



ARMANDO
PERSONAL INJURY LAW

READING YOUR FLORIDA CAR ACCIDENT REPORT

Tampa attorney Armando Edmiston breaks it down

At the top of page one, you'll find basic crash-related information such as the date, time and location of the accident.

In the second section of the first page, you'll find information on the conditions and harmful events that contributed to the crash. At the bottom of the page, you'll find witness information (name, address, and contact information) and damage to non-vehicle property.

FLORIDA TRAFFIC CRASH REPORT									
LONG FORM <input type="checkbox"/> SHORT FORM <input type="checkbox"/> UPDATE <input type="checkbox"/>					TOTAL # OF VEHICLE SECTION(S) _____				
MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING TALLAHASSEE, FL 32399-0537					TOTAL # OF PERSON SECTION(S) _____				
					TOTAL # OF NARRATIVE SECTION(S) _____				
CRASH DATE		TIME OF CRASH		DATE OF REPORT		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
CRASH IDENTIFIERS									
COUNTY CODE	CITY CODE	COUNTY OF CRASH			PLACE OR CITY OF CRASH			CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED
TIME ON SCENE		TIME CLEARED SCENE		CHECK IF COMPLETED <input type="checkbox"/>	REASON (If Investigation NOT Complete)				Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input type="checkbox"/>
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)									
CRASH OCCURRED ON STREET, ROAD, HIGHWAY					1 AT STREET ADDRESS #	2 AT LATITUDE	AND LONGITUDE		
FEET	MILES	N S E W			3 AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY			4 OR FROM MILEPOST #	
Road System Identifier			Type of Shoulder			Type of Intersection			
1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative			1 Paved 2 Unpaved 3 Curb			1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative			
CRASH INFORMATION (CHECK IF PICTURES TAKEN)									
Light Condition		Weather Condition		Roadway Surface Condition		School Bus Related		Manner of Collision/Impact	
1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown		4 Fog, Smog, Smoke 5 Sleet/Hail/Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 1 Clear 2 Cloudy 3 Rain		5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown		1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown	
First Harmful Event		Non-Collision		Collision Non-Fixed Object		Collision with Fixed Object		First Harmful Event Location	
1 No 2 Yes 88 Unknown		1 Overturn/Rollover 2 Hit/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		10 Pedestrian 11 Bicycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object		19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail End 28 Guardrail Face 29 Cable Barrier		30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)	
First Harmful Event within Interchange		First Harmful Event Relation to Junction		Contributing Circumstances: Road		Contributing Circumstances: Environment			
1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related		5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown		1 None 4 Work Zone (construction/maintenance/utility) 5 Shoulder (none, low, soft, high) 7 Rut, Holes, Bumps		9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown		1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown	
Work Zone Related		Crash in Work Zone		Type of Work Zone		Workers in Work Zone		Law Enforcement in Work Zone	
1 No 2 Yes 88 Unknown		1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		1 No 2 Yes 88 Unknown		1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present	
WITNESSES									
NAME		ADDRESS			CITY & STATE			ZIP CODE	
NAME		ADDRESS			CITY & STATE			ZIP CODE	
NAME		ADDRESS			CITY & STATE			ZIP CODE	
NON VEHICLE PROPERTY DAMAGE									
VEHICLE #	PEISON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME	(Check if Business) <input type="checkbox"/>	ADDRESS	CITY & STATE	ZIP CODE	
VEHICLE #	PEISON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME	(Check if Business) <input type="checkbox"/>	ADDRESS	CITY & STATE	ZIP CODE	

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At the top of page two, the investigating officer will write a narrative on how they think the crash occurred. Here, you may find information not found anywhere else on your report. For example, arrests and witness statements.

The bottom section of this page will include additional passenger information such as the name, date of birth, address, and if they were transported to a hospital. Below that, you'll find information on additional violations and the reporting officer.

NARRATIVE		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER											
						ADDITIONAL PASSENGERS									
PERSON # / VEHICLE # / NAME		DATE OF BIRTH		INI	SEX	LOC	S	R	O	EJECT	HU	EP	ABD	RS	
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE											
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative: BB Unknown		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO									
PERSON # / VEHICLE # / NAME		DATE OF BIRTH		INI	SEX	LOC	S	R	O	EJECT	HU	EP	ABD	RS	
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE											
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative: BB Unknown		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO									
ADDITIONAL VIOLATIONS															
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE		CITATION NUMBER										
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE		CITATION NUMBER										
REPORTING OFFICER															
ID / BADGE NUMBER	RANK & NAME		DEPARTMENT		FHP SO PD OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										

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On page three, you'll find an illustrated diagram showing how your crash occurred. Sometimes understanding the items found on a crash diagram can be confusing. Our experienced car accident lawyers can go over this section with you.

DIAGRAM	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
<div></div>		

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Page four applies to crashes involving commercial vehicles such as large trucks. At the top of the page, you'll find vehicle information, insurance information, haz mat information, and the point of impact during the crash.

In the middle section, you'll find information on the vehicle type, trailer type, crash contributors, and the sequence of events that led to the crash.

At the bottom of page four, police will document any violations that occurred before the crash. This includes the name of the violator, the Florida statute number, the charge and the citation number.

VEHICLE #		Check if Commercial		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	
Hit and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Dismal 2 Functional 3 None	4 Minor 88 Unknown
INSURANCE COMPANY		INSURANCE POLICY NUMBER		Towed, date to Damages: 1 No 2 Yes	VEHICLE REMOVED BY		1 Robbery 2 Owner Request 3 Driver 77 Other, Explain in Narrative
NAME OF VEHICLE OWNER (Check if Business)		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	WIN	YEAR	MAKE
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	WIN	YEAR	MAKE
VEHICLE TRAVELING N S E W Off-Road Unknown		ON STREET, ROAD, HIGHWAY		ATEST. SPEED		POSTED SPEED	TOTAL LANES
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS	
MOTOR CARRIER NAME		US DOT NUMBER		Area of Initial Impact		Most Damaged Area	
MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE		PHONE NUMBER	
Vehicle Body Type		Trafficway		Commercial Motor Vehicle Configuration			
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 15 All Terrain Vehicle (ATV)		15 Low Speed Vehicle 16 Sport Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		1 Two-Way, Not Divided 2 Two-Way, Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (parked 4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown			
Comm/Non-Commercial		Trailer Type		Cargo Body Type			
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 8 Not in Commerce/Other Truck		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Box Trailer 6 Utility Trailer 7 House Trailer		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single Unit Truck (2 axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (ballball) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double			
Most Harmful Event		Collision with Non-Fixed Object		Collision Fixed Object			
1 Oncoming/Revolving 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fall/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran Into Water/Canal 9 Other Non-Collision		1 Pedestrian 2 Pedestrian 3 Railway Vehicle (train, engine) 4 Animal 5 Motor Vehicle in Transport 6 Parked Motor Vehicle 7 Work Zone/Maintenance Equipment 8 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 9 Other Non-Fixed Object		18 Impact Attenuator/Quail Cushion 19 Bridge Overhead Structure 20 Bridge Pier or Support 21 Bridge Rail 22 Culvert 23 Curb 24 Ditch 25 Embankment 26 Guardrail Face 27 Guardrail End			
Sequence of Events		Vehicle Maneuver Action		Traffic Control Device For This Vehicle			
1st 2nd 3rd 4th		1 Straight Ahead 2 Turning Left 3 Backing 4 Turning Right 5 Changing Lanes 6 Parked 7 Making U-Turn 8 Passing		1 No Controls 2 School Zone sign/Device 3 Traffic Control Signal 4 School Sign 5 Yield Sign			
Roadway Grade		Roadway Alignment		Vehicle Defects			
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		1 None 2 Bump 3 Tires 4 Lights (head, signal, tail) 5 Steering 6 Brakes 7 Exhaust System 8 Body, Doors 9 Other, Explain in Narrative 88 Unknown			
Special Function of Motor Vehicle		Special Function of Motor Vehicle		Special Function of Motor Vehicle			
1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 22 School Bus 13 Transit/Commuter Bus		14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown			
VIOLATIONS							
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			

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The fifth page will contain additional crash information such as additional people involved in the crash, drivers' actions at the time of the crash, safety devices used, non-motorist information, if any alcohol or drugs were involved, and additional passenger information.

PERSON #		REPORTING AGENCY CASE NUMBER		FSMV CRASH REPORT NUMBER	
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # NAME		PHONE NUMBER	
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
DATE OF BIRTH		SEX: 1 Male 2 Female 88 Unknown		DRIVER LICENSE NUMBER	
STATE		EXPIRES		INJURY SEVERITY (INI) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	
DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 F/Operator - Rest 7 None		Required Endorsements 1 Yes 2 No 3 No Req. Endorsement		DRIVER	
Driver's Actions at Time of Crash		Condition At Time of Crash			
1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Ran off Roadway 14 Disregarded Other Traffic Sign 15 Disregarded Other Road Markings 16 Over-Correcting/Over-Steering 17 Swerved or Avoided - Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 18 Operated MV in Erratic, Reckless or Aggressive Manner 19 Other Contributing Action		1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional depression, angry, disturbed, etc. 7 Under the Influence of Medications/Drugs/Alcohol 8 Other, Explain in Narrative 88 Unknown			
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 77 All Other, Explain in Narrative		DRIVER OR PASSENGER			
Motor Vehicle Seating Position:		Helmet Use (HU)		Eye Protection (EP)	
Seat: 1 Left, 2 Middle, 3 Right, 77 Other, 88 Unknown Row: 1 Front, 2 Second, 3 Third, 4 Fourth, 77 Other Row, 88 Unknown Other: 1 Not Applicable, 2 Sleeper Section of Truck Cab, 3 Other Enclosed Cargo Area, 4 Unenclosed Cargo Area, 5 Trailing Unit, 6 Riding on Motor Vehicle Exterior (non-trailing unit), 88 Unknown		1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet		1 Yes 2 No 3 Not Applicable	
Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		Air Bag Deployed (ABD) 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (Inflator, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown		Restraint Systems (RS) 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative	
Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbow, knee, shin, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Crash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Piling or Walking 77 Other, Explain in Narrative 88 Unknown			
ALCOHOL/DRUG/EMS					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		ALCOHOL TEST TYPE: 1 Blood 2 Urine 77 Other, Explain in Narrative 88 Unknown	
SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown		DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative 88 Unknown	
DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown					
SOURCE OF TRANSPORT TO MEDICAL FACILITY: 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
				MEDICAL FACILITY TRANSPORTED TO	
ADDITIONAL PASSENGERS					
PERSON # VEHICLE # NAME		DATE OF BIRTH		INI SEX LOC: S R O EJECT HU EP ABD RS	
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY: 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
				MEDICAL FACILITY TRANSPORTED TO	
PERSON # VEHICLE # NAME		DATE OF BIRTH		INI SEX LOC: S R O EJECT HU EP ABD RS	
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY: 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
				MEDICAL FACILITY TRANSPORTED TO	

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