

# Cocoa Beach Police Department

## Standard Operating Procedure



<b>Effective Date:</b> June 28, 2020	<b>Rescinds:</b> <b>Amends:</b> December 11, 2017	<b>Number:</b> 103.10
<b>Subject:</b> Traffic Crash Investigations		<b>Re-evaluation Date:</b>
<b>Distribution:</b> ALL PERSONNEL	<b>Related CFA Standards:</b> 18.03M, 18.04M, 18.05M, 18.08M, 27.16M	

This order consists of the following numbered sections:

1. Purpose
2. Scope
3. Policy
4. Definitions
5. Procedures
6. Appendices
7. References

### 1. PURPOSE

The purpose of this policy is to define the duties and responsibilities of Department personnel when conducting traffic crash investigations.

### 2. SCOPE

This policy applies to all employees of the Cocoa Beach Police Department.

### 3. POLICY

It is the policy of the Cocoa Beach Police Department to investigate traffic crashes that occur within the city limits on both public and private property.

### 4. DEFINITIONS

- A. BCFR – Brevard County Fire Rescue
- B. BCSO – Brevard County Sheriff's Office
- C. BOLO- A broadcast over all primary talk groups or FCIC/NCIC advising field personnel to be on the lookout for described persons, objects, or events.
- D. CBFD- Cocoa Beach Fire Department
- E. DAVID - Driver and Vehicle Information Database
- F. FHP – Florida Highway Patrol
- G. HAZMAT – Hazardous Materials
- H. TraCS – Traffic and Criminal software

### 5. PROCEDURES

#### A. Response and Arrival

1. Officers who respond to the scene of a traffic crash, or come upon a traffic crash, will notify the Communications Center of the exact location of, and apparent severity of the crash to include:
  - a. Number of vehicles involved
  - b. If it's a hit-and-run (suspect vehicle info) (CFA 18.03MB)
  - c. Extent of injuries and / or death (CFA 18.03MA)
  - d. Damage to equipment that may affect other traffic
  - e. Presence of hazardous materials (HAZMAT) (CFA 18.03ME)
  - f. Traffic conditions such as major traffic congestion as a result of a crash or damage to vehicles to the extent towing is required. Officers shall determine whether or not additional traffic control is necessary or if a traffic detour is required and initiate a response if necessary.
2. Officers will park their vehicles in such a manner as to provide maximum protection to the crash scene without endangering the public or themselves. Officers will provide notice by activating emergency lighting to warn surrounding traffic to proceed with caution.

3. Officers will don Department issued reflective traffic vests prior to beginning crash investigation. (CFA 18.08M)
  4. Officers will evaluate the crash to determine the number and extent of injuries at the scene and summon additional assistance (ambulance, additional officers, tow truck) as needed. Department personnel will render medical care as their experience and training permits. (18.04 MAB)
  5. Officers should be alert for disturbances between vehicle occupants involved in the crash and handle accordingly.
  6. Identify and report to Communications Center personnel any special hazards to include fire, flammable substances, hazardous material, downed power lines, and debris on the roadway. In the event of fire, officers will use their discretion based on abilities, training, and available equipment to control the fire until the arrival of fire personnel. (CFA 18.04MH)
  7. Secure the scene, protect any evidence, locate witnesses immediately available and ask them to remain at the scene in order to help record crash information. Officers will take precautions to protect and safeguard property from theft if the owner is unable to care for it by following the procedures outlined in SOP 206.00- *Property and Evidence Management* and SOP 200.48 – *Vehicle Towing and Impounding*. (CFA 18.04MCDF) (CFA 18.05M)
  8. Preserve or photograph short-lived evidence in crashes involving injury or possible criminal charges. In-car video equipment may be used in addition to other equipment when available. (CFA 18.04MD)
  9. Establish and maintain a safe traffic pattern through the use of flares and traffic cones if necessary. If road closure is necessary and may extend for a period of time, request that the Communications Center notify the State Warning Point to advise of the road closure. (CFA 18.04ME)
- B. Crash Scene Management and Investigation
1. Officers should be mindful of the need to maintain sufficient traffic flow to the extent that it does not interfere with the crash investigation.
  2. Once the officer has collected sufficient information to determine what occurred they should seek to clear the roadway.
  3. Unless the vehicle occupants are injured or the vehicles are unable to be moved, the officer should direct the drivers to move their vehicle from the roadway while the investigation is being completed. If the vehicles are immovable and substantial debris exists, the officer should make prompt arrangements for a tow truck to respond. (CFA 18.04MG)
  4. If completing a crash report, interview separately and obtain the recorded or written statements of all witnesses whenever practical. This includes all passengers, drivers, and/or other witnesses. Document any spontaneous utterances offered by the participants in the officer's presence. (CFA 18.04MF)
- C. Crash Reports – the Agency's primary method for completing crash reports is via TraCS
1. Based on the criteria outlined in the *Instructions for Completing the Florida Uniform Traffic Crash Report Forms HSMV 90010S*, determine if a *Long Form* (Appendix A) or *Short Form* (Appendix A), is to be completed.
  2. Pursuant to Florida Statute 316.066(1) (a), a *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 that:
    - a. Resulted in death of, personal injury to, or any indication of complaints of pain or discomfort by any of the parties or passengers involved in the crash; (CFA 18.03MA)
    - b. Involved a violation of 316.061(1) (leaving the scene involving damage to attended vehicles or property) or 316.193 (driving while under the influence);
    - c. Rendered a vehicle inoperable to a degree that required a wrecker to remove it from the scene of the crash; or
    - d. Involved a commercial motor vehicle

It is important to note that the statute makes no differentiation between crashes that occur on public or private property in its requirement to use the *Long Form*.
  3. In any crash for which a *Long Form* is not required by this section and which occurs on the public roadways of this state, the law enforcement officer shall complete a *Short Form* crash report or advise the complainant that a *Driver Report of Traffic Crash* may be obtained from the Florida Highway Patrol website to be completed by all drivers and passengers involved in the crash, which requires the identification of each vehicle that the drivers and passengers were in. For the purposes of this section, a crash that meets these criteria but is reported after the fact to the extent that no scene exists for the officer to investigate may be addressed with a *Driver Report of Traffic Crash*.
  4. In any crash for which a law enforcement officer investigates, a *Driver Exchange of Information* (Appendix B) shall be completed and provided to the operator of each vehicle involved.

5. The Department is not required to respond to a crash which occurred in a private parking lot or on a private road and does not meet the criteria for a *Long Form*. When a citizen contacts the Communications Center to report a crash that has occurred in a private parking lot or private road, the following will occur:
    - a. The Communications Center employee will confirm that none of the criteria for a *Long Form* has occurred. The Communications Center employee will notify the complainant that the Department is not required to respond to private parking lot crashes. The complainant will be advised that a *Driver Report of Traffic Crash* form may be obtained from the Florida Highway Patrol website.
      - 1) In the event the complainant continues to request an officer respond, the Communications Center will dispatch an officer to the scene to mediate the next course of action.
    - b. The Communications Center employee shall obtain the complainant's name, address, and phone number, location and description of vehicles involved for documentation in the call narrative.
    - c. If a case number is requested, the complainant will be provided with the CAD call number. This allows the complainant to comply with FSS 316.065(1), which requires every driver to immediately report the crash to the local agency.
  6. Upon completion of a crash investigation, the officer will take an appropriate enforcement action when a violation has been clearly established, the identity of the violator is known, and available evidence will allow each of the elements of the violation to be sustained. The preferred enforcement action is an appropriate uniform traffic citation. A written warning will be issued as a minimum. Enforcement action may be deferred or not taken when there is conflicting testimony between involved parties without independent witness and/or evidentiary corroboration.
  7. In fatal crashes, the officer will refrain from completing Uniform Traffic Citations until after the Traffic Homicide Investigator has completed their work and determined whether or not criminal charges are to be pursued. Officers may also consult with the State Attorney's Office prior to filing minor infraction charges in any fatal crash. If in doubt, the shift supervisor will be consulted.
    - a. Traffic Homicide Investigators are law enforcement officers who have received specialized training in At-Scene Traffic Crash/Traffic Homicide Investigation. These investigators have the necessary skills to conduct a thorough traffic crash investigation, with the use of Department equipment and have the ability to properly document their findings for courtroom presentation. These investigators receive periodic refresher training in the equipment, computer programs and techniques used by this Department. If assigned to the Traffic Homicide Unit, they are placed on an on-call list and are available on a 24-hour basis to assume and investigate traffic crash scenes involving serious injury or death. The Major, or designee is charged with the oversight of all traffic homicide investigations.
- D. Types of Crash Investigations
1. Crashes involving serious injury or death- when a responding officer arrives on scene and determines vehicle occupants have suffered serious injury or death, they shall take the following course of action: (CFA 18.03MA)
    - a. Notify the shift supervisor and request a Traffic Homicide Investigator respond
    - b. Coordinate with the Traffic Homicide Investigator in the crash investigation and take custody of vehicle owner's personal property if they are incapacitated or deceased. This property may go with injured personnel to the hospital or may be entered into property control at the Cocoa Beach Police Department pursuant to SOP 206.00 *Property and Evidence Management*. (CFA 18.05M)
    - c. Traffic Homicide Investigators will conduct their investigations in accordance with the procedures outlined in the respective training curriculum from which they received certification.
    - d. For fatalities, submit the *Florida Highway Patrol Traffic Fatality Report* (Appendix C) or complete electronically to the Florida Highway Patrol.
    - e. Arrange for the notification of next-of-kin of person(s) killed or seriously injured in traffic crashes pursuant to SOP 201.00 *Death and Serious Injury Notification*.
  2. Hit and run crash investigations- responding officers are responsible for handling hit and run crash investigations and shall: (CFA 18.03MB)
    - a. Notify Communications Center of the suspect vehicle description and last known direction
    - b. Consider requesting a BOLO if enough relevant information exists to identify the suspect vehicle.
    - c. Be alert for evidence left behind by the suspect vehicle at the crash scene
    - d. Collect and submit evidence of suspect vehicle pursuant to SOP 206.00 *Property and Evidence Management*
    - e. Follow-up investigations for hit and run crashes not involving a fatality shall be the responsibility of the original investigating officer.

- f. Follow-up reports for hit and run crash investigations shall be completed and submitted no later than 10 days after the date of the initial report. Information that becomes available after the first 10 days shall be documented on a crash report supplement.
3. Crashes involving impairment of the operator due to alcohol or drugs- responding officers shall: (CFA 18.03MD)
  - a. Carefully observe all parties involved in a traffic crash, paying particular attention to the behavior, attitude, speech, physical condition, balance and other characteristics which may indicate impairment on the part of the driver.
  - b. If signs of impairment due to alcohol or drugs are observed, the officer will, at the conclusion of the traffic crash investigation, conduct a criminal investigation pursuant to SOP 104.10 *Driving Under the Influence Investigations*.
  - c. If the officer believes the driver suffers from a physical or mental handicap that affects their ability to drive, the officer may complete and submit the State of Florida Department of Highway Safety and Motor Vehicles *Medical Reporting Form for Law Enforcement and Medical Professionals* (Appendix D)
4. Crashes involving damage to vehicle or property owned, rented or leased by the City will be recorded on a *Long Form* report: (CFA18.03MC)
  - a. If a City vehicle is being operated within the city by a Cocoa Beach Police Officer, then the following will occur:
    - 1) The Florida Highway Patrol (FHP) or BCSO will be requested to investigate the crash if there are injuries.
    - 2) The Florida Highway Patrol (FHP) or BCSO will be requested to investigate the crash if the estimated property damage exceeds \$3500. On-Duty Shift Supervisors will investigate crashes that do not exceed the \$3500 threshold.
    - 3) The Florida Highway Patrol (FHP) or BCSO may be requested to investigate the crash if the On-Duty Shift Supervisor requests their assistance after carefully considering the totality of the circumstances
    - 4) The Florida Highway Patrol (FHP) or BCSO will be requested to investigate crashes involving the rank of Sergeant or above.
    - 5) Officers involved in crashes outside the city limits will notify the agency responsible for conducting crash investigations in that jurisdiction.
  - b. Crashes involving other government vehicles or property occurring within the City limits will be investigated by a police officer unless otherwise directed by the On-Duty Shift Supervisor.
  - c. Refer to City Employee Guide for Mishap reporting and testing requirements
5. Crashes involving hazardous materials- if the officer suspects a vehicle involved in a crash may have contained hazardous materials, they shall: (CFA 23.01E)
  - a. Notify Cocoa Beach Fire Department (CBFD) immediately of the suspected material (spill, leak, fire), the vehicle description and vehicle container placards
  - b. Keep all personnel and bystanders clear of the crash scene area
6. **APPENDICES**
  - A. TraCS/Florida Traffic Crash Report (Long / Short Form) HSMV 90010S
  - B. TraCS/Driver Report of Traffic Crash / Driver Exchange of Information HSMV 90011S
  - C. DAVID/Florida Highway Patrol Traffic Fatality Report
  - D. DAVID/State of Florida Department of Highway Safety and Motor Vehicles Medical Reporting Form for Law Enforcement and Medical Professionals
7. **REFERENCES**

State of Florida (2015). INSTRUCTIONS FOR COMPLETING THE FLORIDA UNIFORM TRAFFIC CRASH REPORT FORMS, HSMV 90010S. Retrieved January 12, 2017 from: <https://powerdms.com/link/IDS/document/?id=373437>

Florida Senate (2016). Florida Statute 316.061 Crashes involving damage to vehicle or property. Retrieved January 12, 2017 from: <https://www.flsenate.gov/Laws/Statutes/2016/316.061>

Florida Senate (2016). Florida Statute 316.066 Written reports of crashes. Retrieved January 12, 2017 from: <https://www.flsenate.gov/Laws/Statutes/2016/316.066>

Florida Senate (2016). Florida Statute 316.193 Driving under the influence; penalties. Retrieved January 12, 2017 from: <https://www.flsenate.gov/Laws/Statutes/2016/316.193>



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**Scott Rosenfeld**  
**Chief of Police**  
**City of Cocoa Beach**

Date: 6/14/20

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☐ SHORT FORM ☐ UPDATE ☐  
(Shaded Areas)

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		
<b>CRASH IDENTIFIERS</b>										
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 <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						AT STREET ADDRESS # <b>1</b>		AT LATITUDE <b>2</b>		AND LONGITUDE
FEET	MILES	N	S	E	W	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>3</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"/> 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	
<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"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Overturn/Rollover <input type="checkbox"/> 2 Fire/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision		<input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone/Maintenance Equipment <input type="checkbox"/> 17 Struck By Falling, Shifting Cargo <input type="checkbox"/> 18 Other Non-Fixed Object		<input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End <input type="checkbox"/> 29 Cable Barrier <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"/> 5 Shoulders (none, low, soft, high) <input type="checkbox"/> 7 Rut, Holes, Bumps <input type="checkbox"/> 9 Worn, Travel-Polished Surface <input type="checkbox"/> 10 Road Surface Condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 11 Obstruction in Roadway <input type="checkbox"/> 12 Debris <input type="checkbox"/> 13 Traffic Control Device Inoperative, Missing or Obscured <input type="checkbox"/> 14 Non-Highway Work <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Weather Conditions <input type="checkbox"/> 3 Physical Obstruction(s) <input type="checkbox"/> 4 Glare <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 <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	

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<b>VEHICLE #</b>		<b>Check if Commercial</b>		<b>REPORTING AGENCY CASE NUMBER</b>		<b>HSMV CRASH REPORT NUMBER</b>	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER STATE REGISTRATION EXPIRES Check if Permanent Registration		VIN YEAR MAKE MODEL STYLE COLOR		DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	
Hit and Run 1 No 2 Yes 88 Unknown		INSURANCE COMPANY INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes		VEHICLE REMOVED BY 1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative	
NAME OF VEHICLE OWNER (Check if Business)		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES	
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES	
VEHICLE TRAVELING		ON STREET, ROAD, HIGHWAY		AT EST. SPEED		POSTED SPEED	
HAZ. MAT. RELEASED		HAZ. MAT. PLACARD		HAZ. MAT. NUMBER		HAZ. MAT. CLASS	
MOTOR CARRIER NAME		US DOT NUMBER		Area of Initial Impact		Most Damaged Area	
MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE		PHONE NUMBER	

  

<b>Vehicle Body Type</b> 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		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 77 Other, Explain in Narrative 88 Unknown		<b>Trafficway</b> 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> 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 Truck	
<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		<b>Cargo Body Type</b> 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		<b>Emergency Vehicle Use</b> 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	
<b>Most Harmful Event</b> 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision		<b>Collision with Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		<b>Collision Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		<b>Vehicle Defects</b> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown	
<b>Sequence of Events</b> 1st 2nd 3rd 4th		<b>Vehicle Maneuver Action</b> 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		<b>Traffic Control Device For This Vehicle</b> 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		<b>Roadway Grade</b> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	
<b>Roadway Alignment</b> 1 Straight 2 Curve Right 3 Curve Left		<b>Special Function of Motor Vehicle</b> 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		<b>VIOLATIONS</b> 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			

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<b>PERSON #</b> <input type="text"/>		<b>REPORTING AGENCY CASE NUMBER</b> <input type="text"/>		<b>HSMV CRASH REPORT NUMBER</b> <input type="text"/>	
1 Driver <input type="checkbox"/> 2 Non-Motorist <input type="checkbox"/> 3 Passenger <input type="checkbox"/>	<b>VEHICLE #</b> <input type="text"/>	<b>NAME</b> <input type="text"/>		<b>PHONE NUMBER</b> <input type="text"/>	Check if Recommend Driver Re-exam <input type="checkbox"/>
<b>CURRENT ADDRESS (Number and Street)</b> <input type="text"/>			<b>CITY &amp; STATE</b> <input type="text"/>		<b>ZIP CODE</b> <input type="text"/>
<b>DATE OF BIRTH</b> <input type="text"/>	<b>SEX:</b> 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	<b>DRIVER LICENSE NUMBER</b> <input type="text"/>	<b>STATE</b> <input type="text"/>	<b>EXPIRES</b> <input type="text"/>	<b>INJURY SEVERITY (INJ)</b> 1 None <input type="checkbox"/> 2 Possible <input type="checkbox"/> 3 Non-incapacitating <input type="checkbox"/> 4 Incapacitating <input type="checkbox"/> 5 Fatal (within 30 days) <input type="checkbox"/> 6 Non-Traffic Fatality <input type="checkbox"/>
<b>DRIVER</b>					
<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>Driver's Actions at Time of Crash</b>		
<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) <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>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 <input type="checkbox"/> 5 Load on Vehicle <input type="checkbox"/> 6 Building/Fixed Object <input type="checkbox"/> 7 Signs/Billboards <input type="checkbox"/> 8 Fog <input type="checkbox"/> 9 Smoke <input type="checkbox"/> 10 Glare <input type="checkbox"/> 77 All Other, Explain in Narrative			
<b>Motor Vehicle Seating Position:</b>		<b>DRIVER OR PASSENGER</b>			
<b>Seat</b> 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	<b>Row</b> 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	<b>Other</b> 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	<b>LOCATION: SEAT (LOC)</b> <input type="text"/>	<b>ROW</b> <input type="text"/>	<b>OTHER</b> <input 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>Restraint Systems (RS)</b> <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>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		<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>NON-MOTORIST</b>					
<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>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		<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.) <input type="checkbox"/> 10 Improper Turn/Merge <input type="checkbox"/> 11 Improper Passing <input type="checkbox"/> 12 Wrong-Way Riding or Walking <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			
<b>ALCOHOL/DRUG/EMS</b>					
<b>SUSPECTED ALCOHOL USE:</b> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<b>ALCOHOL TESTED:</b> <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	<b>ALCOHOL TEST TYPE:</b> <input type="checkbox"/> 1 Blood <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative	<b>ALCOHOL TEST RESULT:</b> <input type="checkbox"/> 1 Pending <input type="checkbox"/> 2 Completed <input type="checkbox"/> 88 Unknown	<b>BAC</b> <input type="text"/>	<b>SUSPECTED DRUG USE:</b> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown
<b>DRUG TESTED:</b> <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		<b>DRUG TEST TYPE:</b> <input type="checkbox"/> 1 Blood <input type="checkbox"/> 2 Urine <input type="checkbox"/> 77 Other, Explain in Narrative		<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	
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</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		<b>EMS AGENCY NAME OR ID</b> <input type="text"/>		<b>EMS RUN NUMBER</b> <input type="text"/>	
<b>MEDICAL FACILITY TRANSPORTED TO</b> <input type="text"/>					
<b>ADDITIONAL PASSENGERS</b>					
<b>PERSON #</b> <input type="text"/>	<b>VEHICLE #</b> <input type="text"/>	<b>NAME</b> <input type="text"/>	<b>DATE OF BIRTH</b> <input type="text"/>	<b>INJ</b> <input type="text"/>	<b>SEX</b> <input type="text"/>
<b>CURRENT ADDRESS (Number and Street)</b> <input type="text"/>			<b>CITY &amp; STATE</b> <input type="text"/>		<b>ZIP CODE</b> <input type="text"/>
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</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		<b>EMS AGENCY NAME OR ID</b> <input type="text"/>		<b>EMS RUN NUMBER</b> <input type="text"/>	
<b>MEDICAL FACILITY TRANSPORTED TO</b> <input type="text"/>					
<b>PERSON #</b> <input type="text"/>	<b>VEHICLE #</b> <input type="text"/>	<b>NAME</b> <input type="text"/>	<b>DATE OF BIRTH</b> <input type="text"/>	<b>INJ</b> <input type="text"/>	<b>SEX</b> <input type="text"/>
<b>CURRENT ADDRESS (Number and Street)</b> <input type="text"/>			<b>CITY &amp; STATE</b> <input type="text"/>		<b>ZIP CODE</b> <input type="text"/>
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</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		<b>EMS AGENCY NAME OR ID</b> <input type="text"/>		<b>EMS RUN NUMBER</b> <input type="text"/>	
<b>MEDICAL FACILITY TRANSPORTED TO</b> <input type="text"/>					

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Appendix A  
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Cocoa Beach Police Department  
SOP 103.00: Traffic Crashes  
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**DIAGRAM**

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Appendix A  
Page 5 of 5

- ☐ Law Enforcement (Optional) Short Form Report  
☐ Driver Report of Traffic Crash  
☐ Driver Exchange of Information

REPORTING AGENCY CASE NUMBER <b>12340447</b>	
DATE OF CRASH	TIME OF CRASH AM <input type="checkbox"/> PM <input type="checkbox"/>

COUNTY OF CRASH	PLACE OR CITY OF CRASH	Check if Within City Limits <input type="checkbox"/>	CRASH OCCURRED ON STREET, ROAD, HIGHWAY
AT STREET ADDRESS # OR FEET MILES N S E W AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY		OR FROM MILEPOST#	

<b>SECTION ONE</b>		<input type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST	(optional) EMAIL OWNER/DRIVER
YEAR	MAKE (Chevy, Ford, Etc.)	VEHICLE BODY TYPE (Car, Truck, Etc.)	VEHICLE LICENSE NUMBER STATE VIN
INSURANCE COMPANY		INSURANCE POLICY NUMBER	
NAME OF VEHICLE OWNER (Check if same as Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE
NAME OF DRIVER (Take From Driver License)/ NON-MOTORIST		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE
DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER/NONMOTORIST HOME PHONE ( ) Area Code DRIVER/NONMOTORIST BUSINESS PHONE ( ) Area Code SEX DATE OF BIRTH
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE

<b>SECTION TWO</b>		<input type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST	(optional) EMAIL OWNER/DRIVER
YEAR	MAKE (Chevy, Ford, Etc.)	VEHICLE BODY TYPE (Car, Truck, Etc.)	VEHICLE LICENSE NUMBER STATE VIN
INSURANCE COMPANY		INSURANCE POLICY NUMBER	
NAME OF VEHICLE OWNER (Check if same as Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE
NAME OF DRIVER (Take From Driver License)/NON-MOTORIST		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE
DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER/NONMOTORIST HOME PHONE ( ) Area Code DRIVER/NONMOTORIST BUSINESS PHONE ( ) Area Code SEX DATE OF BIRTH
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE

<b>SECTION THREE</b>		<input type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST	(optional) EMAIL OWNER/DRIVER
YEAR	MAKE (Chevy, Ford, Etc.)	VEHICLE BODY TYPE (Car, Truck, Etc.)	VEHICLE LICENSE NUMBER STATE VIN
INSURANCE COMPANY		INSURANCE POLICY NUMBER	
NAME OF VEHICLE OWNER (Check if same as Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE
NAME OF DRIVER (Take From Driver License)/ NON-MOTORIST		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE
DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER/NONMOTORIST HOME PHONE ( ) Area Code DRIVER/NONMOTORIST BUSINESS PHONE ( ) Area Code SEX DATE OF BIRTH
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE

<b>WITNESSES</b>			
(1) NAME	CURRENT ADDRESS	CITY AND STATE	ZIP CODE
(2) NAME	CURRENT ADDRESS	CITY AND STATE	ZIP CODE

<b>INVESTIGATOR</b>		ID/BADGE NUMBER	DEPARTMENT	FHP <input type="checkbox"/> SO <input type="checkbox"/> PD <input type="checkbox"/> OTHER <input type="checkbox"/>
INVESTIGATOR RANK & SIGNATURE				

SIGNATURE OF DRIVER MAKING REPORT

DATE

HSMV 90011S

- ☐ YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM  
☐ NO FURTHER ACTION REQUIRED BY YOU; REPORT COMPLETED BY LAW ENFORCEMENT AGENCY

(Please use this space for comments (narrative/diagram) and for listing any additional passengers/witnesses. For additional vehicles or other involved parties please add additional front pages for this Driver Report of Traffic Crash)

# **VIOLATIONS**

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

<b>Road System Identifier</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		<b>Light Condition</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 <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<b>Weather Condition</b> <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		<b>Roadway Surface Condition</b> <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	
<b>First Harmful Event</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 Object <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision		<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 <input type="checkbox"/> 18 Other Non-Fixed Object		<b>Collision with 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		<b>First Harmful Event Location</b> <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>Contributing Circumstances: Road</b> <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		<b>Vehicle Defects</b> <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>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			
<b>Traffic Control Device</b> <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 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"/> 17 Entering Traffic Lane <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<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>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>Driver's Actions at Time of Crash</b> <input type="checkbox"/> 1 No Contributing Action <input type="checkbox"/> 2 Operated MV in Careless or Negligent Manner <input type="checkbox"/> 3 Failed to Yield Right-of-Way <input type="checkbox"/> 4 Improper Backing <input type="checkbox"/> 6 Improper Turn <input type="checkbox"/> 10 Followed too Closely <input type="checkbox"/> 11 Ran Red Light <input type="checkbox"/> 12 Drove too Fast for Conditions <input type="checkbox"/> 13 Ran Stop Sign <input type="checkbox"/> 15 Improper Passing <input type="checkbox"/> 17 Exceeded Posted Speed <input type="checkbox"/> 21 Wrong Side of Wrong Way <input type="checkbox"/> 25 Failed to Keep in Proper Lane <input type="checkbox"/> 26 Ran off Roadway <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>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 <input type="checkbox"/> 5 Load on Vehicle <input type="checkbox"/> 6 Building/Fixed Object <input type="checkbox"/> 7 Signs/Billboards <input type="checkbox"/> 8 Fog <input type="checkbox"/> 9 Smoke <input type="checkbox"/> 10 Glare <input type="checkbox"/> 77 All Other, Explain in Narrative			
<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.)							

STATE OF FLORIDA  
Department of Highway Safety & Motor Vehicles

**D r i v e r   A n d   V e h i c l e   I n f o r m a t i o n   D a t a b a s e**

Crash Information		
Crash Date (MM/DD/YYYY):	Time(HH:MM) Example: 05:15 or 17:15:	County: <input type="text"/>
City:	Crash Locality: <input type="radio"/> Rural <input type="radio"/> Urban	
Investigating Officer Name: Eric Koller		HSMV Crash Report Number: <input type="text"/>
Investigating Agency Name: Cocoa Beach Police Dept.		Local Case Report Number: <input type="text"/>
Officer E-mail (for DHSMV only): ekoller@cityofcocoabeach.com		Officer Phone (for DHSMV only): <input type="text"/>

Fatality/SBI Information for Crash				
1. Name of Fatality or Serious Bodily Injury (First, Middle, Last):			Date of Birth:	Age:
<input type="text"/>			<input type="text"/>	<input type="text"/>
Sex: <input type="radio"/> M <input type="radio"/> F	Fatality Type? <input type="radio"/> Traffic <input type="radio"/> Non-Traffic	Victim Class? <input type="radio"/> Unavailable <input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Motorcyclist	Injury Severity? <input type="radio"/> Serious Bodily Injury <input type="radio"/> Fatal <input type="radio"/> Delayed Fatality	Date of Death: <input type="text"/>

2. Name of Fatality or Serious Bodily Injury (First, Middle, Last):			Date of Birth:	Age:
<input type="text"/>			<input type="text"/>	<input type="text"/>
Sex: <input type="radio"/> M <input type="radio"/> F	Fatality Type? <input type="radio"/> Traffic <input type="radio"/> Non-Traffic	Victim Class? <input type="radio"/> Unavailable <input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Motorcyclist	Injury Severity? <input type="radio"/> Serious Bodily Injury <input type="radio"/> Fatal <input type="radio"/> Delayed Fatality	Date of Death: <input type="text"/>

3. Name of Fatality or Serious Bodily Injury (First, Middle, Last):			Date of Birth:	Age:
<input type="text"/>			<input type="text"/>	<input type="text"/>
Sex: <input type="radio"/> M <input type="radio"/> F	Fatality Type? <input type="radio"/> Traffic <input type="radio"/> Non-Traffic	Victim Class? <input type="radio"/> Unavailable <input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Motorcyclist	Injury Severity? <input type="radio"/> Serious Bodily Injury <input type="radio"/> Fatal <input type="radio"/> Delayed Fatality	Date of Death: <input type="text"/>

4. Name of Fatality or Serious Bodily Injury (First, Middle, Last):			Date of Birth:	Age:
<input type="text"/>			<input type="text"/>	<input type="text"/>
Sex: <input type="radio"/> M <input type="radio"/> F	Fatality Type? <input type="radio"/> Traffic <input type="radio"/> Non-Traffic	Victim Class? <input type="radio"/> Unavailable <input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Motorcyclist	Injury Severity? <input type="radio"/> Serious Bodily Injury <input type="radio"/> Fatal <input type="radio"/> Delayed Fatality	Date of Death: <input type="text"/>

Detailed Description of Crash for DHSMV Use:



<https://www.hsmv.flcjn.net/servlet/FSBIAddCrash>

5/2/2014

Appendix C

**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES**  
**MEDICAL REPORTING FORM**  
**FOR LAW ENFORCEMENT AND MEDICAL PROFESSIONALS**

Section 322.126 (2), (3), Florida Statutes, provides that "Any physician, person, or agency having knowledge of any licensed driver's or applicant's mental or physical disability to drive...is authorized to report such knowledge to the Department of Highway Safety and Motor Vehicles... The reports authorized by this section shall be confidential... No civil or criminal action may be brought against any physician, person, or agency who provides the information required herein."

When reporting an individual whose driving ability is questionable due to some physical or mental impairment, please complete as much of the information listed below as possible:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SEX: \_\_\_\_\_  
DRIVER LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

**PHYSICAL OR MENTAL HANDICAPS NOTED:**

<input type="checkbox"/> Seizures	<input type="checkbox"/> Severe Cardiac Condition	<input type="checkbox"/> Stroke
<input type="checkbox"/> Loss of Consciousness	<input type="checkbox"/> Uncontrolled Diabetes	<input type="checkbox"/> Dementia/Memory Defects
<input type="checkbox"/> Psychiatric Disturbance	<input type="checkbox"/> Drug/Alcohol Addiction	<input type="checkbox"/> Severe Visual Defect
<input type="checkbox"/> Other: _____		

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Originating Source

When this form is completed please mail directly to:

\_\_\_\_\_  
Originating Source Please Print

Division of Driver Licenses  
ATTN: Medical Review Section  
Neil Kirkman Building, Room A227  
Tallahassee, Florida 32399-0500

FAX #(850) 921-6147  
Telephone #(850) 488-8982

\_\_\_\_\_  
Address

\_\_\_\_\_  
( )  
Area Code/Telephone number

HSMV 72628 (9/97)S

Appendix D