> 2 Intrastate Carrier <input type="checkbox"/> 3 Not in Commerce/Government <input type="checkbox"/> 4 Not in Commerce/Other Truck	<b>Trailer Type</b> <input type="checkbox"/> 1 Single Semi Trailer <input type="checkbox"/> 2 Tandem Semi Trailer <input type="checkbox"/> 3 Tank Trailer <input type="checkbox"/> 4 Saddle Mount/Trailer <input type="checkbox"/> 5 Boat Trailer <input type="checkbox"/> 6 Utility Trailer <input type="checkbox"/> 7 House Trailer <input type="checkbox"/> 8 Pole Trailer <input type="checkbox"/> 9 Towed Vehicle <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	<b>Cargo Body Type</b> <input type="checkbox"/> 1 No Cargo <input type="checkbox"/> 2 Bus <input type="checkbox"/> 3 Van/Enclosed Box <input type="checkbox"/> 4 Hopper <input type="checkbox"/> 5 Pole-Trailer <input type="checkbox"/> 6 Cargo Tank <input type="checkbox"/> 7 Flatbed <input type="checkbox"/> 8 Dump <input type="checkbox"/> 9 Concrete Mixer <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Log <input type="checkbox"/> 13 Intermodal <input type="checkbox"/> 14 Container Chassis <input type="checkbox"/> 14 Vehicle Towing Another Vehicle <input type="checkbox"/> 15 Not Applicable (Vehicle 10,000 lbs (4,536Kg) or less not displaying HM placard) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
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<b>Most Harmful Event</b> <input type="checkbox"/> 14	<b>Non-Collision</b> <input type="checkbox"/> 1 Overtum/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 <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision <b>[40-46 Sequence of Events only]</b> <input type="checkbox"/> 40 Equipment Failure (blown tire, brake failure, etc.) <input type="checkbox"/> 41 Separation of Units <input type="checkbox"/> 42 Ran Off Roadway, Right <input type="checkbox"/> 43 ran Off Roadway, Left <input type="checkbox"/> 44 Cross Median <input type="checkbox"/> 45 Cross Centerline <input type="checkbox"/> 46 Downhill Runaway	<b>Collision Non - Fixed Object</b> <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 or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> 18 Other Non-Fixed Object	<b>Collision Fixed object</b> <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.)	<b>Emergency Vehicle Use</b> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown
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<b>Sequence of Events</b> 1st <input type="checkbox"/> 14 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>	<b>Roadway Grade</b> <input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Hillcrest <input type="checkbox"/> 3 Uphill <input type="checkbox"/> 4 Downhill <input type="checkbox"/> 5 Sag (bottom)	<b>Roadway Alignment</b> <input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left	<b>Vehicle Maneuver Action</b> <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"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	<b>Traffic Control Device For This Vehicle</b> <input type="checkbox"/> 1 <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 <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	<b>Vehicle Defects</b> <input type="checkbox"/> <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Brakes <input type="checkbox"/> 3 Tires <input type="checkbox"/> 4 Lights (head, signal, tail <input type="checkbox"/> 6 Steering <input type="checkbox"/> 7 Wipers <input type="checkbox"/> 9 Exhaust System <input type="checkbox"/> 10 Body, Doors <input type="checkbox"/> 11 Power Train <input type="checkbox"/> 12 Suspension <input type="checkbox"/> 13 Wheels <input type="checkbox"/> 14 Windows/Windshield <input type="checkbox"/> 15 Mirrors <input type="checkbox"/> 16 Truck Coupling/Trailer Hitch/Safety Chains <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
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<b>Special Function of Motor Vehicle</b> <input type="checkbox"/> 1 No Special Function <input type="checkbox"/> 2 Farm Vehicle <input type="checkbox"/> 3 Police <input type="checkbox"/> 7 Taxi <input type="checkbox"/> 8 Military <input type="checkbox"/> 9 Ambulance <input type="checkbox"/> 10 Fire Truck <input type="checkbox"/> 11 Farm Labor Transport <input type="checkbox"/> 12 School Bus <input type="checkbox"/> 13 Transit/Commuter Bus <input type="checkbox"/> 14 Intercity Bus <input type="checkbox"/> 15 Charter/Tour Bus <input type="checkbox"/> 16 Shuttle Bus <input type="checkbox"/> 17 Farm Labor Bus <input type="checkbox"/> 88 Unknown
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PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

<b>PERSON #</b> 1	<b>REPORTING AGENCY CASE NUMBER</b> 2013-022162	<b>HSMV CRASH REPORT NUMBER</b> 83517749
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1 Driver 2 Non-Motorist 3 Passenger	<b>1</b>	<b>VEHICLE #</b> 1	<b>NAME</b> MARTIN, MARY K	<b>PHONE NUMBER</b> (727) 623-2512	Check if Recommend Driver Re-exam
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<b>CURRENT ADDRESS (Number and Street)</b> 6565 5TH AV S	<b>CITY &amp; STATE</b> ST PETERSBURG, FL	<b>ZIP CODE</b> 33707
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<b>DATE OF BIRTH</b> 07/09/1948	<b>SEX:</b> 1 Male 2 Female 88 Unknown	<b>DRIVER LICENSE NUMBER</b> M635591487490	<b>STATE</b> FL	<b>EXPIRES</b>	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating	<b>4 Incapacitating</b> <b>5 Fatal (within 30 days)</b> <b>6 Non-Traffic Fatality</b>
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DRIVER			
<b>DL Type</b>	<b>Required Endorsements</b>	<b>Drivers Actions at Time of Crash</b>	<b>Condition At Time of Crash</b>
<input type="checkbox"/> 1 A 2 B 3 C <input type="checkbox"/> 4 D/Chauffeur <input type="checkbox"/> 5 E/Operator <input type="checkbox"/> 6 E/Oper - Rest <input type="checkbox"/> 7 None	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No Req. Endorsement	<b>1st</b> <input type="checkbox"/> 2 <b>2nd</b> <input type="checkbox"/> 6	<b>3rd</b> <input type="checkbox"/> <b>4th</b> <input type="checkbox"/>
<b>Driver Distracted By</b>		<b>DRIVER OR PASSENGER</b>	
<input type="checkbox"/> 1 Not Distracted <input type="checkbox"/> 2 Electronic Communication <input type="checkbox"/> 3 Other Electronic Device <input type="checkbox"/> 4 Other Inside the Vehicle		<b>Helmet Use (HU)</b> <input type="checkbox"/> 1 DOT-Compliant <input type="checkbox"/> 2 Other Helmet <input type="checkbox"/> 3 No Helmet	
<input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inclement Weather <input type="checkbox"/> 3 Parked/Stopped Vehicle <input type="checkbox"/> 4 Trees/Crops/Bushes		<b>Eye Protection (EP)</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not Applicable	
<input type="checkbox"/> 1 Not Distracted <input type="checkbox"/> 2 Electronic Communication <input type="checkbox"/> 3 Other Electronic Device <input type="checkbox"/> 4 Other Inside the Vehicle		<b>Restraint Systems (RS)</b> <input type="checkbox"/> 1 Not Applicable (non-motorist) <input type="checkbox"/> 2 None Used - Motor Vehicle Occupant <input type="checkbox"/> 3 Shoulder and Lap Belt Used <input type="checkbox"/> 4 Shoulder Belt Only Used <input type="checkbox"/> 5 Lap Belt Only Used <input type="checkbox"/> 6 Restraint Used - Type Unknown <input type="checkbox"/> 7 Child Restraint System - Forward Facing <input type="checkbox"/> 8 Child Restraint System - Rear Facing <input type="checkbox"/> 9 Booster Seat <input type="checkbox"/> 10 Child Restraint Type Unknown <input type="checkbox"/> 77 Other, Explain in Narrative	
<input type="checkbox"/> 1 Not Distracted <input type="checkbox"/> 2 Electronic Communication <input type="checkbox"/> 3 Other Electronic Device <input type="checkbox"/> 4 Other Inside the Vehicle		<b>Air Bag Deployed (ABD)</b> <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Deployed <input type="checkbox"/> 3 Deployed-Front <input type="checkbox"/> 4 Deployed-Side	
<input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inclement Weather <input type="checkbox"/> 3 Parked/Stopped Vehicle <input type="checkbox"/> 4 Trees/Crops/Bushes		<input type="checkbox"/> 5 Deployed-Other (knee, air belt, etc.) <input type="checkbox"/> 6 Deployed-Combination <input type="checkbox"/> 7 Deployed-Curtain <input type="checkbox"/> 8 Deployment Unknown	
<input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inclement Weather <input type="checkbox"/> 3 Parked/Stopped Vehicle <input type="checkbox"/> 4 Trees/Crops/Bushes		<input type="checkbox"/> 1 Not Ejected <input type="checkbox"/> 2 Ejected, Totally <input type="checkbox"/> 3 Ejected, Partially <input type="checkbox"/> 4 Not Applicable <input type="checkbox"/> 88 Unknown	
<input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inclement Weather <input type="checkbox"/> 3 Parked/Stopped Vehicle <input type="checkbox"/> 4 Trees/Crops/Bushes		<input type="checkbox"/> 1 No Improper Action <input type="checkbox"/> 2 Dart/Dash <input type="checkbox"/> 3 Failure to Yield Right-of-Way <input type="checkbox"/> 4 Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 5 In Roadway Improperly (standing, lying, working, playing) <input type="checkbox"/> 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	

DRIVER OR PASSENGER			
<b>Motor Vehicle Seating Position:</b>			
<b>Seat</b>	<b>Row</b>	<b>Other</b>	<b>LOCATION: SEAT ROW OTHER (LOC)</b>
<input type="checkbox"/> 1 Left <input type="checkbox"/> 2 Middle <input type="checkbox"/> 3 Right <input type="checkbox"/> 77 Other (explain in narrative) <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 Front <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Third <input type="checkbox"/> 4 Fourth <input type="checkbox"/> 77 Other Row <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Sleeper Section of Truck Cab <input type="checkbox"/> 3 Other Enclosed Cargo Area <input type="checkbox"/> 4 Unenclosed Cargo Area <input type="checkbox"/> 5 Trailing Unit <input type="checkbox"/> 6 Riding on Motor Vehicle Exterior (non-trailing unit) <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 None Used - Motor Vehicle Occupant <input type="checkbox"/> 3 Shoulder and Lap Belt Used <input type="checkbox"/> 4 Shoulder Belt Only Used <input type="checkbox"/> 5 Lap Belt Only Used <input type="checkbox"/> 6 Restraint Used - Type Unknown <input type="checkbox"/> 7 Child Restraint System - Forward Facing <input type="checkbox"/> 8 Child Restraint System - Rear Facing <input type="checkbox"/> 9 Booster Seat <input type="checkbox"/> 10 Child Restraint Type Unknown <input type="checkbox"/> 77 Other, Explain in Narrative
<b>NON-MOTORIST</b>			
<b>Non-Motorist Description</b>		<b>Non-Motorist Location At Time of Crash</b>	
<input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) <input type="checkbox"/> 3 Bicyclist <input type="checkbox"/> 4 Other Cyclist <input type="checkbox"/> 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transportation Device <input type="checkbox"/> 7 Unknown Type of Non-Motorist		<input type="checkbox"/> 1 Intersection - Marked Crosswalk <input type="checkbox"/> 2 Intersection - Unmarked Crosswalk <input type="checkbox"/> 3 Intersection - Other <input type="checkbox"/> 4 Midblock - Marked Crosswalk <input type="checkbox"/> 5 Travel Lane - Other Location <input type="checkbox"/> 6 Bicycle Lane <input type="checkbox"/> 7 Shoulder/Roadside <input type="checkbox"/> 8 Sidewalk <input type="checkbox"/> 9 Median/Crossing Island <input type="checkbox"/> 10 Driveway Access <input type="checkbox"/> 11 Shared-Use Path or Trail <input type="checkbox"/> 12 Non-Trafficway Area <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	
<b>Safety Equipment</b>		<b>Non-Motorist Actions/Circumstances</b>	
<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Helmet <input type="checkbox"/> 3 Protective Pads Used (elbows, knees, shins, etc.) <input type="checkbox"/> 4 Reflective Clothing (jacket, backpack, etc.) <input type="checkbox"/> 5 Lighting <input type="checkbox"/> 6 Not Applicable <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 No Improper Action <input type="checkbox"/> 2 Dart/Dash <input type="checkbox"/> 3 Failure to Yield Right-of-Way <input type="checkbox"/> 4 Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 5 In Roadway Improperly (standing, lying, working, playing) <input type="checkbox"/> 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) <input type="checkbox"/> 7 Entering/Exiting Parked/Standing Vehicle <input type="checkbox"/> 8 Inattentive (talking, eating, etc) <input type="checkbox"/> 9 Not Visible (dark clothing, no lighting, etc.)	
<b>1st</b> <input type="checkbox"/>		<b>Action Prior to Crash</b>	
<b>2nd</b> <input type="checkbox"/>		<input type="checkbox"/> 1 Crossing Roadway <input type="checkbox"/> 2 Waiting to Cross Roadway <input type="checkbox"/> 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) <input type="checkbox"/> 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) <input type="checkbox"/> 5 Walking/Cycling on Sidewalk <input type="checkbox"/> 6 In Roadway -- Other (working, playing, etc.) <input type="checkbox"/> 7 Adjacent to Roadway (e.g., shoulder, median) <input type="checkbox"/> 8 Going to or from School (K-12) <input type="checkbox"/> 9 Working in Trafficway (incident response) <input type="checkbox"/> 10 None <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	

ALCOHOL / DRUG / EMS							
<b>SUSPECTED ALCOHOL USE:</b>	<b>ALCOHOL TESTED:</b>	<b>ALCOHOL TEST TYPE:</b>	<b>ALCOHOL TEST RESULT:</b>	<b>BAC</b>	<b>SUSPECTED DRUG USE:</b>	<b>DRUG TESTED:</b>	<b>DRUG TEST TYPE:</b>
<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 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"/> 1 Blood <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative	<input type="checkbox"/> 1 Pending <input type="checkbox"/> 2 Completed <input type="checkbox"/> 88 Unknown	<input type="checkbox"/>	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 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"/> 1 Blood <input type="checkbox"/> 3 urine <input type="checkbox"/> 77 Other, Explain in Narrative
<b>DRUG TEST RESULT:</b>		<b>DRUG TEST RESULT:</b>		<b>DRUG TEST RESULT:</b>		<b>DRUG TEST RESULT:</b>	
<input type="checkbox"/> 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown	
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b>				<b>EMS AGENCY NAME OR ID</b>		<b>MEDICAL FACILITY TRANSPORTED TO</b>	
<input type="checkbox"/> 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"/>		<input type="checkbox"/>	

ADDITIONAL PASSENGERS														
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC:S	R	O	EJECT	HU	EP	ABD	RS	
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>				<b>ZIP CODE</b>							
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b>				<b>EMS AGENCY NAME OR ID</b>				<b>EMS RUN NUMBER</b>		<b>MEDICAL FACILITY TRANSPORTED TO</b>				
<input type="checkbox"/> 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"/>				<input type="checkbox"/>		<input type="checkbox"/>				
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC:S	R	O	EJECT	HU	EP	ABD	RS	
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>				<b>ZIP CODE</b>							
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b>				<b>EMS AGENCY NAME OR ID</b>				<b>EMS RUN NUMBER</b>		<b>MEDICAL FACILITY TRANSPORTED TO</b>				
<input type="checkbox"/> 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"/>				<input type="checkbox"/>		<input type="checkbox"/>				

<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b>				<b>EMS AGENCY NAME OR ID</b>				<b>EMS RUN NUMBER</b>		<b>MEDICAL FACILITY TRANSPORTED TO</b>				
<input type="checkbox"/> 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"/>				<input type="checkbox"/>		<input type="checkbox"/>				

<b>PERSON #</b> <span style="border: 1px solid black; padding: 2px;">2</span>	REPORTING AGENCY CASE NUMBER <b>2013-022162</b>	HSMV CRASH REPORT NUMBER <b>83517749</b>
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1 Driver 2 Non-Motorist 3 Passenger	<span style="border: 1px solid black; padding: 2px;">1</span>	VEHICLE # <b>2</b>	NAME <b>DUNCAN, BARRY M</b>	PHONE NUMBER <b>(727) 323-3228</b>	Check if Recommend Driver Re-exam
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CURRENT ADDRESS (Number and Street) <b>5250 10TH AV N</b>	CITY & STATE <b>ST PETERSBURG, FL</b>	ZIP CODE <b>33710</b>
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DATE OF BIRTH <b>02/04/1949</b>	SEX: 1 Male 2 Female 88 Unknown <span style="border: 1px solid black; padding: 2px;">1</span>	DRIVER LICENSE NUMBER <b>UK</b>	STATE <b>UK</b>	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"/>
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DRIVER			
<b>DL Type</b> <input type="checkbox"/> 1 A 2 B 3 C <input type="checkbox"/> 4 D/Chauffeur <input type="checkbox"/> 5 E/Operator <input type="checkbox"/> 6 E/Oper - Rest <input type="checkbox"/> 7 None	<b>Required Endorsements</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No Req. Endorsement	<b>Drivers Actions at Time of Crash</b>	
		<b>1st</b> <input style="width: 20px; height: 20px;" type="text" value="1"/>	<b>3rd</b> <input style="width: 20px; height: 20px;" type="text"/>
		<b>2nd</b> <input style="width: 20px; height: 20px;" type="text"/>	<b>4th</b> <input style="width: 20px; height: 20px;" type="text"/>
<b>Driver Distracted By</b> <input type="checkbox"/> 1 Not Distracted <input type="checkbox"/> 2 Electronic Communication Devices (cell phone, etc.) <input type="checkbox"/> 3 Other Electronic Device (navigation device, DVD player)		<b>Condition At Time of Crash</b> <input style="width: 20px; height: 20px;" type="text"/> 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	
<b>Driver Vision Obstructions</b> <input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inclement Weather <input type="checkbox"/> 3 Parked/Stopped Vehicle <input type="checkbox"/> 4 Trees/Crops/Bushes		<b>Other Inside the Vehicle (explain in narrative)</b> <input type="checkbox"/> 4 Other Inside the Vehicle (explain in narrative) <input type="checkbox"/> 5 External Distraction (outside the Vehicle, explain in narrative) <input type="checkbox"/> 6 Texting <input type="checkbox"/> 7 Inattentive <input type="checkbox"/> 88 Unknown	
		<b>26 Ran off Roadway</b> <input type="checkbox"/> 27 Disregarded other Traffic Sign <input type="checkbox"/> 28 Disregarded Other Road Markings <input type="checkbox"/> 29 Over-Correcting/Over-Steering <input type="checkbox"/> 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. <input type="checkbox"/> 31 Operated MV in Erratic, Reckless or Aggressive Manner <input type="checkbox"/> 77 Other Contributing Action	
		<b>5 Load on Vehicle</b> <input type="checkbox"/> 6 Building /Fixed Object <input type="checkbox"/> 7 Signs/Billboards <input type="checkbox"/> 8 Fog	
		<b>9 Smoke</b> <input type="checkbox"/> 10 Glare <input type="checkbox"/> 10 All Other, Explain in Narrative	

DRIVER OR PASSENGER			
<b>Motor Vehicle Seating Position:</b>	LOCATION: SEAT ROW OTHER (LOC) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<b>Helmet Use (HU)</b> <input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet <input type="checkbox"/> 2 Other Helmet <input type="checkbox"/> 3 No Helmet	<b>Eye Protection (EP)</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not Applicable
<b>Seat</b>	<b>Row</b>	<b>Other</b>	<b>Restraint Systems (RS)</b>
1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	1 Front 2 Second 3 Third 4 Fourth 77 Other Row 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 Not Applicable (non-motorist) 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
<b>Ejection (EJECT)</b> <input type="checkbox"/> 1 Not Ejected <input type="checkbox"/> 2 Ejected, Totally <input type="checkbox"/> 3 Ejected, Partially <input type="checkbox"/> 4 Not Applicable <input type="checkbox"/> 88 Unknown		<b>Air Bag Deployed (ABD)</b> <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Deployed <input type="checkbox"/> 3 Deployed-Front <input type="checkbox"/> 4 Deployed-Side <input type="checkbox"/> 5 Deployed-Other (knee, air belt, etc.) <input type="checkbox"/> 6 Deployed-Combination <input type="checkbox"/> 7 Deployed-Curtain <input type="checkbox"/> 88 Deployment Unknown	

NON-MOTORIST		
<b>Non-Motorist Description</b> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) <input type="checkbox"/> 3 Bicyclist <input type="checkbox"/> 4 Other Cyclist <input type="checkbox"/> 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transportation Device <input type="checkbox"/> 7 Unknown Type of Non-Motorist	<b>Non-Motorist Location At Time of Crash</b> <input type="checkbox"/> 1 Intersection - Marked Crosswalk <input type="checkbox"/> 2 Intersection - Unmarked Crosswalk <input type="checkbox"/> 3 Intersection - Other <input type="checkbox"/> 4 Midblock - Marked Crosswalk <input type="checkbox"/> 5 Travel Lane - Other Location <input type="checkbox"/> 6 Bicycle Lane <input type="checkbox"/> 7 Shoulder/Roadside <input type="checkbox"/> 8 Sidewalk <input type="checkbox"/> 9 Median/Crossing Island <input type="checkbox"/> 10 Driveway Access <input type="checkbox"/> 11 Shared-Use Path or Trail <input type="checkbox"/> 12 Non-Trafficway Area <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	<b>Action Prior to Crash</b> <input type="checkbox"/> 1 Crossing Roadway <input type="checkbox"/> 2 Waiting to Cross Roadway <input type="checkbox"/> 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) <input type="checkbox"/> 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) <input type="checkbox"/> 5 Walking/Cycling on Sidewalk <input type="checkbox"/> 6 In Roadway -- Other (working, playing, etc.) <input type="checkbox"/> 7 Adjacent to Roadway (e.g., shoulder, median) <input type="checkbox"/> 8 Going to or from School (K-12) <input type="checkbox"/> 9 Working in Trafficway (incident response) <input type="checkbox"/> 10 None <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
<b>Non-Motorist Actions/Circumstances</b>		
<input type="checkbox"/> 1 No Improper Action <input type="checkbox"/> 2 Dart/Dash <input type="checkbox"/> 3 Failure to Yield Right-of-Way <input type="checkbox"/> 4 Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 5 In Roadway Improperly (standing, lying, working, playing) <input type="checkbox"/> 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) <input type="checkbox"/> 7 Entering/Exiting Parked/Standing Vehicle <input type="checkbox"/> 8 Inattentive (talking, eating, etc) <input type="checkbox"/> 9 Not Visible (dark clothing, no lighting, etc.)		
<b>Safety Equipment</b> <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Helmet <input type="checkbox"/> 3 Protective Pads Used (elbows, knees, shins, etc.) <input type="checkbox"/> 4 Reflective Clothing (jacket, backpack, etc.) <input type="checkbox"/> 5 Lighting <input type="checkbox"/> 6 Not Applicable <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		

ALCOHOL / DRUG / EMS								
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL PASSENGERS														
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC:S	R	O	EJECT	HU	EP	ABD	RS	
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE								

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC:S	R	O	EJECT	HU	EP	ABD	RS	
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE								
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO							

**NARRATIVE**

REPORTING AGENCY CASE NUMBER

HSMV CRASH REPORT NUMBER

2013-022162

83517749

V1 WAS N ON 49 ST N, SOUTH OF 38 AV N IN THE INSIDE THRU LANE. V2 WAS N ON 49 ST N, SOUTH OF 49 ST N IN THE CURB LANE. V1 ATTEMPTED TO RIGHT TURN FROM THE CENTER THRU LANE TO A PRIVATE PARKING LOT ON THE EAST SIDE OF 49 ST N. AS V1 TURNED, V2 STRUCK THE RIGHT SIDE OF V1 WITH THE FRONT OF V2. THERE WERE NO INJURIES.

END

**ADDITIONAL PASSENGERS**

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC:S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC:S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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**ADDITIONAL VIOLATIONS**

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

**REPORTING OFFICER**

ID/BADGE NUMBER <b>28193</b>	RANK & NAME <b>OFFICER DANIEL P MULLINIX</b>	DEPARTMENT <b>ST. PETERSBURG POLICE DEPARTMENT</b>	FHP SO PD OTHER .. .. <b>y</b> ..
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