

# **Pinellas County**

**Metropolitan Planning Organization  
Crash Data Center  
(MPO CDC)**

## **2007 Crash Facts**

**2007 Crash Facts for Pinellas County**

**2007 Graphic Display of Crash Facts Totals with Maps**

**2007 Top 100 Crash Locations**

**2007 Fatality Crash Facts**

**2007 Summary of Crash Facts from Both;**

**Florida Department of Highway Safety and Motor Vehicle,  
National Highway Safety Administration**



CALENDAR YEAR: JANUARY 1, 2007 to DECEMBER 31, 2007

FOR THE:

**2007 CRASH FACTS**

PREPARED BY:

**PINELLAS COUNTY  
METROPOLITAN PLANNING ORGANIZATION**

600 CLEVELAND ST., SUITE 750  
CLEARWATER, FL 33755

**APPROVED**

MARCH 11, 2009

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*"The preparation of this report has been financed in part through grant[s] from the Federal Highway Administration and Federal Transit Administration, U.S. Department of Transportation, under the State Planning and Research Program, Section 505 [or Metropolitan Planning Program, Section 104(f)] of Title 23, U.S. Code. The contents of this report do not necessarily reflect the official views or policy of the U.S. Department of Transportation."*

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# Metropolitan Planning Organization

## Crash Data Center

### 2007 Crash Facts

#### Introduction

The Metropolitan Planning Organization (**MPO**) Crash Data Center (**CDC**) serves as the only centralized source for transportation crash data provided to the public and private sectors on a countywide basis. Information is entered into the CDC database on fields reflecting data taken from traffic crash reports provided by local law enforcement agencies throughout the county. **\*NOTE:** This information reflects only data encoded in our system and not all incidents that may have occurred.

Traffic data has been assembled for the 2007 Pinellas County Crash Facts report. These crash facts will provide information to the MPO for future safety planning and prioritization of road projects for: law enforcement, traffic engineering, consultants, and local governments. With this information, we can all become proactive rather than reactive concerning the causes and other contributing factors involved in crashes.

Included within this report are the results from two other agencies who report the statistics for the state of Florida and/or for Pinellas County. These two agencies are the Department of Highway Safety and Motor Vehicles (**DHSMV**) and the National Highway Traffic Safety Administration (**NHTSA**).

**SPECIAL NOTE:** Some of the numbers will not match the results of Pinellas County's crash facts, because both DHSMV and NHTSA do not record short form reports; only long form reports are used. (Please refer to appendices B & C for examples of the Short & Long forms.) The MPO CDC uses both short and long forms to compile data about all crashes. (All definitions of terms are on page 2 and 3.) Another fact is the MPO CDC does not include crashes that occurred on private property.

#### Report Layout

The layout of this report encompasses three sections. The first is a summary from the MPO CDC with crash facts, graphical displays of different crash related causes, the Top 100 Crash Intersections, and a report on all fatality related crashes. The second and third sections contain statistical summaries from the DSHMV and NHTSA.

#### Collecting Data

After a crash has occurred, the law enforcement officer on the scene completes a police report describing in detail the events leading up to the incident. Within the police report, individuals involved are placed in order of who is Vehicle 1, Vehicle 2, and so forth. For the MPO CDC purposes, Vehicle 1 is listed as the vehicle at fault. Local law enforcement agencies submit their crash reports to the MPO CDC for processing and recording. After receiving and recording the crash reports, a complete summarization of all contributing factors is conducted.

## Definitions

The following terms are defined as they apply to the crash facts presented in this report. These definitions may differ from legal or other uses of the same terms.

<b>Alcohol-related traffic crash</b> .....	A crash involving a driver and/or pedestrian for whom alcohol use was reported (does not presume intoxication). Under the influence of alcohol and/or drugs.
<b>ATV</b> .....	All Terrain Vehicle. A three or four-wheeled motorized vehicle used for on & off road recreation.
<b>Bicycle</b> .....	A vehicle propelled solely by human power.
<b>Bicyclist</b> .....	A driver who operates and controls the motion of a bicycle.
<b>Contributing Causes</b> .....	Actions of the driver leading up to a crash.
<b>Fatality</b> .....	A death of a person as a direct result of a traffic crash.
<b>Fatal traffic crash</b> .....	A traffic crash that results in one or more deaths.
<b>Harmful events</b> .....	Identifies the first and subsequent damaging event for each vehicle in a traffic crash.
<b>Injury</b> .....	Hurt, damage, or loss sustained by a person as a result of a traffic crash.
<b>Injury crash</b> .....	A nonfatal traffic crash that results in one or more injuries.
<b>Long form</b> .....	Refers to a detailed crash report prepared by a law enforcement officer. Typically used when a crash involves bodily injury, the death of a person or a specified criminal offense.
<b>Moped</b> .....	A low-speed & light-weight motorbike
<b>Motorcycle</b> .....	A motorized bicycle, with a seat or saddle for the driver's use, traveling with no more than three wheels in contact with the ground.
<b>Motorcyclist</b> .....	A driver who operates and controls the motion of a motorcycle.
<b>Motorist</b> .....	A driver of an automobile who operates and controls the motion of a vehicle.
<b>Motor Vehicle</b> .....	A motorized vehicle, which has four or more wheels in contact with the ground (i.e. automobile, pickup truck, and bus; <b>NOT</b> to include a motorcycle or moped).
<b>Pedestrian</b> .....	A person whose mode of travel is by foot.
<b>Passenger</b> .....	A person who is an occupant of a vehicle, other than the driver.
<b>Short form</b> .....	Refers to a simple abbreviated crash report, typically used in minor crashes.
<b>Traffic crash</b> .....	A crash involving at least one vehicle on a roadway that is open to the public.
<b>Vehicle</b> .....	General term used to describe all modes of travel (i.e. automobile, pedestrian, bicycle, motorcycle, moped, ATV, and passenger).

# Pinellas County MPO

## Crash Data Center's 2007 Crash Facts

The Pinellas County MPO CDC compiles information from both long and short form traffic reports. This information is used to determine totals for future studies of traffic crashes. The results for the year 2007 are as follows:

This first table is a trend overview of the past three years showing totals for; crashes, injuries, and fatalities for pedestrians, bicycle, motorcycle, moped, and ATV.

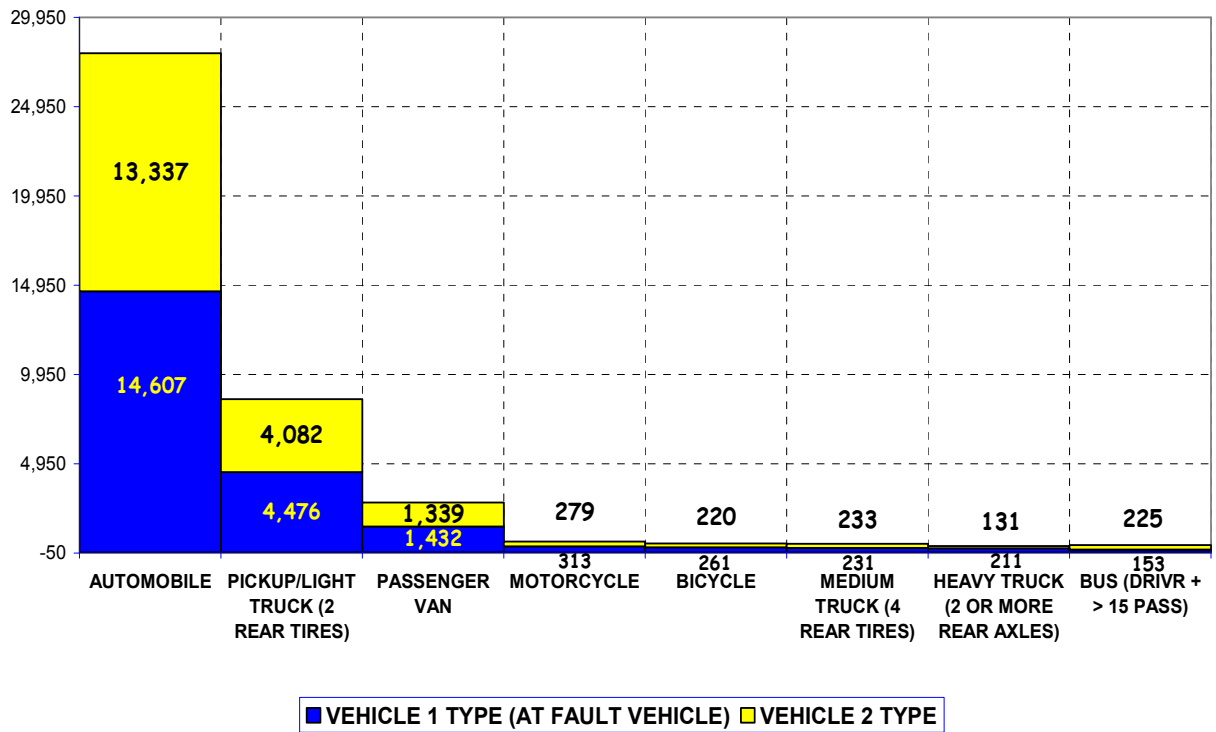
<u>Year</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
<b>Total Crashes</b>	<b>23,248</b>	24,328	24,351
<b>Total Injuries</b>	<b>9,243</b>	9,513	10,950
<b>Total Fatalities</b>	<b>118</b>	135	117
<b>Pedestrian Total Crashes</b>	<b>240</b>	247	463
<b>Pedestrian Injuries</b>	<b>199</b>	214	415
<b>Pedestrian Fatalities</b>	<b>32</b>	30	35
<b>Bicycle Total Crashes</b>	<b>505</b>	443	518
<b>Bicycle Injuries</b>	<b>381</b>	356	396
<b>Bicycle Fatalities</b>	<b>5</b>	6	10
<b>Motorcycle Total Crashes</b>	<b>592</b>	559	485
<b>Motorcycle Injuries</b>	<b>438</b>	470	410
<b>Motorcycle Fatalities</b>	<b>28</b>	28	17
<b>Moped Total Crashes</b>	<b>45</b>	61	36
<b>Moped Injuries</b>	<b>35</b>	53	34
<b>Moped Fatalities</b>	<b>1</b>	0	0
<b>ATV Total Crashes</b>	<b>11</b>	10	73
<b>ATV Injuries</b>	<b>5</b>	8	47
<b>ATV Fatalities</b>	<b>1</b>	0	1

This next table is a break down of each local government showing the number of crashes, injuries, and fatalities. As you can tell, the top three agencies for crashes were Saint Petersburg, Unincorporated Pinellas County, and Clearwater.

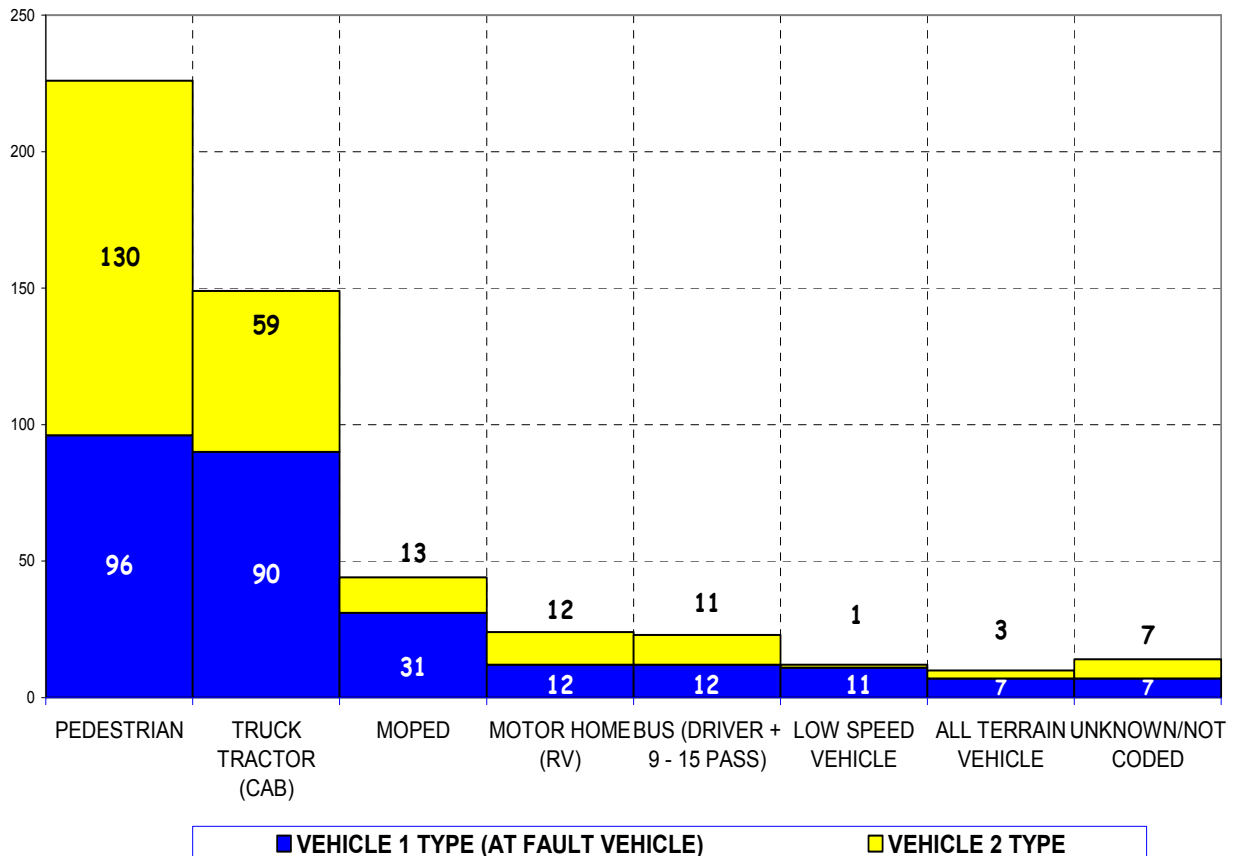
<b><u>LOCAL GOVERNMENTS</u></b>	<b><u>Crashes</u></b>	<b><u>Injuries</u></b>	<b><u>Fatalities</u></b>
ST PETERSBURG	7279	2853	50
UNINCORPORATED	5088	2925	26
CLEARWATER	3622	648	15
PINELLAS PARK	2131	786	6
LARGO	1925	688	11
SEMINOLE	593	291	2
TARPON SPRINGS	589	231	1
DUNEDIN	569	242	4
OLDSMAR	336	203	2
SAFETY HARBOR	304	89	0
ST PETE BEACH	209	55	0
MADEIRA BEACH	102	38	0
TREASURE ISLAND	100	33	0
KENNETH CITY	97	30	0
SOUTH PASADENA	85	33	0
INDIAN ROCKS BEACH	56	27	0
GULFPORT	28	8	1
BELLEAIR	22	9	0
INDIAN SHORES	21	4	0
BELLEAIR BLUFFS	19	5	0
NORTH REDINGTON BEACH	18	12	0
BELLEAIR BEACH	17	6	0
REDINGTON SHORES	16	9	0
REDINGTON BEACH	12	16	0
N/A (Information not provided on crash report)	10	4	0

The graphs below and on the following pages visually represent different categories in the CDC database. The graphs for vehicle 1 and 2 shows how many vehicles were involved with a crash and how many were at fault verses not at fault.

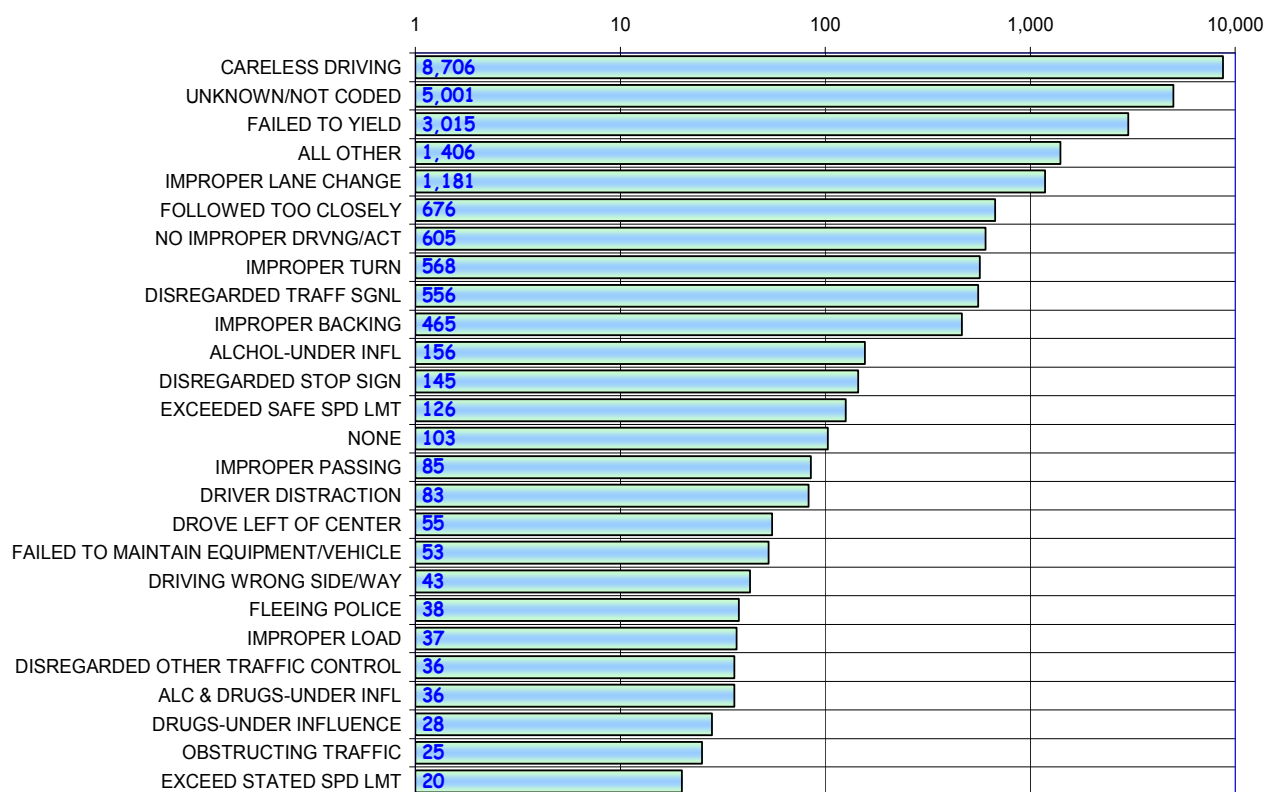
### YEAR 2007, VEHICLE TYPES 1 & 2



### YEAR 2007, VEHICLE TYPES 1 & 2 CONTINUED

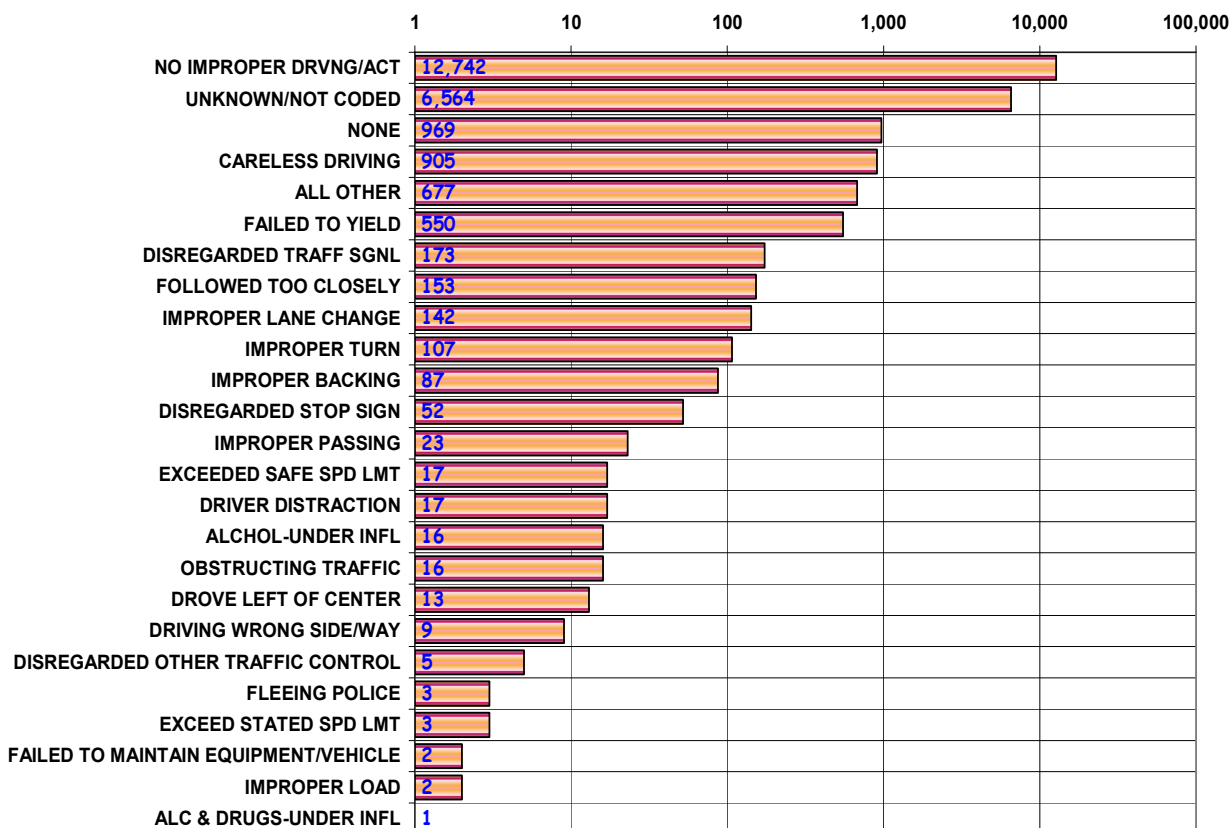


### YEAR 2007, DRIVER 1 CONTRIBUTING CAUSE 1

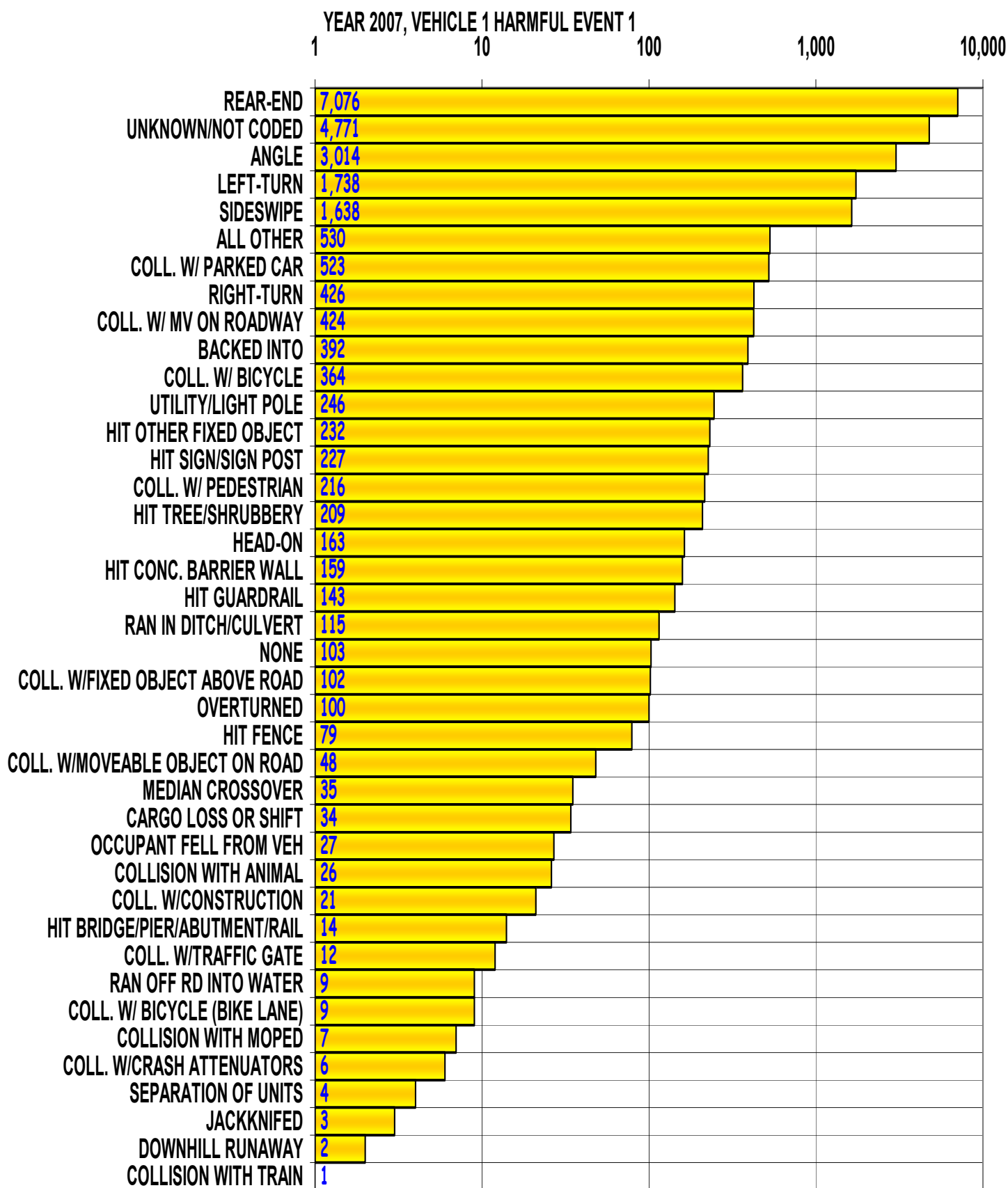


DIFFERENT TYPES OF CAUSES PER CRASH

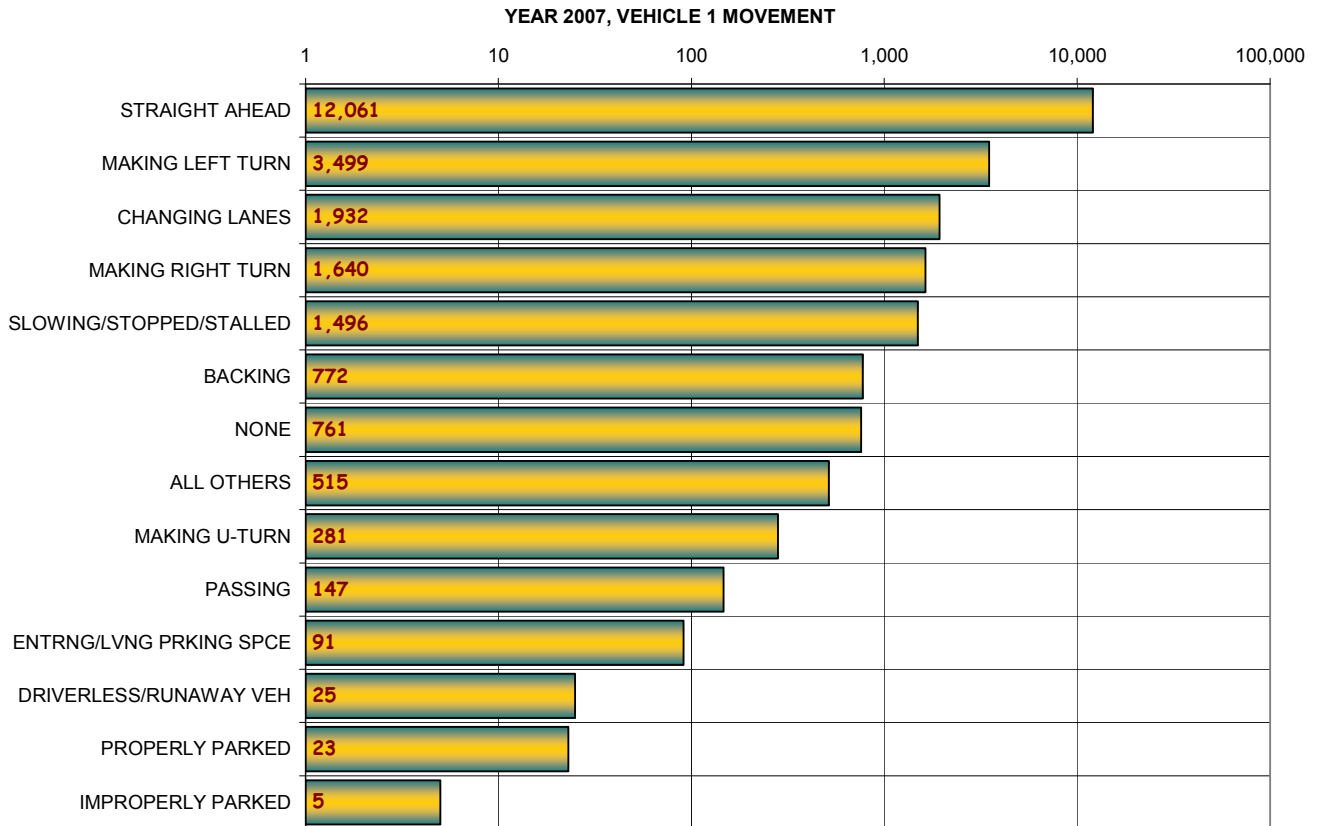
### YEAR 2007, DRIVER 2 CONTRIBUTING CAUSE 1



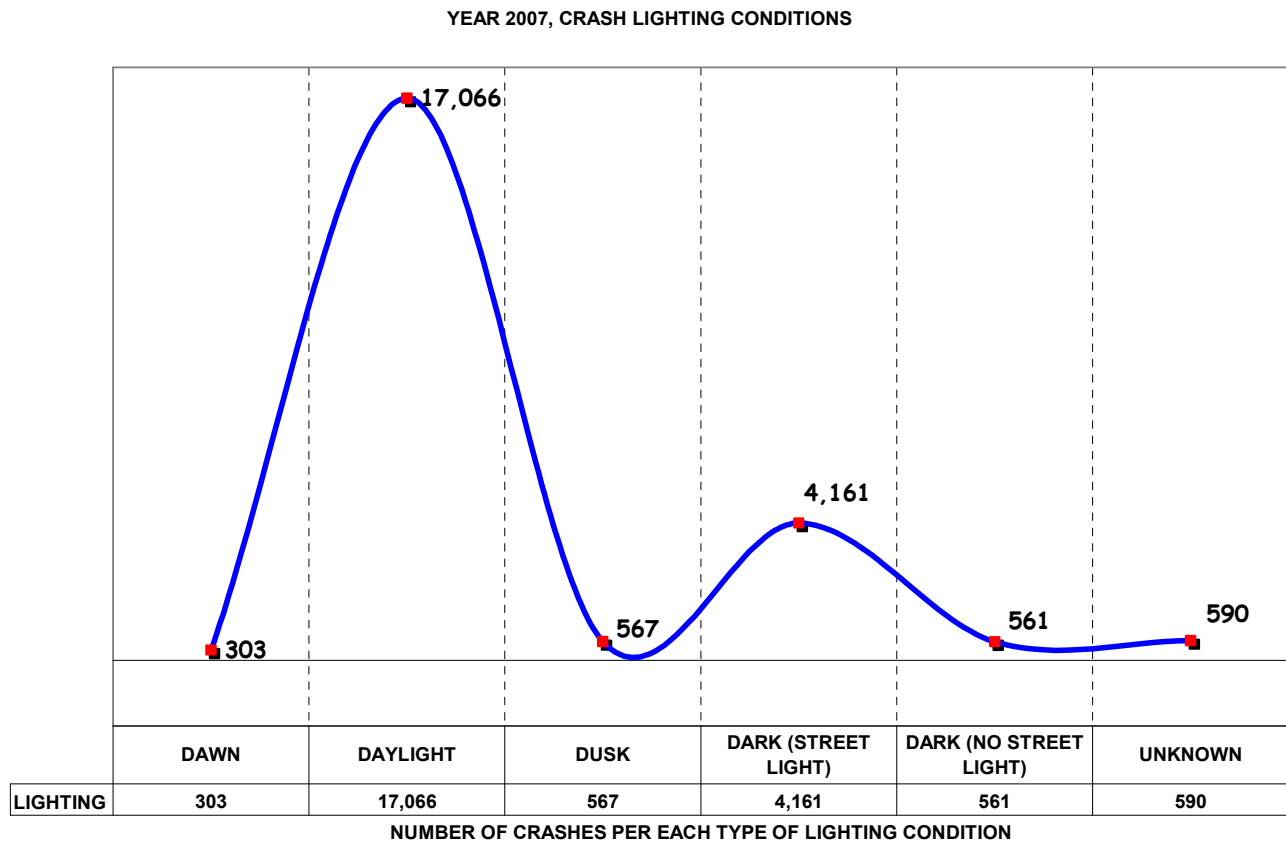
DIFFERENT TYPES OF CAUSES PER CRASH



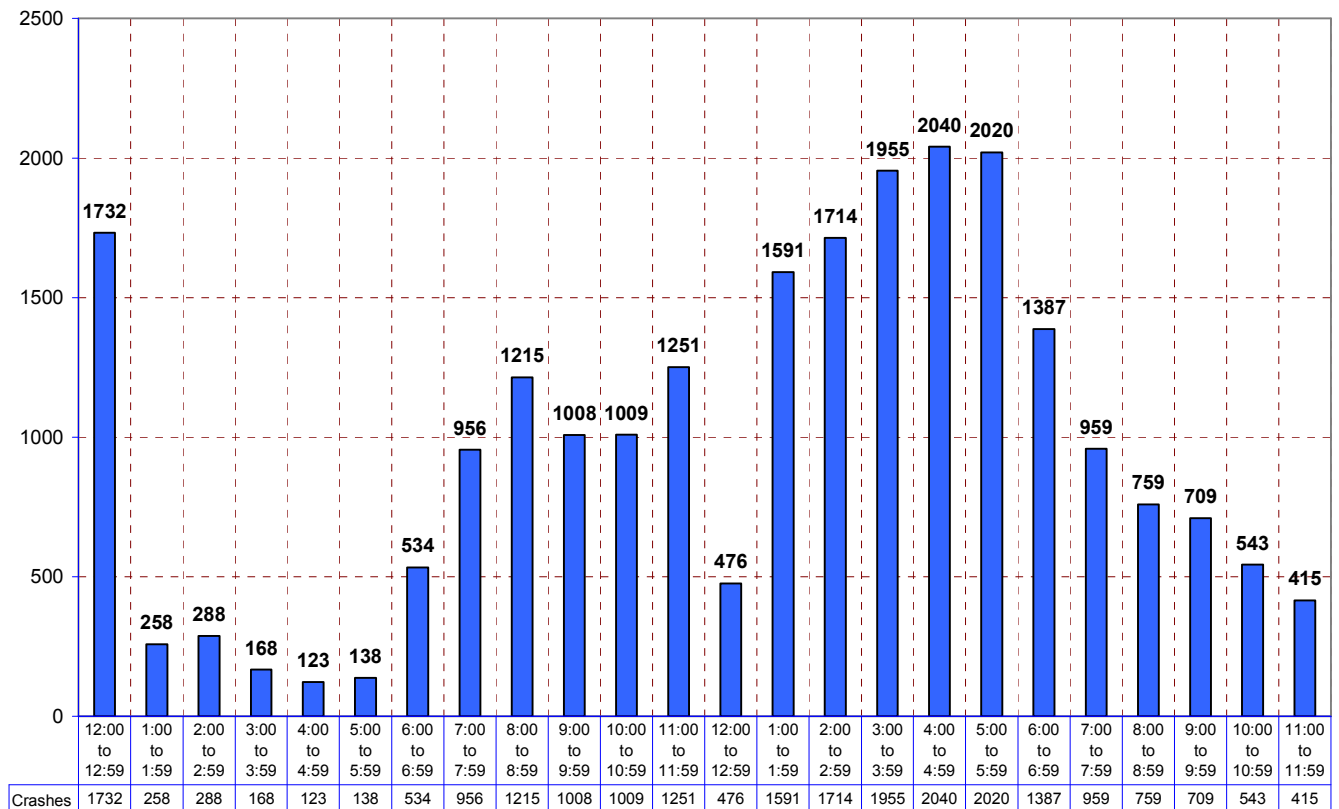
DIFFERENT TYPES OF HARMFUL EVENTS W/ NUMBER OF CRASHES PER HARMFUL EVENT



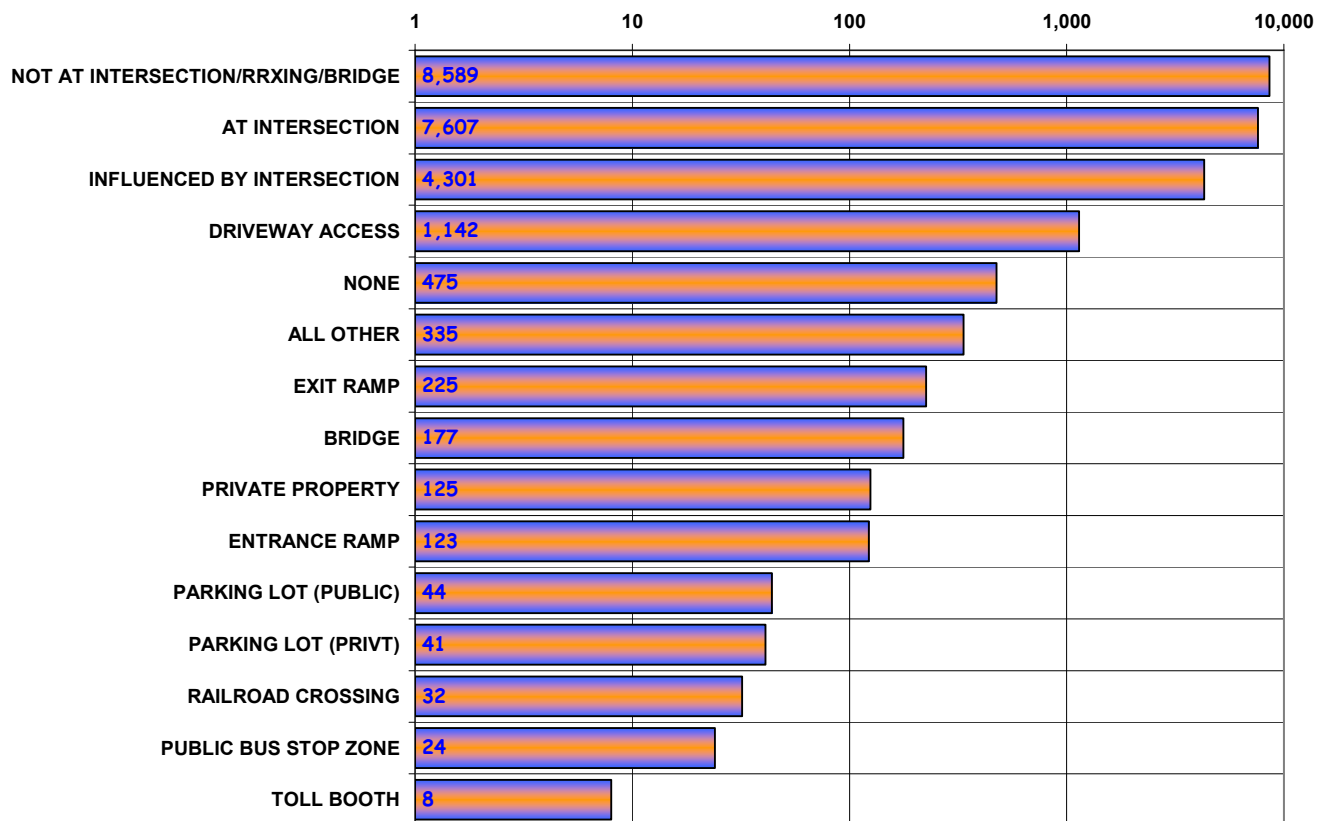
DIFFERENT TYPES OF VEHICLE MOVEMENT W/ NUMBER OF CRASHES PER MOVEMENT TYPE



### 2007, Time of Day for all Crashes

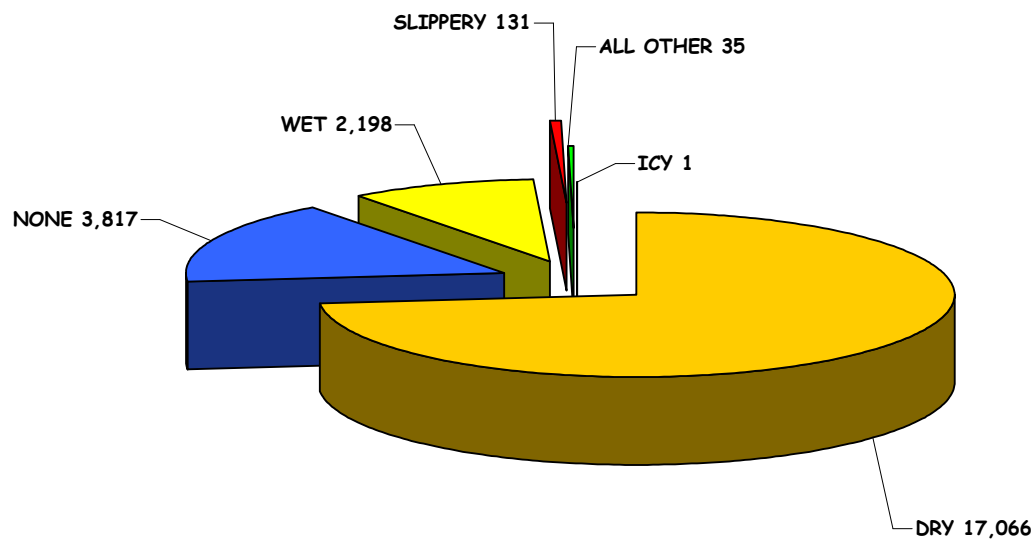


### YEAR 2007, CRASH SITE LOCATION

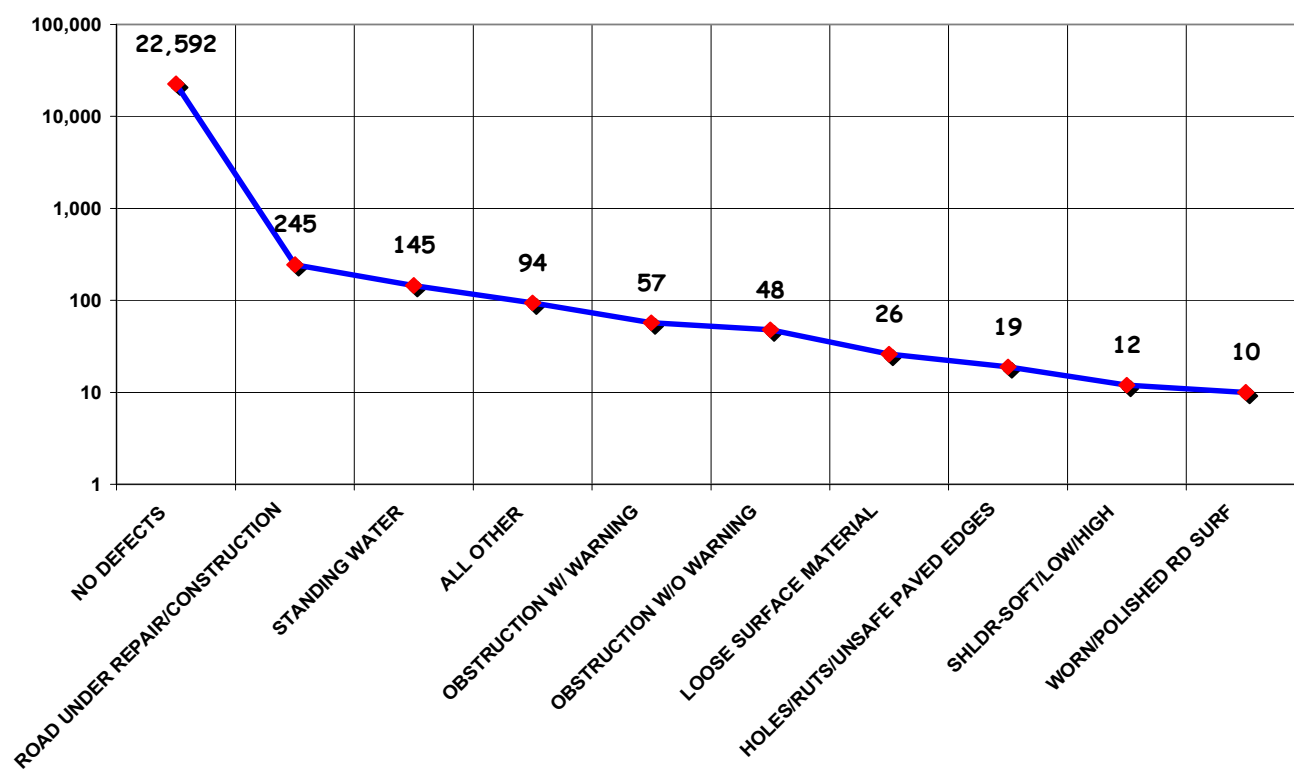


NUMBER OF CRASHES PER EACH DIFFERENT TYPE OF SITE LOCATION

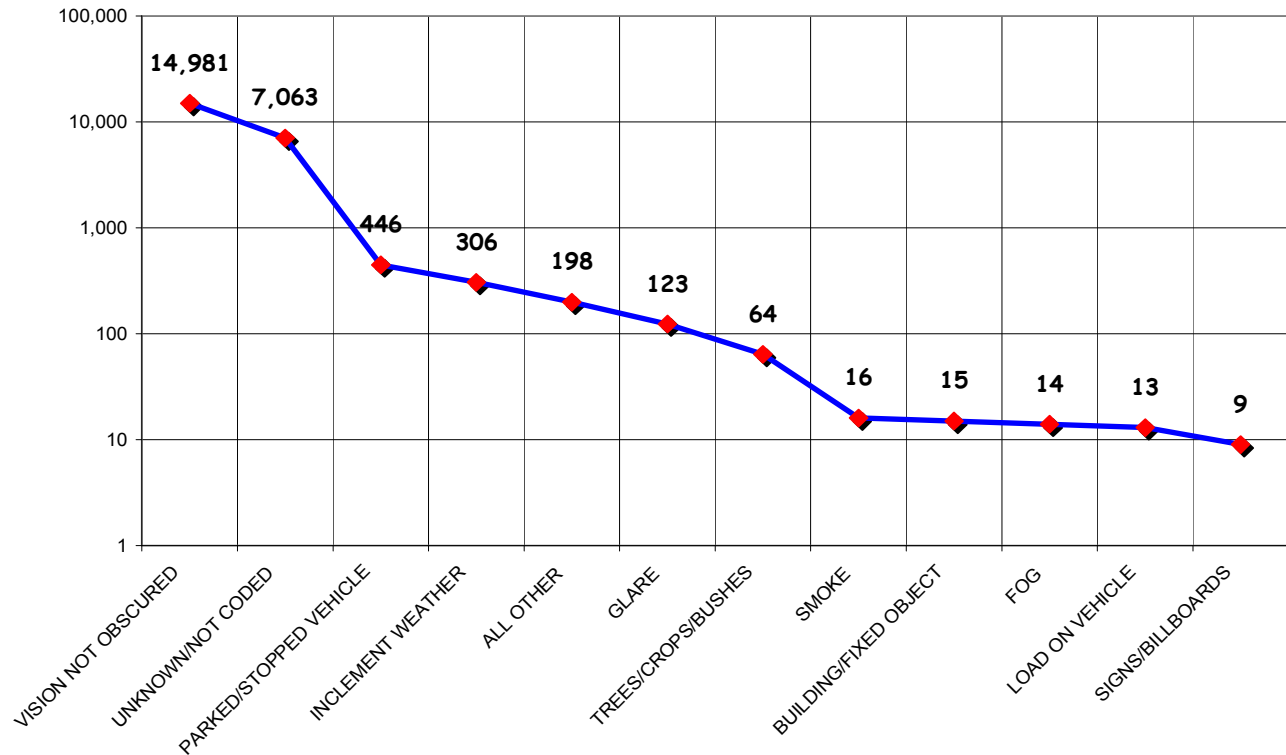
YEAR 2007, ROAD SURFACE CONDITIONS AT THE TIME OF CRASH W/ NUMBER OF CRASHES PER SURFACE CONDITION TYPE



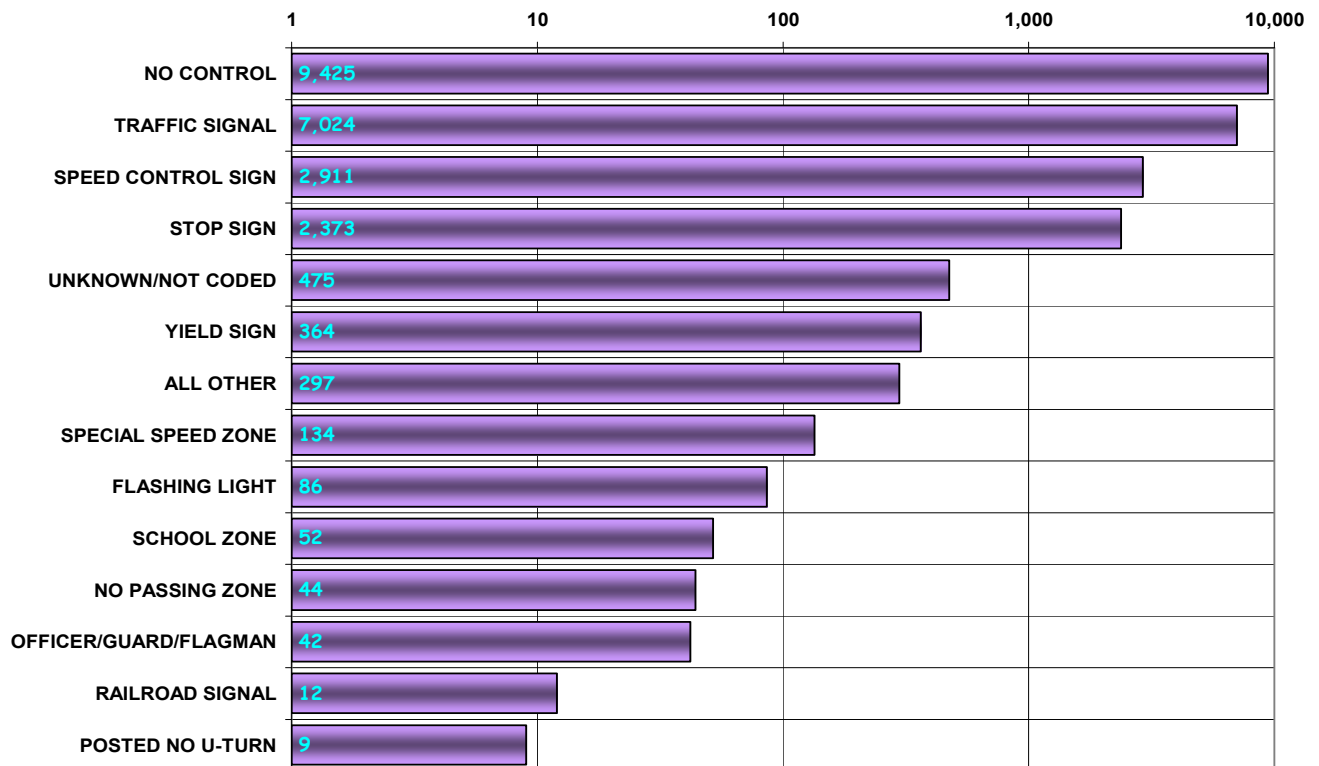
YEAR 2007, ROAD CONDITIONS AT THE TIME OF CRASH W/ NUMBER OF CRASHES PER CRASH TYPE



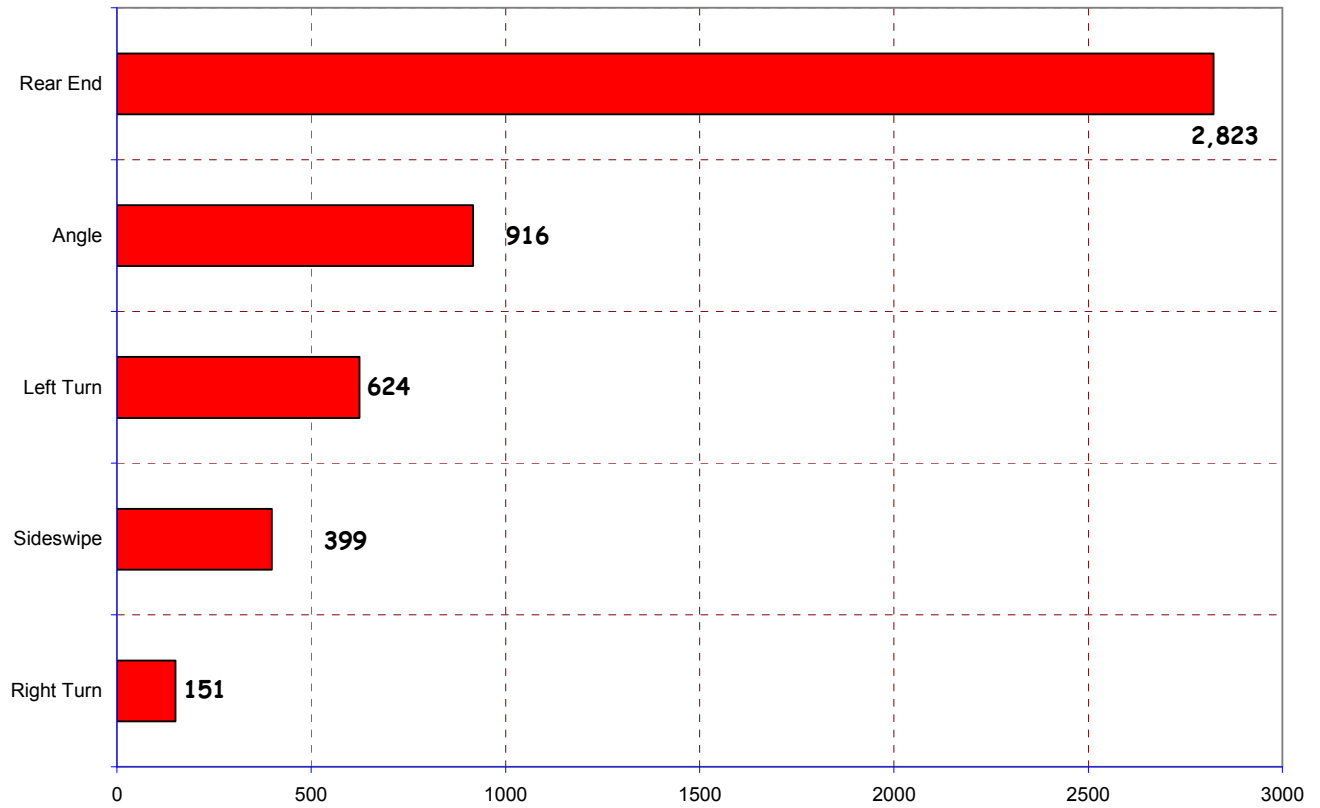
YEAR 2007, VISION OBSTRUCTIONS



YEAR 2007, TRAFFIC CONTROL



Top 5 Harmfull Events Related to Traffic Control Devices



# 2007

## Crash Data Center

### Top 100 Crash Intersections

The number of crashes is based on the actual crash reports received from the local law enforcement agencies and then encoded into the database at the MPO CDC. In addition, the total number of crashes for the Top 100 Crash Intersections is based on two different attributes; crashes within a 300-foot buffer from said intersections and all crashes associated with said intersections with no buffer.

The 300-foot buffer is generated to capture all the crashes that are associated with said intersections within 300 feet of the intersection. Once the crash report has been inputted into the database, the information is now final. For this reason, the CDC also reports the Top 100 Crash Intersection with no buffer to show all the crashes that are associated with said intersections.

Take US Highway 19 as an example from each Top 100 Intersection report to show how the differences are:

- A. Top 100 Intersections with a 300-foot buffer
  - a. 34 out of the Top 100 are associated with US Hwy 19
    - i. 1,801 crashes
    - ii. 6 fatalities
    - iii. 637 injuries
- B. Top 100 Intersections with All Crashes (NO 300-foot buffer)
  - a. 33 out of the Top 100 are associated with US Hwy 19
    - i. 2,382 crashes
    - ii. 10 fatalities
    - iii. 929 injuries

The first report is the Top 100 Intersections with a 300-foot buffer followed by a map, which visually displays each crash location with a range of crashes associated with that intersection. Included are Top 100 maps for 2006 and 2005. The second report is the Top 100 Intersection with all crashes (no 300-foot buffer). Note: There are no maps included for the Top 100 with no buffer.

### Top 100 Intersections with a 300-foot Buffer

RANK	ON STREET	CROSS STREET	CRASHES	FATALITIES	INJURIES
1	US HIGHWAY 19	TAMPA RD	129	1	77
2	US HIGHWAY 19	GULF TO BAY BLVD	117	0	16
3	GULF TO BAY BLVD	BELCHER RD	99	0	12
4	US HIGHWAY 19	CURLEW RD	85	0	38
5	US HIGHWAY 19	PARK BLVD N	80	0	15
6	US HIGHWAY 19	DREW ST	79	1	9
7	I-275	22ND AVE N	78	1	26
8	GULF TO BAY BLVD	MCMULLEN BOOTH RD	78	0	18
9	US HIGHWAY 19 / 34TH ST N	38TH AVE N	65	0	27
10	US HIGHWAY 19	ALDERMAN RD	64	0	27
11	US HIGHWAY 19	SR 580	64	0	20
12	EAST BAY	KEENE RD	63	0	23
13	I-275	38TH AVE N	59	0	32
14	US HIGHWAY 19	EAST BAY DR	59	0	20
15	PARK BLVD	STARKEY RD	59	0	19
16	US HIGHWAY 19	118TH AVE N	58	0	21
17	US HIGHWAY 19	SUNSET POINT	58	0	18
18	38TH AVE N	66TH ST N	58	0	16
19	66TH ST N	ULMERTON RD	57	0	22
20	PARK BLVD	66TH ST N	56	0	20
21	49TH ST N	ULMERTON RD	56	0	19
22	PARK BLVD	BELCHER RD	56	0	13
23	US HIGHWAY 19	ENTERPRISE RD	55	0	12
24	US HIGHWAY 19 / 34TH ST N	5TH AVE N	54	1	11
25	MCMULLEN BOOTH RD	CURLEW RD	54	0	20
26	BELCHER RD	EAST BAY DR	54	0	16
27	US HIGHWAY 19	DRUID/SEVILLE	54	0	11
28	38TH AVE N	49TH ST N	52	2	18
29	ROOSEVELT BLVD	28TH ST N	52	1	14
30	ULMERTON RD	STARKEY RD	52	0	10
31	ULMERTON RD	SEMINOLE BLVD	52	0	9
32	PARK BLVD	SEMINOLE BLVD	51	0	19
33	GULF TO BAY BLVD	KEENE RD	51	0	10
34	US HIGHWAY 19 / 34TH ST S	22ND AVE S	50	1	21
35	US HIGHWAY 19 / 34TH ST N	22ND AVE N	49	0	21
36	BELCHER RD	ULMERTON RD	49	0	18
37	MISSOURI AVE	WEST BAY DR	49	0	14
38	US HIGHWAY 19	TARPON AVE	49	0	6
39	US HIGHWAY 19	KLOSTERMAN RD	48	0	31
40	TYRONE BLVD	66TH ST N	48	0	15
41	DREW ST	BELCHER RD	48	0	11
42	GANDY BLVD	FRONTAGE RD	47	0	16
43	US HIGHWAY 19	CITRUS DR	46	0	42
44	US HIGHWAY 19	NEBRASKA AVE	45	1	28
45	US HIGHWAY 19	142ND AVE N	45	1	15
46	GULF TO BAY BLVD	HIGHLAND AVE	45	0	6
47	BAY PINES BLVD	PARK ST N	44	0	20
48	ROOSEVELT BLVD	49TH ST N	44	0	20
49	54TH AVE S	31ST ST S	43	0	13
50	EAST LAKE RD	KEYSTONE RD	42	0	37
51	US HIGHWAY 19 / 34TH ST N	62ND AVE N	42	0	25
52	54TH AVE N	66TH ST N	42	0	18

Rank	On Street	Cross Street	Crashes	Fatalities	Injuries
53	US HIGHWAY 19	NURSERY RD	42	0	8
54	CLWTR CAUSEWAY BLVD	CORONADO DR	42	0	1
55	4TH ST N	38TH AVE N	41	0	15
56	TAMPA RD	FOREST LAKE BLVD	41	0	26
57	GULF TO BAY BLVD	PARK PLACE BLVD	41	0	1
58	I-275	54TH AVE N	40	0	21
59	I-275	5TH AVE N	40	0	13
60	66TH ST N	22ND AVE N	39	0	14
61	I-275	GANDY BLVD	39	0	10
62	BELCHER RD	MAIN ST	39	0	9
63	54TH AVE N	28TH ST N	38	0	39
64	ROSEY RD	MISSOURI AVE	38	0	10
65	BRYAN DAIRY RD	66TH ST N	38	0	10
66	ENTERPRISE RD	MCMULLEN BOOTH RD	38	0	16
67	TYRONE BLVD	38TH AVE N	38	0	9
68	MCMULLEN BOOTH RD	SR 580	37	0	5
69	49TH ST N	118TH AVE N	37	0	17
70	TAMPA RD	EAST LAKE RD	36	0	3
71	BRYAN DAIRY RD	STARKEY RD	36	0	21
72	DR MLK JR ST N	94TH AVE N	36	0	15
73	PARK BLVD	49TH ST N	36	0	11
74	US HIGHWAY 19	NE COACHMAN RD	36	0	10
75	US HIGHWAY 19	70TH AVE N	36	0	7
76	US HIGHWAY 19	BECKETT WAY	35	0	6
77	4TH ST N	22ND AVE N	35	0	22
78	ENTERPRISE RD	MAIN ST	35	0	19
79	US HIGHWAY 19	HARN BLVD	34	0	9
80	ULMERTON RD	34TH ST N	34	0	5
81	SEMINOLE BLVD	102ND AVE N	34	0	28
82	US HIGHWAY 19	54TH AVE N	34	0	27
83	49TH ST N	70TH AVE N	34	0	24
84	KEENE RD	SUNSET POINT RD	34	0	16
85	GULF TO BAY BLVD	OLD COACHMAN RD	34	0	10
86	US HIGHWAY 19	MCCORMICK DR	34	0	4
87	PARK BLVD	113TH ST N	33	0	4
88	US HIGHWAY 19 / 34TH ST N	30TH AVE N	33	0	12
89	WEST BAY RD	CLWTR LARGO RD	32	0	7
90	US HIGHWAY 19 / 34TH ST S	18TH AVE S	31	0	9
91	US HIGHWAY 19	110TH AVE N	31	0	24
92	BELCHER RD	NURSERY RD	31	0	11
93	US HIGHWAY 19	COUNTRYSIDE BLVD	31	0	6
94	COURT ST	MLK JR AVE	31	0	6
95	54TH AVE N	49TH ST N	30	0	4
96	ULMERTON RD	113TH ST N	30	0	19
97	22ND AVE N	16TH ST N	30	0	9
98	SUNSET POINT RD	HERCULES AVE	30	0	8
99	US HIGHWAY 19 / 34TH ST S	54TH AVE S	29	0	4
100	INDIAN ROCK RD	WALSINGHAM RD	29	0	7



## 2007 Top 100 Crash Intersections

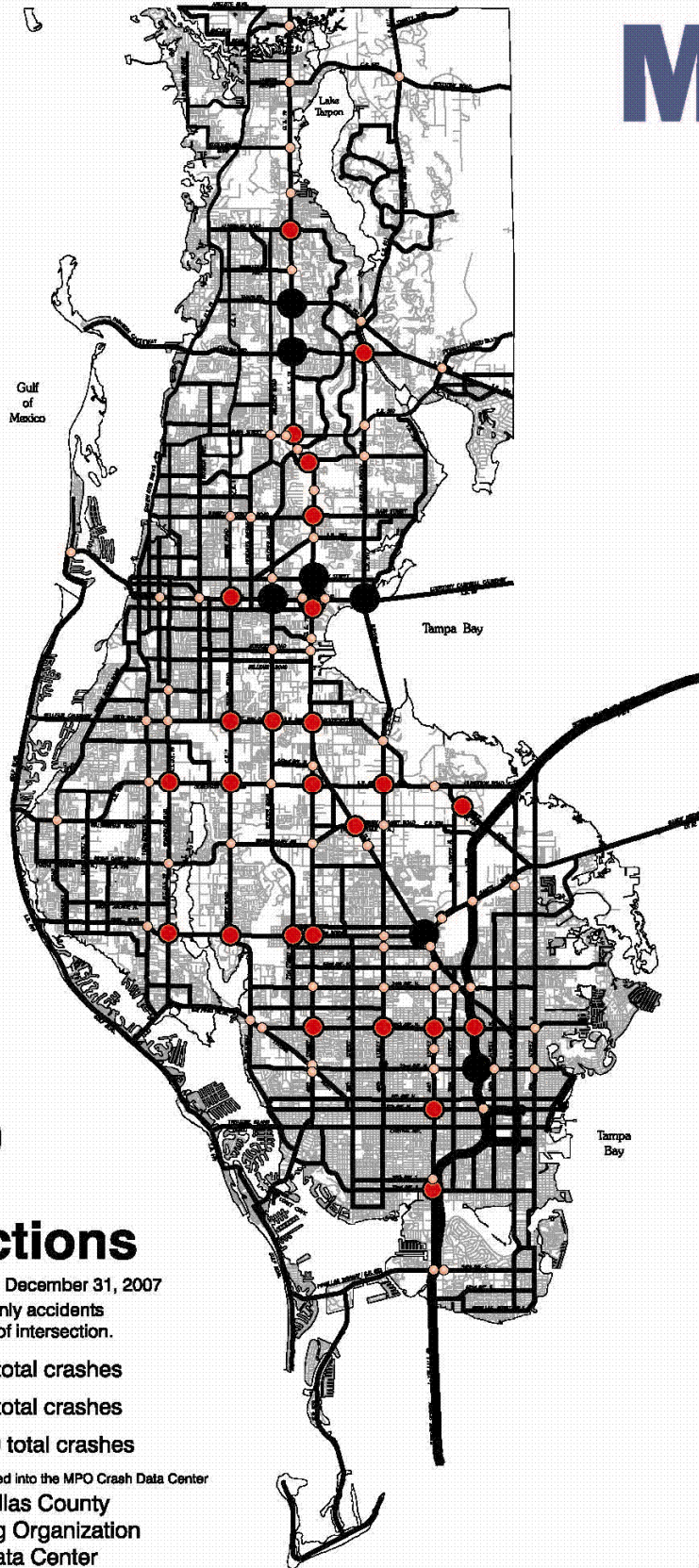
January 1, 2007 through December 31, 2007

Crashes depict only accidents  
falling within 300' of intersection.

- 29 through 49 total crashes
- 50 through 69 total crashes
- 70 through 129 total crashes

Note: Map depicts only data received into the MPO Crash Data Center

Prepared by the Pinellas County  
Metropolitan Planning Organization  
Countywide Crash Data Center



p18/mpo/ocd/07 Crash Map 811 12/3/08

# 2006 Top 100 Crash Intersections

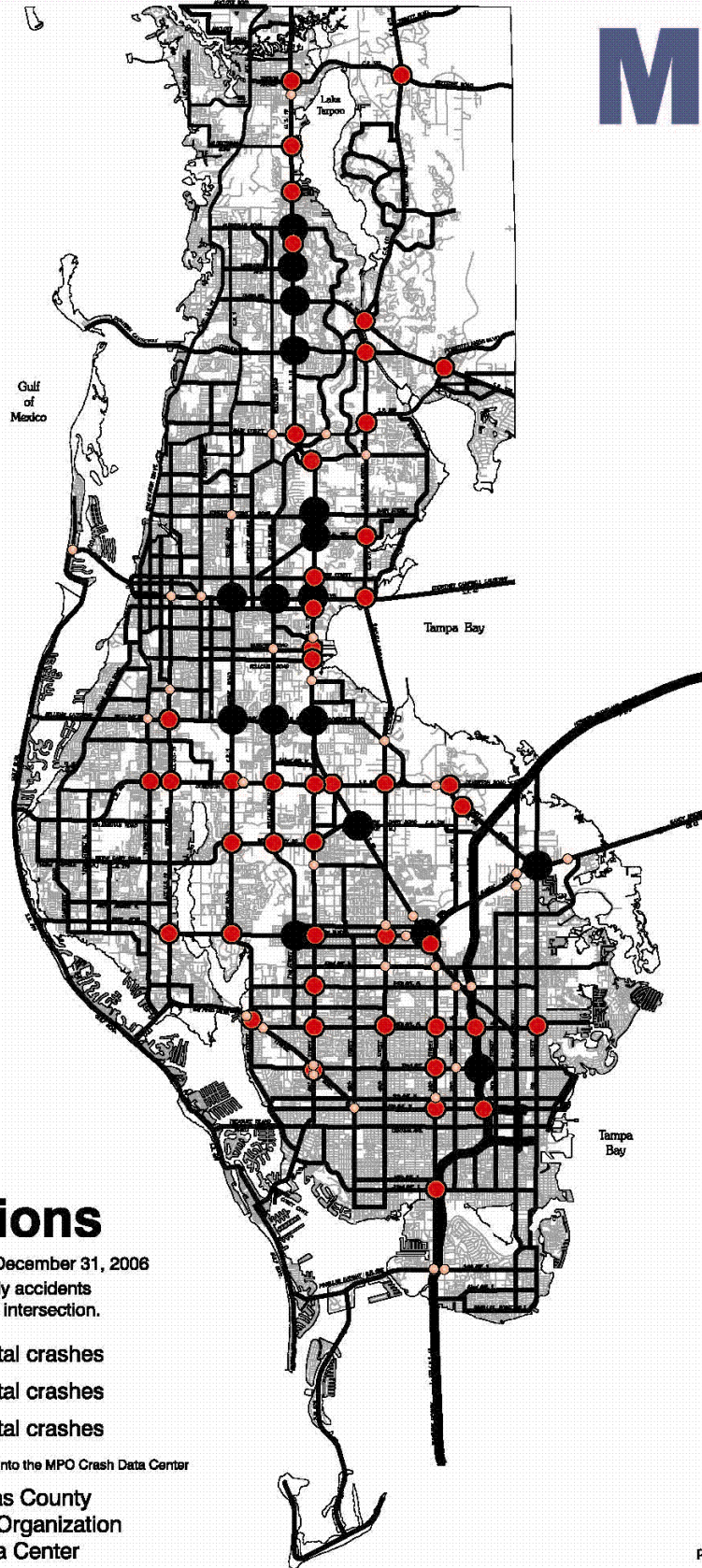
January 1, 2006 through December 31, 2006

Crashes depict only accidents  
falling within 300' of intersection.

- 31 through 39 total crashes
- 40 through 59 total crashes
- 60 through 95 total crashes

Note: Map depicts only data received into the MPO Crash Data Center

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Countywide Crash Data Center



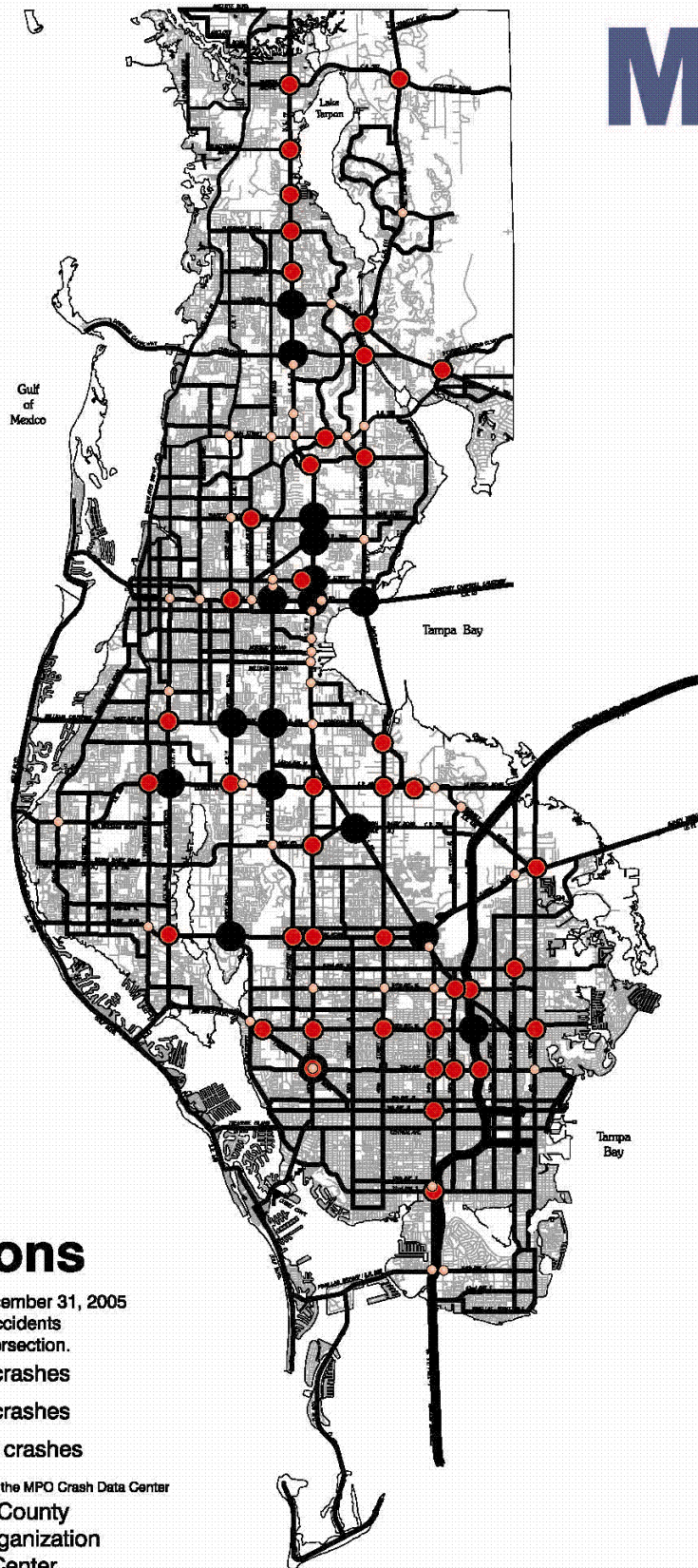
# 2005 Top 100 Crash Intersections

January 1, 2005 through December 31, 2005  
Crashes depict only accidents  
falling within 300' of intersection.

- 30 through 39 total crashes
- 40 through 59 total crashes
- 60 through 122 total crashes

Note: Map depicts only data received into the MPO Crash Data Center

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Metropolitan Planning Organization  
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**Top 100 Intersections with ALL Crashes (NO 300-foot buffer)**

<b>RANK</b>	<b>ON STREET</b>	<b>CROSS STREET</b>	<b>CRASHES</b>	<b>FATALITIES</b>	<b>INJURIES</b>
1	US HIGHWAY 19	TAMPA RD	222	1	157
2	US HIGHWAY 19	CURLEW RD	149	1	72
3	US HIGHWAY 19	GULF TO BAY BLVD	140	0	18
4	I-275	22ND AVE N	121	1	45
5	US HIGHWAY 19	ALDERMAN RD	121	0	64
6	US HIGHWAY 19	DREW ST	115	2	15
7	I-275	GANDY BLVD	114	3	56
8	GULF TO BAY BLVD	BELCHER RD	111	0	15
9	I-275	38TH AVE N	110	0	62
10	I-275	54TH AVE N	107	2	48
11	GULF TO BAY BLVD	MCMULLEN BOOTH RD	107	0	28
12	I-275	5TH AVE N	90	0	41
13	US HIGHWAY 19	ENTERPRISE RD	88	0	16
14	US HIGHWAY 19	GANDY BLVD	86	0	16
15	EAST BAY DR	KEENE RD	85	0	29
16	US HIGHWAY 19	118TH AVE N	84	1	29
17	US HIGHWAY 19	SR 580 / MAIN ST	83	0	27
18	US HIGHWAY 19	EAST BAY DR	80	0	27
19	US HIGHWAY 19	KLOSTERMAN RD	79	0	49
20	US HIGHWAY 19	SUNSET POINT RD	76	0	22
21	US HIGHWAY 19	NEBRASKA AVE	75	1	60
22	US HIGHWAY 19	DRUID RD/SEVILLE BLVD	75	0	11
23	66TH ST N	ULMERTON RD	74	1	25
24	I-275	4TH ST N	73	2	41
25	US HWY 19 / 34TH ST N	38TH AVE N	73	0	29
26	KEYSTONE RD	EAST LAKE RD	72	0	60
27	PARK BLVD	BELCHER RD	72	0	19
28	SEMINOLE BLVD	ULMERTON RD	71	0	13
29	ROOSEVELT BLVD	28TH ST N	70	1	22
30	ULMERTON RD	49TH ST N	70	0	30
31	CURLEW RD	MCMULLEN BOOTH RD	70	0	29
32	PARK BLVD	SEMINOLE BLVD	69	0	32
33	STARKEY RD	PARK BLVD	69	0	28
34	66TH ST N	PARK BLVD	68	0	24
35	ULMERTON RD	STARKEY RD	68	0	14
36	BELCHER RD	ULMERTON RD	67	0	25
37	I-275	ROOSEVELT BLVD	65	2	39
38	TAMPA RD	FOREST LAKES BLVD	65	0	40
39	BAYSIDE BRIDGE	ROOSEVELT BLVD	64	0	26
40	BELCHER RD	EAST BAY DR	64	0	17
41	66TH ST N	38TH AVE N	62	0	16
42	TYRONE BLVD	PARK ST	61	0	34
43	US HIGHWAY 19	TARPON AVE	61	0	10
44	GANDY ACCESS RD	GRAND AVE	59	0	22
45	TAMPA RD	EAST LAKE RD	56	0	29
46	STARKEY RD	BRYAN DAIRY RD	56	0	21
47	US HWY 19 / 34TH ST N	5TH AVE N	54	1	11
48	US HWY 19 / 34TH ST N	22ND AVE S	53	1	21
49	US HWY 19 / 34TH ST N	22ND AVE N	53	0	23
50	49TH ST N	38TH AVE N	52	2	18
51	US HIGHWAY 19	OLDE POST RD	52	0	43

Rank	On Street	Cross Street	Crashes	Fatalities	Injuries
52	SEMINOLE BLVD	EAST BAY DR	52	0	18
53	66TH ST N	TYRONE BLVD	52	0	17
54	DREW ST	BELCHER RD	52	0	11
55	66TH ST N	142ND AVE N	51	1	19
56	54TH AVE S	31ST ST S	51	0	18
57	GULF TO BAY BLVD	KEENE RD	51	0	10
58	MISSOURI AVE	ROSEY RD	49	1	14
59	ULMERTON RD	34TH ST N	49	0	36
60	US HIGHWAY 19	NURSERY RD	49	0	10
61	US HIGHWAY 19	BECKETT WAY	48	0	25
62	66TH ST N	54TH AVE N	48	0	22
63	MCMULLEN BOOTH RD	ENTERPRISE RD	48	0	13
64	49TH ST N	118TH AVE N	47	0	8
65	US HIGHWAY 19	SR 590 / NE COACHMAN RD	47	0	7
66	US HIGHWAY 19	MCCORMICK DR	47	0	6
67	US HIGHWAY 19	62ND AVE N	46	0	27
68	BELCHER RD	MAIN ST	46	0	12
69	GULF TO BAY BLVD	HIGHLAND AVE	46	0	7
70	GULF TO BAY BLVD	PARK PLACE BLVD S	46	0	4
71	SR 580	MCMULLEN BOOTH RD	44	1	22
72	US HIGHWAY 19	HAINES BAYSHORE RD	44	0	29
73	I-275	22ND AVE S	44	0	22
74	MAIN ST	CR 1 / KEENE RD	44	0	14
75	66TH ST N	22ND AVE N	44	0	14
76	BRYAN DAIRY RD	66TH ST N	43	0	18
77	US HIGHWAY 19	110TH AVE N	43	0	15
78	TYRONE BLVD	38TH AVE N	43	0	5
79	US HIGHWAY 19	ULMERTON RD	42	1	19
80	ULMERTON RD	113TH ST N	42	0	14
81	CLWTR CAUSEWAY BLVD	CORONADO DR	42	0	1
82	4TH ST N	38TH AVE N	41	1	15
83	US HIGHWAY 19	HARN BLVD	41	1	5
84	SEMINOLE BLVD	102ND AVE N	41	0	32
85	BELCHER RD	BRYAN DAIRY RD	41	0	14
86	I-275	54TH AVE S	40	0	27
87	US HIGHWAY 19	54TH AVE N	40	0	24
88	US HIGHWAY 19	70TH AVE N	40	0	6
89	GULF TO BAY BLVD	DAMASCUS RD	40	0	4
90	54TH AVE N	28TH ST N	39	1	39
91	49TH ST N	62ND AVE N	39	1	11
92	US HIGHWAY 19	REPUBLIC DR	39	0	30
93	PARK BLVD	113TH ST N	38	0	14
94	DR MLK JR ST N	94TH AVE N	38	0	11
95	PARK BLVD	49TH ST N	38	0	10
96	US HIGHWAY 19	COUNTRYSIDE BLVD	37	0	6
97	I-275	PINELLAS POINT DR S	36	1	25
98	49TH ST N	54TH AVE N	36	0	23
99	GANDY BLVD	BRIGHTON BAY BLVD	36	0	19
100	TAMPA RD	LAKE ST GEORGE DR	36	0	15

# 2007

## Crash Data Center

### Fatality Crash Facts

After all crash (long form and short form) reports have been received and recorded, a complete count of all fatalities was conducted.

In Pinellas County for the year 2007, there were 114 total crashes resulting in 118 fatalities. Four crashes involved multiple fatalities; two fatalities per fatal crash. The following pages feature tables, maps, and graphs displaying the different categories captured in the MPO CDC about fatality crashes.

The first set of fatality crash facts is outlined in table format and lists the total number of fatalities (118 persons for 2007) by vehicle type.

<b>Number of Fatalities per Year</b>				
<b>Modes of Travel</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>
<b>ATV Driver</b>	<b>1</b>	0	1	0
<b>Bicyclist</b>	<b>5</b>	6	10	13
<b>*Motorcycle</b>	<b>28</b>	28	17	16
<b>Moped</b>	<b>1</b>	0	0	0
<b>Pedestrian</b>	<b>32</b>	30	35	34
<b>*Automobile</b>	<b>51</b>	72	54	59
<b>Total Fatalities</b>	<b>118</b>	136	117	122
<b>*For 2007, There Were 19 Passenger Fatalities</b>				
<b>Motorcycle</b>	<b>25 Motorcyclist and 3 passengers</b>			<b>= 28</b>
<b>Automobile</b>	<b>35 Motorist and 16 passengers</b>			<b>= 51</b>

Second is a Traffic Fatality Map visually displaying where each fatality occurred for 2007. Included are fatality maps for 2006 and 2005.

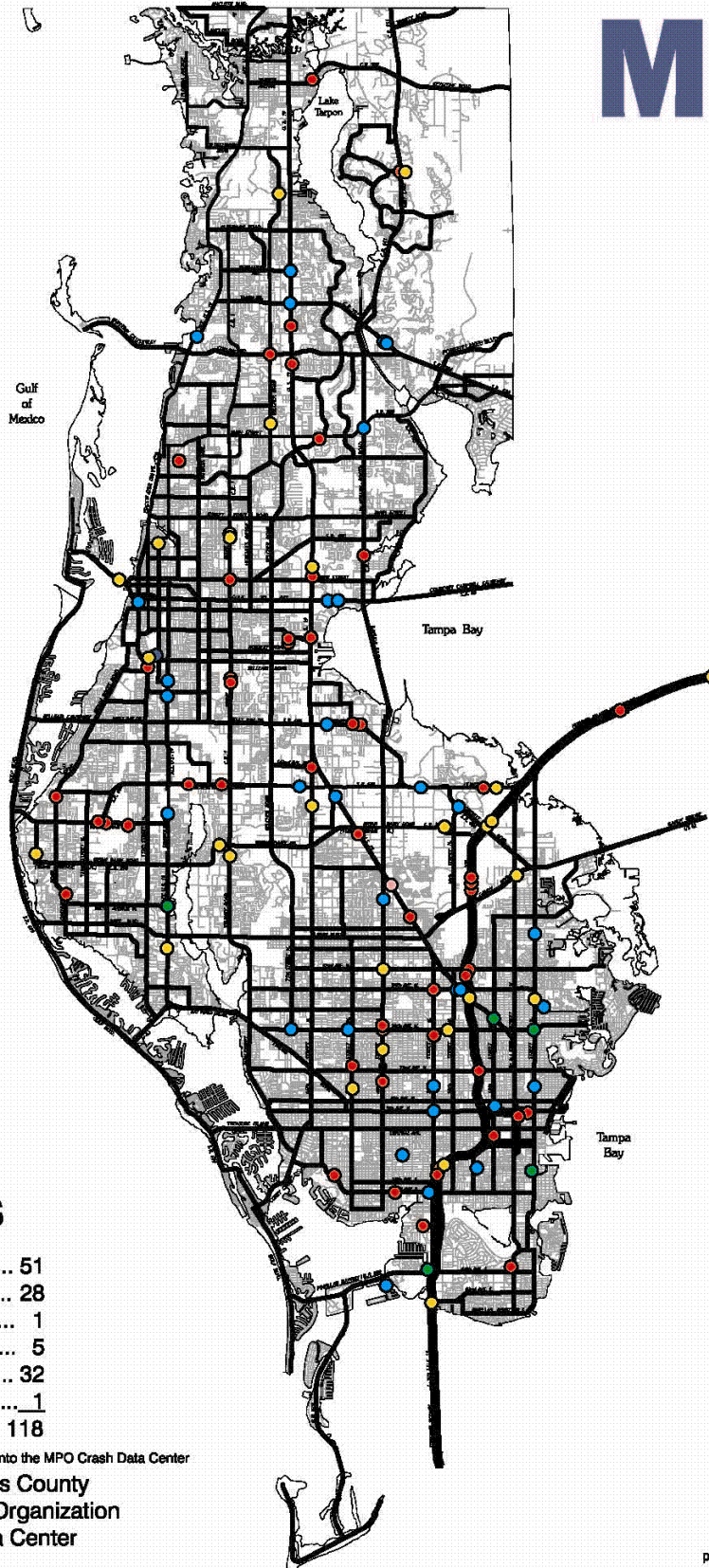


## 2007 Traffic Fatalities

● Car, Truck or Semi...	51
● Motorcycle.....	28
● Moped.....	1
● Bicycle.....	5
● Pedestrian.....	32
● All Terrain.....	1
Total 118	

Note: Map depicts only data received into the MPO Crash Data Center

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Countywide Crash Data Center



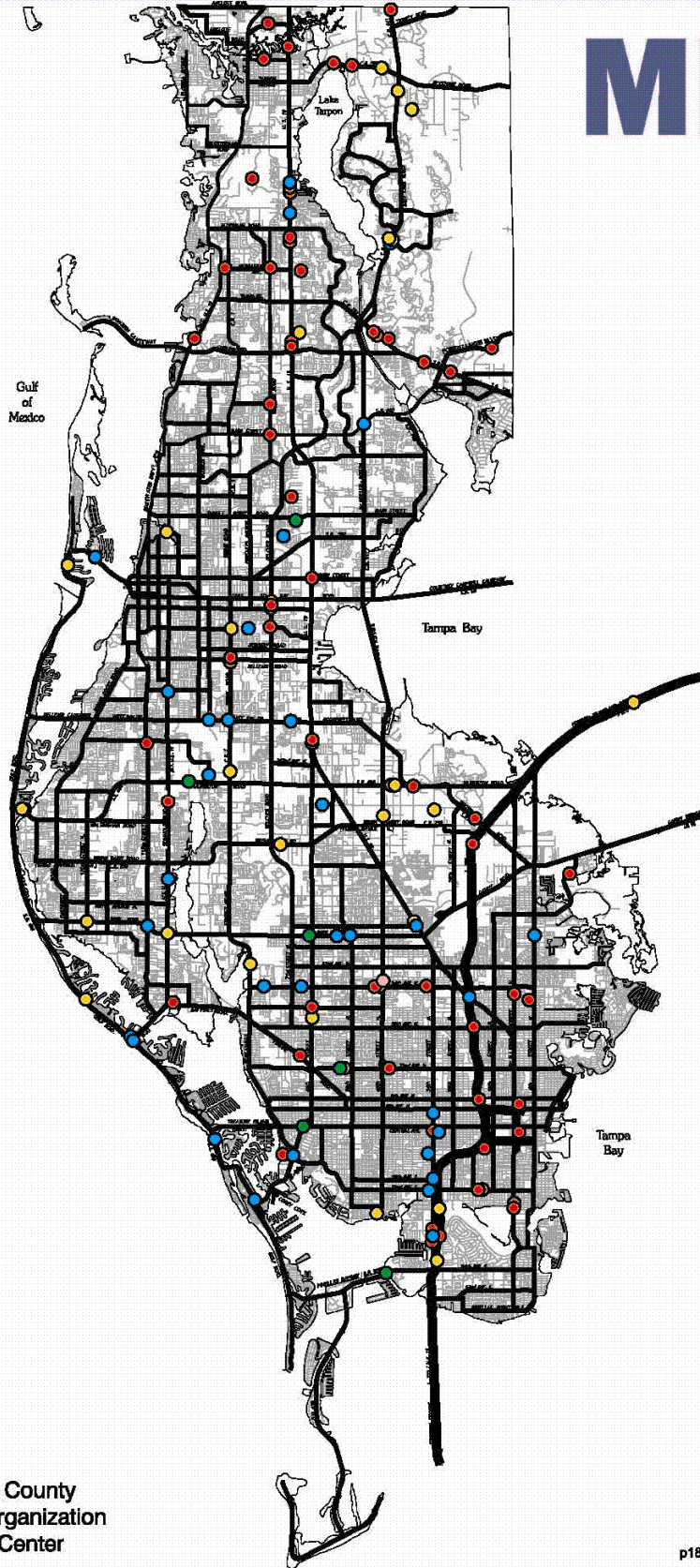
p18/mpo/cdc/07 fatalities 811 12/8/08



## 2006 Traffic Fatalities

- Car, Truck or Semi
- Motorcycle
- Moped
- Bicycle
- Pedestrian

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Countywide Crash Data Center



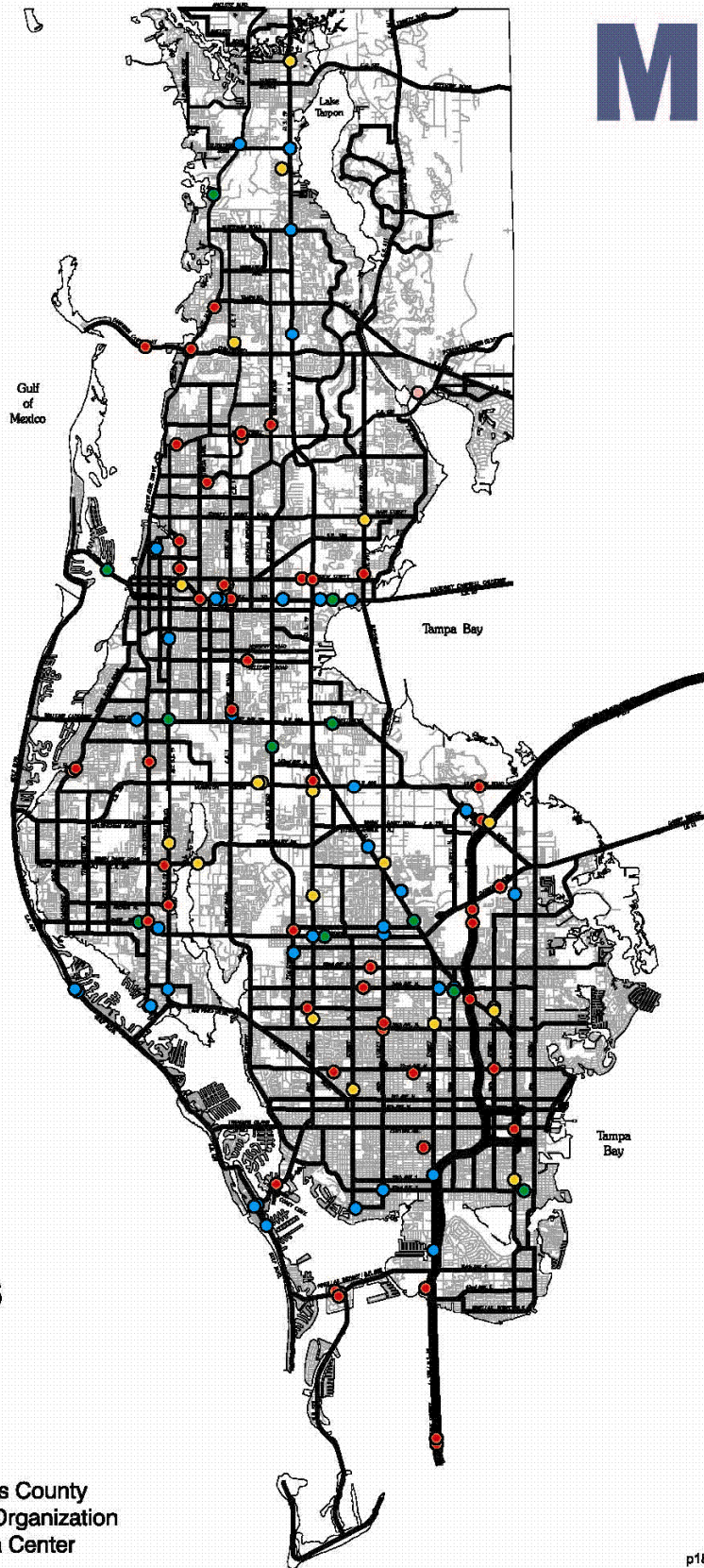
p18/mpo/cdc/06 fatalities 811 4/16/08



## 2005 Traffic Fatalities

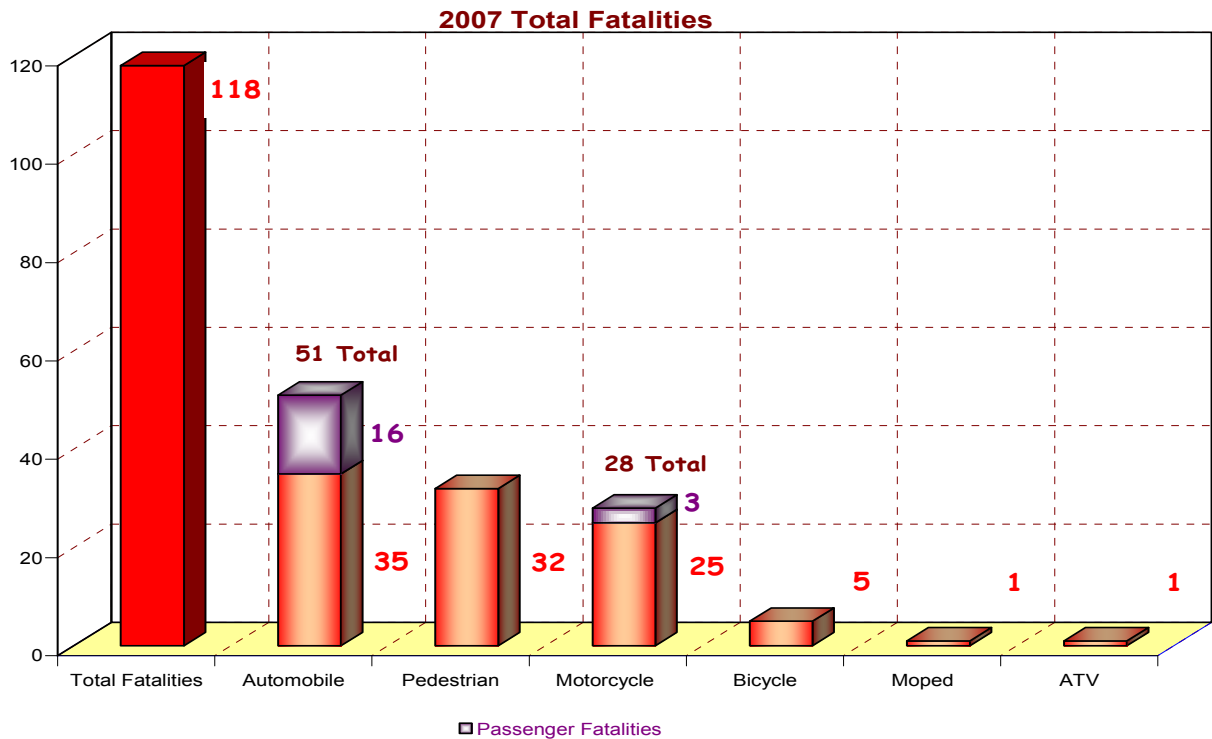
- Car, Truck or Semi
- Motorcycle
- Moped
- Bicycle
- Pedestrian

Prepared by the Pinellas County  
Metropolitan Planning Organization  
Countywide Crash Data Center

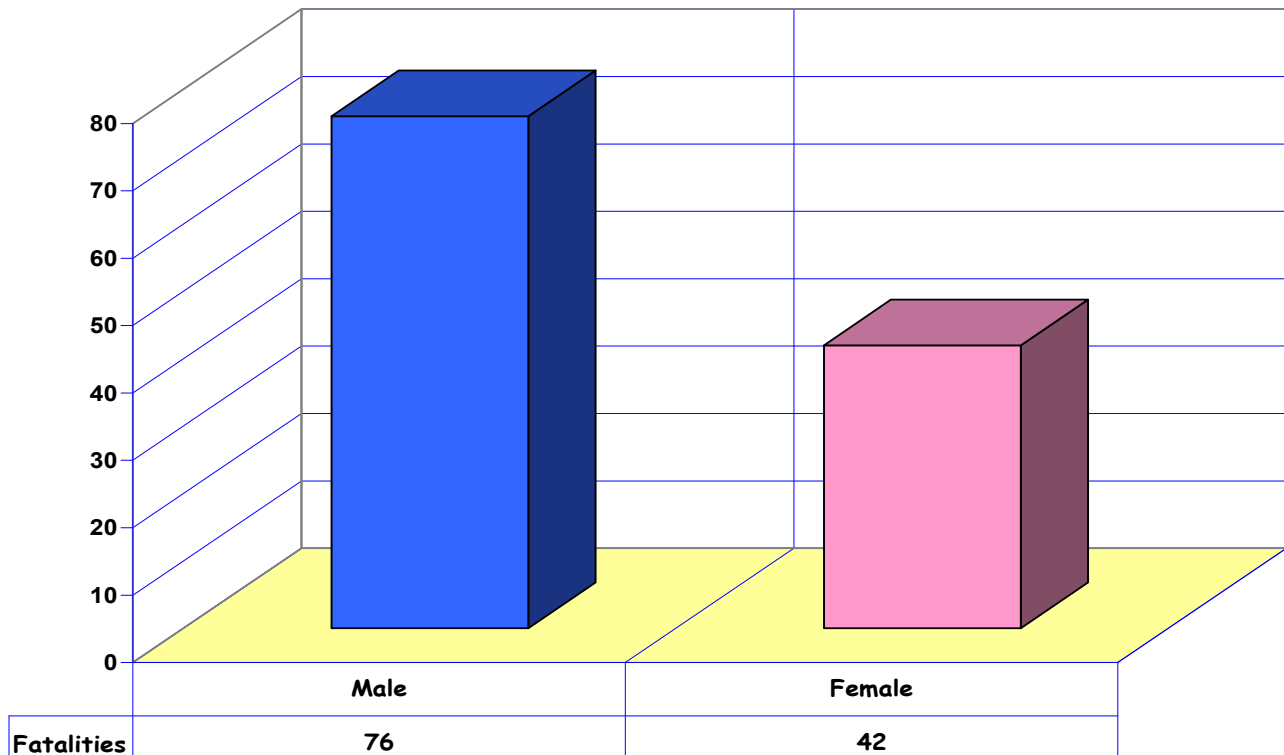


p18/mpo/odc/05 fatalities 811 4/23/08

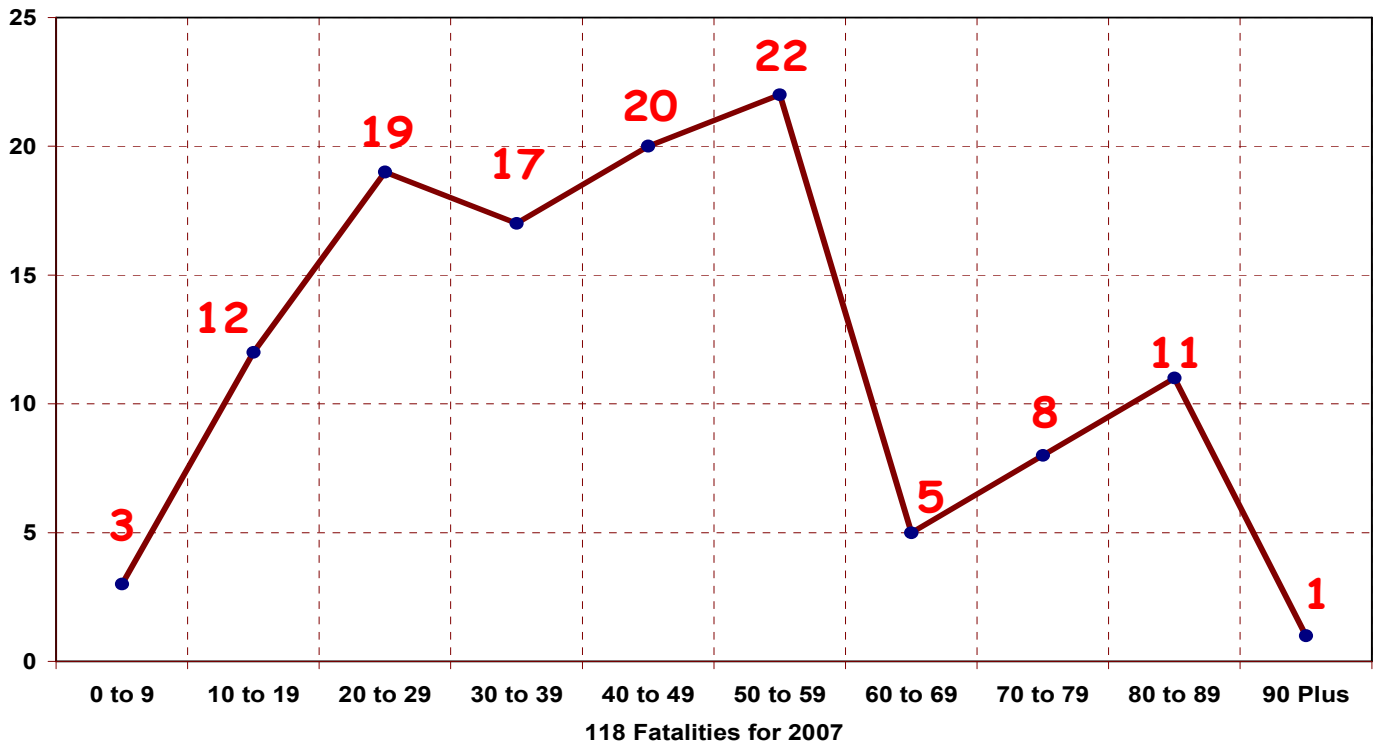
Third are graphs displaying different categories related to fatal crashes. These graphs display the different categories of all 114 fatal crashes. There are 14 different categories used to view a crash; Total Fatalities, Gender, Age, Day of the Week, Month, Time of Day, Fault Vehicle, Contributing Causes, Site Location, Distance from Intersection with Frequency, Lighting Conditions, Harmful Event, Uses of Safety Equipment, and Fault Vehicle.



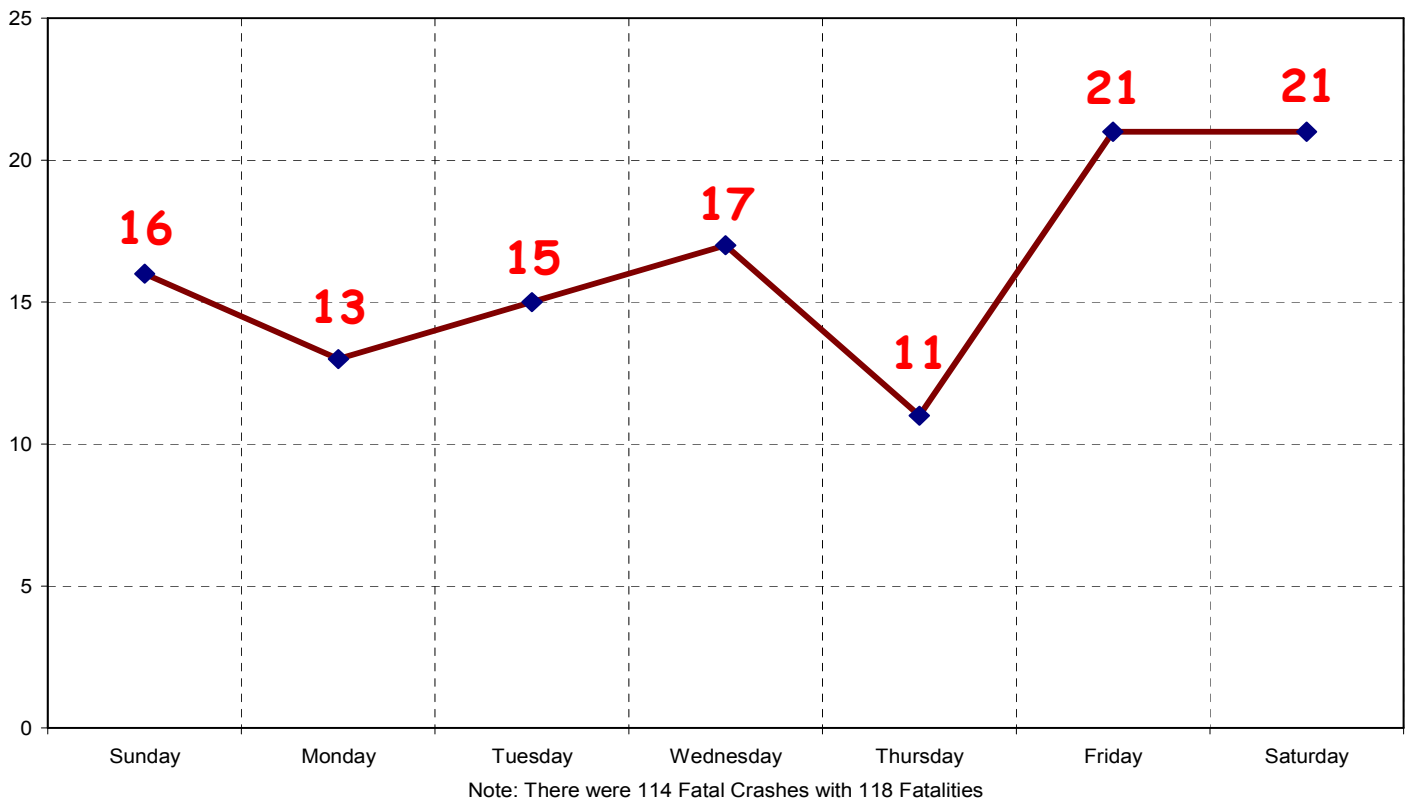
**118 Fatalities for 2007 Separated by Gender**



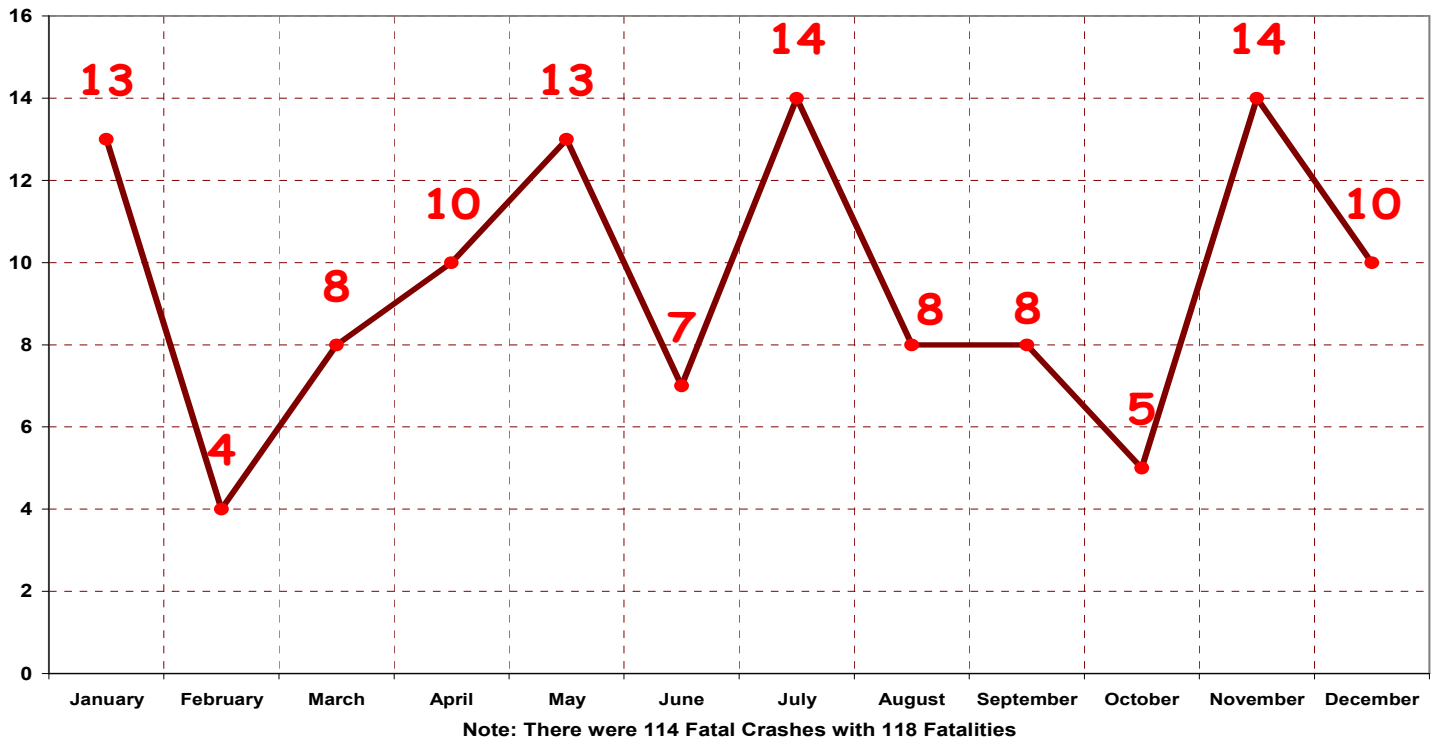
Fatalities 2007, by Age Group



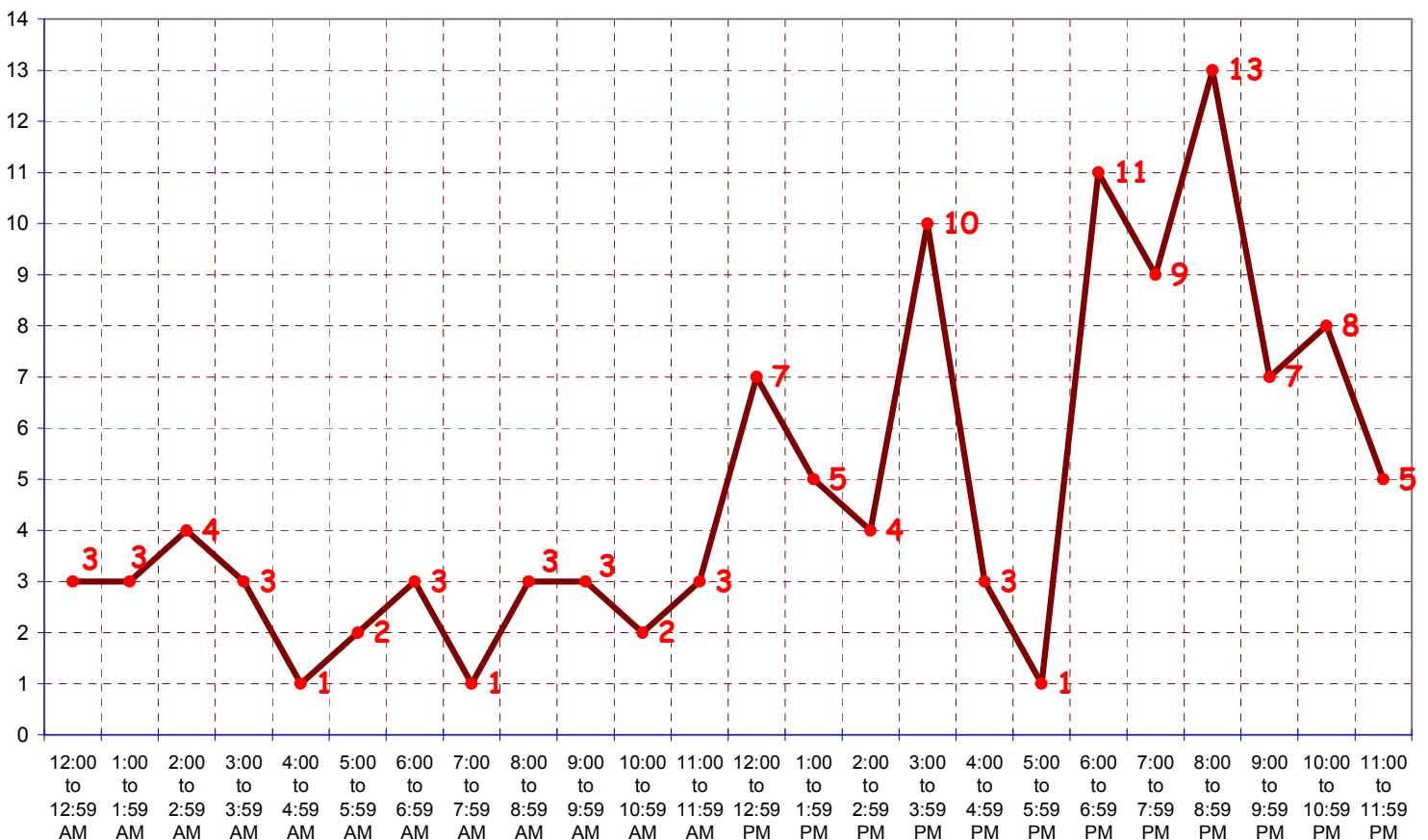
Fatalities 2007, Day of the Week



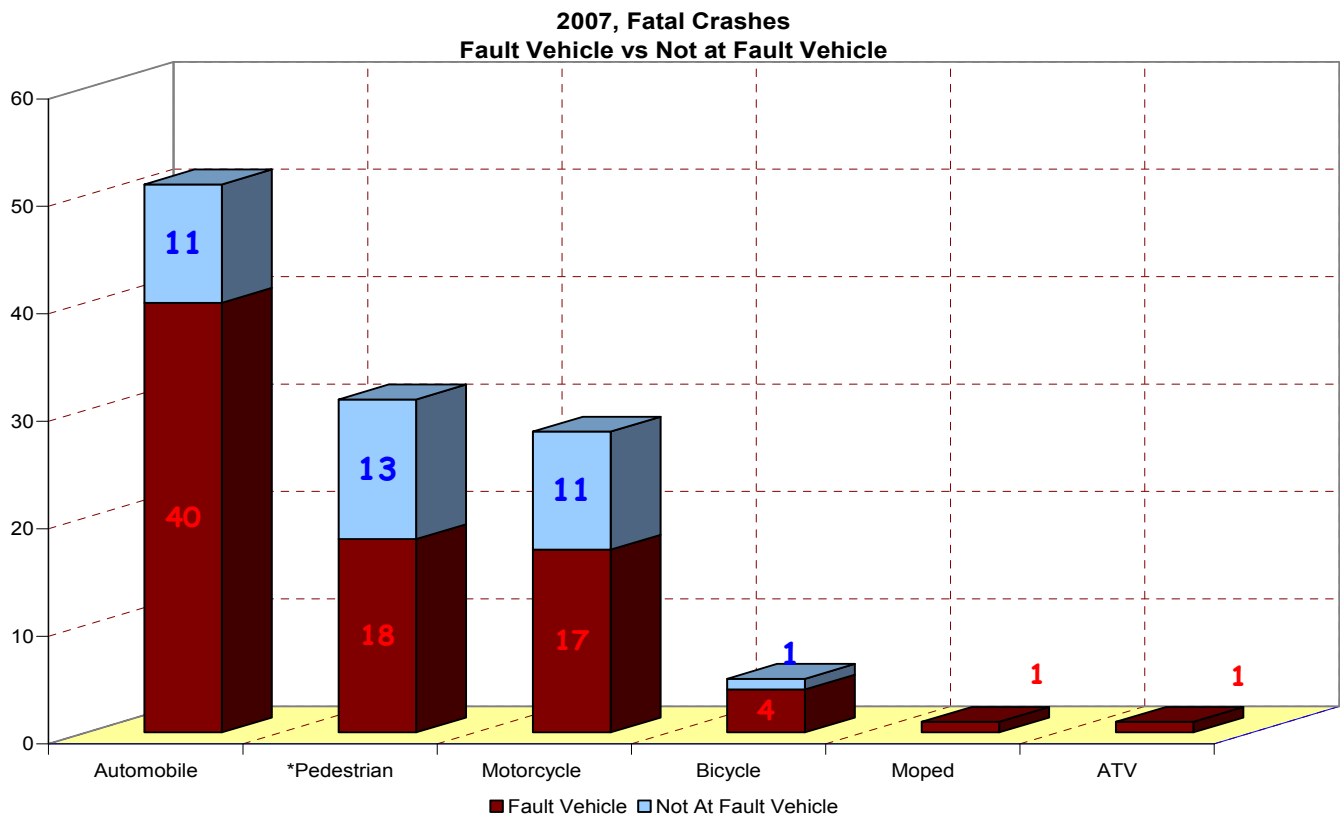
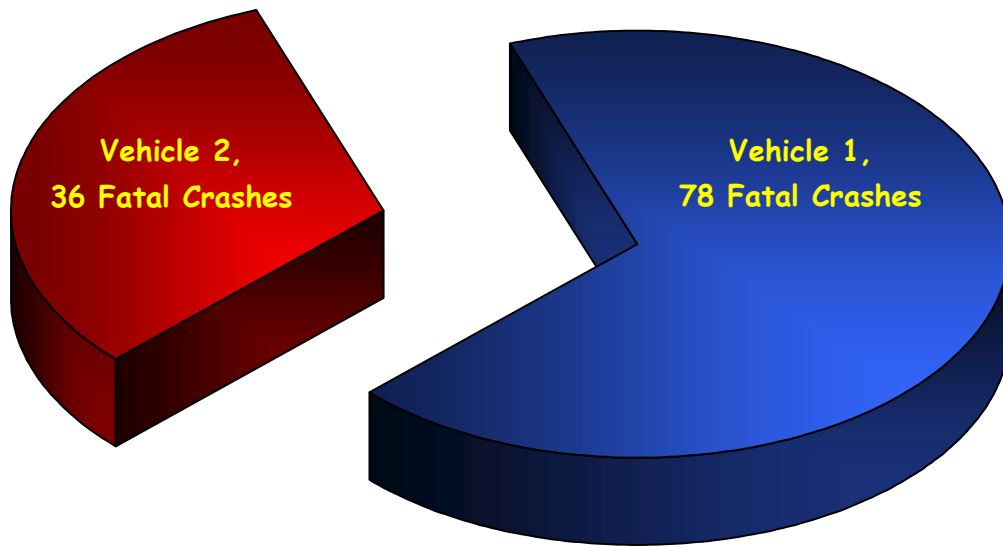
**Fatalities 2007, Crashes per Month**



**2007, Fatalities Crashes by Time of Day**

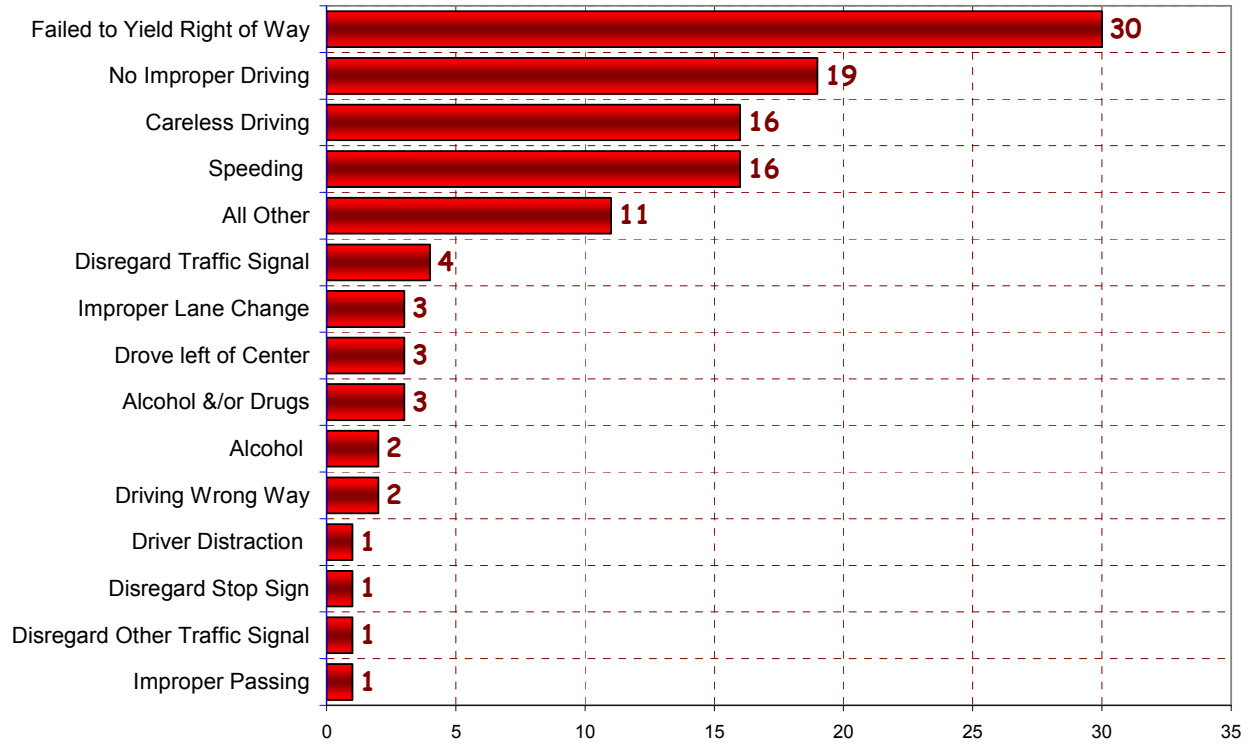


**2007, Fatal Crashes**  
**Fault Vehicle (1) vs Not at Fault Vehicle (2)**  
**Note: 114 Fatal Crashes**

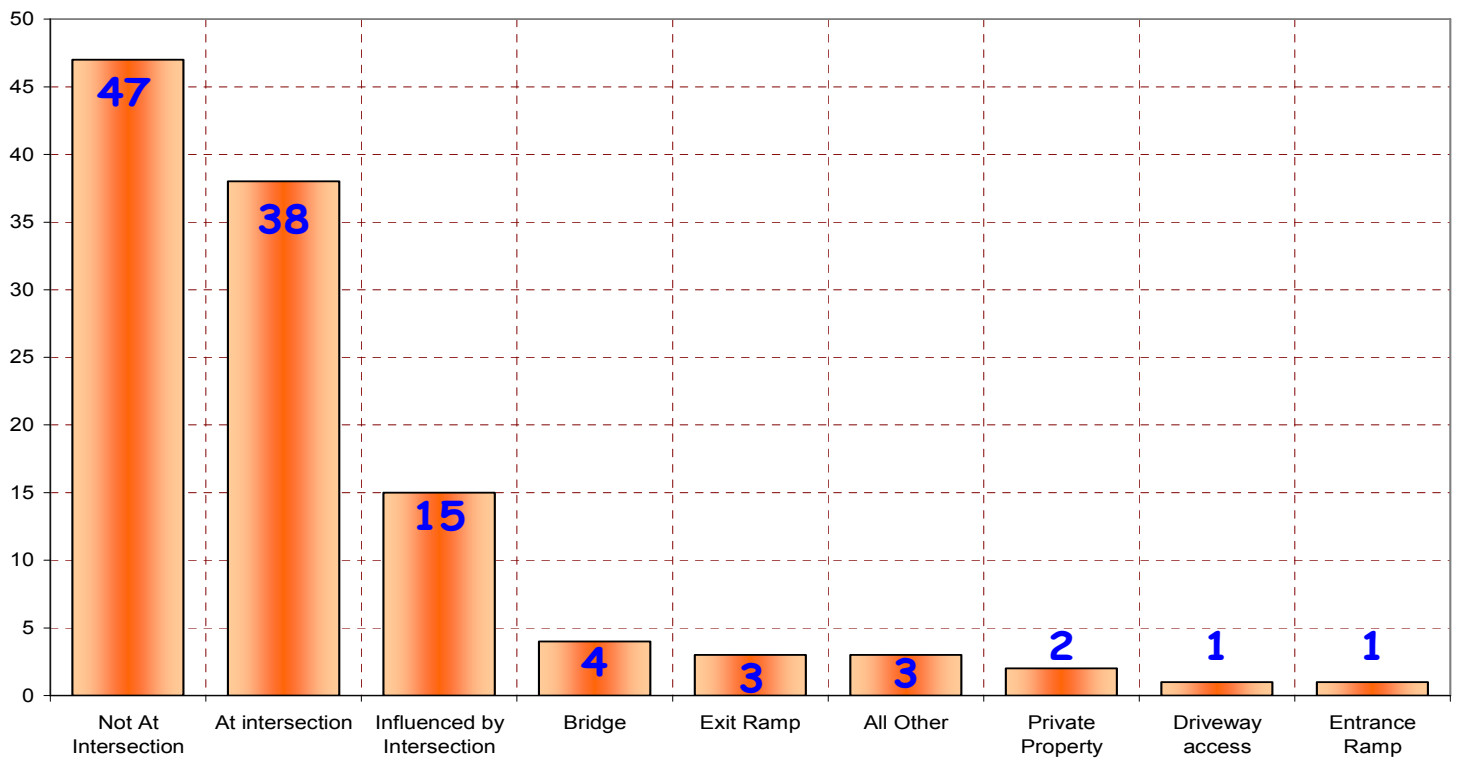


Note: 114 Fatal Crashes for 118 Fatalities. \*N/A for One Pedestrian Fatal Crash Fault Vehicle

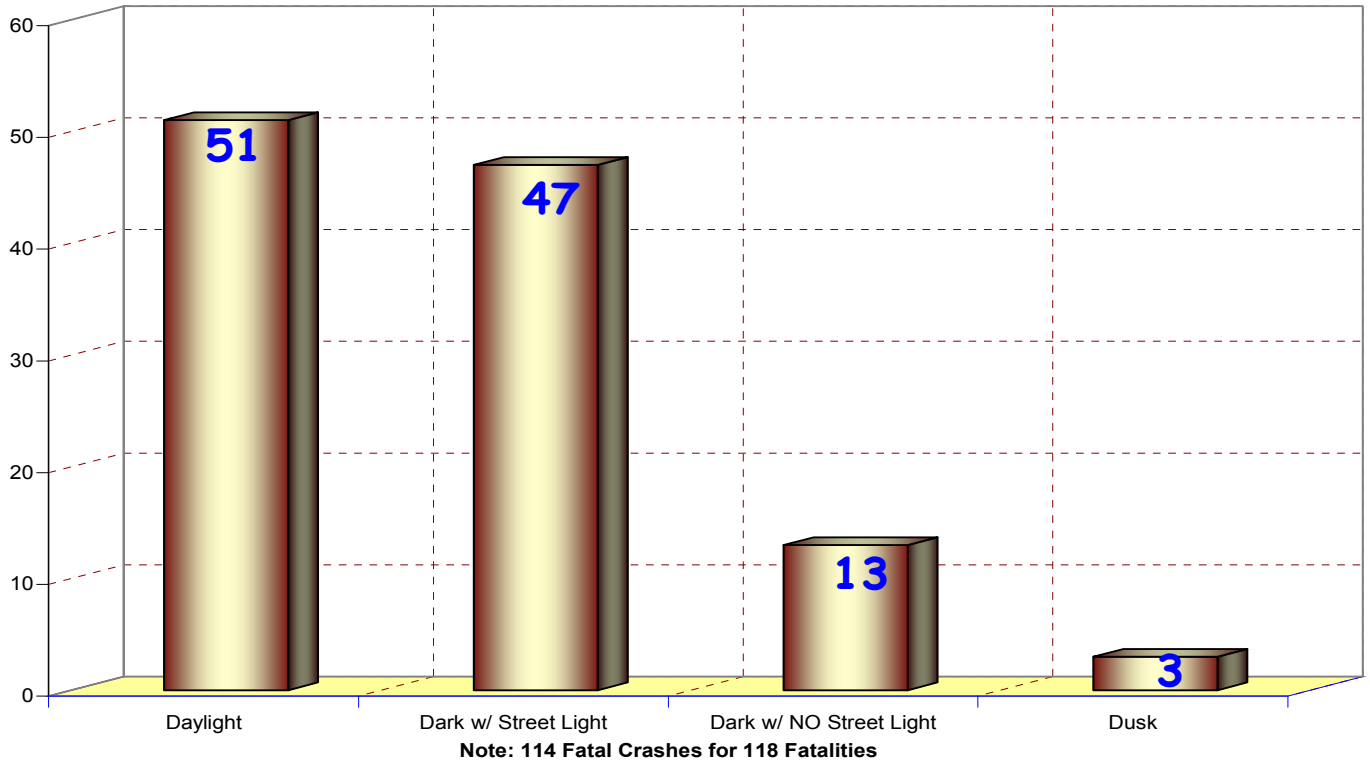
### Contributing Causes in Fatal Crashes 114 Fatal Crashes, 2007



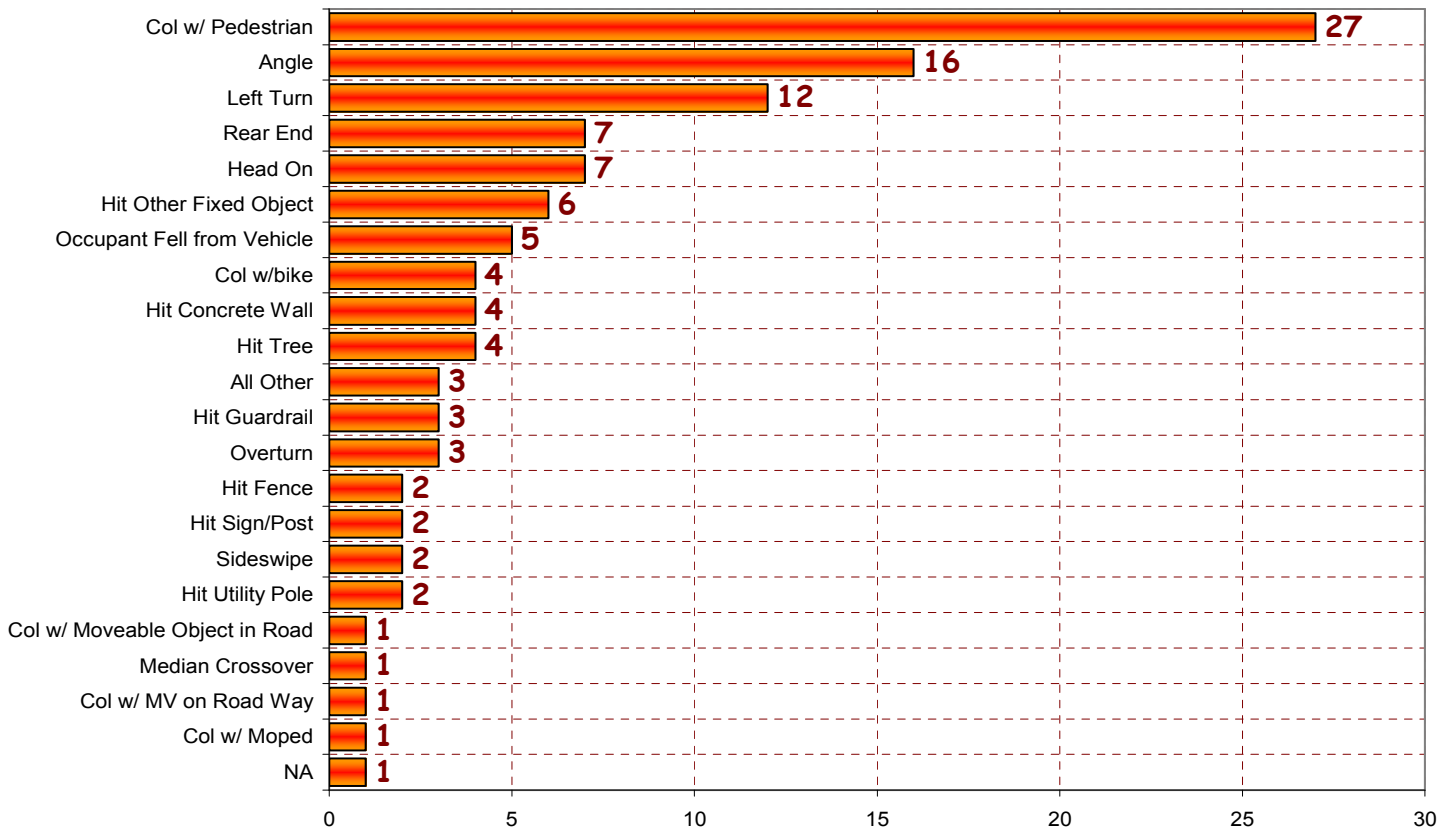
### 2007, Site Location in Fatal Crashes



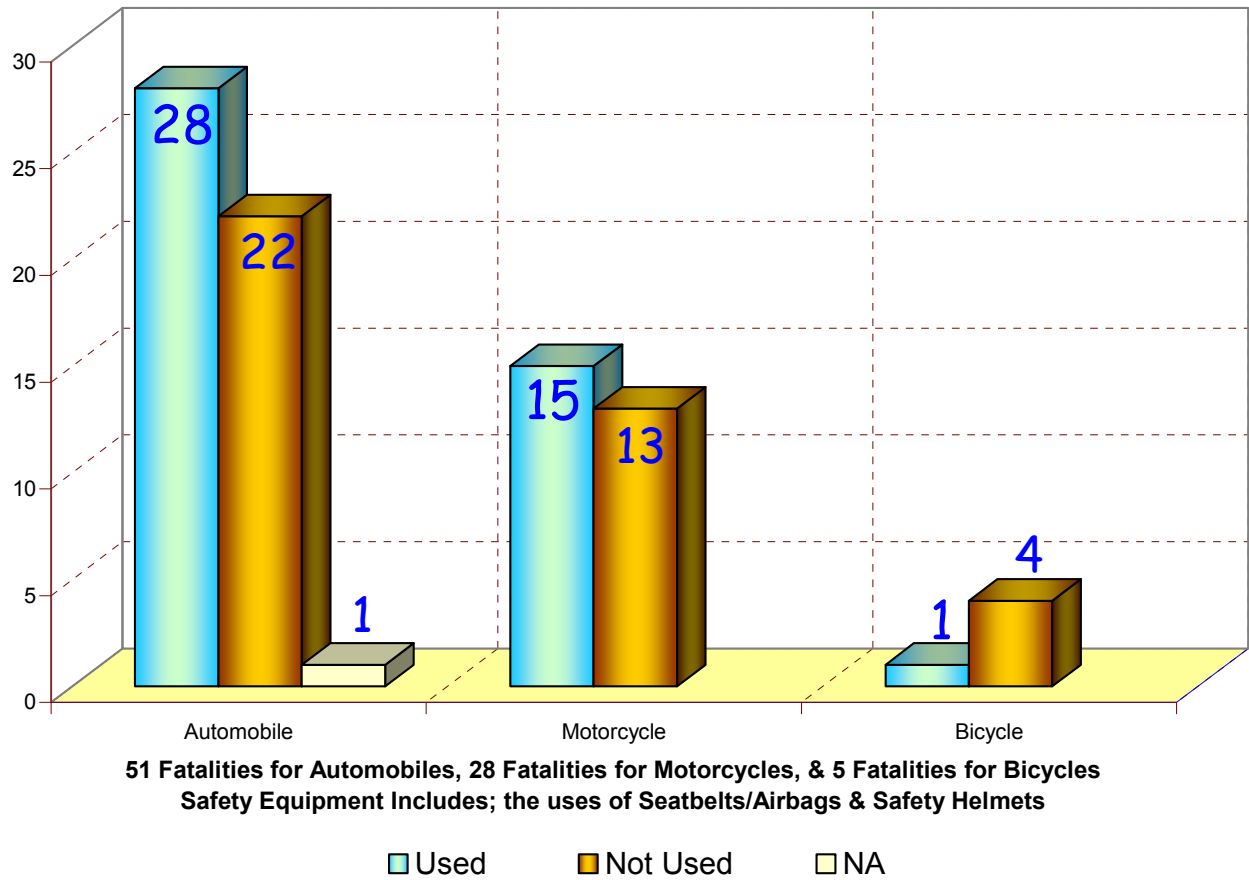
## 2007, Lighting Conditions During Fatal Crashes



## 2007, Harmful Events in 114 Fatal Crashes



## 2007, Fatalities Related to the Uses of Safety Equipment



# Fatal Statistics

This section is an additional look at how statistics can be used to show a different view of each category for pedestrians, bicyclists, and motorcyclists.

## Pedestrians

Alcohol and/or drug related fatalities

18 of 32 were alcohol and/or drug related

14 of 18 the pedestrians were influenced by alcohol and/or drugs

Night Time Fatalities

13 of 32 were at night

8 dark with street light

5 dark with no street light

Intersection proximity

6 of 32 were at the intersection

26 of 32 were away from the intersection with a range from 10 feet to 1800 feet

To Yield the Right-of-Way

16 of 32 failed to yield the right of way

10 of 16 were at night

8 of 16 were alcohol and/or drug related

Fault Vehicle

18 of 32 were considered being the fault vehicle (vehicle 1)

13 of 18 who were at fault were at night

10 of 18 who were at fault were influenced by alcohol and/or drugs

## Bicyclists

Alcohol and/or drug related fatalities

1 of 5 were alcohol and/or drug related

Night Time Fatalities

2 of 5 were at night

Both dark with street light

Intersection proximity

2 of 5 were at the intersection

3 of 5 were away from the intersection with a range from 11 feet to 25 feet

To Yield the Right-of-Way

3 of 5 failed to yield the right of way

1 of 3 was at night & influenced by alcohol and/or drugs

#### Fault Vehicle

- 4 of 5 were considered being the fault vehicle (vehicle 1)
- 3 of 4 who were at fault occurred during daylight

#### Safety Helmet

- 0 of 5 were wearing a safety helmet
- 4 of 5 were ejected from their bicycles

### Motorcyclists

<u>Pinellas County summary</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Total Crashes	592	559	485
Injuries	438	470	410
Fatalities	28	28	17

#### Top 10 intersections for motorcycle crashes

	<u>Crashes</u>	<u>Fatalities</u>	<u>Injuries</u>
1. I-275 @ 22 <sup>nd</sup> Ave N	5 Crashes	0 Fatalities	7 Injuries
2. US Highway 19 @ Tampa Rd	5 Crashes	0 Fatalities	4 Injuries
3. Belcher Rd @ Ulmerton Rd	4 Crashes	0 Fatalities	3 Injuries
4. Gulf to Bay Blvd @ Belcher Rd	4 Crashes	0 Fatalities	2 Injuries
5. US Highway 19 @ Enterprise	4 Crashes	0 Fatalities	2 Injuries
6. East Bay Dr @ Keene Rd / Starkey Rd	4 Crashes	0 Fatalities	2 Injuries
7. I-275 @ Roosevelt Blvd	3 Crashes	2 Fatalities	2 Injuries
8. I-275 @ 4 <sup>th</sup> St N	3 Crashes	1 Fatality	5 Injuries
9. I-275 @ Ulmerton Rd	3 Crashes	1 Fatality	2 Injuries
10. US Highway 19 @ Nebraska Ave	3 Crashes	0 Fatalities	7 Injuries

#### Frequency Study of Motorcycle Crashes and the Number of Intersections Involved

- 2 different intersections had 5 crashes each totaling 10 crashes
- 4 different intersections had 4 crashes each totaling 16 crashes
- 15 different intersections had 3 crashes each totaling 45 crashes
- 64 different intersections had 2 crashes each totaling 128 crashes
- 393 different intersections had only one crash each for 66% of all motorcycle crashes

#### Alcohol and/or drug related

- 15 of 28 were alcohol and/or drug related
- 13 of 15 motorcycle operators were influenced by alcohol and/or drugs

#### Lighting Conditions

- 13 of 28 were at night
- 9 of 13 were alcohol and/or drug related
- 15 of 28 were during daylight
- 6 of 16 alcohol and/or drug related

#### Intersection proximity

11 of 28 were at the intersection

17 of 28 were located away from the intersection

#### Failed to Yield the Right-of-Way

3 of 28 failed to Yield ROW making a left turn & 2 were alcohol and/or drug related

#### Fault Vehicle

17 of 28 were considered being the fault vehicle (vehicle 1)

8 of 17 were at fault while speeding

3 of 8 alcohol and/or drug related

#### Safety Helmet Use

13 of 28 were not wearing safety helmets, and all were ejected

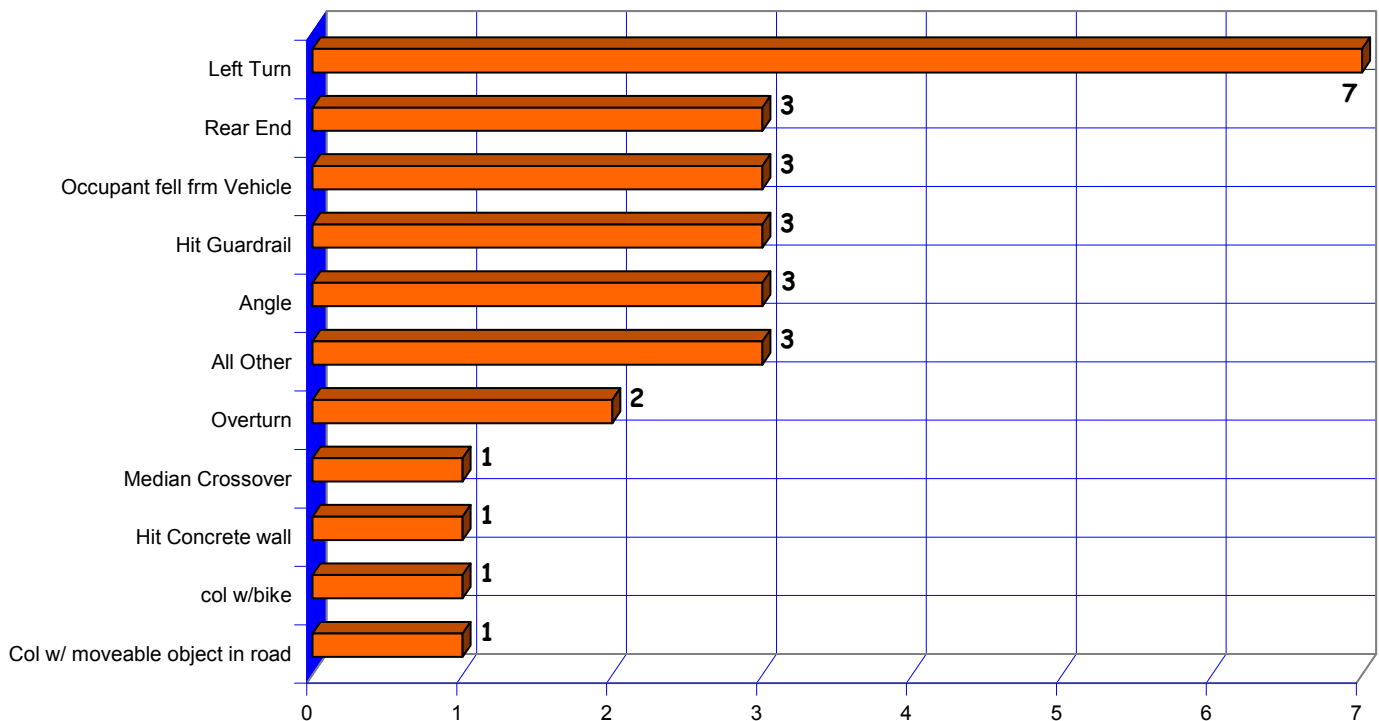
8 of 13 were alcohol and/or drug related

3 of 8 were speeding

15 of 28 were wearing safety helmets

7 of 15 were alcohol and/or drug related

#### 2007, Motorcycle Fatal Harmful Event



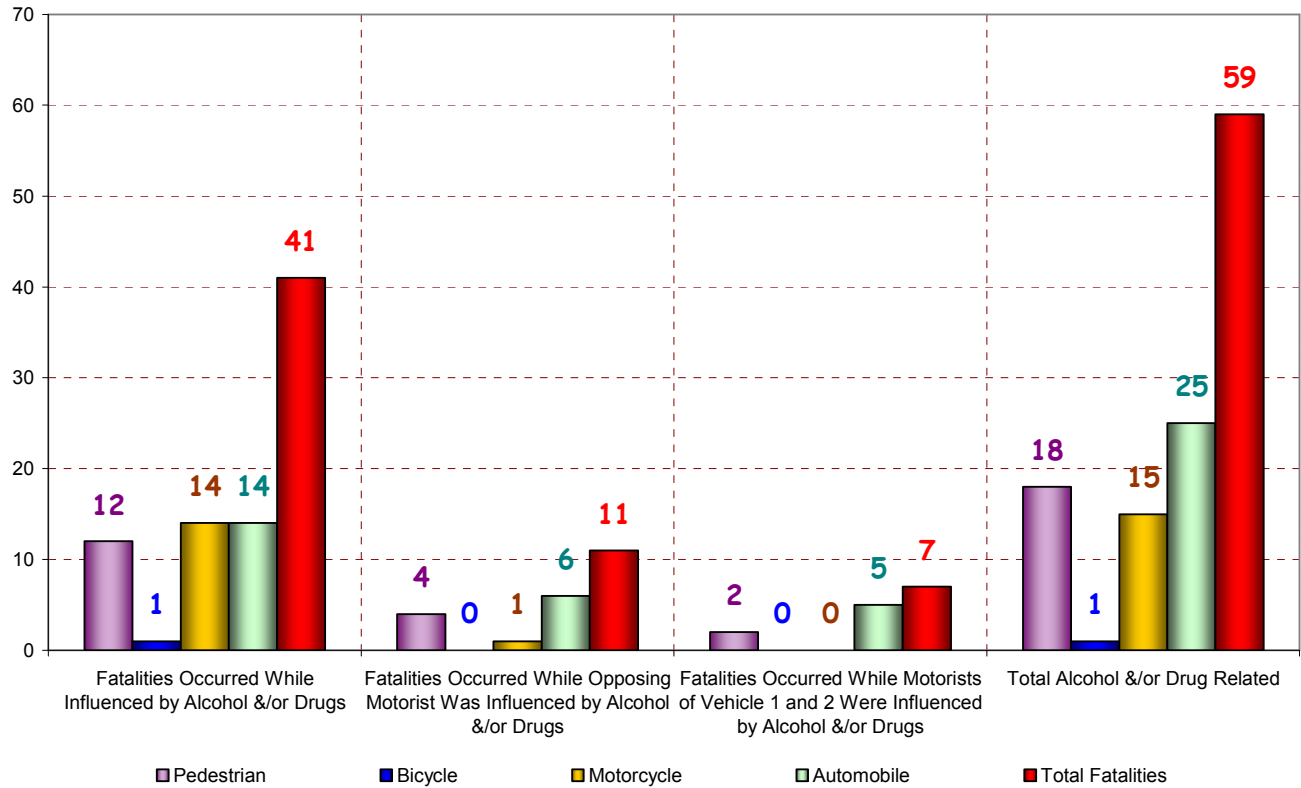
## Alcohol and/or Drug Related Fatalities

These additional tables and charts focus on the 2007 Alcohol and/or Drug Related Fatalities. For the year 2007, 59 out of the total 118 fatalities were alcohol and/or drug related. Alcohol and/or drugs influenced fifty percent of all fatality crashes.

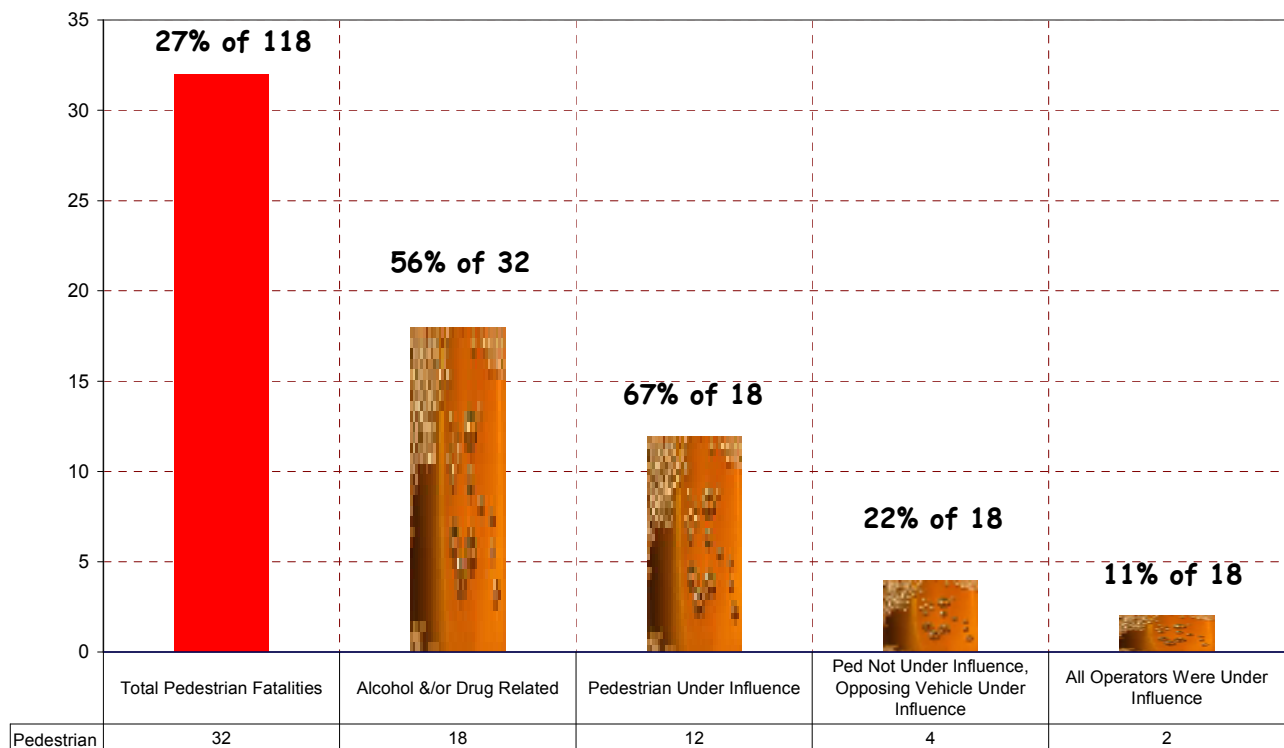
The table below presents an overview of all alcohol and/or drug related fatalities involving the following categories: Alcohol – Under Influence, Drugs – Under Influence, Alcohol and/or Drugs – Under Influence, Had Been Drinking, and Pending Alcohol and/or Drug Test Result. This table shows the total number of fatalities and total number of alcohol and/or drug related fatalities per type of vehicle per type of driver. The table is followed by charts, which depict a breakdown of each type of vehicle with the total number of fatalities for that type. The data also depicts the number of alcohol related fatalities for that category showing which driver was under the influence.

<b>2007 Alcohol &amp;/or Drug Related Fatalities</b>	<b>Pedestrian</b>	<b>Bicycle</b>	<b>Motorcycle</b>	<b>Automobile</b>	<b>*ATV &amp; Moped</b>	<b>Total Fatalities</b>
<b>Fatalities Occurred While Influenced by Alcohol &amp;/or Drugs</b>	12	1	14	14	0	41
<b>Fatalities Occurred While Opposing Motorist Was Influenced by Alcohol &amp;/or Drugs</b>	4	0	1	6	0	11
<b>Fatalities Occurred While Motorists of Vehicle 1 and 2 Were Influenced by Alcohol &amp;/or Drugs</b>	2	0	0	5	0	7
<b>Total Alcohol &amp;/or Drug Related</b>	<b>18</b>	<b>1</b>	<b>15</b>	<b>25</b>	<b>0</b>	<b>59</b>
<b>Total Fatalities</b>	<b>32</b>	<b>5</b>	<b>28</b>	<b>51</b>	<b>2</b>	<b>118</b>
Note: 50% of all 118 Fatalities Were Caused By A Direct Relationship to Being Influenced by Alcohol &/or Drugs						
*Note: Neither Fatalities for ATV (1) or Moped (1) were Influenced by Alcohol &/or Drugs						

### 2007, Alcohol &/or Drug Related Fatalities



### 2007, Alcohol &/or Drug Pedestrian Fatalities



# Summary from Florida Department of Highway Safety and Motor Vehicles (DHSMV)

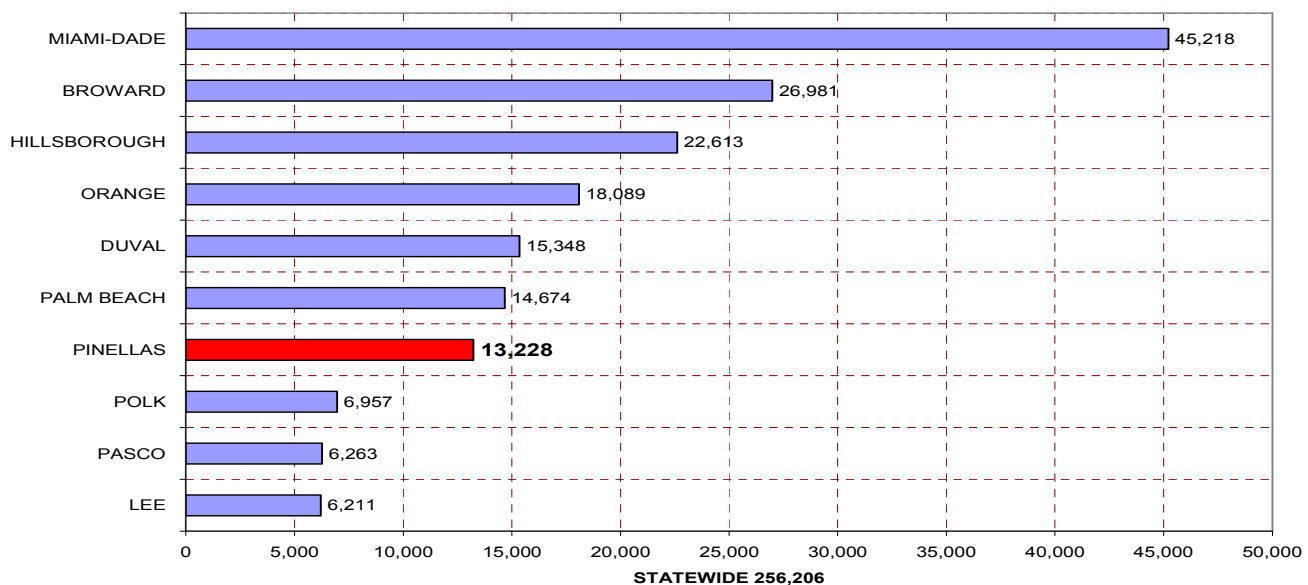
	Pinellas County MPO	DHSMV's results for Pinellas County	
	Crash Data Center	Pinellas County	State of Florida
Total Crashes	23,248	13,228	256,206
Total Injuries	9,243	10,964	212,149
Total Fatalities	118	114	3,221
Pedestrian Injuries	199	403	7,529
Pedestrian Fatalities	32	29	530
Bicyclist Injuries	381	430	4,303
Bicyclist Fatalities	5	4	121
Motorcycle Injuries	438	449	8,186
Motorcycle Fatalities	28	26	517

DHSMV's Top 10 Florida counties in category of:

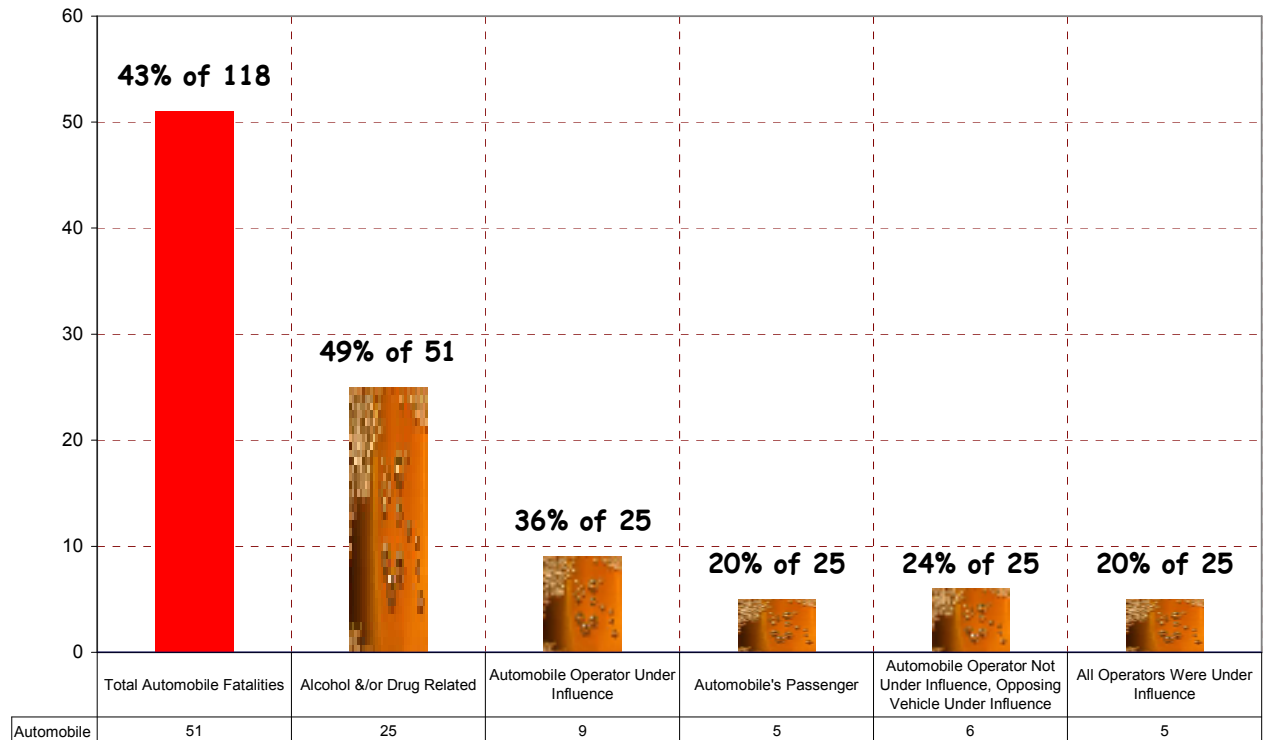
Crash Total.....	Pinellas County ranked Number 7
Fatality Total.....	Pinellas County ranked Number 7
Injury Total.....	Pinellas County ranked Number 6
Bicycle Fatalities.....	Pinellas County ranked Number 7
Bicycle Injuries.....	Pinellas County ranked Number 2
Pedestrian Fatalities.....	Pinellas County ranked Number 7
Pedestrian Injuries.....	Pinellas County ranked Number 6

The following pages feature graphs displaying all the different categories captured from DHSMV's Top 10 Florida counties.

**2007 DHSMV TOP 10 CRASH TOTAL BY COUNTY  
PINELLAS COUNTY RANKED # 7**



### 2007, Alcohol &/or Drug Automobile Fatalities



In conclusion, most pedestrian fatalities were caused by the pedestrian being at fault when; influenced by alcohol and/or drugs, at night away from the intersection, and failing to yield the right of way.

In conclusion, 118 lives were lost in 114 fatal crashes. Pedestrian fatalities are still a major concern with 32 fatalities in 2007. That is a 6 percent increase from the previous year with 30 pedestrian fatalities. Motorcycle fatalities stayed the same with 28 in 2006 and 2007. Fifty percent of all fatalities were caused by either vehicle 1 and/or vehicle 2 having consumed alcohol and/or drugs.

# Summary from Florida Department of Highway Safety and Motor Vehicles (DHSMV)

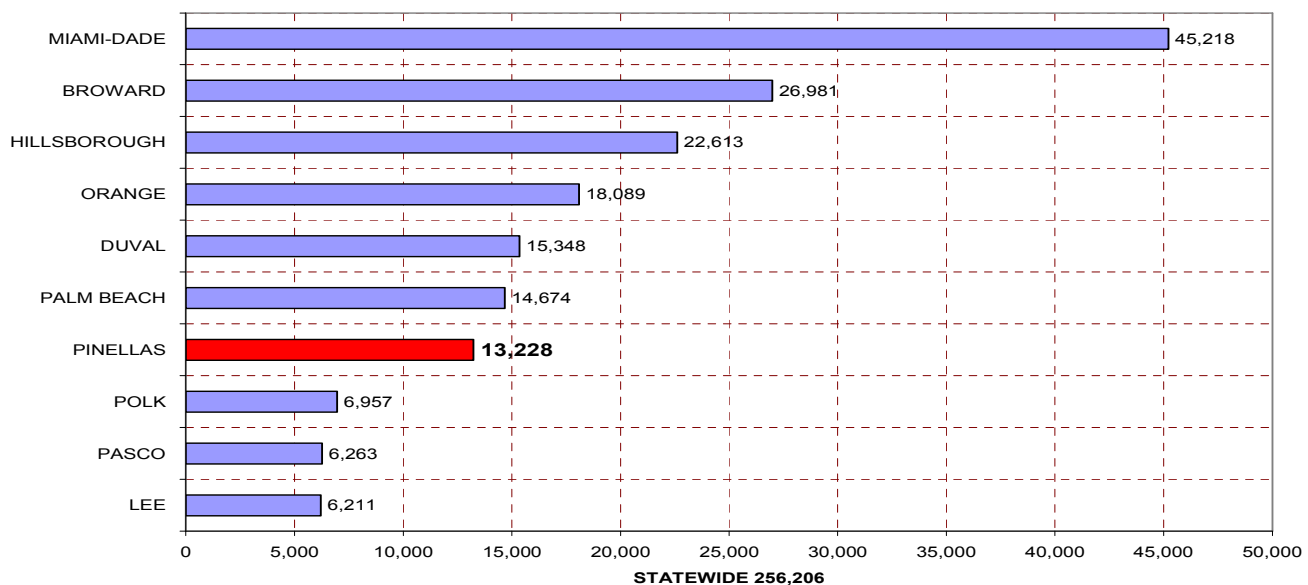
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Motorcycle Fatalities	28	26	517

DHSMV's Top 10 Florida counties in category of:

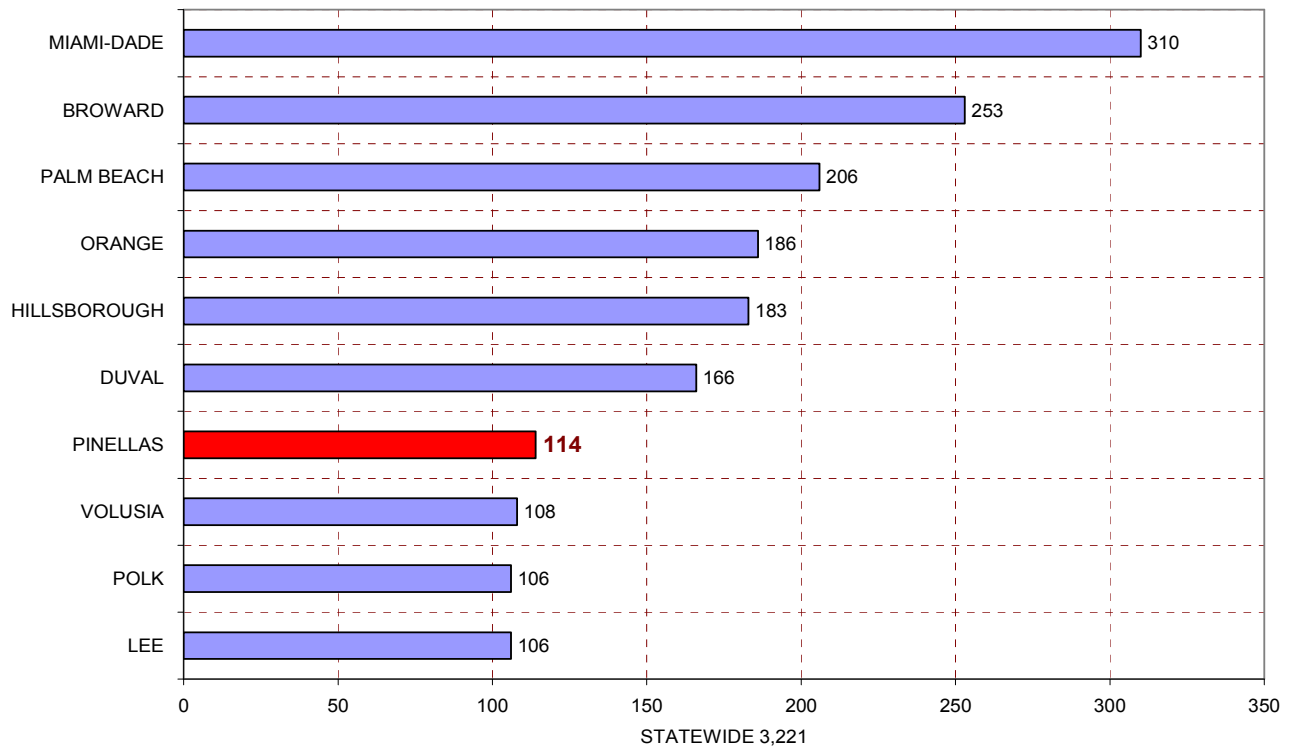
Crash Total.....	Pinellas County ranked Number 7
Fatality Total.....	Pinellas County ranked Number 7
Injury Total.....	Pinellas County ranked Number 6
Bicycle Fatalities.....	Pinellas County ranked Number 7
Bicycle Injuries.....	Pinellas County ranked Number 2
Pedestrian Fatalities.....	Pinellas County ranked Number 7
Pedestrian Injuries.....	Pinellas County ranked Number 6

The following pages feature graphs displaying all the different categories captured from DHSMV's Top 10 Florida counties.

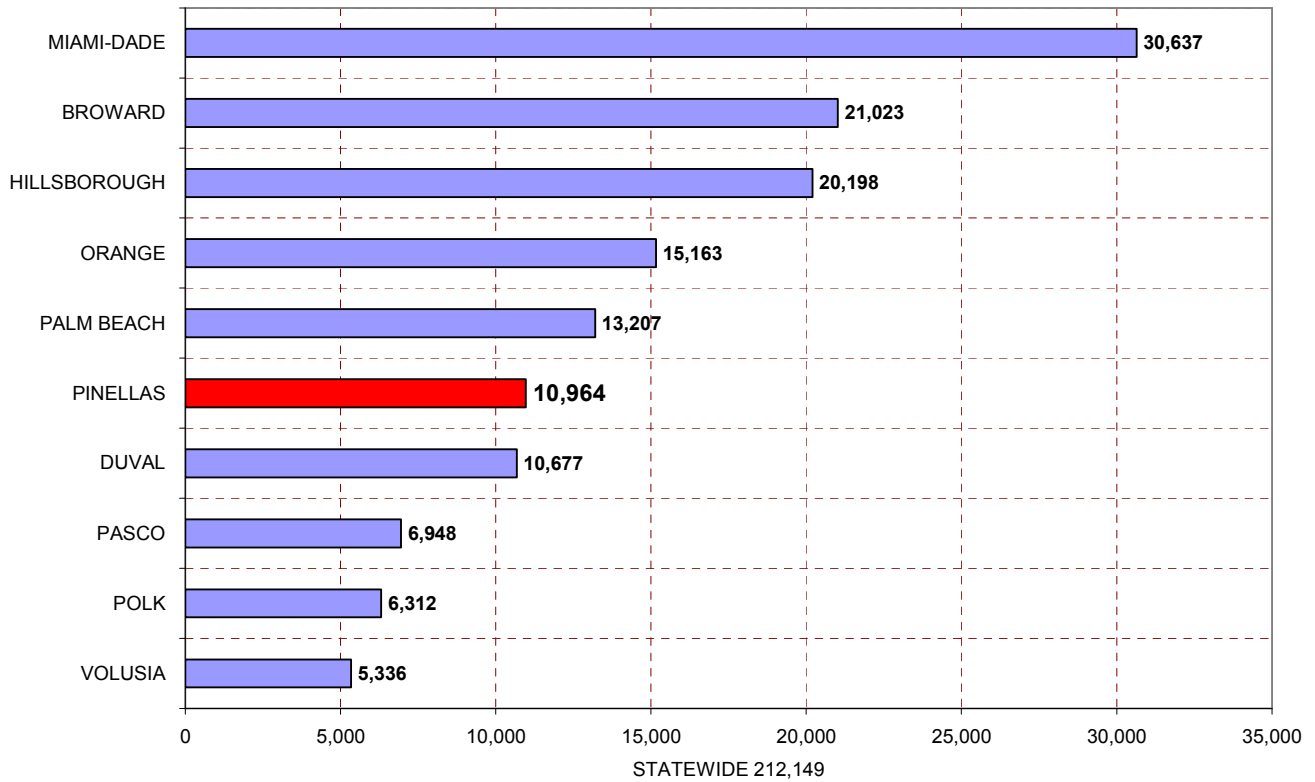
**2007 DHSMV TOP 10 CRASH TOTAL BY COUNTY  
PINELLAS COUNTY RANKED # 7**



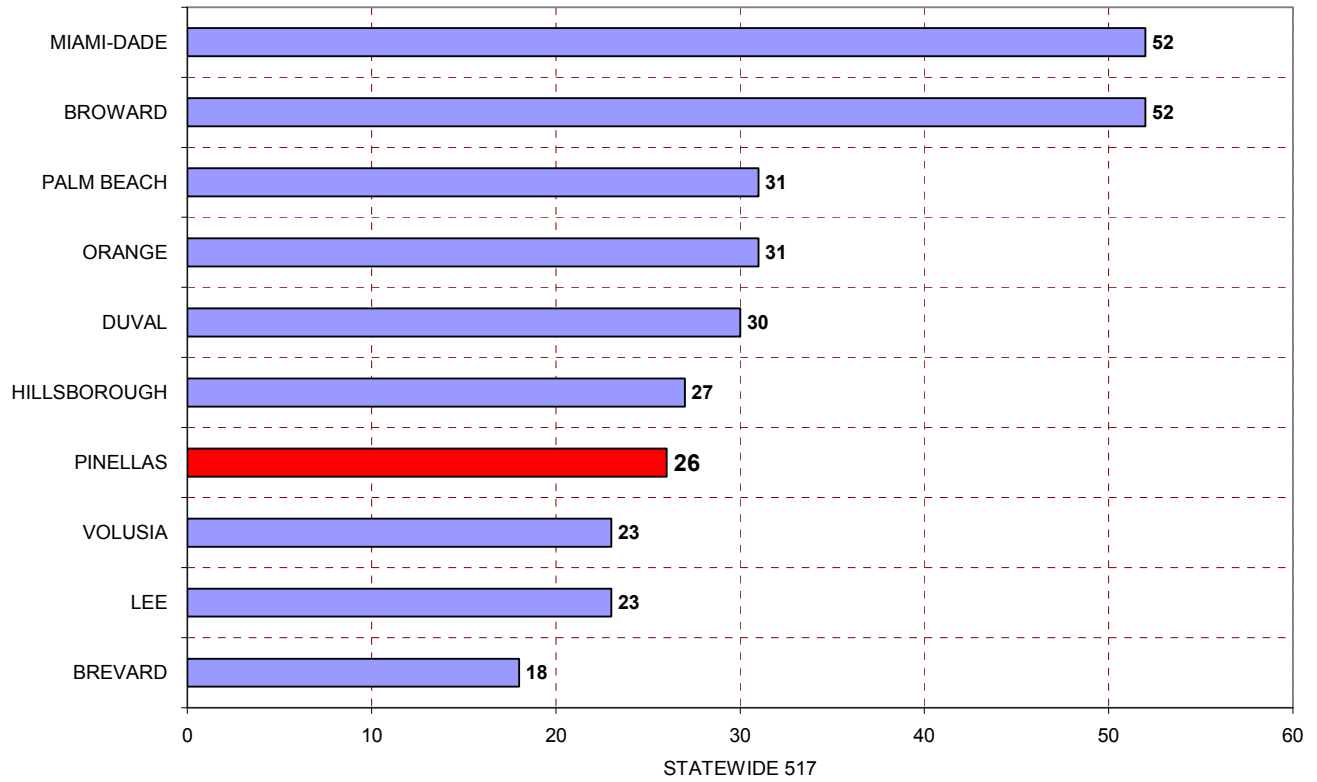
2007 DHSMV TOP 10 FATALITY TOTAL BY COUNTY  
PINELLAS COUNTY RANKED # 7



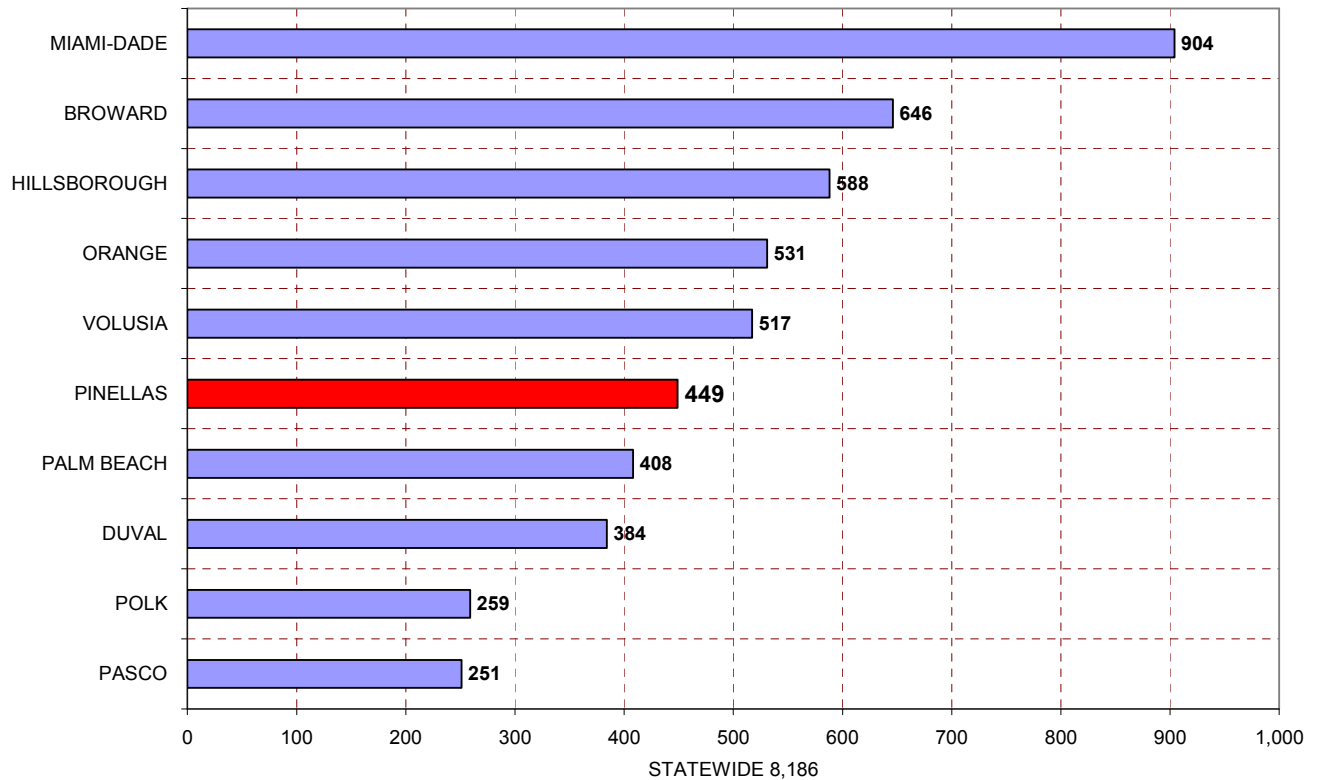
2007 DHSMV TOP 10 INJURY TOTAL BY COUNTY  
PINELLAS COUNTY RANKED # 6



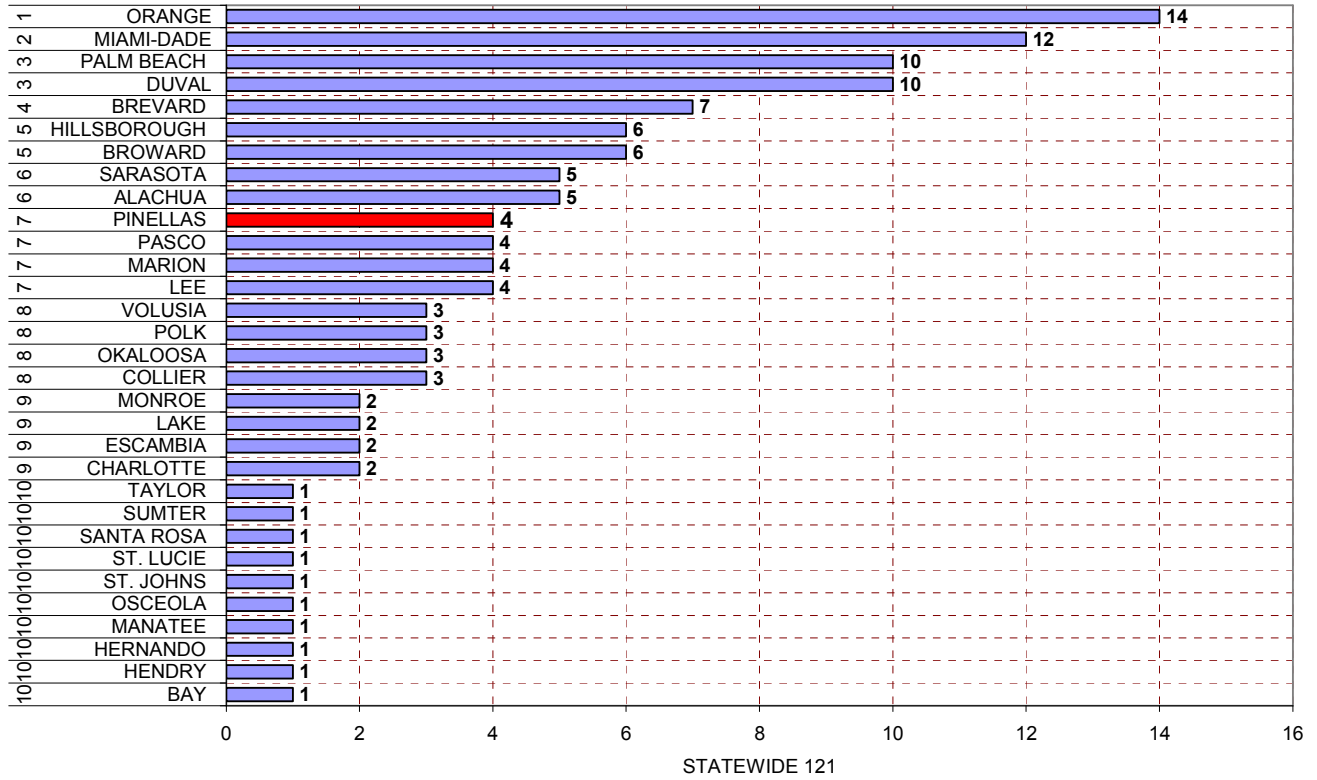
2007 DHSMV TOP 10 MOTORCYCLE FATALITY BY COUNTY  
PINELLAS COUNTY RANKED # 7



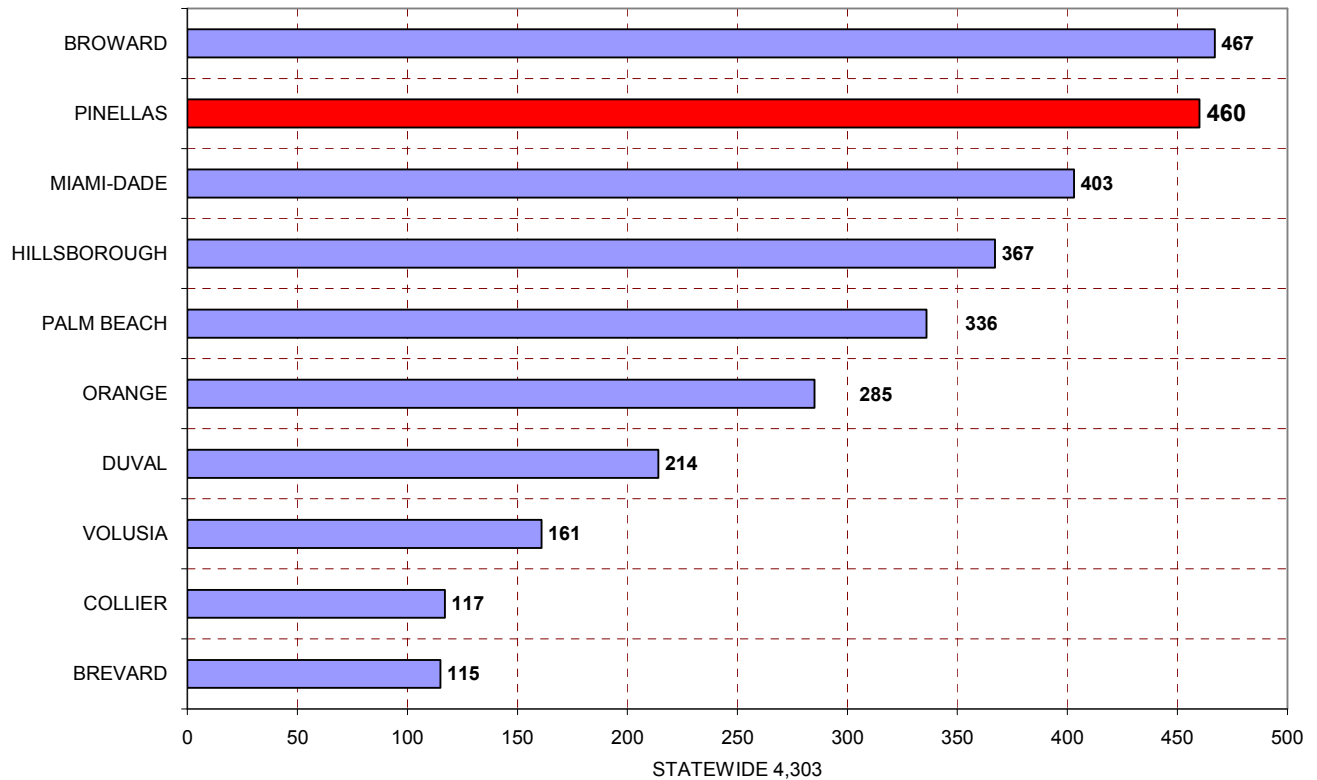
2007 DHSMV TOP 10 MOTORCYCLE INJURY BY COUNTY  
PINELLAS COUNTY RANKED # 6



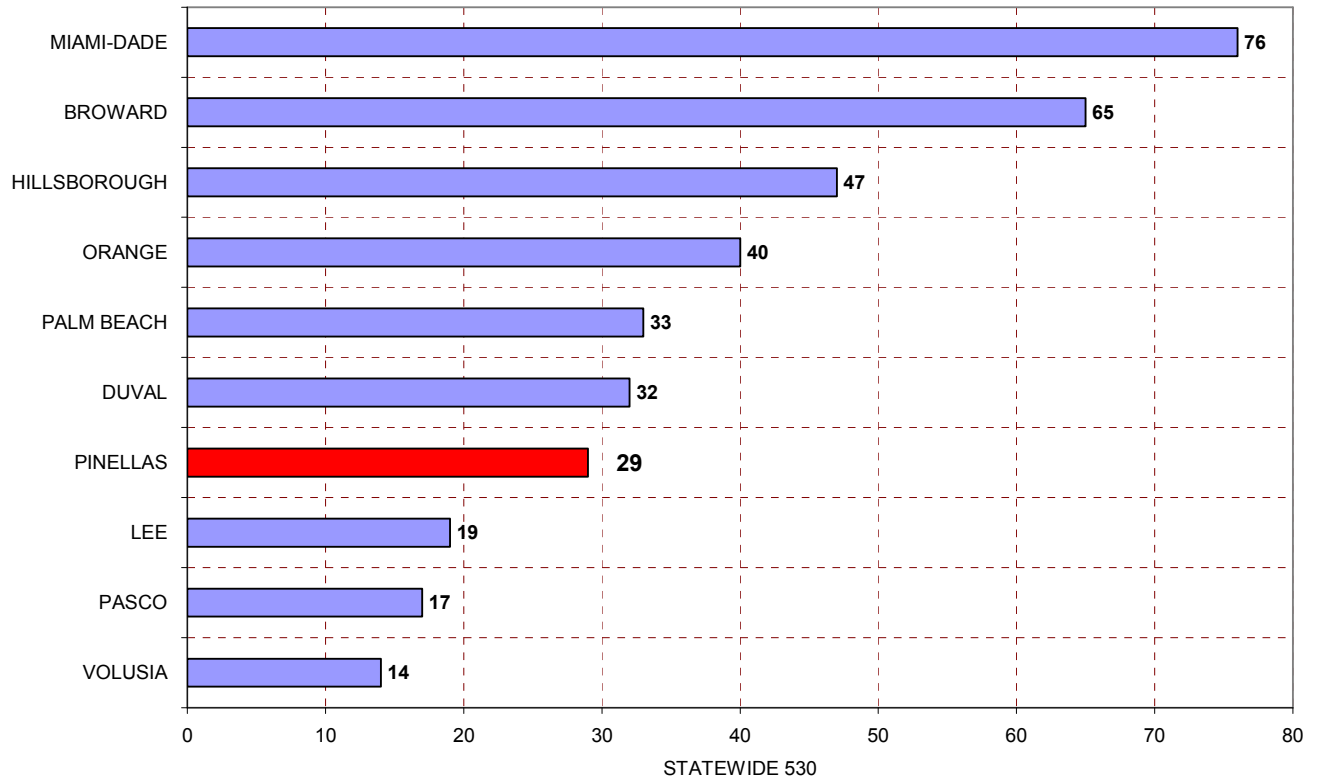
2007 DHSMV TOP 10 BICYCLE FATALITIES BY COUNTY  
PINELLAS COUNTY RANKED # 7



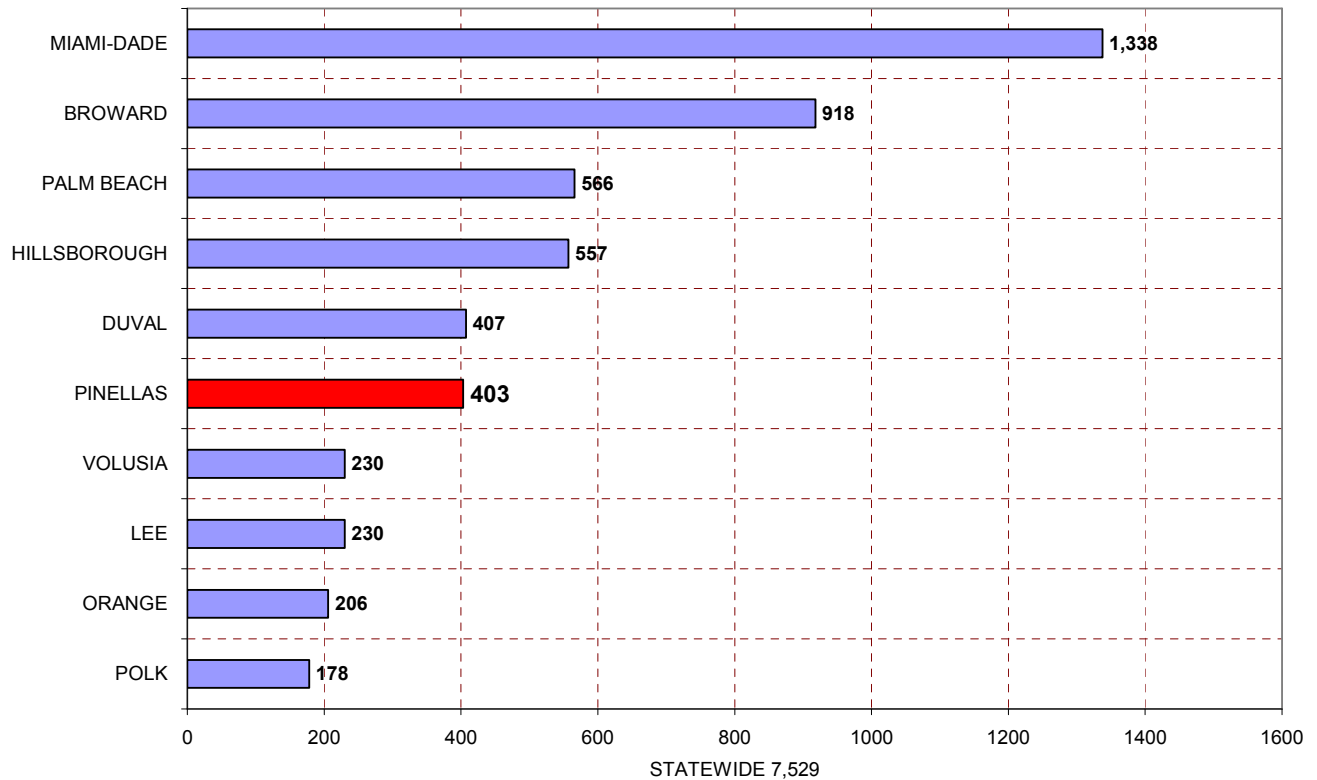
2007 DHSMV TOP 10 BICYCLE INJURY BY COUNTY  
PINELLAS COUNTY RANKED # 2



2007 DHSMV TOP 10 PEDESTRIAN FATALITY BY COUNTY  
PINELLAS COUNTY RANKED # 7



2007 DHSMV TOP 10 PEDESTRIAN INJURY BY COUNTY  
PINELLAS COUNTY RANKED # 6



## Summary from National Highway Traffic Safety Administration (NHTSA)

	<u>United States</u>	<u>State of Florida</u>	<u>Pinellas County</u>
Total Fatalities .....	41,059	3,214	113
Pedestrian Fatalities .....	4,654	531	30
Bicycle Fatalities .....	698	119	4
Motorcycle Fatalities .....	4,833	530	29

United States ranking for;

Pedestrian Fatalities

Florida is ranked # 2 with 531

California is ranked # 1 with 640

Bicycle Fatalities

Florida is ranked # 1 with 119

California is ranked # 2 with 109

Motorcycle Fatalities

Florida is ranked # 1 with 530

California is ranked # 2 with 495

## FACTS

- For 2007, in Pinellas County a Fatal Crash occurred every 3.1 days +
- For 2007 on average, 63.7 crashes occurred daily for a calendar year.
- Overall fatality rate from 2006 to 2007 has gone down 12.5 percent +
- Fifty five percent of all fatalities were alcohol and/or drug influenced +
- Four crashes involved multiple fatalities; two fatalities per fatal crash.+
- Most people are hit by cars when they cross the road at places other than intersections. +++
- Pedestrian fatalities represent the second largest category of motor vehicle related deaths. +++
- Even professional bike racers become involved in serious collisions. More importantly, studies show that in three out of every four bike crashes, the bicyclist receives some sort of injury to the head. +++
- One drink increases a bicyclist's probability of serious injury or death by a factor of six; four or five drinks increase the probability by a factor of 20. ++++
- Helmets are estimated to be 29 percent effective in preventing fatal injuries and 67 percent effective in preventing brain injuries. +++
- Alcohol and motorcycling are a deadly combination. Alcohol affects those skills essential to operate a motorcycle – balance and coordination. +++
- Research has found that lap/shoulder safety belts, when used, reduce the risk of fatal injury to front seat passenger car occupants by 45 percent and the risk of moderate-to-critical injury by 50 percent. For light truck occupants, safety belts reduce the risk of fatal injury by 60 percent and moderate-to-critical injury by 65 percent. +++
- Ejection from the vehicle is one of the most injurious events that can happen to a person in a crash. Safety belts are effective in preventing total ejections: only 1 percent of the occupants reported to have been using restraints were totally ejected, compared with 30 percent of the unrestrained occupants. +++

## SAFETY TIPS

- Pedestrians should always walk FACING traffic +
- Make it easy for drivers to see you - dress in light colors and wear reflective material. +++++
- Bicycle helmets have been shown to reduce the risk of head injury by as much as 85 percent ++++
- Helmets are designed to help prevent injuries to your skull and your brain, so use your brain and wear a helmet. ++++
- Stop at all stop signs and at all traffic lights. Be extra careful at crossroads. +++

### Sources:

- + Pinellas County MPO Crash Data Center
- ++ Department of Highway Safety and Motor Vehicles (DHSMV)
- +++ National Highway Traffic Safety Administration (NHTSA)
- ++++ Bicycle Helmet Safety Institute
- +++++ [www.Walkinginfo.org](http://www.Walkinginfo.org)
- [www.fhp.state.fl.us/misc/FloridaLaw/ReportForm.htm](http://www.fhp.state.fl.us/misc/FloridaLaw/ReportForm.htm)
- <http://www.wreckedexotics.com/corvette/>

# Appendix A

## FHP's Policy on Crash Reports



### ***FHP Policy on Crash Reports***

#### ***Long Form Crash Investigation***

The Florida Highway Patrol shall respond to, investigate and document on the "Long Form" Report all traffic crashes brought to their attention which involve:

- Bodily injury or the death of any person.
- Leaving the scene of a traffic crash or involve driving under the influence.
- Hazardous material incidents, involving the actual/suspected release of toxic substances into the environment, or other unusual conditions that pose a significant threat to public safety.
- Vehicle crashes involving DHSMV vehicles.
- Damage to vehicles/property owned by components of government. Such investigations will only be undertaken at the direction of command or supervisory personnel.
- Crashes that result from the commission of a criminal offense (robbery, auto theft, etc.) or from any pursuit.
- Any crash which requires the completion of the Commercial Vehicle Supplement Report (HSMV 90007).

#### ***Short Form Crash Investigation***

The Florida Highway Patrol shall respond to, investigate and document on the "Short Form" Report traffic crashes which do not include any of the criteria specified under the "Long Form" section but which do involve:

- Damage to any vehicle or other property in an apparent amount of at least \$500.
- Removal of a vehicle from traffic by towing.
- Serious, potentially violent arguments, disturbances or confrontations involving principals or other persons present at the scene. (If such altercations involve the commission of a criminal offense, enforcement action/preparation of "Offense/Incident/Arrest" reports may also be required.)
- Major traffic congestion brought about by the crash, if one or more of the conditions specified in the Long Form Section or the Short Form Section applies.

# **Appendix B**

## **Florida Traffic Crash Report Long Form**

**Please refer to the following example of a  
blank long form report.**

# FLORIDA TRAFFIC CRASH REPORT

## LONG FORM

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

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH		TIME OF CRASH		TIME OFFICER NOTIFIED		TIME OFFICER ARRIVED		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER <b>76063003</b>	
	COUNTY / CITY CODE		FEET or MILE(S)		N S E W		CITY OR TOWN		(Check if in City or Town)		COUNTY	
	AT NODE NO.		FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES		1. DIVIDED 2. UNDIVIDED	
	AT THE INTERSECTION OF (street, road or highway)		FEET		MILE(S)		N S E W		FROM INTERSECTION OF (street, road or highway)			
Section 1 Vehicle	DRIVER ACTION		YEAR		MAKE		TYPE		USE		VEH. LICENSE NUMBER	
	TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE						VEHICLE IDENTIFICATION NUMBER	
	VEHICLE TRAVELLING		ON		AT		Est MPH		Posted Speed		EST. VEHICLE DAMAGE	
	N S E W										1. Disabling 2. Functional 3. No Damage	
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER				VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other	
	NAME OF VEHICLE OWNER (Check Box If Same As Driver)				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
	NAME OF OWNER (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)				CURRENT ADDRESS (Number and Street)				CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS	
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN				CURRENT ADDRESS (Number and Street)				CITY, STATE & ZIP CODE		DATE OF BIRTH	
	DRIVER LICENSE NUMBER				STATE		DL TYPE		REQ. END.		ALC/DRUG TEST TYPE	
Section 2 Vehicle	HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED		IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.	
	1 Yes 2 No		1 Yes 2 No				1 Yes 2 No		1 Yes 2 No		( )	
	DRIVER ACTION		YEAR		MAKE		TYPE		USE		VEH. LICENSE NUMBER	
	TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE						VEHICLE IDENTIFICATION NUMBER	
	VEHICLE TRAVELLING		ON		AT		Est MPH		Posted Speed		EST. VEHICLE DAMAGE	
	N S E W										1. Disabling 2. Functional 3. No Damage	
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER				VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other	
	NAME OF VEHICLE OWNER (Check Box If Same As Driver)				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
	NAME OF OWNER (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)				CURRENT ADDRESS (Number and Street)				CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS	
Section 3 Pedestrian	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN				CURRENT ADDRESS (Number and Street)				CITY, STATE & ZIP CODE		DATE OF BIRTH	
	DRIVER LICENSE NUMBER				STATE		DL TYPE		REQ. END.		ALC/DRUG TEST TYPE	
	WAS HAZARDOUS MATERIAL BEING TRANSPORTED		PLACARDED		IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.	
	1 Yes 2 No		1 Yes 2 No				1 Yes 2 No		1 Yes 2 No		( )	
	VEHICLE TYPE		VEHICLE USE		TRAILER TYPE		RESIDENCE (Driver / Ped.)		PHYSICAL DEFECTS		ALCOHOL / DRUG USE	
	01 Automobile		01 Private Transportation		01 Single Semi Trailer		1 County of Crash		1 No Defects Known		1 Not Drinking or Using Drugs	
	02 Van		02 Commercial Passengers		02 Tandem Semi Trailer		2 Elsewhere in State		2 Eyesight Defect		2 Alcohol - Under Influence	
	03 Light Truck / P.U. - 2 or 4 rear tires		03 Commercial Cargo		03 Tank Trailer		3 Non-Resident Out of State		3 Fatigue / Asleep		3 Drugs - Under Influence	
	04 Medium Truck - 4 rear tires		04 Public Transportation		04 Saddle Mount / Flatbed		4 Foreign		4 Hearing Defect		4 Alcohol & Drugs - Under Influence	
	05 Heavy Truck - 2 or more rear axles		05 Public School Bus		05 Boat Trailer		5 Unknown		5 Illness		5 Had Been Drinking	
06 Truck Tractor (Cab-Boat)		06 Private School Bus		06 Utility Trailer		DL TYPE		6 Seizure, Epilepsy, Blackout		6 Pending ALC/DRUG Test Results		
07 Motor Home (RV)		07 Ambulance		07 House Trailer		1 A 2 B 3 C		7 Other Physical Defect				
08 Bus (driver + seats for 9-15)		08 Law Enforcement		08 Pole Trailer		1 White		INJURY SEVERITY		SAFETY EQUIPMENT IN USE		
09 Bus (driver + seats for over 15)		09 Fire / Rescue		09 Towed Vehicle		2 Black		1 None		1 Not in use		
10 Bicycle		10 Military		10 Auto Transport		3 Hispanic		2 Possible		2 Seat Belt / Shoulder Harness		
11 Motorcycle		11 Other Government		77 Other		4 Other		3 Non-Incapacitating		3 Child Restraint		
12 Moped		12 Dump				5 E/ Operator		4 Incapacitating		4 Air Bag - Deployed		
13 All Terrain Vehicle		13 Concrete Mixer				6 E/ Oper.-Rest.		5 Fatal (Within 30 Days)		5 Air Bag - Not Deployed		
14 Train		14 Garbage or Refuse				7 None		6 Non-Traffic Fatality		6 Safety Helmet		
15 Low Speed Vehicle		15 Cargo Van				REQUIRED ENDORSEMENTS				7 Eye Protection		
77 Other		77 Other				1 Yes						
						2 No						
						3 No Endorsement Required						
										EJECTED		
										1 No		
										2 Yes		
										3 Partial		

S e c t i o n  3	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	<table border="1" style="border-collapse: collapse; margin: auto;"> <tr> <td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> <tr> <td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td></td> </tr> <tr> <td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td> </tr> </table>	2	3	4	5	6	7	1	15	16	17	8		14	13	12	11	10	9
	2	3	4	5	6	7																					
1	15	16	17	8																							
14	13	12	11	10	9																						
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE																									
P e d e s t r i a n	VEHICLE TRAVELLING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON		AT		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input type="checkbox"/>	EST. TRAILER DAMAGE 1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input type="checkbox"/>	DAMAGE AND CIRCLE SHOW FIRST POINT OF VEHICLE DAMAGED AREA(S)																
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)						POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List <input type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Other <input type="checkbox"/>																
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>						CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																
	NAME OF OWNER (Trailer or Towed Vehicle)						CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)						CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS																
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN						CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH																	
DRIVER LICENSE NUMBER			STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused		RESULTS	ALC/DRUG	PHYS DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.											
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED 1 Yes 2 No	IF YES, INDICATE NAME OR A DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.				WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No		RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.																

# 1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
\$							
# 2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
\$							

<b>CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN</b> 01 No Improper Driving / Action <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Careless Driving (Explain In Narrative) 03 Failed To Yield Right - of - Way <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 Improper Backing <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 Improper Lane Change <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 Improper Turn <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 Alcohol - Under Influence <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 08 Drugs - Under Influence <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 09 Alcohol & Drugs - Under Influence <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 10 Followed Too Closely <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 11 Disregarded Traffic Signal <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 12 Exceeded Safe Speed Limit <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 13 Disregarded Stop Sign <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 14 Failed To Maintain Equip. / Vehicle <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 15 Improper Passing <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 16 Drove Left of Center <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 17 Exceeded Stated Speed Limit <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 18 Obstructing Traffic <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 19 Improper Load <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 20 Disregarded Other Traffic Control <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 21 Driving Wrong Side / Way <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 22 Fleeing Police <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 23 Vehicle Modified <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 24 Driver Distraction (Explain In Narrative) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 77 All Other (Explain In Narrative)	<b>VEHICLE DEFECT</b> 01 No Defects <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Def. Brakes <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Worn / Smooth Tires <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 Defective / Improper Lights <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 Puncture / Blowout <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 Steering Mech. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 Windshield Wipers <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 08 Equipment / Vehicle Defect <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 77 All Other (Explain In Narrative) <b>POINT OF COLLISION</b> 01 On Road <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Not On Road <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Shoulder <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 Median <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 Turn Lane <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <b>WORK AREA</b> 01 None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Nearby <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Entered <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<b>VEHICLE MOVEMENT</b> 01 Straight Ahead <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Slowing / Stopped / Stalled <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Making Left Turn <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 Backing <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 Making Right Turn <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 Changing Lanes <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 Entering / Leaving / Parking Space <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 08 Properly Parked <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 09 Improperly Parked <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 10 Making U-Turn <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 11 Passing <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 12 Driverless or Runaway Vehicle <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 77 All Other (Explain In Narrative)	<b>VEHICLE SPECIAL FUNCTIONS</b> 1 None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 2 Farm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 Police Pursuit <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Recreational <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 Emergency Operation <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 6 Construction / Maintenance <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <b>SOURCE OF CARRIER INFORMATION</b> 1 Not Applicable <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 2 Shipping Papers <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 Vehicle Side <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Driver <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 Other <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <b>LOCATION TYPE</b> 1 Primarily Business <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 2 Primarily Residential <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 Open Country <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
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<b>FIRST / SUBSEQUENT HARMFUL EVENT(S)</b> 01 Collision With MV in Transport( Rear End) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Collision With MV in Transport( Head On) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Collision With MV in Transport( Angle) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 Collision With MV in Transport( Left Turn) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 Collision With MV in Transport( Right Turn) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 Collision With MV in Transport( Sideswipe) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 Collision With MV in Transport( Backed Into) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 08 Collision With Parked Car <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 09 Collision With MV on Roadway <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 10 Collision With Pedestrian <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 11 Collision With Bicycle <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 12 Collision With Bicycle (Bike Lane) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 13 Collision With Moped <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 14 Collision With Train <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 15 Collision With Animal <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 16 MV Hit Sign / Sign Post <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 17 MV Hit Utility Pole / Light Pole <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 18 MV Hit Guardrail <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 19 MV Hit Fence <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 20 MV Hit Concrete Barrier Wall <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 21 MV Hit Bridge/Pier/Abutment/Rail <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 22 MV Hit Tree / Shrubbery <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 23 Collision With Construction Barricade Sign <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 24 Collision With Traffic Gate <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 25 Collision With Crash Attenuators <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 26 Collision With Fixed Object Above Road <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 27 MV Hit Other Fixed Object <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 28 Collision With Moveable Object On Road <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 29 MV Ran Into Ditch/Culvert <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 30 Ran Off Road Into Water <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 31 Overturned <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 32 Occupant Fell From Vehicle <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 33 Tractor/Trailer Jackknifed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 34 Fire <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 35 Explosion <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 36 Downhill Runaway <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 37 Cargo Loss or Shift <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 38 Separation of Units <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 39 Median Crossover <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 77 All Other (Explain In Narrative)	<b>ROAD SYSTEM IDENTIFIER</b> 01 Interstate <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 U.S. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 State <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 County <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 Local <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 Turnpike / Toll <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 Forest Road <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 08 Private Roadway <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 77 All Other (Explain In Narrative)	<b>LIGHTING CONDITION</b> 01 Daylight <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Dusk <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 Dark (Street Light) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 Dark (No Street Light) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<b>ROAD SURFACE CONDITION</b> 01 Dry <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Wet <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Slippery <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 Icy <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 77 All Other (Explain In Narrative)	<b>WEATHER</b> 01 Clear <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Cloudy <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Rain <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 Fog <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 77 All Other (Explain In Narrative)	<b>ROAD SURFACE TYPE</b> 01 Slag/Gravel/Stone <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Blacktop <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Brick/Block <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 Concrete <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 Dirt <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 77 All Other (Explain In Narrative)
<b>ROAD CONDITIONS AT TIME OF CRASH</b> 01 No Defects <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Obstruction With Warning <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Obstruction Without Warning <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 Road Under Repair / Construction <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 Loose Surface Materials <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 Shoulders - Soft / Low / High <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 Holes / Ruts / Unsafe Paved Edge <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 08 Standing Water <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 09 Worn / Polished Road Surface <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 77 All Other (Explain In Narrative)	<b>VISION OBSTRUCTED</b> 01 Vision Not Obscured <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Inclement Weather <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Parked / Stopped Vehicle <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 Trees / Crops / Bushes <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 Load On Vehicle <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 Building / Fixed Object <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 Signs / Billboards <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 08 Fog <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 09 Smoke <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 10 Glare <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 77 All Other (Explain In Narrative)	<b>TRAFFIC CONTROL</b> 01 No Control <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Special Speed Zone <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Speed Control Sign <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 School Zone <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 Traffic Signal <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 Stop Sign <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 Yield Sign <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 08 Flashing Light <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 09 Railroad Signal <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 10 Officer / Guard / Flagperson <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 11 Posted No U-Turn <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 12 No Passing Zone <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 77 All Other (Explain In Narrative)	<b>SITE LOCATION</b> 01 Not At Intersection / RR X-ing / Bridge <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 At Intersection <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Influenced By Intersection <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 Driveway Access <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 05 Railroad <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 06 Bridge <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 07 Entrance Ramp <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 08 Exit Ramp <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 09 Parking Lot - Public <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 10 Parking Lot - Private <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 11 Private Property <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 12 Toll Booth <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 13 Public Bus Stop Zone <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 77 All Other (Explain In Narrative)	<b>TRAFFICWAY CHARACTER</b> 01 Straight - Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Straight - Upgrade / Downgrade <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 Curve - Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 Curve - Upgrade / Downgrade <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <b>TYPE SHOULDER</b> 01. Paved <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02. Unpaved <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03. Curb <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	

V i o l a t o r ( s )	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
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

# FLORIDA TRAFFIC CRASH REPORT

☐ UPDATE

☐ CONTINUATION

DO NOT WRITE IN THIS SPACE

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
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S e c t i o n	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer				
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE					SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)					
V e h i c l e	VEHICLE TRAVELLING N S E W	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	1. Tow Rotation List 2. Tow Owner's Request	3. Driver 4. Other				
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NUMBER		VEHICLE REMOVED BY:								
P e d e s t r i a n	NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS							
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH							
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND			WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					

S e c t i o n	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer				
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE					SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)					
V e h i c l e	VEHICLE TRAVELLING N S E W	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	1. Tow Rotation List 2. Tow Owner's Request	3. Driver 4. Other				
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NUMBER		VEHICLE REMOVED BY:								
P e d e s t r i a n	NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS							
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH							
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND			WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
WAS INVESTIGATION MADE AT SCENE?	1. YES 2. NO	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE?	1. YES 2. NO	IF NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN
INVESTIGATOR - RANK & SIGNATURE		ID/BADGE NUMBER	DEPARTMENT		IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER		FHP SO PD OTHER

FIRST / SUBSEQUENT HARMFUL EVENT(S)			
01 Collision With MV in Transport( Rear End)	15 Collision With Animal	29 MV Ran Into Ditch/Culvert	
02 Collision With MV in Transport( Head On)	16 MV Hit Sign / Sign Post	30 Ran Off Road Into Water	<input type="checkbox"/>
03 Collision With MV in Transport( Angle)	17 MV Hit Utility Pole / Light Pole	31 Overturned	<input type="checkbox"/>
04 Collision With MV in Transport( Left Turn)	18 MV Hit Guardrail	32 Occupant Felt From Vehicle	<input type="checkbox"/>
05 Collision With MV in Transport( Right Turn)	19 MV Hit Fence	33 Tractor/Trailer Jackknifed	<input type="checkbox"/>
06 Collision With MV in Transport( Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire	<input type="checkbox"/>
07 Collision With MV in Transport( Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	35 Explosion	<input type="checkbox"/>
08 Collision With Parked Car	22 MV Hit Tree /Shrubbery	36 Downhill Runaway	<input type="checkbox"/>
09 Collision With MV on Roadway	23 Collision With Construction Barricade Sign	37 Cargo Loss or Shift	<input type="checkbox"/>
10 Collision With Pedestrian	24 Collision With Traffic Gate	38 Separation of Units	<input type="checkbox"/>
11 Collision With Bicycle	25 Collision With Crash Attenuators	39 Median Crossover	<input type="checkbox"/>
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	77 All Other (Explain In Narrative)	<input type="checkbox"/>
13 Collision With Moped	27 MV Hit Other Fixed Object		<input type="checkbox"/>
14 Collision With Train	28 Collision With Moveable Object On Road		<input type="checkbox"/>

[illegible][illegible]Page \_\_\_\_\_ Of \_\_\_\_\_

# FLORIDA TRAFFIC CRASH REPORT

## NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH / /	COUNTY / CITY CODE /	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
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(NARRATIVE)

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

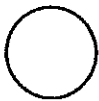
WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
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FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	INJURED TAKEN TO:	BY - NAME
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WAS INVESTIGATION MADE AT SCENE? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	IF YES, BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER <input type="checkbox"/>
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INVESTIGATOR - RANK & SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	FHP <input type="checkbox"/> SO <input type="checkbox"/> PD <input type="checkbox"/> OTHER <input type="checkbox"/>
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DIAGRAM



INDICATE NORTH  
WITH ARROW



## DEFINITIONS

**TRUCK** — A MOTOR VEHICLE DESIGNED, USED OR MAINTAINED PRIMARILY FOR THE TRANSPORTATION OF PROPERTY. FOR THE PURPOSE OF THIS FORM THE VEHICLE MUST ALSO MEET ONE OF THE FOLLOWING CRITERIA:

HAVE AT LEAST 6 TIRES ON THE GROUND  
or  
CARRY A HAZARDOUS MATERIAL PLACARD

**BUS** — A MOTOR VEHICLE PROVIDING SEATS FOR 16 OR MORE PERSONS INCLUDING THE DRIVER AND USED PRIMARILY FOR THE TRANSPORTATION OF PERSONS.

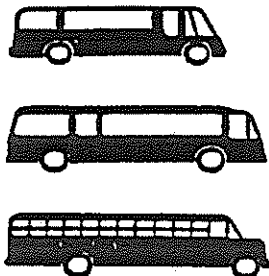
**TRAILER** — A NON-POWER VEHICLE TOWED BY A MOTOR VEHICLE.

**REPORTABLE CRASH** — A TRAFFIC CRASH REQUIRED TO BE REPORTED IN WRITING BY A LAW ENFORCEMENT OFFICER TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES INVOLVING ONE OR MORE TRUCKS OR BUSES (AS DEFINED ABOVE) WHICH RESULTS IN:

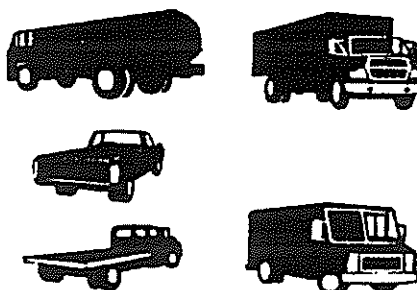
- ONE OR MORE FATALITIES
- or
- ONE OR MORE NON-FATAL INJURIES REQUIRING TRANSPORTATION FOR THE PURPOSE OF OBTAINING IMMEDIATE MEDICAL TREATMENT
- or
- ONE OR MORE OF THE VEHICLES BEING REMOVED FROM THE SCENE AS A RESULT OF DISABLING DAMAGE
- or
- ONE OR MORE VEHICLES REQUIRING INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

## TYPICAL VEHICLE SILHOUETTES

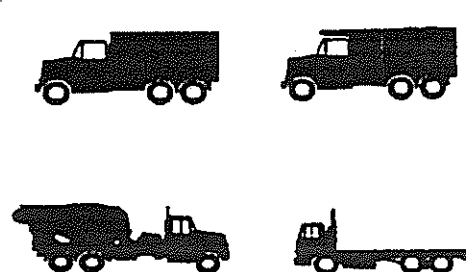
1. BUS



2. SINGLE UNIT TRUCK - 2 AXLE / 6 TIRE



3. SINGLE UNIT TRUCK - 3 AXLE



4. TRUCK WITH TRAILER



5. TRUCK TRACTOR (BOBTAIL)



6. TRACTOR WITH SEMI-TRAILER



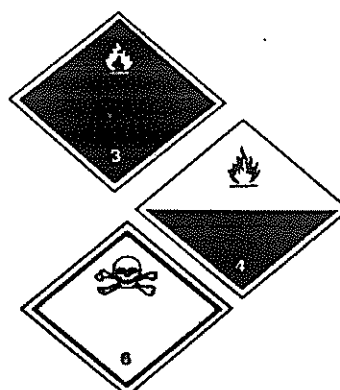
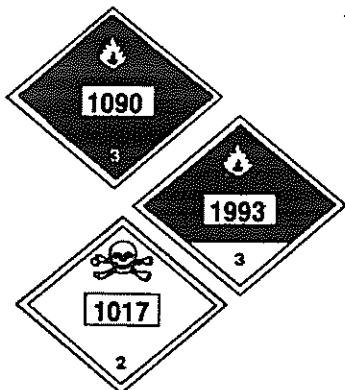
7. TRACTOR WITH DOUBLE TRAILERS



8. TRACTOR WITH TRIPLE TRAILERS



## TYPICAL HAZARDOUS MATERIAL PLACARDS



# **Appendix C**

## **Florida Traffic Crash Report Short Form**

**Please refer to the following example of a  
blank short form report.**

- ☒ LAW ENFORCEMENT SHORT FORM REPORT  
☐ DRIVER REPORT OF TRAFFIC CRASH  
☐ DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS

TIME & LOCATION	DATE OF CRASH	TIME OF CRASH <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER NOTIFIED <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER ARRIVED <input type="checkbox"/> AM <input type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER <b>06113005</b>						
	COUNTY / CITY CODE	Feet or <input type="checkbox"/> Miles <input type="checkbox"/>	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CITY OR TOWN	(Check if in City or Town) <input type="checkbox"/>	COUNTY <b>Pinellas</b>						
	AT NODE NO. or	FEET	MILES	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES <input type="checkbox"/> 1 DIVIDED <input type="checkbox"/> 2 UNDIVIDED						
	ON STREET, ROAD OR HIGHWAY											
VEHICLE	AT INTERSECTION OF											
	or FEET MILE(S) N S E W FROM INTERSECTION OF											
	YEAR	MAKE (chev, ford, etc)	TYPE (car, truck, bicycle, etc)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER						
	Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	Est. VEHICLE DAMAGE	VEHICLE REMOVED BY.	1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other
PEDESTRIAN	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)						POLICY NUMBER					
	NAME OF VEHICLE OWNER (Check box if same as Driver) <input type="checkbox"/>						CURRENT ADDRESS (Number and street)	CITY AND STATE	ZIP CODE			
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN						CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE			
	DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH				
VEHICLE	NAME OF PASSENGER						CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE			
	YEAR	MAKE (chev, ford, etc)	TYPE (car, truck, bicycle, etc)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER						
	Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	Est. VEHICLE DAMAGE	VEHICLE REMOVED BY.	1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)						POLICY NUMBER					
PEDESTRIAN	NAME OF VEHICLE OWNER (Check box if same as Driver) <input type="checkbox"/>						CURRENT ADDRESS (Number and street)	CITY AND STATE	ZIP CODE			
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN						CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE			
	DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH				
	NAME OF PASSENGER						CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE			
VEHICLE	YEAR MAKE (chev, ford, etc) TYPE (car, truck, bicycle, etc) VEH. LICENSE NUMBER STATE VEHICLE IDENTIFICATION NUMBER											
	Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	Est. VEHICLE DAMAGE	VEHICLE REMOVED BY.	1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)						POLICY NUMBER					
	NAME OF VEHICLE OWNER (Check box if same as Driver) <input type="checkbox"/>						CURRENT ADDRESS (Number and street)	CITY AND STATE	ZIP CODE			
PEDESTRIAN	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN						CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE			
	DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH				
	NAME OF PASSENGER						CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE			
	SECTION # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER											
VIOLATOR(S)	SECTION # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER											
	SECTION # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER											
	PROPERTY DAMAGED - OTHER THAN VEHICLES EST. AMOUNT OWNERS NAME ADDRESS CITY STATE ZIP											
WITNESS NAME (1) CURRENT ADDRESS CITY & STATE ZIP CODE						WITNESS NAME (2) CURRENT ADDRESS CITY & STATE ZIP CODE						
INVESTIGATOR - RANK & SIGNATURE ID / BADGE NUMBER DEPARTMENT						FHP SO PD OTH						

## SHORT FORM

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