Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

Od_or ___ ___
rt_dt ___ ___
od_rt ___ ___
up_ltr ___ ___

Reference No. ADD 70 #1010852

OWNER INFORMATION (Type or Print)

Name [redacted]

Street No [redacted] Apt. No.

City HOLLYWOOD State FL Zip Code [redacted]

Daytime Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ ***YES*** ☐ ***NO***
In the absence of an [redacted] ***ur name or address to the vehicle manufacturer.***

Signature of Owner [redacted] Date ___/___/___

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) *(Located at bottom of windshield on driver's side)*	Make	Model	Year
1G8AG54F13Z[redacted]	SATURN	ION 1A	2003

Purchased Date 6/16/03 ☑ New ☐ Used

Dealer's Name SATURN MIAMI LAKES

Dealer's City MIAMI LAKES State FL Zip Code 33014

Engine Size (CID/CC/L) 2.2 No. Cylinders 4 ☐ Turbo ☐ Diesel ☐ Gas ☑ Fuel Injection

Manufacture Date (on driver's door or pilar): MAY 2003

Transmission Type: ☐ Manual ☑ Automatic

Restraint System: ☑ Driverside Air Bag ☐ Motorbelt ☐ Passengerside Air Bag ☐ 2-Point Belt ☐ 3-Point Belt

Cruise Control: ☐ Yes ☑ No

Drivetrain: ☑ Front ☐ Rear ☐ 4-Wheel

Vehicle Type: ☑ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other ___

Body Style: ☐ 2-Door ☑ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other ___

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s): SIDE AND FRONT AIRBAGS FAILED TO DEPLOY

Location: ☑ Left ☑ Right ☑ Front ☐ Rear

Failed Part(s): ☑ Original ☐ Replacement

Handicap Adaptive Equip: ☐ Yes ☑ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand ___ Tire Name ___

Complete Tire Size ___ DOT No. ___

No. of Failures ___

Date(s) of Failure(s) ___
Mileage at Failure(s) ___
Vehicle Speed at Failure(s): ___

Failed Part(s) Available? ☐ Yes ☐ No

NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☑ Yes ☐ No	☐ Yes ☑ No	ONE	0	☐ Yes ☑ No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

I was T-boned by another vehicle who ran a stop sign, traveling at a high rate of speed. Upon impact, my car spun around 180° and I ended up striking the wooden fence of a house. None of the airbags deployed upon impact

Continue on back.

Mail postage free or fax to 202-366-7882

☒ LAW ENFORCEMENT SHORT . .IM REPORT
☐ DRIVER REPORT OF TRAFFIC CRASH
☐ DRIVER EXCHANGE OF INFORMATION

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
10/12/04	7:15 ☐ AM ☒ PM	7:15 ☐ AM ☒ PM	7:19 ☐ AM ☒ PM	04-109343	05317003

COUNTY / CITY CODE: 10/49 | FEET | of | MILE(S) | N ☐ S ☐ E ☐ W ☐ | CITY OR TOWN: Hollywood (Check if in City or Town) ☒ | COUNTY: Broward

AT NODE NO. | or | FEET | or | MILE(S) | FROM NODE NO. | NEXT NODE NO. | NO. OF LANES: 2 | 1. DIVIDED 2. UNDIVIDED: 2 | ON STREET, ROAD OR HIGHWAY: N 25 Ave

AT THE INTERSECTION OF: Scott Street | or | FEET | MILE(S) | N ☐ S ☐ E ☐ W ☐ | FROM INTERSECTION OF

Section 1 — Vehicle

YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
04	Chev	SUV	X02 VEN	FL	1GNDS13S942 [redacted]

Check Areas Of Vehicle Damage: Front X | R / Front | L / Front X | R / Side | L / Side | Rear | R / Rear | L / Rear | EST. VEHICLE DAMAGE: $350.00 | VEHICLE REMOVED BY: DRIVER | 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other: 3

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): State Farm [redacted]

Section 1 — Pedestrian

NAME OF VEHICLE OWNER (Check Box If Same As Driver) [redacted] | CURRENT ADDRESS (Number and Street) [redacted] | CITY AND STATE: Hwd, FL | ZIP CODE [redacted]

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN [redacted] | CURRENT ADDRESS (Number and Street) [redacted] | CITY AND STATE: Hwd, FL

DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH
[redacted]	FL	E	[redacted]	( ) Area Code	W	F	11-09-60

NAME OF PASSENGER: N/A | CURRENT ADDRESS (Number and Street) [redacted] | CITY AND STATE: Hwd, FL | ZIP CODE [redacted]

Section 2 — Vehicle

YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
03	STRN	CMTR	[redacted]	FL	1GSAGSCF132 [redacted]

Check Areas Of Vehicle Damage: R / Rear X | EST. VEHICLE DAMAGE: $500.00 | VEHICLE REMOVED BY: Driver | 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other: 3

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): Progressive | POLICY NUMBER [redacted]

Section 2 — Pedestrian

NAME OF VEHICLE OWNER (Check Box If Same As Driver) [redacted] | CURRENT ADDRESS (Number and Street) [redacted] | CITY AND STATE: Hollywood, FL [redacted]

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN [redacted] | CURRENT ADDRESS (Number and Street) [redacted] | CITY AND STATE: Hollywood FL [redacted]

DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH
[redacted]	FL	E	[redacted]	( ) Area Code	W	M	06-30-63

NAME OF PASSENGER: N/A | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Section 3 — Vehicle

YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
					TRAFFIC DATA ENTERED ☐

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 2. Tow Owner's Request 3. Other 4. Other

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER

Section 3 — Pedestrian

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☐ | 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
			( ) Area Code	( ) Area Code			

NAME OF PASSENGER | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Violator(s)

#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION 1	[redacted]	316.123(2A)	FTYFOW	STOP SIGN 1314DSNX
SECTION 2				
SECTION 3				

PROPERTY DAMAGED - OTHER THAN VEHICLES: Wooden Fence | EST. AMOUNT: $100.00 | OWNER'S NAME, ADDRESS [redacted] | STATE: FL | ZIP [redacted]

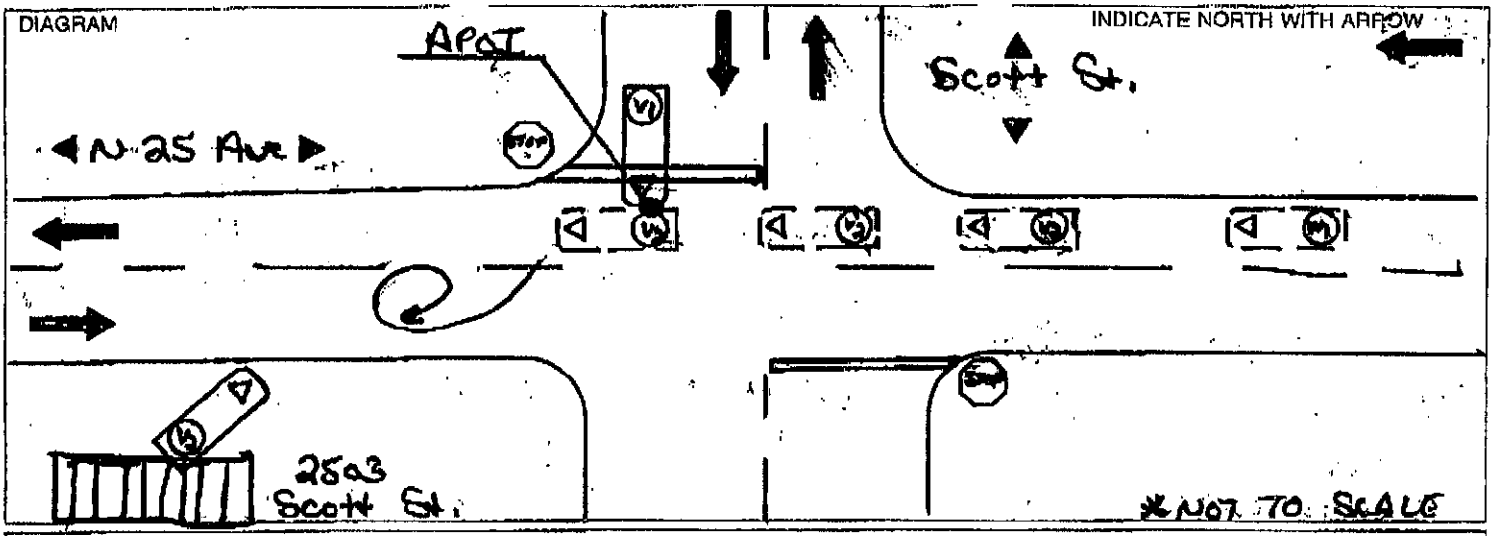
WITNESS NAME, (1) [redacted] | CURRENT ADDRESS [redacted] | CITY & STATE [redacted] | ZIP CODE [redacted] | BUS. ADDRESS, ZIP CODE [redacted]

INVESTIGATOR - RANK & SIGNATURE: Det. T. Edwards | ID NUMBER: 2922 | DEPARTMENT: Hollywood | FHP ☐ SO ☐ PD ☒ OTHER ☐

HSMV-90006 Rev. 3/02

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

DIAGRAM



V2 S2 was traveling northbound on N 25 Ave approaching Scott Street. V1 was traveling in the same direction directly behind V2. V1 S1 was traveling westbound on Scott St approaching N 25 Ave. V1 failed to remain stopped at the Stop at N 25 Ave/Scott St. V1 front end made contact w/ V2 rear right side causing V2 to spin and rear end made contact with the wooden fence of 2503 Scott St.

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN

	[1]	[2]	[3]
	03	01	

01 No Improper Driving / Action
02 Careless Driving (Explain in Narrative)
03 Failed to Yield Right-of-Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol - Under Influence
08 Drugs - Under Influence
09 Alcohol & Drugs - Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed to Maintain Equip. / Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
24 Driver Distraction
77 All Other (Explain in Narrative)

VEHICLE DEFECT

	[1]	[2]	[3]
	01	01	

01 No Defects
02 Def. Brakes
03 Worn / Smooth Tires
04 Defective / Improper Lights
05 Puncture / Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment / Vehicle Defect
77 All Other (Explain in Narrative)

POINT OF COLLISION

[1]	[2]	[3]
01	01	

01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane

WORK AREA

[1]	[2]	[3]
1	1	

01 None
02 Nearby
03 Entered

VEHICLE MOVEMENT

[1]	[2]	[3]
11	01	

01 Straight Ahead
02 Slowing / Stopped / Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering / Leaving / Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driveless or Runaway Vehicle
77 All Other (Explain in Narrative)

PEDESTRIAN ACTION

[1]	[2]	[3]

01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
03 Crossing at Intersection
04 Walking Along Road With Traffic
05 Walking Along Road Against Traffic
06 Working on Vehicle in Road
07 Working in Road
08 Standing / Playing in Road
09 Standing in Pedestrian Island
77 All Other (Explain in Narrative)
99 Unknown

VEHICLE SPECIAL FUNCTIONS

[1]	[2]	[3]
1	1	

1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance

SOURCE OF CARRIER INFORMATION

[1]	[2]	[3]
1	1	

1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

LOCATION TYPE

1 Primarily Business
2 Primarily Residential — 2
3 Open Country

FIRST / SUBSEQUENT HARMFUL EVENT(S)

[1]	[2]	[3]
77		

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

ROAD SYSTEM IDENTIFIER

05

01 Interstate
02 U.S.
03 State
04 County
05 Local
06 Turnpike / Toll
07 Forest Road
08 Private Roadway
77 All Other (Explain in Narrative)

LIGHTING CONDITION

04

01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Light)
05 Dark (No Street Light)
99 Unknown

ROAD SURFACE CONDITION

01

01 Dry
02 Wet
03 Slippery
04 Icy
77 All Other (Explain in Narrative)

WEATHER

01

01 Clear
02 Cloudy
03 Rain
04 Fog
77 All Other (Explain in Narrative)

ROAD SURFACE TYPE

02

01 Slag / Gravel / Stone
02 Blacktop
03 Brick / Block
04 Concrete
05 Dirt
77 All Other (Explain in Narrative)

ROAD CONDITIONS AT TIME OF CRASH

01

01 No Defects
02 Obstruction With Warning
03 Obstruction Without Warning
04 Road Under Repair / Construction
05 Loose Surface Materials
06 Shoulders - Soft / Low / High
07 Holes / Ruts / Unsafe Paved Edge
08 Standing Water
09 Worn / Polished Road Surface
77 All Other (Explain in Narrative)

VISION OBSTRUCTED

01

01 Vision Not Obscured
02 Inclement Weather
03 Parked / Stopped Vehicle
04 Trees / Crops / Bushes
05 Load on Vehicle
06 Building / Fixed Object
07 Signs / Billboards
08 Fog
09 Smoke
10 Glare
77 All Other (Explain in Narrative)

TRAFFIC CONTROL

6

01 No Control
02 Special Speed Zone
03 Speed Control Sign
04 School Zone
05 Traffic Signal
06 Stop Sign
07 Yield Sign
08 Flashing Light
09 Railroad Signal
10 Officer / Guard / Flagperson
11 Posted No U-Turn
12 No Passing Zone
77 All Other (Explain in Narrative)

SITE LOCATION

02

01 Not At Intersection / RR X-ing / Bridge
02 At Intersection
03 Influenced By Intersection
04 Driveway Access
05 Railroad
06 Bridge
07 Entrance Ramp
08 Exit Ramp
09 Parking Lot - Public
10 Parking Lot - Private
11 Private Property
12 Toll Booth
13 Public Bus Stop Zone
77 All Other (Explain In Narrative)

TRAFFICWAY CHARACTER

01

01 Straight - Level
02 Straight - Upgrade / Downgrade
03 Curve - Level
04 Curve - Upgrade / Downgrade

TYPE SHOULDER

02

01 Paved
02 Unpaved
03 Curb

FLORIDA TRAFFIC CRASH REPORT

☐ UPDATE ☒ CONTINUATION

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

DO NOT WRITE IN THIS SPACE

DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
10 12 04	10 / 44	HC3304-109343	05317003

Section Vehicle

DRIVER ACTION (1. Phantom 2. Hit & Run 3. N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE				

18. Undercarriage 19. Overturn 20. Windshield 21. Trailer

SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

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

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

Section Pedestrian

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 4 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 (1 Yes 2 No)	DRIVER'S PHONE NO.
					( )

Section Vehicle

DRIVER ACTION (1. Phantom 2. Hit & Run 3. N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE				

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SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

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

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

Section Pedestrian

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 4 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 (1 Yes 2 No)	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 (1. YES 2. NO)	IF YES, BY WHOM? (1. INVESTIGATING AGENCY 2. OTHER)
1		1		10 12 04	2	

INVESTIGATOR - RANK & SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	FHP	SO	PD	OTHER
Sgt. R. Wells	2922	Hollywood	☐	☐	☒	☐

HSMV-90004 (REV. 1/02)

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN
01 No Improper Driving / Action
02 Careless Driving (Explain In Narrative)
03 Failed To Yield Right - of - Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol - Under Influence
08 Drugs - Under Influence
09 Alcohol & Drugs - Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed To Maintain Equip. / Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
24 Driver Distraction (Explain In Narrative)
77 All Other (Explain In Narrative)

VEHICLE DEFECT
01 No Defects
02 Def. Brakes
03 Worn / Smooth Tires
04 Defective / Improper Lights
05 Puncture / Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment / Vehicle Defect
77 All Other (Explain In Narrative)

POINT OF COLLISION
01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane

WORK AREA
01 None
02 Nearby
03 Entered

VEHICLE MOVEMENT
01 Straight Ahead
02 Slowing / Stopped / Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering / Leaving / Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Vehicle
77 All Other (Explain In Narrative)

VEHICLE SPECIAL FUNCTIONS
1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance

SOURCE OF CARRIER INFORMATION
1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

PEDESTRIAN ACTION
01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
03 Crossing at Intersection
04 Walking Along Road With Traffic
05 Walking Along Road Against Traffic
06 Working on Vehicle In Road
07 Working In Road
08 Standing/Playing In Road
09 Standing In Pedestrian Island
77 All Other (Explain In Narrative)
88 Unknown

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

(ADDITIONAL NARRATIVE)

ADDITIONAL PASSENGERS

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
1	2	[redacted]		Hlwd, Fl	[redacted]	7/13/79	1	1	3	1	2	1

Violator(s)

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER