

**TRACS
ELECTRONIC CRASH REPORTING
FOR LONG FORMS ONLY
INSTRUCTIONAL MANUAL**

By

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954-321-4796 or 954-831-8985
OPERATIONAL ANALYSIS

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HEADER

- **CRASH DATE** – Make sure that the correct date auto populated. If not enter the correct date.
- **CASE NUMBER** has to be in the format below (2 character letter for city, with the 2 digit number for the year – 2 digit number for the month – and 6 digit sequential numbers that dispatch gave you)
- **NOTIFIED BY** – Will always be **Law Enforcement** (See setting default below)

FLORIDA TRAFFIC CRASH REPORT

HIGHWAY SAFETY & MOTOR VEHICLES

TRAFFIC CRASH RECORDS

LONG FORM SHORT FORM UPDATE

NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

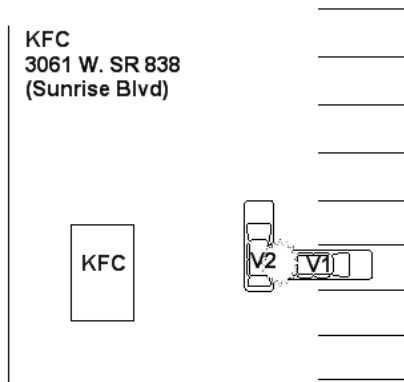
(Electronic Version)

CRASH DATE 05/17/2011		TIME OF CRASH 2:41 PM		DATE OF REPORT 05/17/2011		REPORTING AGENCY CASE NUMBER BS11-05-001111		HSMV CRASH REPORT NUMBER 82739905		
CRASH IDENTIFIERS										
COUNTY CODE 10	CITY CODE 00	COUNTY OF CRASH BROWARD			PLACE OR CITY OF CRASH BROWARD - UNINCORPORATED - 1000			WITHIN CITY LIMITS NO	TIME REPORTED 2:42 PM	TIME DISPATCHED 2:42 PM
TIME ON SCENE 2:42 PM		TIME CLEARED SCENE 3:42 PM		COMPLETED NO	REASON (If Investigator NOT Complete) HIT AND RUN				NOTIFIED BY LAW ENFORCEMENT	

ROADWAY INFORMATION

- **IF IN A PARKING LOT OR ON A RESIDENCE DRIVEWAY OR YARD :**
- If you are using a State Road in any field you must type it as SR 838, SR 822, SR 7 etc... If you want to use the named road also you would write it as such SR 838 – Sunrise Blvd, SR 822 – Sheridan St etc. (**Do not** spell out State Road)
 - **You cannot use “block” in any of your location fields!!!**

2:42 PM	3:42 PM	NO	HIT AND RUN	LAW ENFORCEMENT
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)				
CRASH OCCURRED ON STREET, ROAD, HIGHWAY W. SR 838 (SUNRISE BLVD)		1 AT STREET ADDRESS # 3061		2 AT LATITUDE AND LONGITUDE
AT FEET	OR MILES	Direction	3 FROM INTERSECTION WITH STREET, ROAD, HIGHWAY	4 OR FROM MILEPOST #
ROAD SYSTEM IDENTIFIER PARKING LOT		TYPE OF SHOULDER CURB	TYPE OF INTERSECTION NOT AT INTERSECTION	
CRASH INFORMATION (CHECK IF PICTURES TAKEN)		<input type="checkbox"/>		

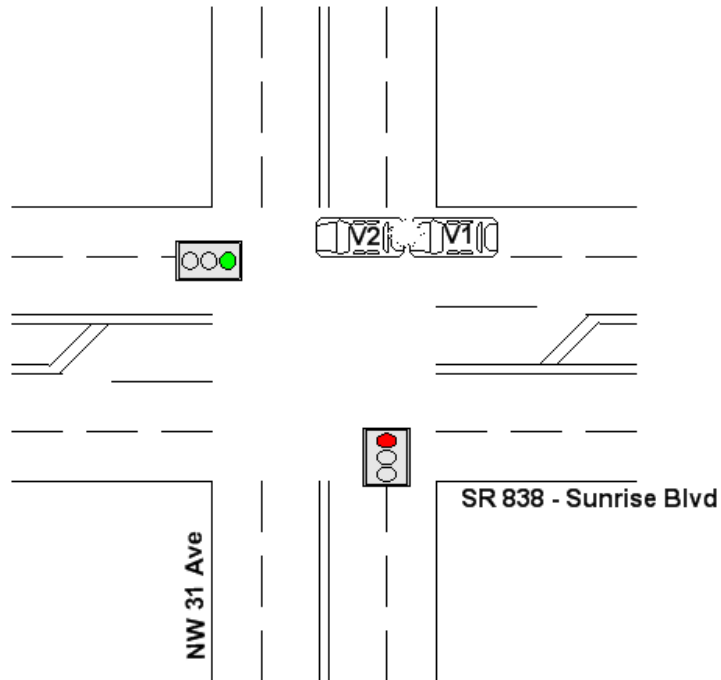


Not Drawn to scale

• **IF AT AN INTERSECTION (INSIDE OF THE WHITE STOP BARS)**

- You cannot use “block” in any of your location fields!!!

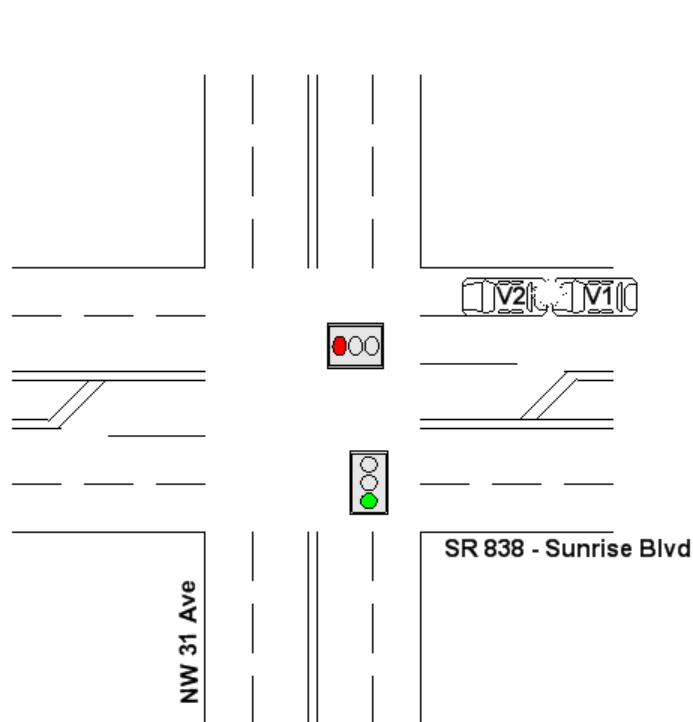
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)					
CRASH OCCURRED ON STREET, ROAD, HIGHWAY W. SR 838 (SUNRISE BLVD)			1 AT STREET ADDRESS#	2 AT LATITUDE AND LONGITUDE	
AT FEET	OR MILES	Direction	3 FROM INTERSECTION WITH STREET, ROAD, HIGHWAY NW 31 AVE		4 OR FROM MILEPOST #
ROAD SYSTEM IDENTIFIER STATE		TYPE OF SHOULDER CURB	TYPE OF INTERSECTION FOUR-WAY INTERSECTION		
CRASH INFORMATION (CHECK IF PICTURES TAKEN)			<input type="checkbox"/>		



Not Drawn to scale

- **ANY OTHER LOCATION BESIDE THE ABOVE LOCATIONS**
 - You cannot use “block” in any of your location fields!!!

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)					
CRASH OCCURRED ON STREET, ROAD, HIGHWAY W. SR 838 (SUNRISE BLVD)			1 AT STREET ADDRESS #	2 AT LATITUDE AND LONGITUDE	
AT FEET 50	OR MILES	Direction EAST	3 FROM INTERSECTION WITH STREET, ROAD, HIGHWAY NW 31 AVE		4 OR FROM MILEPOST #
ROAD SYSTEM IDENTIFIER STATE			TYPE OF SHOULDER CURB	TYPE OF INTERSECTION NOT AT INTERSECTION	
CRASH INFORMATION (CHECK IF PICTURES TAKEN)			<input type="checkbox"/>		



Not Drawn to scale

CRASH INFORMATION SECTION:

- (#1) In the **Crash Information** there are three blocks for “Contributing Circumstances: Road” If you do not have any contributing circumstances: road **and or** if you only have one item then fill out the first box and the next two boxes will be left blank.
- (#2) In the **Crash Information** there are three blocks for “Contributing Circumstances: Environment” If you do not have any contributing circumstances: Environment **and or** if you only have one item then fill out the first box and the next two boxes will be left blank.
- (#3) First Harmful Event Relation to Junction – **99% of the time it will be NON-JUNCTION**. An example of something other than non-junction is – 595 and I-95, 595 and SR 25 (27). (Junctions usually have a flashing yellow and flashing red or a yield sign) (the roadway that you are on merges into the new roadway at an angle other than 90 degrees.)

STATE					COUNTY					ROAD INTERSECTION				
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>														
LIGHT CONDITION DAYLIGHT			WEATHER CONDITION 1-CLEAR			ROADWAY SURFACE CONDITION DRY			SCHOOL BUS RELATED NO			MANNER OF COLLISION/IMPACT FRONT TO REAR		
FIRST HARMFUL EVENT MOTOR VEHICLE IN TRANSPORT					FIRST HARMFUL EVENT LOCATION ON ROADWAY					WITHIN INTERSECTION NO			FIRST HARMFUL EVENT RELATION TO JUNCTION NON-JUNCTION	
CONTRIBUTING CIRCUMSTANCES: ROAD 1-NONE					CONTRIBUTING CIRCUMSTANCES: ROAD					CONTRIBUTING CIRCUMSTANCES: ROAD				
CONTRIBUTING CIRCUMSTANCES: ENVIRONMENT 1-GLARE					CONTRIBUTING CIRCUMSTANCES: ENVIRONMENT					CONTRIBUTING CIRCUMSTANCES: ENVIRONMENT				
WORKZONE RELATED NO			CRASH IN WORKZONE			TYPE OF WORKZONE			WORKERS IN WORKZONE			LAW ENFORCEMENT IN WORKZONE		
WITNESS <input type="checkbox"/> Include In Report														

#1

#2

#3

WITNESS

- We are faced with not having a block for the witness phone number. We have found that at this time we can place the phone number next to the address in the Address field. Please gather this information and place it in this field for follow-ups.

WITNESS <input checked="" type="checkbox"/> Include In Report				
NAME	ADDRESS	CITY	STATE	ZIP CODE
JOHN W DOE	2601 W BROWARD BLVD 954-831-8900	FT. LAUDERDALE	FL - FLORIDA	33312
VEHICLE <input type="checkbox"/> Include In Report		<input type="checkbox"/> CHECK IF COMMERCIAL		

VEHICLE – Import Data from Premier MDC or Sungard/OSSI

- PREMIER MDC** - To import your data from Premier MDC you MUST first run your tags, drivers, passengers etc on Premier MDC. Once you do that open up TraCS and on the top tool bar under the Home tab is the Premier MDC button. This button must be clicked and your item needs to be highlighted. Once that is done click “OK” and this places the information in “cyber space” waiting for you to tell it where you want to place it in the report. Once you are in the Vehicle Year field it will give you a “List” button for you to click on and choose your vehicle.

The screenshot shows the TraCS software interface. At the top, there is a menu bar with 'Actions', 'Tools', and 'Help'. Below it is a toolbar with various icons. The 'PremierMDC' button is highlighted with a red arrow. Below the toolbar, there is a text box with the prompt 'Please enter the vehicle year.' and a 'List' button, also highlighted with a red arrow. Below this is a form with various fields for vehicle information.

NAME	ADDRESS	CITY	STATE	ZIP CODE
JOHN W DOE	2601 W BROWARD BLVD 954-831-8900	FT. LAUDERDALE	FL - FLORIDA	33312
VEHICLE		CHECK IF COMMERCIAL		
VEHICLE#	VEHICLE YEAR	HIT AND RUN	VEH LICENSE NUMBER	STATE
1		YES		
VEHICLE STATUS	VEHICLE MAKE	VEHICLE MODEL	VEHICLE STYLE	VEHICLE COLOR
				Unknown
INSURANCE COMPANY (DRIVER)		INSURANCE POLICY NUMBER		
NAME OF VEHICLE OWNER (CHECK IF BUSINESS)		CURRENT ADDRESS		CITY
TRAILER 1:	STATE	REG. EXPIRES	PERM. REG.	VIN
YEAR	MAKE	LENGTH	AXLES	

- SUNGARD/OSSI** – To import your data from OSSI you MUST first run your tags, drivers, passengers etc on SUNGARD/OSSI. Once you do that open up TraCS and on the top tool bar under the Tools tab is the SUNGARD/OSSI button. This button must be clicked and your item needs to be highlighted. Once that is done click “OK” and this places the information in “cyber space” waiting for you to tell it where you want to place it in the report. Once you are in the Vehicle Year field it will give you a “List” button for you to click on and choose your vehicle.

The screenshot shows the TraCS software interface. At the top, there is a menu bar with 'Home', 'View', 'Actions', 'Tools', and 'Help'. Below the menu bar is a toolbar with icons for 'Sungard', 'Attachments', and 'Full Narrative'. A red arrow points to the 'Tools' menu, and another red arrow points to the 'Sungard Attachments' button. The main window displays a form for 'HSMV900105* - 82739905 (Open)'. The form has a section for 'Please enter the vehicle year.' with radio buttons for '19' and '20'. A 'List' button is visible next to the '20' radio button, with a red arrow pointing to it. On the left side, there is a 'Forms' pane with a tree view showing 'HSMV900105 (...)' expanded to 'Vehicle 1' and 'Vehicle' selected. A 'More...' link is also visible. Below the form, there is a table with the following data:

WITNESS		<input checked="" type="checkbox"/> Include in report									
NAME	ADDRESS	CITY	STATE	ZIP CODE							
JOHN W DOE	2601 W BROWARD BLVD 954-831-8900	FT. LAUDERDALE	FL - FLORIDA	33312							
VEHICLE		<input checked="" type="checkbox"/> Include in report		<input type="checkbox"/> CHECK IF COMMERCIAL							
VEHICLE#	VEHICLE YEAR	HIT AND RUN	VEH LICENSE NUMBER	STATE	REG. EXPIRES	PERM. REG.	VIN				
1		YES									
VEHICLE STATUS	VEHICLE MAKE	VEHICLE MODEL	VEHICLE STYLE	VEHICLE COLOR	EXT. OF DAMAGE	EST. DAMAGE	TOWED DUE TO DAMAGE	VEHICLE REMOVED BY	ROTATION		
					Unknown	\$					
INSURANCE COMPANY (DRIVER)						INSURANCE POLICY NUMBER					

VEHICLE – Hit and Run

- If you have a Hit and Run the vehicle fields need to be as follows. (If the other driver or a witness gives you a vehicle description and tag etc this information will only go into the narrative section. Do not place it in this section unless you actually have physical control of said vehicle.)

VEHICLE		<input checked="" type="checkbox"/> Include In Report		<input type="checkbox"/> CHECK IF COMMERCIAL					
VEHICLE#	VEHICLE YEAR	HIT AND RUN	VEH LICENSE NUMBER	STATE	REG. EXPIRES	PERM. REG.	VIN		
1		YES							
VEHICLE STATUS	VEHICLE MAKE	VEHICLE MODEL	VEHICLE STYLE	VEHICLE COLOR	EXT. OF DAMAGE	EST. DAMAGE \$	TOWED DUE TO DAMAGE	VEHICLE REMOVED BY	ROTATION
					Unknown				
INSURANCE COMPANY (DRIVER)				INSURANCE POLICY NUMBER					
NAME OF VEHICLE OWNER (CHECK IF BUSINESS) <input type="checkbox"/>			CURRENT ADDRESS			CITY	STATE	ZIP CODE	
TRAILER 1: LICENSE#	STATE	REG. EXPIRES	PERM. REG.	VIN	YEAR	MAKE	LENGTH	AXLES	
TRAILER 2: LICENSE#	STATE	REG. EXPIRES	PERM. REG.	VIN	YEAR	MAKE	LENGTH	AXLES	
DIRECTION	ON STREET, ROAD, HIGHWAY					AT EST. SPEED	POSTED SPEED	TOTAL LANES	
EAST	SR 836						45	6	
BMV CONFIGURATION		CARGO BODY TYPE		AREA OF INITIAL IMPACT		MOST DAMAGED AREA			
COMM BVM CONFIGUR NOT APPLICABLE		TRAILER TYPE (TRAILER ONE)		TRAILER TYPE (TRAILER TWO)		<input type="checkbox"/> 18 UNDERCARRIAGE 18 <input type="checkbox"/> 19 OVERTURN 19 <input type="checkbox"/> 20 WINDSHIELD 20 <input type="checkbox"/> 21 TRAILER 21			
HAZ. MAT. RELEASE	HAZ. MAT. PLA.	NUMBER	CLASS						
UNKNOWN	UNKNOWN								
MOTOR CARRIER NAME			US DOT NUMBER						
MOTOR CARRIER ADDRESS			CITY			STATE	ZIP CODE	PHONE NUMBER	
COMM/NON-COMMERCIAL	VEHICLE BODY TYPE	VEHICLE DEFECTS (ONE)	VEHICLE DEFECTS (TWO)	EMERGENCY VEHICLE USE		SPECIAL FUNCTION OF MV			
	UNKNOWN	NONE		NO		UNKNOWN			
VEHICLE MANEUVER ACTION	TRAFFICWAY	ROADWAY GRADE	ROADWAY ALIGNMENT		MOST HARMFUL DETAIL				
UNKNOWN	TWO-WAY, DIVIDED, UNP	LEVEL	STRAIGHT		MOTOR VEHICLE IN TRANSPORT				
TRAFFIC CONTROL FOR THIS VEHICLE	FIRST SEQUENCE OF EVENTS	SECOND SEQUENCE OF EVENTS	THIRD SEQUENCE OF EVENTS	FOURTH SEQUENCE OF EVENTS					
NO CONTROLS	MOTOR VEHICLE IN TRANSPORT								

VEHICLE:

- Below is a list of **common errors** that we are seeing and the explanations.
 - #1 - Perm. Reg – This field is ALMOST ALWAYS “NO” It will be a “YES” if it is a BSO marked unit with a Yellow tag, other government vehicles, some tractor trailers etc. (If it does not have a decal check the registration and it should not have an expiration date.)
 - #2 - Est Damage – if you have any damage at all then the Most Damaged Area needs to be completed. If no damage at all then this block is left blank.
 - #3 - “Vehicle Defects” (TWO) and “Second Sequence of events” – If you do not have a second one then leave the block blank.

VEHICLE		<input checked="" type="checkbox"/> Include In Report		<input type="checkbox"/> CHECK IF COMMERCIAL		1	
VEHICLE#	VEHICLE YEAR	HIT AND RUN	VEH LICENSE NUMBER	STATE	REG. EXPIRES	PERM. REG.	VIN
1	2011	NO	123ABC	FL - FLORIDA	01/01/2012	NO	123456789
VEHICLE STATUS	VEHICLE MAKE	VEHICLE MODEL	VEHICLE STYLE	VEHICLE COLOR	EXT. OF DAMAGE	EST. DAMAGE	TOWED DUE TO DAMAGE
VEHICLE IN TRA	ACRA	100	4 DOOR SEDA	AMETHYST -A	UNKNOWN	\$ 500	NO
INSURANCE COMPANY (DRIVER)				INSURANCE POLICY NUMBER			
GEICO				123456789			
NAME OF VEHICLE OWNER (CHECK IF BUSINESS)			CURRENT ADDRESS		CITY	STATE	ZIP CODE
JON W DOE			3201 W. BROWARD BLVD.		FORT LAUDERDALE	FL - FLORIDA	33312
TRAILER 1 LICENSE#	STATE	REG. EXPIRES	PERM. REG.	VIN	YEAR	MAKE	LENGTH
TRAILER 2 LICENSE#	STATE	REG. EXPIRES	PERM. REG.	VIN	YEAR	MAKE	LENGTH
DIRECTION	ON STREET, ROAD, HIGHWAY				ACT EST. SPEED	POSTED SPEED	TOTAL LANES
EAST	SR 838				18	45	6
CMV CONFIGURATION		CARGO BODY TYPE					
COMM/BWR/GCWR		TRAILER TYPE /TRAILER (ONE)		TRAILER TYPE /TRAILER (TWO)			
NOT APPLICABLE							
HAZ. MAT. RELEASE NO	HAZ. MAT. PLR	NUMBER	CLASS				
NO	NO						
MOTOR CARRIER NAME		VEHICLE NUMBER					
		3					
MOTOR CARRIER ADDRESS			CITY	STATE	ZIP CODE	PHONE NUMBER	
COMM/NON-COMMERCIAL	VEHICLE BODY TYPE	VEHICLE DEFECTS (ONE)	VEHICLE DEFECTS (TWO)	EMERGENCY VEHICLE USE		SPECIAL FUNCTION OF MV	
	PASSENGER CAR	NONE		NO		NO SPECIAL FUNCTIO	
VEHICLE MANEUVER ACTION	TRAFFICWAY	ROADWAY GRADE	ROADWAY ALIGNMENT		MOST HARMFUL DETAIL		
STRAIGHT AHEAD	TWO-WAY, DIVIDED, UNP	LEVEL	STRAIGHT		MOTOR VEHICLE IN TRANSPORT		
TRAFFIC CONTROL FOR THIS VEHICLE	FIRST SEQUENCE OF EVENTS	SECOND SEQUENCE OF EVENTS	THIRD SEQUENCE OF EVENTS	FOURTH SEQUENCE OF EVENTS			
NO CONTROLS	MOTOR VEHICLE IN TRANSPORT						

VIOLATIONS:

- The citation number is four numbers followed by three letters

VIOLATIONS				
<input checked="" type="checkbox"/> Include In Report				
PERSON #	NAME	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
1	JON W DOE	316.027 (1)	CRASH - LEAVING SCENE ON PUBLIC O	1234ABC

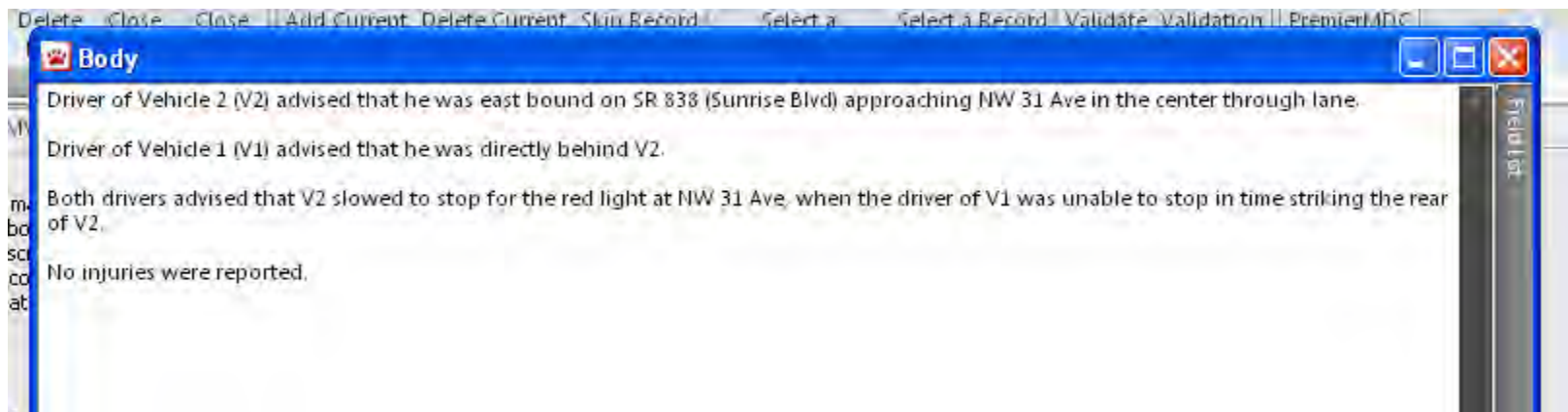
NON VEHICLE PROPERTY DAMAGE:

- This section is used for damage from a vehicle or non motorist. It could be a tree, light pole, building, fences, bus bench etc.

NON VEHICLE PROPERTY DAMAGE								
<input checked="" type="checkbox"/> Include In Report								
VEH #	PER #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (CHECK IF BUSINESS)	ADDRESS	CITY	STATE	ZIP CODE
1		Tree	150	BROWARD COUNTY	215 S. ANDREWS AV	FORT. LAUDER	FL	33312

NARRATIVE:

- Make sure that you separate the driver's stories in your narrative. Do not bunch everything together.
- No preamble is necessary.
- The narrative has a spell check if typed in proper sentence structure. If you type in all CAPS then it will not find any errors.



DRIVER – Hit and Run

- If you have a Hit and Run the drivers fields need to be as follows. (If the other driver(s) or a witness gives you a driver, vehicle description and tag etc this information will only go into the narrative section. Do not place any names in this section unless you actually have physical control of said person.)
- You need to add a driver section for the hit and run vehicle. The person # would be 1 (Since we place the person at fault as #1). The vehicle # would be 1 (Since we usually place the vehicle at fault as #1). Under the **First** and **Last** name only it would be UK (for unknown). Leave the next items blank until you get to the ejection section block and pick Not ejected (If it appears that the driver was not ejected). Tab thru each field and again pick the unknowns for the drop downs.

DRIVER									
<input checked="" type="checkbox"/> Include In Report									
PERSON #	VEHICLE #	NAME			DOB	SEX	PHONE NUMBER	RE-EXAM	
1	1	UK				UNKNOWN			
ADDRESS				CITY		STATE	ZIP CODE		
DRIVER LICENSE NUMBER			STATE	EXPIRES	DL TYPE	REQ. END.	INJURY SEVERITY	EJECTION	
RESTRAINT SYSTEMS		AIR BAG DEPLOYED	HELMET USE		EYE PROTECTION	SEAT	ROW	OTHER	
		DEPLOYMENT UNKNOWN				LEFT	FRONT	UNKNOWN	
DRIVERS ACTION AT TIME OF CRASH (FIRST)			DRIVERS ACTION AT TIME OF CRASH (SECOND)			DRIVER DISTRACTED BY		DRIVER VISION OBSTRUCTION	
						UNKNOWN			
DRIVERS ACTIONS AT TIME OF CRASH (THIRD)			DRIVER ACTIONS AT TIME OF CRASH (FOURTH)			DRIVERS CONDITION AT TIME OF CRASH			
						UNKNOWN			
SUSPECTED ALCOHOL USE	ALCOHOL TESTED	ALCOHOL TEST TYPE	ALCOHOL TEST RESULT	BAC	SUSPECTED DRUG USE	DRUG TESTED	DRUG TEST TYPE	DRUG TEST RESULT	
UNKNOWN					UNKNOWN				
SOURCE OF TRANSPORT TO MEDICAL FACILITY			EMS AGENCY NAME OR ID			EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO	
NOT TRANSPORTED									

DRIVER:

- Below is a list of **common errors** that we are seeing and the explanations.
 - #1 – **Reg End.** – This field is ALMOST ALWAYS “NO REQUIRED ENDORCEMENTS”
 The only time it should be "yes" or "no" if the vehicle involved in a crash is a vehicle that requires an endorsement, example such as a motorcycle or a vehicle requiring a CDL. If the driver has the motorcycle endorsement then it would be “YES” and if the driver does not then it would be “NO”
 - #2 - **Drivers Actions at time of Crash** – If you do not have a 2nd, 3rd, or 4th action then you need to leave these fields blank. Do not put “No Contributing Actions” in all of the fields. You may need to use this choice for the first choice only if applicable.

DRIVER											
<input checked="" type="checkbox"/> Include In Report											1
PERSON #	VEHICLE #	NAME				DOB	SEX	PHONE NUMBER	RE-EXAM		
1	1	JON W DOE				1/1/1990	MALE	(954) 321-8900	NO		
ADDRESS					CITY		STATE	ZIP CODE			
2601 W. BROWARD BLVD					FORT. LAUDERDALE		FL - FLORIDA	33312			
DRIVER LICENSE NUMBER				STATE	EXPIRES	DLTYPE	REQ. END.	INJURY SEVERITY	EJECTION		
D123456789				FL - FLORIDA	1/1/2012	CLASS E OPERATOR	NO REQUIRED ENDO	NONE	NOT EJECT		
RESTRAINT SYSTEMS		AIR BAG DEPLOYED	HELMET USE		EYE PROTECTION	SEAT	ROW	OTHER			
SHOULDER AND LAP BELT		NOT DEPLOYED	NO HELMET		NOT APPLICABLE	LEFT	FRONT	NOT APPLICABLE			
DRIVERS ACTION AT TIME OF CRASH (FIRST)				DRIVERS ACTION AT TIME OF CRASH (SECOND)			DRIVER DISTRACTED BY		DRIVER VISION OBSTRUCTION		
FOLLOWED TOO CLOSELY							NOT DISTRACTED		VISION NOT OBSCURED		
DRIVERS ACTIONS AT TIME OF CRASH (THIRD)				DRIVER ACTIONS AT TIME OF CRASH (FOURTH)			DRIVERS CONDITION AT TIME OF CRASH				
							APPARENTLY NORMAL				
SUSPECTED ALCOHOL USE	ALCOHOL TESTED	ALCOHOL TEST TYPE	ALCOHOL TEST RESULT	BAC	SUSPECTED DRUG USE	DRUG TESTED	DRUG TEST TYPE	DRUG TEST RESULT			
NO					NO						
SOURCE OF TRANSPORT TO MEDICAL FACILITY			EMS AGENCY NAME OR ID			EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO			
NOT TRANSPORTED											
PASSENGER											
<input type="checkbox"/> Include In Report											

PASSENGER:

- Make sure that no numbers are duplicated. Every person has their own number.
 - Drivers are numbered first. If you have a three vehicle crash then you would have person (1, 2, and 3) as your drivers.
 - Then the non-motorist would be numbered next if you have any. (4)
 - Then the passengers. (5, 6, 7 etc...)

PASSENGER		<input checked="" type="checkbox"/> Include In Report				
PERSON #	VEHICLE #	NAME	DOB	SEX	INJURY SEVERITY	EJECTION
3	1	JON W DOE	1/1/1990	MALE	NONE	NOT EJECT
ADDRESS			CITY	STATE	ZIP CODE	
2601 W. BROWARD BLVD			FORT. LAUDERDALE	FL - FLORIDA	33312	
RESTRAINT SYSTEMS	AIR BAG DEPLOYED	HELMET USE	EYE PROTECTION	SEAT	ROW	OTHER
SHOULDER AND LAP BELT	NOT DEPLOYED	NO HELMET	NOT APPLICABLE	RIGHT	FRONT	NOT APPLICABLE
SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO	
NOT TRANSPORTED						

NON-MOTORIST:

- This section will be used for **Pedestrian, Other Pedestrian** (wheelchair, person in a building, skater, pedestrian conveyance, etc.), **Bicyclist, Other cyclist, Occupant of a vehicle not in transport** (parked, etc.), **Occupant of non-Motor Vehicle Transportation Device and Unknown type of non-motorist.**
- Make sure that no numbers are duplicated. Every person has their own number.
 - Drivers are numbered first. If you have a three vehicle crash then you would have person (1, 2, and 3) as your drivers.
 - Then the non-motorist would be numbered next if you have any. (4)
 - Then the passengers. (5, 6, 7 etc...)

NON-MOTORIST									
<input checked="" type="checkbox"/> Include In Report									
PERSON #	VEHICLE #	NAME			DOB	SEX	INJURY SEVERITY	PHONE NUMBER	
2		KAREN SMITH			1/1/2000	FEMALE	NON-TRAFFIC FATALITY	(954) 321-8900	
ADDRESS				CITY		STATE		ZIP CODE	
2601 W BROWARD BLVD				FORT. LAUDERDALE		FL - FLORIDA		33312	
NON-MOTORIST DESCRIPTION			NON-MOTORIST ACTIONS PRIOR TO CRASH			NON-MOTORIST LOCATION AT TIME OF CRASH			
BICYCLIST			CROSSING ROADWAY			MEDIAN/CROSSING ISLAND			
NON-MOTORIST ACTIONS/CIRCUMSTANCES (FIRST)		NON-MOTORIST ACTIONS/CIRCUMSTANCES (SECOND)		NON-MOTORIST SAFETY EQUIPMENT (FIRST)			NON-MOTORIST SAFETY EQUIPMENT (SECOND)		
IN ROADWAY IMPROPERLY (STRANDING, LYI				NONE					
SUSPECTED ALCOHOL USE	ALCOHOL TESTED	ALCOHOL TEST TYPE	ALCOHOL TEST RESULT	BAC	SUSPECTED DRUG USE	DRUG TESTED	DRUG TEST TYPE	DRUG TEST RESULT	
NO					NO				
SOURCE OF TRANSPORT TO MEDICAL FACILITY			EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO		
EMS			BROWARD COUNTY RESCUE		11111		BROWARD GENERAL HOSPITAL		

REPORTING OFFICER:

- Fill out similar to below. (You can use your first initial and last name. You do not need to use your whole complete name.) (See setting default below)

REPORTING OFFICER				
ID/BADGE#	RANK	OFFICER NAME	DEPARTMENT	TYPE OF DEPT.
9386	SERGEANT	S. WESOLOWSKI	BROWARD COUNTY SHERIFF'S OFFICE	SHERIFF'S OFFICE (SO)
DIAGRAM				

DIAGRAM:

- To add an item to the diagram you need to choose the item and left click, hold the click and drag the item into the diagram
- To make a TEXT box to name your streets etc.
 - Click once (left click) on the "A" (Text Box)
 - Bring your cursor onto your diagram. You should have a + for your cursor.
 - Now left click and hold the click and drag your cursor over to the right and down a little. This will open up a Text box for you to type into. If you do not have a + sign then you will have to do it over again.

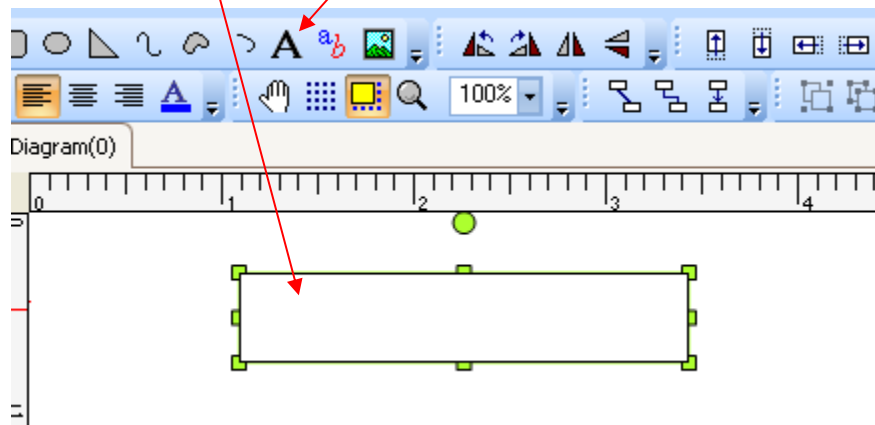
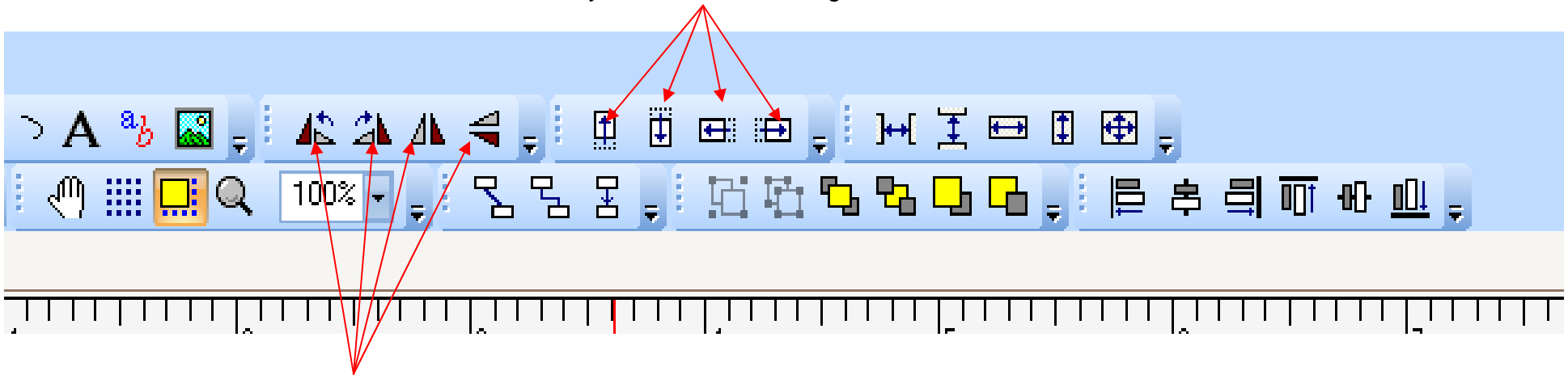


DIAGRAM CONTINUED:

- There are numerous tools here for use to get your diagram just right.
 - **Nudge Keys** – you have four Nudge keys. They are used when you have an item highlighted and you want to move it to center the item etc. When the item is highlighted just click on the box with the arrow for the direction that you want the item to go in.

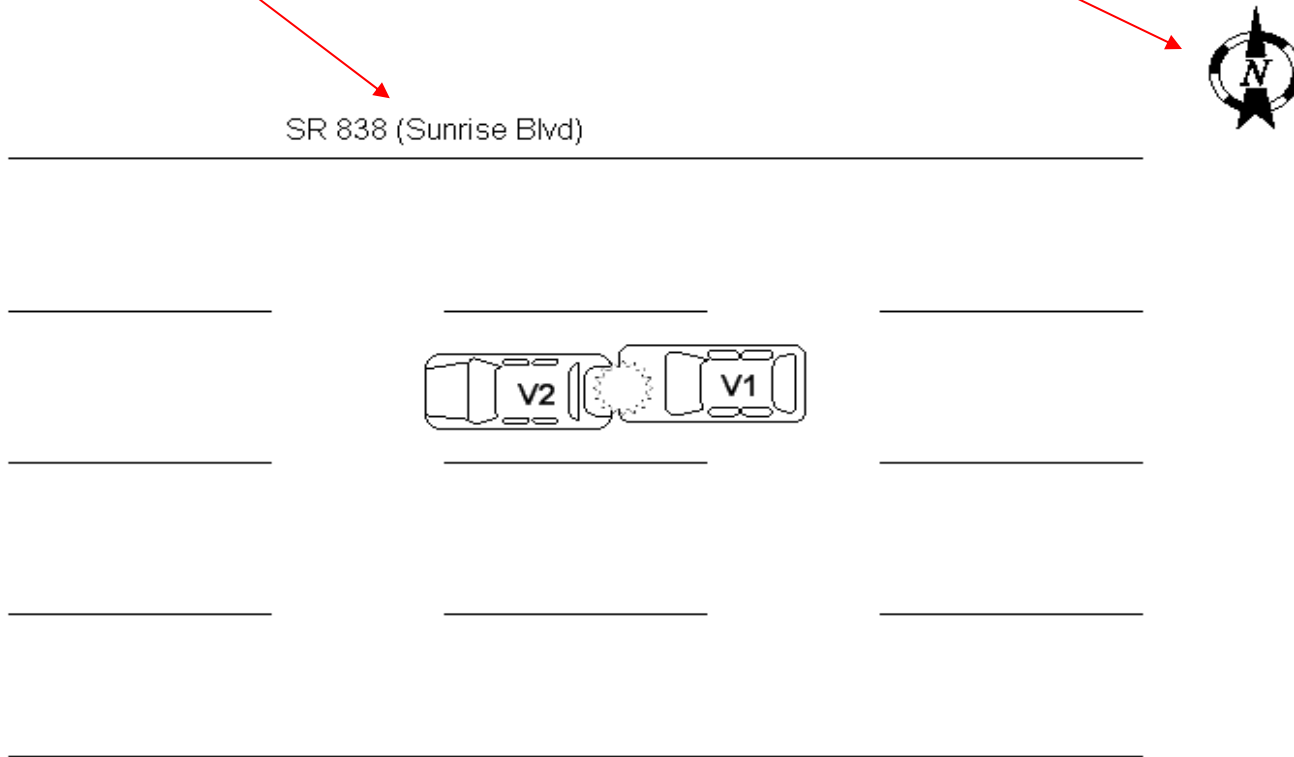


- **Rotate Keys** – you have four Rotate keys. They are used when you have an item highlighted and you want to rotate the item **left**, **right**, **flip vertical** and **flip horizontal**. When the item is highlighted just click on the box for the direction that you want the item to go in.
- Before Closing out of the Diagram make sure that you have your diagram set at **100%**



DIAGRAM CONTINUED:

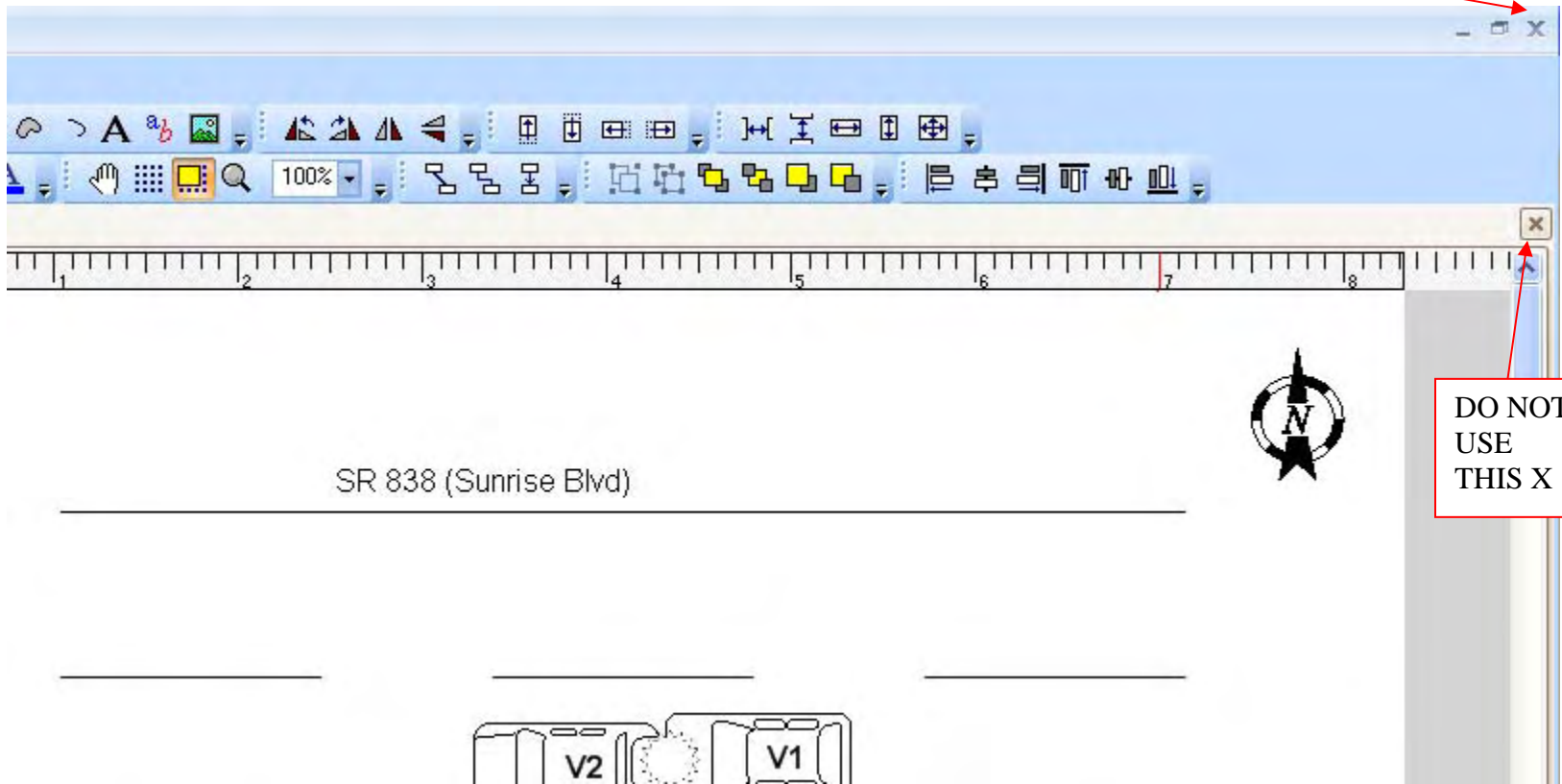
- The North Directional Can only be placed in the upper right hand corner of the Diagram. The State will not accept it placed anywhere else.
 - The North arrow can only be facing up or to the right.
- You do not need to complete a Legend for the diagram. The case number and HSMV number is automatically printed at the top of the report.
- You will need Diagram not to scale
- **The label for your roadway needs to be outside of the roadway (not inside).**



Not drawn to scale

DIAGRAM CONTINUED:

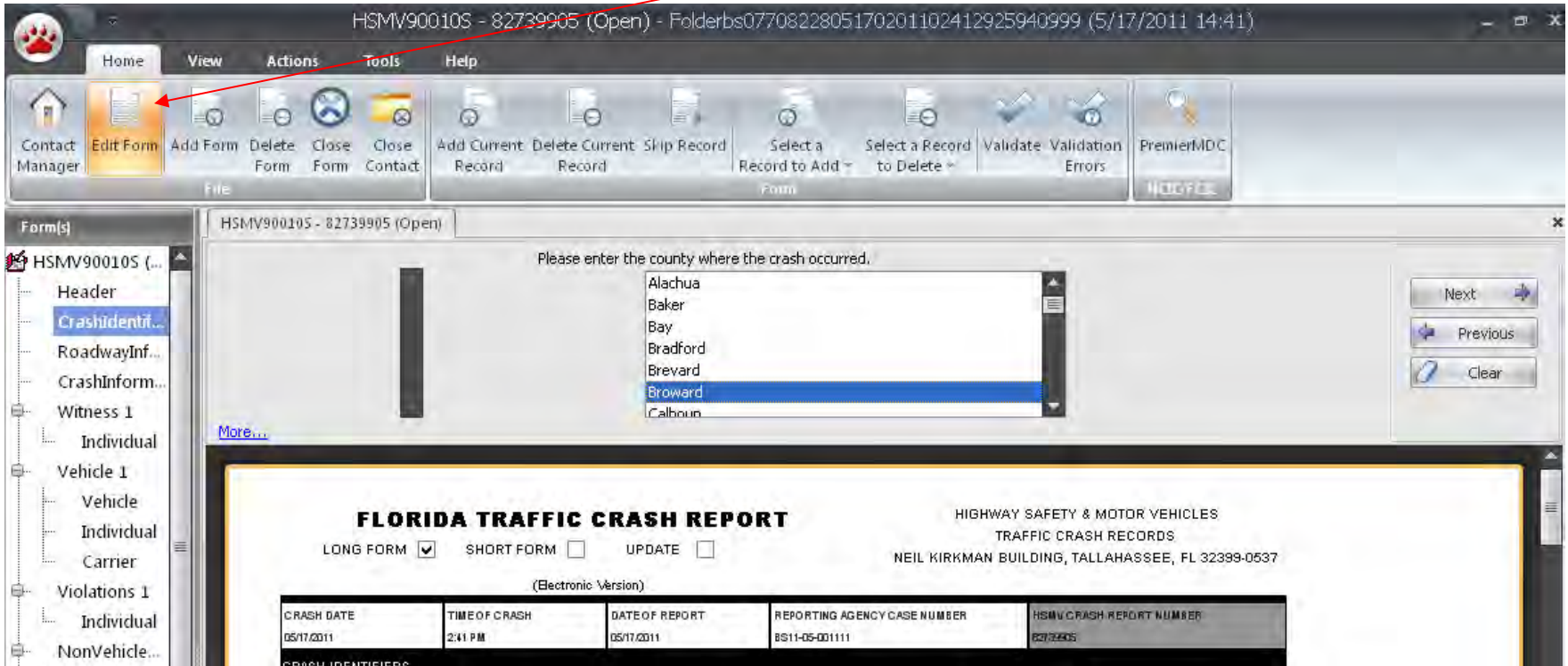
- Upon closing out of your diagram you will need to close out **USING THE TOP “X” ONLY.**



DO NOT
USE
THIS X

RE-OPENING A CRASH FORM ALREADY STARTED:

- When a crash report is reopened you MUST click on the “**EDIT FORM**” button in the Home tab to be able to gain entry and enter, or edit data.



HSMV900105 - 82739905 (Open) - Folderbs0770822805170201102412925940999 (5/17/2011 14:41)

Home View Actions Tools Help

Contact Manager Edit Form Add Form Delete Form Close Form Close Contact Add Current Record Delete Current Record Skip Record Select a Record to Add Select a Record to Delete Validate Validation Errors PremierMDC

Form[s] HSMV900105 - 82739905 (Open)

Please enter the county where the crash occurred.

Alachua
Baker
Bay
Bradford
Brevard
Broward
Calhoun

Next
Previous
Clear

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	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
05/17/2011	2:41 PM	05/17/2011	BS11-05-001111	82739905

CRASH IDENTIFIERS

UPDATE TO A SUBMITTED CRASH FORM:

- Do not go into the Actions Tab and click on Update for a Submitted Crash Form and input data OR edit your **OPEN** report. This function **is only used** for an update to A **SUBMITTED CRASH FORM** only. Not an OPEN form.

The screenshot shows a software application window titled "HSMV90010S - 82739905 (Open) - Folderbs0770822805170201102412925940999 (5/17/2011 14:41)". The application has a menu bar with "Home", "View", "Actions", "Tools", and "Help". Below the menu bar is a toolbar with several icons. The "Update for a Submitted Crash Form" icon is highlighted with a red arrow. Another red arrow points to the "Update for a Submitted Crash Form" button in the "Actions" tab. The main window displays a form titled "HSMV90010S - 82739905 (Open)". The form has a sidebar on the left with a tree view of sections: "Header", "CrashIdentif...", "RoadwayInf...", "CrashInform...", "Witness 1", "Individual", "Vehicle 1", "Vehicle", "Individual", "Carrier", "Violations 1", "Individual", "NonVehicle...", "Individual". The main content area shows a dropdown menu for selecting a county, with "Broward" selected. The dropdown list includes: Alachua, Baker, Bay, Bradford, Brevard, Broward, Calhoun. Below the dropdown is a "More..." link. To the right of the dropdown are three buttons: "Next", "Previous", and "Clear". The form displays a "FLORIDA TRAFFIC CRASH REPORT" form. The form includes the following information:

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)

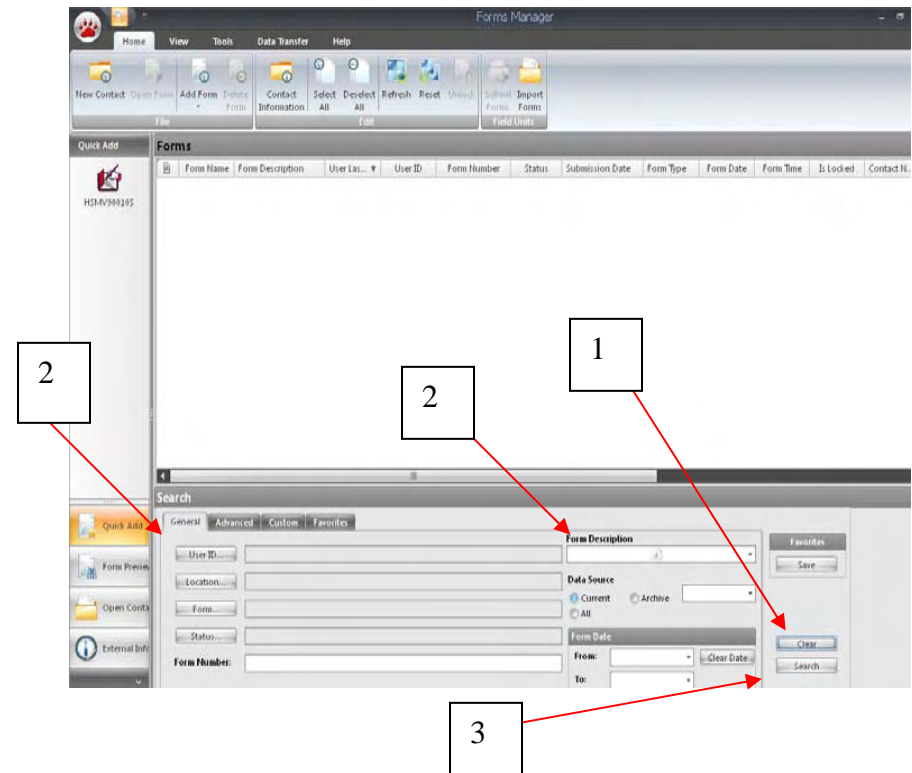
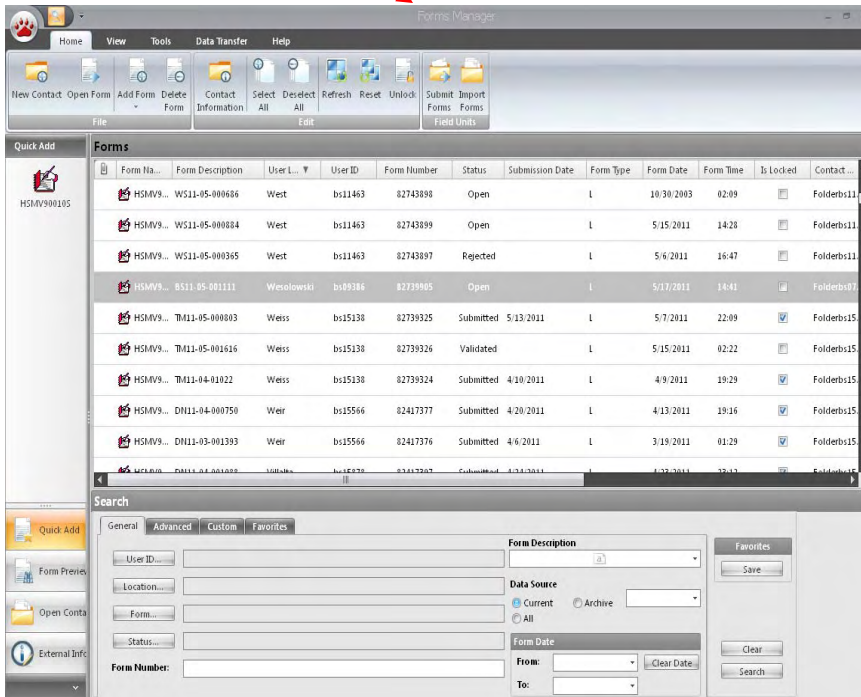
CRASH DATE	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
05/17/2011	2:41 PM	05/17/2011	BS11-05-001111	82739905

CRASH IDENTIFIERS

COUNTY CODE	CITY CODE	COUNTY OF CRASH	PLAC FOR CITY OF CRASH	WITHIN CITY LIMITS	TIME REPORTED	TIME DISPATCHED

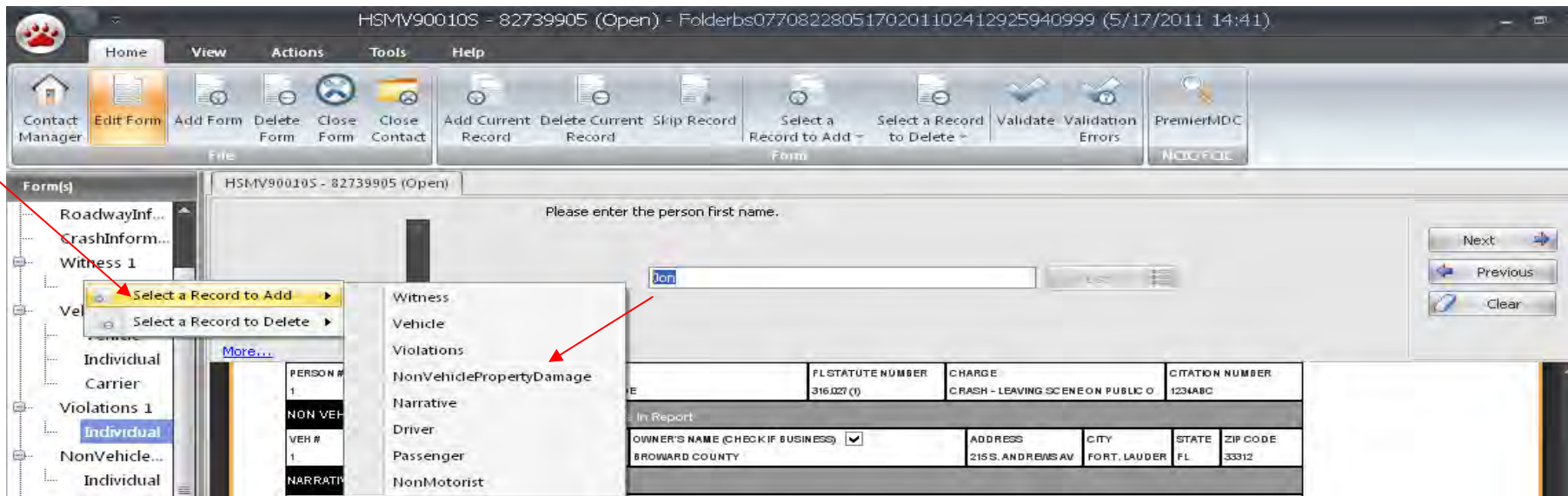
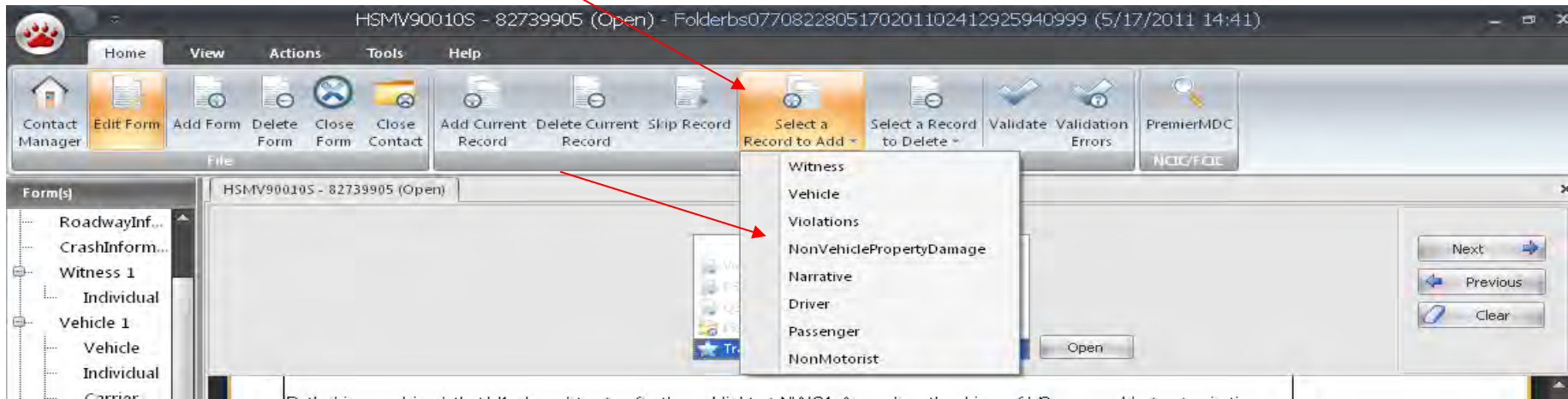
- **TO UPDATE A SUBMITTED CRASH FORM**

- Go to FORM MANAGER screen (This is where you are at when you open the program)
- Click Clear (#1)
 - Click in FORM DESCRIPTION (If searching by case number) (#2)
 - Click on User ID (If searching by Deputy)(#2)
 - Once you have your case number or deputy click on **SEARCH** (#3)
- This will bring up the report that you need to update. Open this report. Once it is open you will choose the ACTIONS TAB and Click on Update to a Submitted Crash Form. If the report is not submitted then you cannot complete an update.



SELECT A RECORD TO ADD:

- To add a section/record to your report
 - Go to the tool bar and click on Select a Record to Add. Choose the record you want to add and click on it. It will add it to the report. **OR**
 - Go to the “tree” on the left side of your screen and right click, choose Select a Record to Add, then choose the record you want to add and click on it. It will add it to the report.

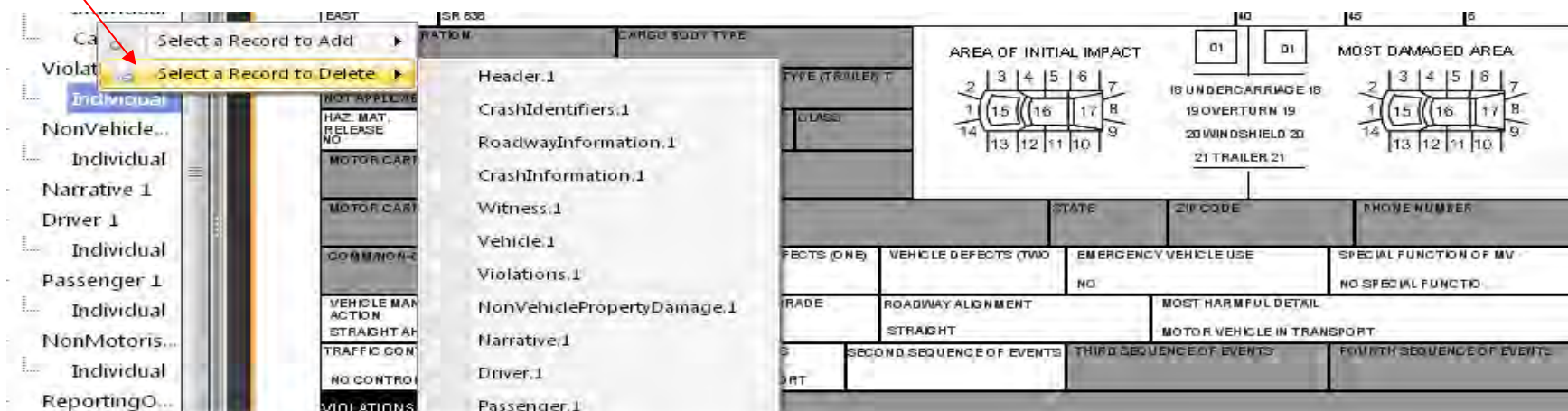
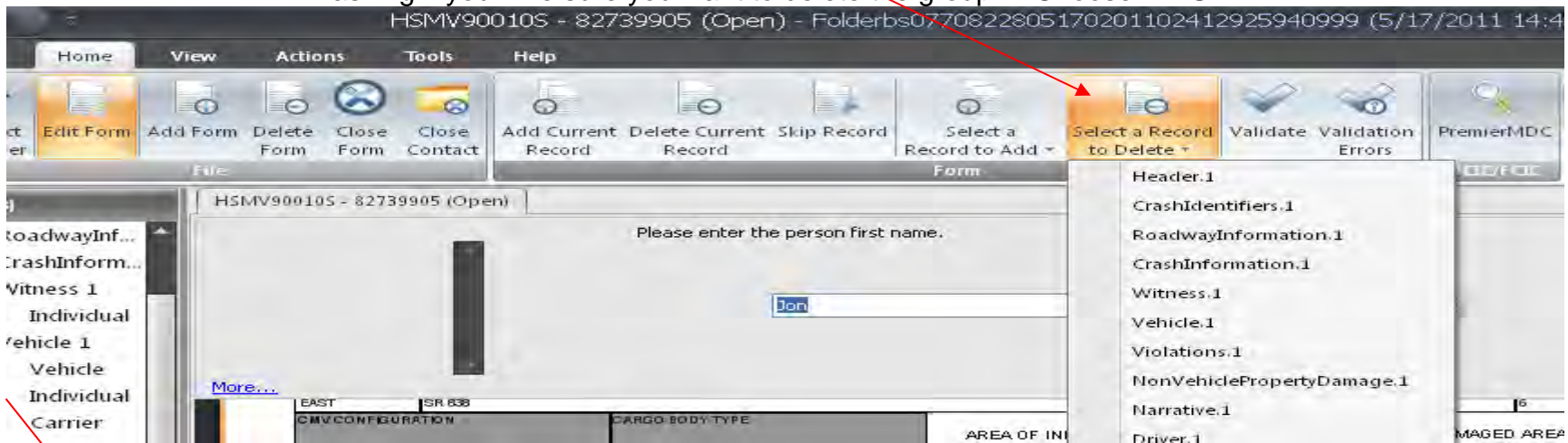


SELECT A RECORD TO DELETE:

- To delete a section/record to your report
 - Go to the tool bar and click on Select a Record to Delete. Choose the record you want to delete and click on it. You will get a window that comes up asking if you “Are sure you want to delete the group?” Choose “YES”

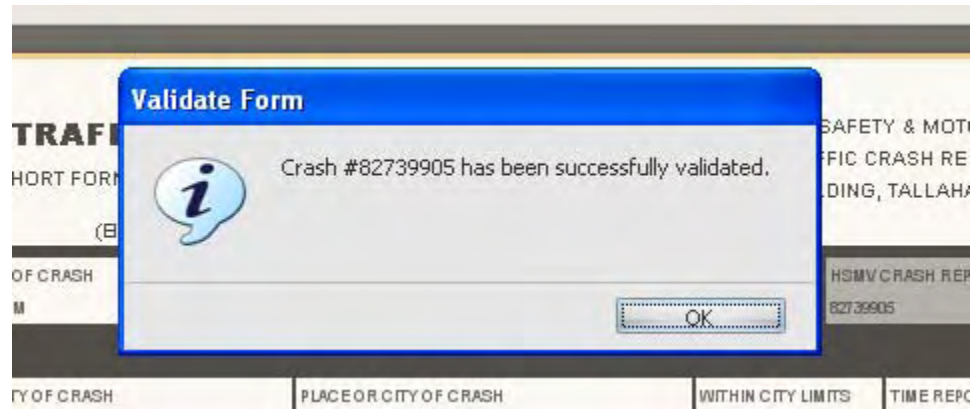
OR

- Go to the “tree” on the left side of your screen and right click, choose Select a Record to Delete, then choose the record you want to delete and click on it. You will get a window that comes up asking if you “Are sure you want to delete the group?” Choose “YES”



VALIDATE CONTINUED:

- Warnings do not have to be corrected but you should look through them for completeness.
- Once validated you will get a window that says Crash #8????????? Has been successful validated. Your report is now ready for Supervisory review and approval and you can now exit out of the report.



PRINTING / EMAIL A DRIVERS EXCHANGE:

- Click on the Red Paw Print at the top left hand corner of your screen. This can be done while you are in the report. (It can also be done while you are in the FORMS MANAGER screen with the report highlighted then click on the paw print.)

HEMV900105 - 82739905 (Accepted) - Folderbs0770922805170201102412925940999 (5/17/2011 14:41)

Home View Actions Tools Help

Contact Manager Edit Form Add Form Delete Form Close Form Close Contact

File Edit View Format Tools Help

Form(s) HSMV900105 - 82739905 (Accepted)

RoadwayInf...
CrashInform...
Witness 1
Individual
Vehicle 1
Vehicle
Individual
Carrier

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 05/17/2011	TIME OF CRASH 2:41 PM	DATE OF REPORT 05/17/2011	REPORTING AGENCY CASE NUMBER 8511-05-001111	HEMV/CRASH REPORT NUMBER 82739905
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CRASH IDENTIFIERS

Forms Manager

Home View Tools Data Transfer Help

New Contact Open Form Add Form Delete Form Contact Select Deselect Refresh Reset Unlock Submit Import Forms Forms Field Units

File Edit

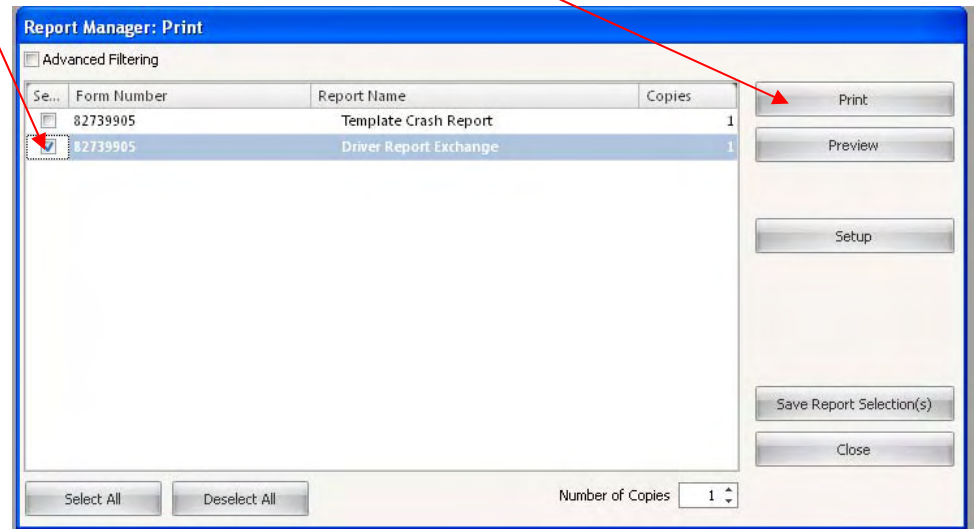
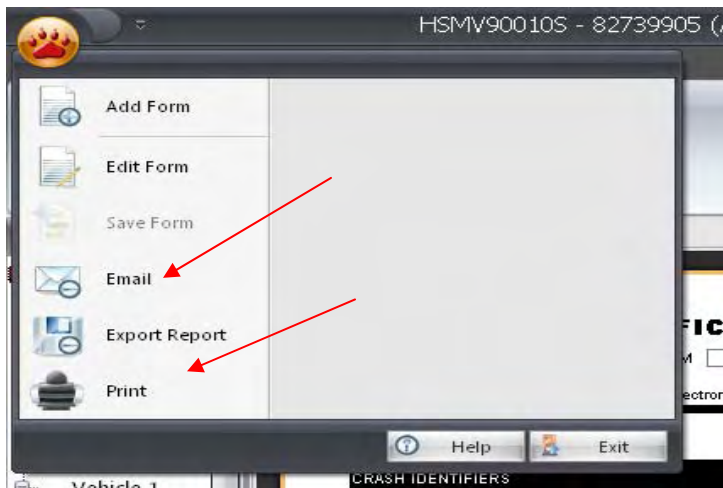
Quick Add

HSMV900105

Form Na...	Form Description	User L...	User ID	Form Number	Status	Submission Date	Form Type	Form Date	Form T
HSMV9...	TM11-05-000803	Weiss	bs15138	82739325	Submitted	5/13/2011	L	5/7/2011	22:
HSMV9...	B511-05-001111	Wesolowski	bs09386	82739905	Accepted		L	5/17/2011	14:
HSMV9...	WS11-05-000365	West	bs11463	82743897	Rejected		L	5/6/2011	16:

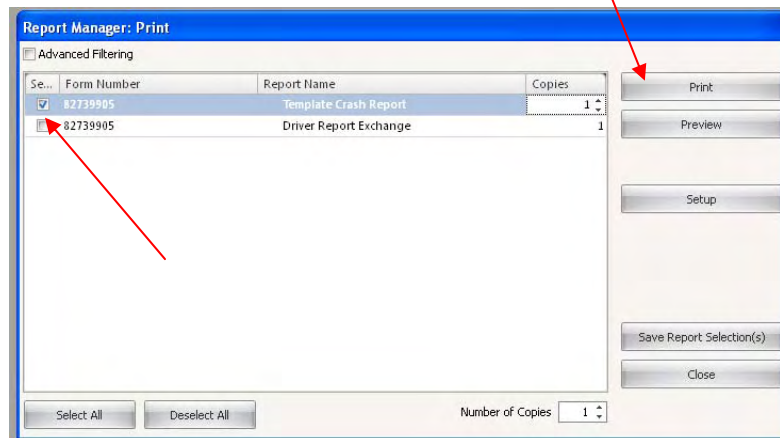
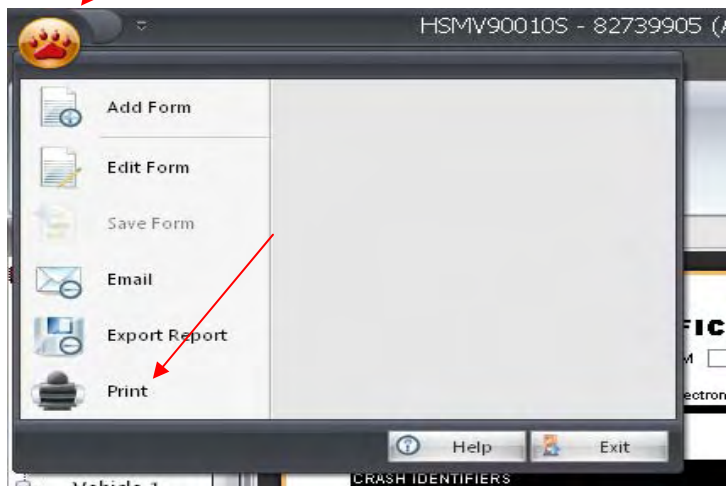
PRINTING / EMAIL A DRIVERS EXCHANGE CONTINUED:

- After clicking on the PAW print you will get a window as below.
 - You can
 - Email the drivers exchange
 - Print the drivers exchange
 - Click on the box to the left of Drivers Report Exchange
 - Click on Print or Email



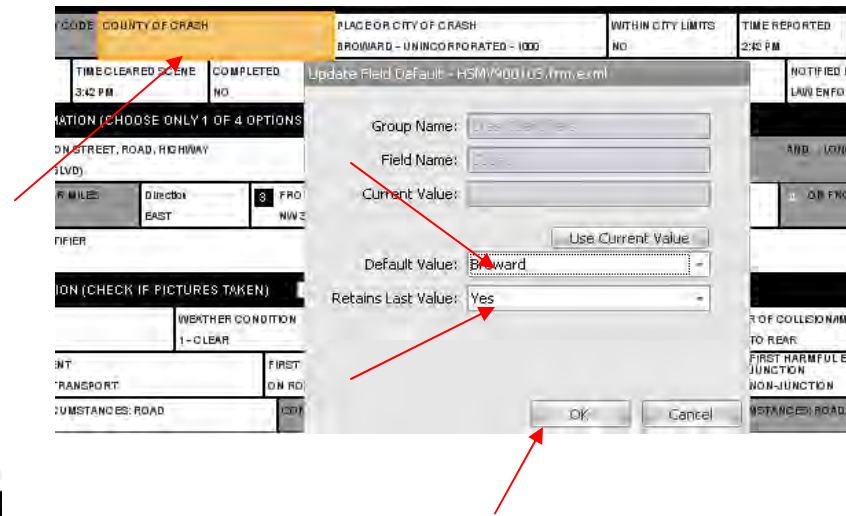
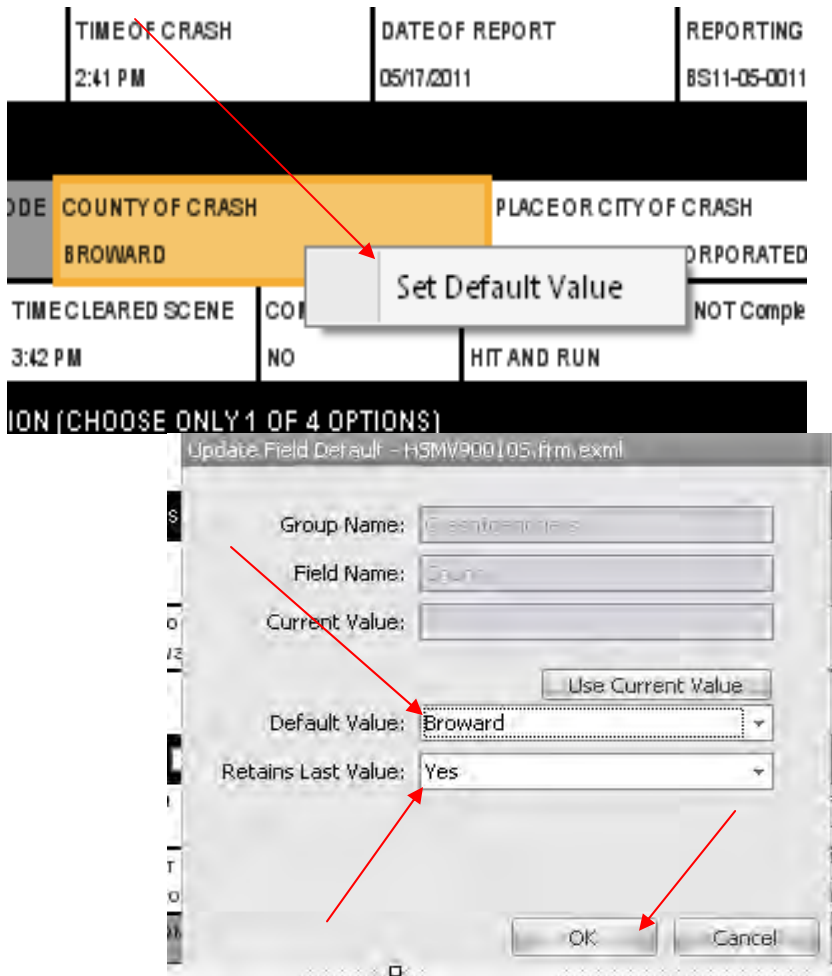
PRINTING A CRASH REPORT CONTINUED:

- After clicking on the PAW print you will get a window as below.
 - You can
 - Print the Crash Report
 - Click on the box to the left of Template Crash Report
 - Click on Print



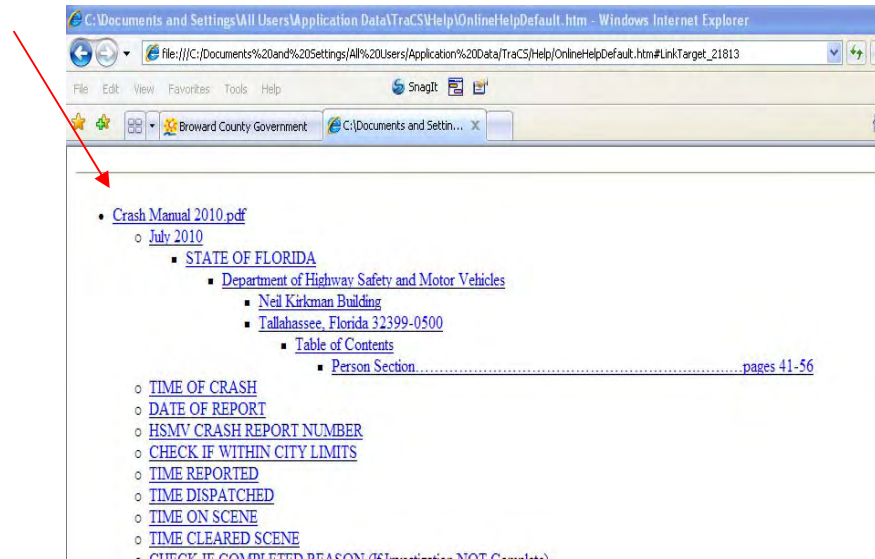
SET DEFAULTS:

- You can set defaults for several fields in the Electronic Crash report. (2 different ways)
 - Once you filled in the block then go back into the field (Left Picture)
 - or you can highlight the field (Right Picture)
- Choose the value that you want and choose “Yes” to retain last value and click “OK”
- Now every time you go into a new report these values will be there once you tab past the fields.



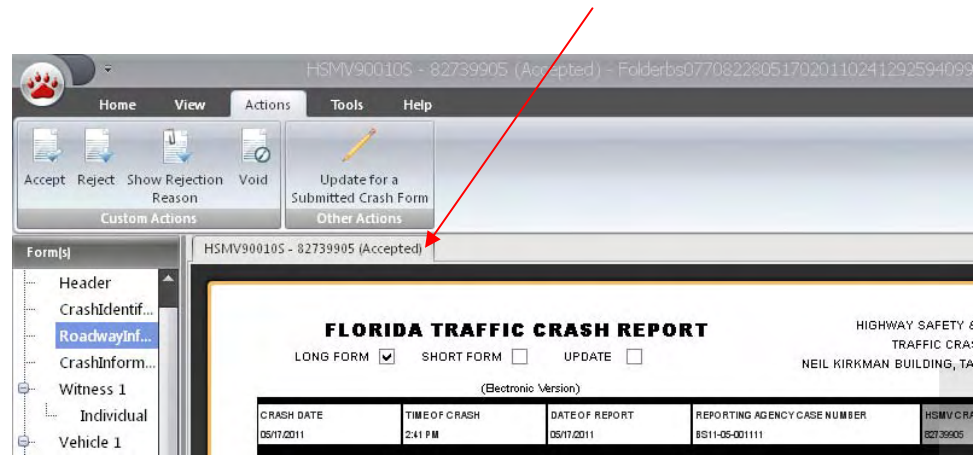
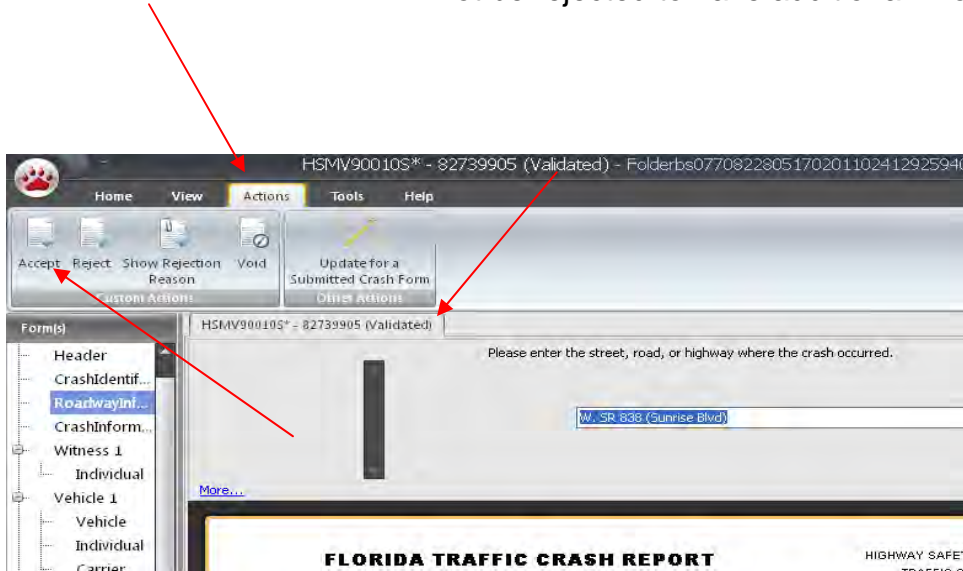
MORE...:

- There is a link to the official crash reporting manual. If you click on the “**More...**” this will open up the 2010 Crash Manual. This manual was written for the hand written forms not the electronic form. It is still useful if you do not understand what information is required for a field.



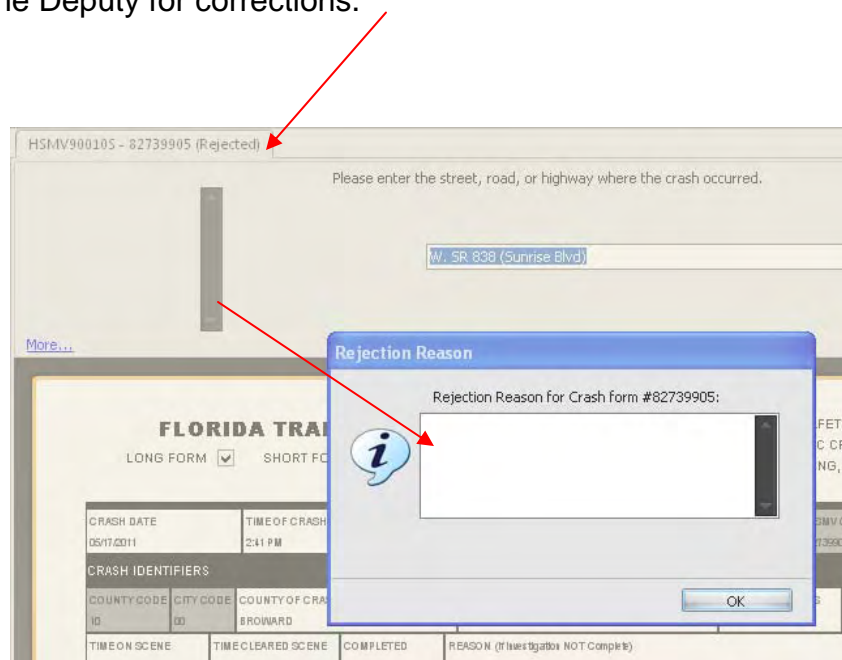
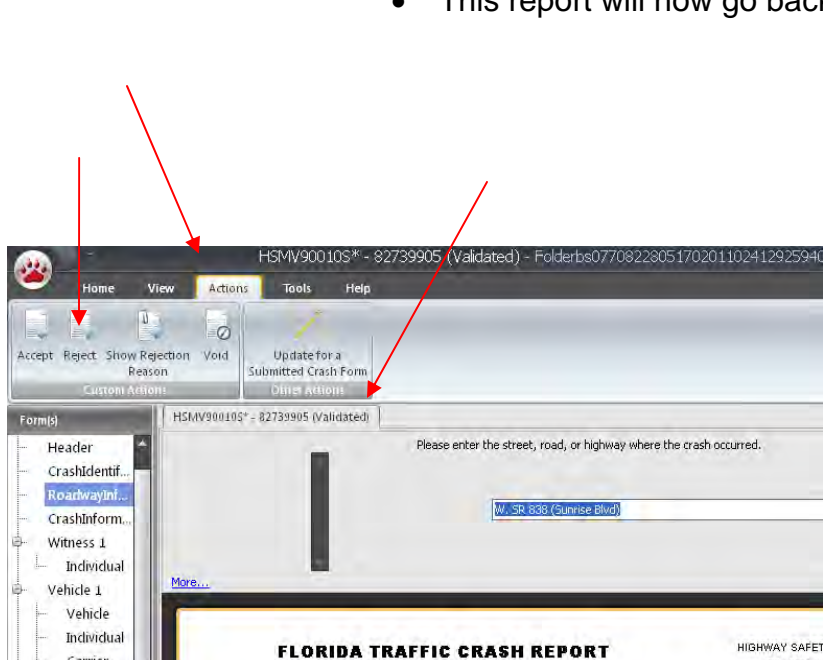
APPROVAL:

- Supervisors will need to Approve or Reject the Deputies/CSA's crash reports.
 - A Validated report is the **ONLY** report that can be Approved/Rejected.
 - Open up the Validated report and review it. If it is Correct then go to the **ACTIONS Tab** and choose Accept. This will change the status of this report to **ACCEPTED**.
 - This Accepted report will change to Submitted usually within the hour. If the report needs to be corrected and it was accepted prior to midnight then the Supervisor can go into the report and reject it sending it back to the Deputy for additional information.
 - If the Report was submitted and it is now after midnight the deputy will have to do an update to the Submitted Report. Once the report is taken by the State at 1 minute after midnight then it can not be rejected to have additional information added or changed etc.



REJECTED:

- Supervisors will need to Approve or Reject the Deputies/CSA's crash reports.
 - A Validated report is the **ONLY** report that can be approved/Rejected.
 - Open up the Validated report and review it. If it is Incorrect then go to the **ACTIONS Tab** and choose reject. This will change the status of this report to **REJECTED**.
 - A Window will pop up and you can type in the rejection reason (currently limited to 200 characters) then click OK.
 - This report will now go back to the Deputy for corrections.



SEARCH:

- For any search you will need to click on the CLEAR button. This will clear out any previous search criteria.

The screenshot displays the Forms Manager application window. The top menu bar includes Home, View, Tools, Data Transfer, and Help. Below the menu is a ribbon with various icons for file operations (New Contact, Open Form, Add Form, Delete Form), editing (Contact Information, Select All, Deselect All, Refresh, Reset, Unlock), and field units (Submit Forms, Import Forms). A sidebar on the left shows a 'Quick Add' section with a form icon and the ID 'HSMV900105'. The main area is a table of forms with columns for Form Name, Description, User, ID, Number, Status, Date, Type, Time, Locked status, and Contact. Below the table is a search panel with tabs for General, Advanced, Custom, and Favorites. The search panel contains fields for User ID, Location, Form, Status, and Form Number. It also has sections for Form Description, Data Source (Current/Archive), and Form Date (From/To). A red arrow points to the 'Clear' button in the search panel.

Form Na...	Form Description	User L...	User ID	Form Number	Status	Submission Date	Form Type	Form Date	Form Time	Is Locked	Contact ...
HSMV9...	WS11-04-000841	Baxter	bs11067	82739245	Submitted	4/26/2011	U	4/20/2011	22:59	<input checked="" type="checkbox"/>	Folderbs11
HSMV9...	WS11-05-000033	Baxter	bs11067	82739249	Submitted	5/10/2011	L	5/6/2011	02:52	<input checked="" type="checkbox"/>	Folderbs11
HSMV9...	LL11-05-001244	Beculhimer	bs14204	82744528	Submitted	5/18/2011	L	5/17/2011	03:23	<input checked="" type="checkbox"/>	Folderbs14
HSMV9...	NL11-04-000144	Behnam	bs14692	82418136	Submitted	4/6/2011	L	4/2/2011	17:53	<input checked="" type="checkbox"/>	Folderbs14
HSMV9...	DN11-05-000097	Bell	bs05539	82741815	Submitted	5/4/2011	L	5/2/2011	14:10	<input checked="" type="checkbox"/>	Folderbs05
HSMV9...	DN11-05-000673	Bell	bs05539	82741817	Rejected		L	5/10/2011	18:45	<input type="checkbox"/>	Folderbs05
HSMV9...	DN11-05-000585	Bell	bs05539	82741816	Validated		L	5/9/2011	14:01	<input type="checkbox"/>	Folderbs05
HSMV9...	DR11-05-002721	Bell	bs09035	82744768	Open		L	5/2/2011	14:48	<input checked="" type="checkbox"/>	Folderbs09
HSMV9...	CC11-04-001071	Bell	bs13391	82740204	Submitted	4/28/2011	U	4/16/2011	14:57	<input checked="" type="checkbox"/>	Folderbs13

SEARCH CONTINUED:

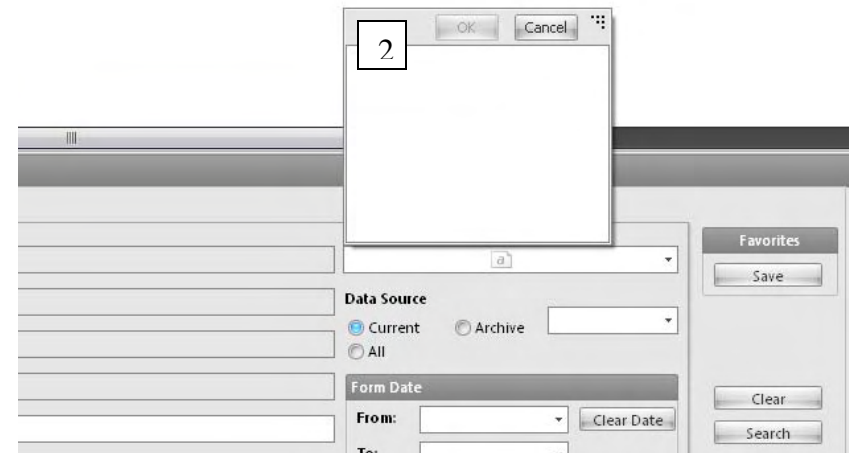
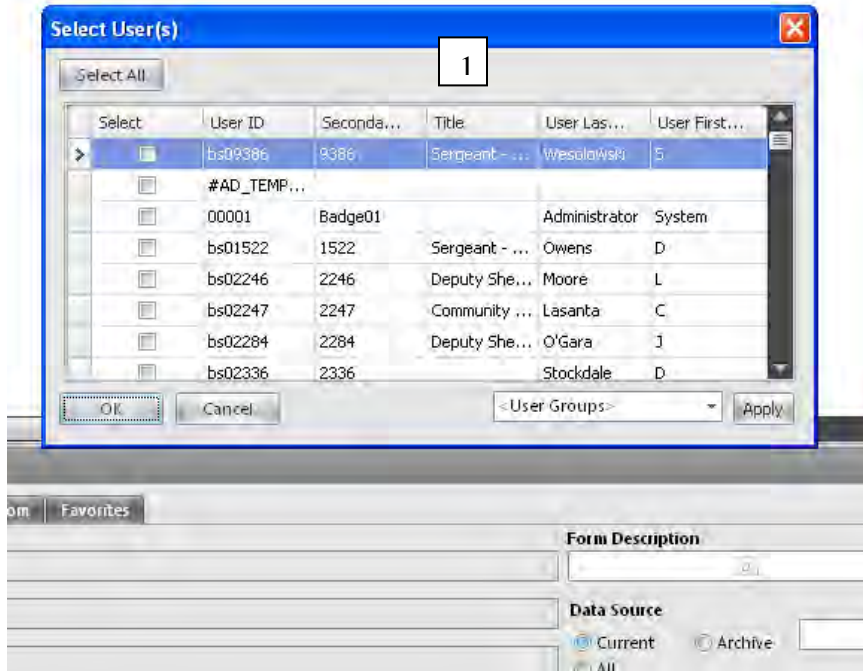
- You can search by (Complete or Partial)
 - #1 User ID
 - #2 Form Description (Case Number)
 - #3 Dates
 - #4 Names of people involved in the crash
 - #5 Tags
 - #6 Vins
 - #7 Streets
 - #8 Narrative
 - #9 Statute
 - Additional searches are coming out with the new update
 - Hit and Runs
 - DUI
 - Fataals

The screenshot shows a search interface with the following elements:

- Search** header with tabs: General, **Advanced**, Custom, Favorites.
- Form Description** section with a dropdown menu containing the letter 'a'. A box labeled '2' is placed over this dropdown.
- Data Source** section with radio buttons for Current, Archive, and All.
- Form Date** section with a **From:** dropdown menu containing the number '3' and a **Clear Date** button.
- Form Number:** a text input field.
- Form** section with buttons for **User ID...**, **Location...**, **Form...**, and **Status...**. A box labeled '1' is placed over the **User ID...** button.
- Favorites** section with **Save**, **Clear**, and **Search** buttons.

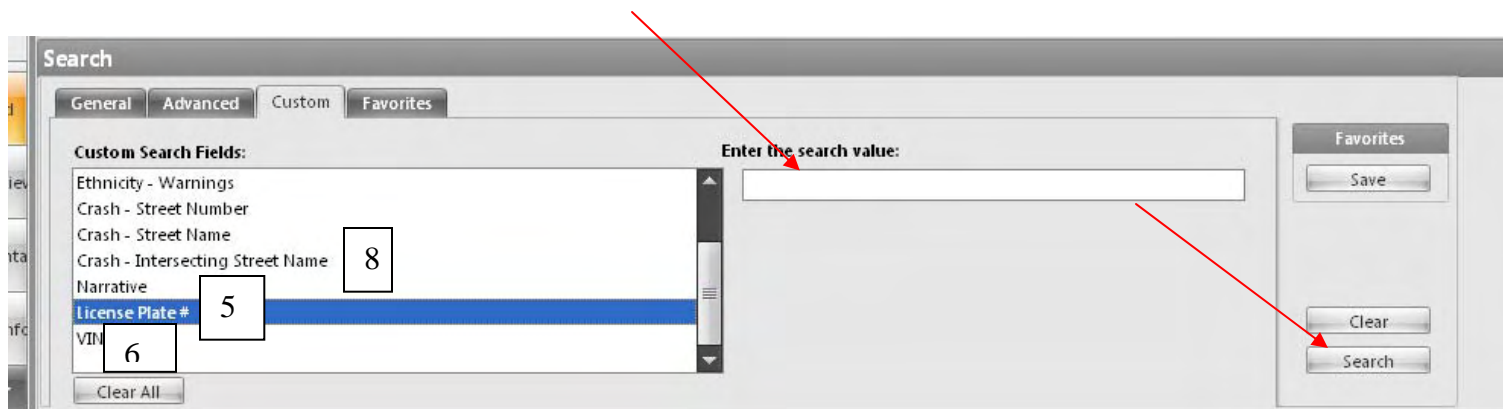
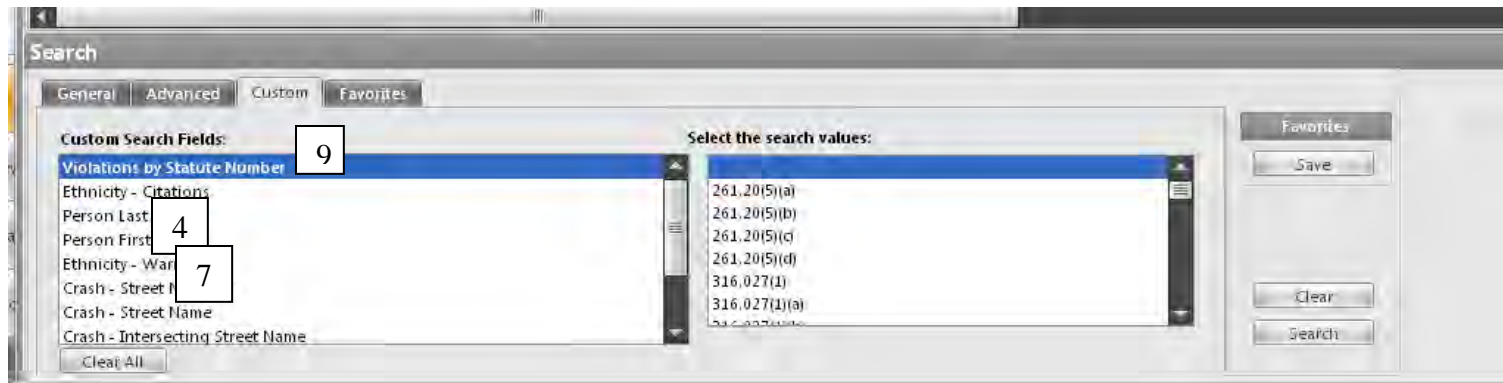
SEARCH CONTINUED:

- #1 User ID
- #2 Form Description (Case Number) (You only have to input a partial, i.e. last 4 numbers etc.)
- #3 Dates
 - Click on these boxes and enter your data or find your deputy. Once that is completed click **OK** then **SEARCH**.



SEARCH CONTINUED:

- #4 Names of people involved in the crash
- #5 Tags
- #6 Vins
- #7 Streets
- #8 Narrative
- #9 Statute
- Additional searches are coming out with the new update
 - Hit and Runs
 - DUI
 - Fatal's
- Click on the item you want to search by. Enter your data in the ENTER THE SEARCH VALUE box. Once that is completed click **SEARCH**.



UNLOCK:

- If you find your report locked you will need to do the following:
 - **Contact your supervisor.** They will go into the program under their CCN and password.
 - In the Form Manager screen find the report and highlight it
 - Right click on the highlighted report and a drop down will appear.
 - Click Unlock

