

- 1.  LAW ENFORCEMENT SHORT FORM REPORT
- 2.  DRIVER REPORT OF TRAFFIC CRASH
- 3.  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
	01/9/016/012	5:50 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6:09 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6:09 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	02-25-48555-01	03682937
	COUNTY / CITY CODE	CITY OR TOWN			COUNTY	
	01/100	Feet or <u>3</u> Miles <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>MEDLEY</u>			MIAMI-DADE	
AT NODE NO.	1 <input type="checkbox"/> 2 <input type="checkbox"/>	FROM NODE NO.	NEXT NODE NO. ON	NO. OF LANES	1 <input checked="" type="checkbox"/> DIVIDED	ON STREET, ROAD OR HIGHWAY
				<u>2</u>	2 <input type="checkbox"/> UNDIVIDED	<u>STATE ROAD 926</u>
OR	FEET / MILES		ROAD	OF INTERSECTION OF		
				1 <input type="checkbox"/> 2 <input type="checkbox"/> <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		
AT INTERSECTION OF	OR <u>21</u> FEET / MILES					

Section 1 Pedestrian	YEAR	MAKE	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER
	91	GM	TRUCK	FL 02	FL	02	
	Check Areas of Vehicle Damage		INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NO.		
			MARYLAND CASUALTY CO.				
OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/> )				ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE
LIBERTY MACHINERY DESIGN INC							
DRIVER (Exactly as on Driver's License) / PEDESTRIAN				ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE
SERGIO JESUS LUAS							
DRIVER'S LICENSE NUMBER				STATE	LIC. TYPE	Mo.	DATE OF BIRTH
				FL	B	09	09 52 H M
DRIVER / PEDESTRIAN HOME PHONE (Area Code)				DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)		VEHICLE REMOVED BY:	
(305) 553-3921						DAVID	
PASSENGER'S NAME				ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE

Section 2 Pedestrian	YEAR	MAKE	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER
	01	NISS	CAR	FL 07	FL	07	
	Check Areas of Vehicle Damage		INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NO.		
			PROGRESSIVE				
OWNER'S FULL NAME (Check if Same as Driver <input checked="" type="checkbox"/> )				ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE
SAM ADRIAN							
DRIVER (Exactly as on Driver's License) / PEDESTRIAN				ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE
DAVID MAURICIO RIVERA							
DRIVER'S LICENSE NUMBER				STATE	LIC. TYPE	Mo.	DATE OF BIRTH
				FL	E	09	11 65 W M
DRIVER / PEDESTRIAN HOME PHONE (Area Code)				DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)		VEHICLE REMOVED BY:	
(305) 559-0867						DAVID	
PASSENGER'S NAME				ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE

Section 3 Pedestrian	YEAR	MAKE	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER
	Check Areas of Vehicle Damage		INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NO.		
OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/> )				ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE
DRIVER (Exactly as on Driver's License) / PEDESTRIAN				ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE
DRIVER'S LICENSE NUMBER				STATE	LIC. TYPE	Mo.	DATE OF BIRTH
DRIVER / PEDESTRIAN HOME PHONE (Area Code)				DRIVER / PEDESTRIAN BUSINESS PHONE (Area Code)		VEHICLE REMOVED BY:	
PASSENGER'S NAME				ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #

PROPERTY DAMAGED - Other than vehicles	EST. AMOUNT OF DAMAGE	OWNER - Name	ADDRESS - Number and Street	City / State / Zip
WITNESSES other than PASSENGERS	NAME	ADDRESS - Name and Street		City / State / Zip

RANK AND SIGNATURE OF RESPONDING / INVESTIGATING OFFICER	I.D. / BADGE NO.	DEPARTMENT	<input checked="" type="checkbox"/> FHP <input type="checkbox"/> CPD <input type="checkbox"/> SO <input type="checkbox"/> OTHER
<i>[Signature]</i>	1789-1337	FLORIDA HIGHWAY PATROL	

