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
05 15 09	8:56 [X] AM [ ] PM	8:57 [X] AM [ ] PM	8:59 [X] AM [ ] PM	09-079170	80352995

COUNTY / CITY CODE: 06/86 | FEET or MILE(S) | N S E W | CITY OR TOWN: Royal Palm Beach (Check if in City or Town) [X] | COUNTY: Palm Beach

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: 9940 Belvedere Road (parking lot)

AT THE INTERSECTION OF (street, road or highway) or FEET: 1000 MILE(S) | N S E [X] W | FROM INTERSECTION OF (street, road or highway): State Road 7

Section 1 — Vehicle

DRIVER ACTION (1. Phantom 2. Hit & Run 3. N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3	09	TOYT	01	01	[redacted]	FL	4T1BE46KX9U[redacted]

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

[X] 3 4 5 6 7 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer; [X] 16 17 8; [X] 13 12 11 10 9 — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S): 1

VEHICLE TRAVELLING N S E [X] W: 9940 Belvedere Road | ON | AT | Est. MPH: 10 | Posted Speed: 25 | EST. VEHICLE DAMAGE: $4000 | 1. Disabling 2. Functional 3. No Damage: 1 | EST. TRAILER DAMAGE

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): HARTFORD UNDERWRITERS INS. CO. | POLICY NUMBER: [redacted] | VEHICLE REMOVED BY: Babbsco Towing | 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other: 1

NAME OF VEHICLE OWNER (Check Box if SAME AS DRIVER) [ ]: VT INC TSTEE WOLT | CURRENT ADDRESS (Number and Street): 6150 OMNI PARK DR | CITY AND STATE: MOBILE AL | ZIP CODE: 36609

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

Pedestrian

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN: [redacted] | CURRENT ADDRESS (Number and Street): [redacted] | CITY, STATE & ZIP CODE: ROYAL PALM BCH FL [redacted] | DATE OF BIRTH: [redacted]

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.
[redacted]	FL	5	2	5		1	1	1	1	2	1	2	1

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No): 2 | PLACARDED (1 Yes 2 No): 2 | 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): 2 | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE (1 Yes 2 No): 1 | DRIVER'S PHONE NO.: ( )

Section 2 — 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

2 3 4 5 6 7 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer; 1 15 16 17 8; 14 13 12 11 10 9 — 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

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

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 (1 Blood 3 Urine 5 None 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.

WAS HAZARDOUS MATERIAL BEING TRANSPORTED (1 Yes 2 No) | PLACARDED (1 Yes 2 No) | 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? (1 Yes 2 No) | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE (1 Yes 2 No) | DRIVER'S PHONE NO.: ( )

Code Information

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE
01 Automobile	01 Private Transportation	01 Single Semi Trailer
02 Van	02 Commercial Passengers	02 TandemSemi Trailer
03 Light Truck / P.U.- 2 or 4 reartires	03 Commercial Cargo	03 Tank Trailer
04 Medium Truck - 4 rear tires	04 Public Transportation	04 Saddle Mount / Flatbed
05 Heavy Truck - 2 or more rear axles	05 Public School Bus	05 Boat Trailer
06 Truck Tractor (Cab-Bobtail)	06 Private School Bus	06 Utility Trailer
07 Motor Home (RV)	07 Ambulance	07 House Trailer
08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer
09 Bus (driver + seats for over 15)	09 Fire / Rescue	09 Towed Vehicle
10 Bicycle	10 Military	10 Auto Transport
11 Motorcycle	11 Other Government	77 Other
12 Moped	12 Dump	
13 All Terrain Vehicle	13 Concrete Mixer	
14 Train	14 Garbage or Refuse	
15 Low Speed Vehicle	15 Cargo Van	
77 Other	77 Other	

RESIDENCE (Driver / Ped.)	DL TYPE	RACE
1 County of Crash	1 A 2 B 3 C	1 White
2 Elsewhere in State	4 D/ Chauffeur	2 Black
3 Non-Resident Out of State	5 E/ Operator	3 Hispanic
4 Foreign 5 Unknown	6 E/ Oper.-Rest.	4 Other
	7 None	

REQUIRED ENDORSEMENTS	SEX
1 Yes	1 Male
2 No	2 Female
3 No Endorsement Required	

PHYSICAL DEFECTS	ALCOHOL / DRUG USE
1 No Defects Known	1 Not Drinking or Using Drugs
2 Eyesight Defect	2 Alcohol - Under Influence
3 Fatigue / Asleep	3 Drugs - Under Influence
4 Hearing Defect	4 Alcohol & Drugs - Under Influence
5 Illness	5 Had Been Drinking
6 Seizure, Epilepsy, Blackout	6 Pending ALC/DRUG Test Results
7 Other Physical Defect	

INJURY SEVERITY	SAFETY EQUIPMENT IN USE
1 None	1 Not In use
2 Possible	2 Seat Belt /Shoulder Harness
3 Non-Incapacitating	3 Child Restraint
4 Incapacitating	4 Air Bag -Deployed
5 Fatal (Within 30 Days)	5 Air Bag - Not Deployed
6 Non-Traffic Fatality	6 Safety Helmet
	7 Eye Protection

LOCATION IN VEHICLE	EJECTED
1 Front Left	1 No
2 Front Center	2 Yes
3 Front Right	3 Partial
4 Rear Left	
5 Rear Center	
6 Rear Right	
7 In Body Of Truck	
8 Bus Passenger	
9 Other	

561-654-9633

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