

# FLORIDA TRAFFIC CRASH REPORT

## HIGHWAY SAFETY & MOTOR VEHICLES

### TRAFFIC CRASH RECORDS

NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

LONG FORM  SHORT FORM  UPDATE

(Electronic Version)

Crash Date <b>JULY 22, 2021</b>		Time of Crash <b>01:50 PM</b>		Date of Report <b>JULY 22, 2021</b>		Reporting Agency Case Number <b>0221010125</b>		HSMV Crash Report Number <b>24091051</b>																
<b>CRASH IDENTIFIERS</b>																								
County Code <b>11</b>	City Code <b>34</b>	County of Crash <b>ALACHUA</b>			Place or City of Crash <b>GAINESVILLE</b>			Within City Limits <b>YES</b>	Time Reported <b>01:54 PM</b>	Time Dispatched <b>01:54 PM</b>														
Time on Scene <b>01:55 PM</b>	Time Cleared Scene <b>03:04 PM</b>	Completed <b>NO</b>	Reason (if Investigation NOT Complete) <b>THI</b>						Notified By <b>LAW ENFORCEMENT</b>															
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>																								
Crash Occurred On Street, Road, Highway <b>US 441 (13TH ST)</b>					1 At Street Address #	2 At Latitude	And	Longitude																
At Feet	Miles	Direction <b>N</b>	3 At / From Intersection With Street, Road, Highway <b>SR 26 (W UNIVERSITY AVE)</b>				4 Or From Milepost #																	
Road System Identifier <b>2 U.S.</b>				Type of Shoulder <b>3 CURB</b>		Type of Intersection <b>2 FOUR-WAY INTERSECTION</b>																		
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/></b>																								
Light Condition		Weather Condition		Roadway Surface Condition		School Bus Related		Manner of Collision																
First Harmful Event Type		First Harmful Event		First Harmful/Event Location		Within Interchange	First Harmful Event Relation to Junction																	
Contributing Circumstances: Road			Contributing Circumstances: Road			Contributing Circumstances: Road																		
Contributing Circumstances: Environment			Contributing Circumstances: Environment			Contributing Circumstances: Environment																		
Work Zone Related	Crash in Work Zone		Type of Work Zone		Workers in Work Zone	Law Enforcement in Work Zone																		
<b>VEHICLE</b> Check if Commercial <input type="checkbox"/>																								
Vehicle	Motor Vehicle Type	Hit and Run	Veh License Number	State	Reg. Expires	Permanent Reg	VIN																	
Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By	Rotation															
Insurance Company (Driver)						Insurance Policy Number																		
Name of Vehicle Owner (Business) <input checked="" type="checkbox"/>				Current Address			City & State		Zip Code															
Trailer One:	License Number	State	Reg. Expires	Permanent Reg	VIN	Year	Make	Length	Axles															
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg	VIN	Year	Make	Length	Axles															
Vehicle Traveling	Direction	On Street, Road, Highway					At Est. Speed	Posted Speed	Total Lanes															
CMV Configuration	Cargo Body Type			Area of Initial Impact						Most Damaged Area														
Com'n GVWR / GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)		2	3	4	5	6	7	18	Undercarriage	18	2	3	4	5	6	7				
1	15	16	17	8	14	13	12	11	10	9	19	Overturn	19	1	15	16	17	8	14	13	12	11	10	9
20	Windshield	20	21	Trailer	21																			
Haz. Mat. Release	Haz. Mat. Plazard	Number	Class	Motor Carrier Name						US DOT Number														
Motor Carrier Address				City & State						Zip Code		Phone Number												
Com'n/Non-Commercial	Vehicle Body Type		Vehicle Defects (one)		Vehicle Defects (two)		Emergency Vehicle Use		Special Function of MV															
Vehicle Maneuver Action	Traffic Way	Roadway Grade	Roadway Alignment	Most Harmful Event			Most Harmful Event Detail																	
Traffic Control Device For Thi	Me	ence of Events	Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events																	