

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 2

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
 TALLAHASSEE, FL 32399-0537

TOTAL # OF PERSON SECTION(S) 2

TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 03/12/2013	TIME OF CRASH 10:35 AM	DATE OF REPORT 03/15/2013	REPORTING AGENCY CASE NUMBER 13-FR-1885	HSMV CRASH REPORT NUMBER 82176521
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CRASH IDENTIFIERS							
COUNTY CODE 12	CITY CODE 34	COUNTY OF CRASH Lake	PLACE OR CITY OF CRASH Fruitland Park	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 10:35 AM	TIME DISPATCHED 10:35 AM	
TIME ON SCENE 10:37 AM		TIME CLEARED SCENE 11:00 AM		CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)		Notified By: 1 Motorist 2 Law Enforcement 2

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)			
CRASH OCCURRED ON STREET, ROAD, HIGHWAY SR 25		AT STREET ADDRESS # 1	AT LATITUDE AND LONGITUDE
FEET	MILES	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY N. CR 25A	OR FROM MILEPOST # 4

Road System Identifier 3 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	Type of Shoulder 2 1 Paved, 2 Unpaved, 3 Curb	Type of Intersection 3 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
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CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>				
Light Condition 1 1 Daylight, 2 Dusk, 3 Dawn, 4 Dark-Lighted 5 Dark-Not Lighted, 6 Dark-Unknown, 77 Other, Explain in Narrative, 88 Unknown	Weather Condition 1 4 Fog, Smog, Smoke, 5 Sleet/Hail, 6 Freezing Rain, 6 Blowing Sand, Soil, Dirt, 7 Severe Crosswinds, 77 Other, Explain in Narrative, 1 Clear, 2 Cloudy, 3 Rain	Roadway Surface Condition 1 5 Oil, 6 Mud, Dirt, Gravel, 7 Sand, 8 Water (standing/moving), 77 Other, Explain in Narrative, 88 Unknown, 1 Dry, 2 Wet, 3 Ice/Frost	School Bus Related 1 1 No, 2 Yes, School Bus Directly Involved, 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact 3 4 Sideswipe, Same Direction, 5 Sideswipe, Opposite Direction, 6 Rear to Side, 7 Rear to Rear, 77 Other, Explain in Narrative, 88 Unknown, 1 Front to Rear, 2 Front to Front, 3 Angle

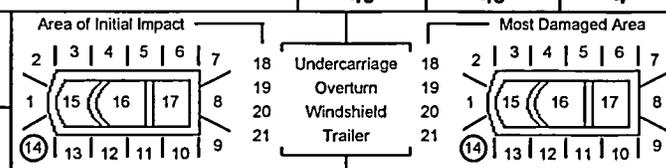
First Harmful Event 11 1 Overtum/Rollover, 2 Fire/Explosion, 3 Immersion, 4 Jackknife, 5 Cargo/Equipment Loss or Shift, 6 Fell/Jumped From Motor Vehicle, 7 Thrown or Falling Object, 8 Ran into Water/Canal, 9 Other Non-Collision	Non-Collision 10 Pedestrian, 11 Pedalcycle, 12 Railway Vehicle (train, engine), 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	Collision 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 Face, 28 Guardrail End, 29 Cable Barrier	Collision with Fixed Object 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 Location 1 1 On Roadway, 2 Off Roadway, 3 Shoulder, 4 Median, 6 Gore, 7 Separator, 8 In Parking Lane or Zone, 9 Outside Right-of-way, 10 Roadside, 88 Unknown
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First Harmful Event Relation to Junction 2 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	Contributing Circumstances: Road 1 1 None, 4 Work Zone (construction/maintenance/utility), 6 Shoulders (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	Contributing Circumstances: Environment 1 1 None, 2 Weather Conditions, 3 Physical Obstruction(s), 4 Glare, 5 Animal(s) in Roadway, 77 Other, Explain in Narrative, 88 Unknown
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Work Zone Related 1 1 No, 2 Yes, 88 Unknown	Crash in Work Zone 3 1 Before the First Work Zone Warning Sign, 2 Advance Warning Area, 3 Transition Area, 4 Activity Area, 5 Termination Area	Type of Work Zone 3 1 Lane Closure, 2 Lane Shift/Crossover, 3 Work on Shoulder or Media, 4 Intermittent or Moving Work, 77 Other, Explain in Narrative	Workers in Work Zone 2 1 No, 2 Yes, 88 Unknown	Law Enforcement in Work Zone 1 1 No, 2 Officer Present, 3 Law Enforcement Vehicle Only Present
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WITNESSES			
NAME PRIDGEON KUJAWSKI ELAINE	ADDRESS 15025 GREEN VALLEY BLVD.	CITY & STATE Clemont, FL	ZIP CODE 34711
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE

NONVEHICLE PROPERTY DAMAGE							
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE

VEHICLE # 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 13-FR-1885			HSMV CRASH REPORT NUMBER 82176521					
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER 088IMS		STATE FL	REGISTRATION EXPIRES 14	Check if Permanent Registration <input checked="" type="checkbox"/>	VIN JTKDE177070215988					
Hit and Run 1 No 2 Yes 88 Unknown	YEAR 07	MAKE TOY	MODEL TC	STYLE 2D	COLOR PLE	DAMAGE: 1 Disabling 2 Functional 3 None		4 Minor 88 Unknown	EST. AMOUNT \$200.00			
INSURANCE COMPANY TRAVELER HOME AND MARINE INSURENCE				INSURANCE POLICY NUMBER 9815404231		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY		1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative			
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/> MELISSA ANN HUTSON			CURRENT ADDRESS 2904 DAVID STEWART LN.			CITY & STATE Lady Lake, FL		ZIP CODE 32159				
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES			
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES			
VEHICLE TRAVELING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road Unknown <input type="checkbox"/>		ON STREET, ROAD, HIGHWAY SR 25				AT EST. SPEED 45	POSTED SPEED 45	TOTAL LANES 4				
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of Initial Impact 					Most Damaged Area			
MOTOR CARRIER NAME				US DOT NUMBER		MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE	PHONE NUMBER	
Vehicle Body Type 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		1	Trafficway 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		4	Commercial Motor Vehicle Configuration 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 (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck			Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		Cargo Body Type 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log	
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<input type="checkbox"/>	Trailer 1	Trailer 2	1 10,000 lbs (4,536 kg) or less 2 10,001-25,000 lbs (4,536-11,793 kg) 3 More than 25,000 lbs (11,793 kg) 4 Not Applicable	Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 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 or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		Collision 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 Face 28 Guardrail End		Emergency Vehicle Use 1 No 2 Yes 88 Unknown		
Most Harmful Event 14		Non-Collision 1 Overturn/Rollover 2 Fire/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	14	Sequence of Events 1st 14 2nd 3rd 4th	[40-46 Sequence of Events only] 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway	Vehicle Maneuver Action 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/ Passing		Traffic Control Device For This Vehicle 5 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 17 Other, Explain in Narrative 88 Unknown		Vehicle Defects 1 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train		
Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1	Roadway Alignment 1 Straight 2 Curve Right 3 Curve Left		1	Special Function of a Motor Vehicle 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transil/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				

PERSON # <input type="text" value="1"/>		REPORTING AGENCY CASE NUMBER 13-FR-1885			HSMV CRASH REPORT NUMBER 82176521			
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # <input type="text" value="1"/>	NAME Trinnen J. Chesnut			PHONE NUMBER (352) 326-8809	Check if Recommended Driver Re-exam <input type="checkbox"/>	
CURRENT ADDRESS (Number and Street) 705 Lewis Street				CITY & STATE FRUITLAND PARK, FL		ZIP CODE 34731		
DATE OF BIRTH 04/29/1998	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER <input type="text" value="1"/>	STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality		<input type="text" value="3"/>	
DRIVER								
DL Type <input type="checkbox"/> 1 A 2 B 3 C <input type="checkbox"/> 4 D/Chauffeur <input type="checkbox"/> 5 E/Operator <input type="checkbox"/> 6 E/Oper - Rest <input type="checkbox"/> 7 None		Required Endorsements <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No Req. Endorsement		Driver's Actions at Time of Crash			Condition At Time of Crash <input type="text" value="1"/>	
Driver Distracted By <input type="text" value="1"/> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		1st <input type="text" value="2"/> 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane			3rd <input type="text"/> 4th <input type="text"/>	1 Apparently Normal 3 Asleep or Fainted 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
Driver Vision Obstructions <input type="text" value="1"/> 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:		LOCATION: SEAT ROW OTHER (LOC) <input type="text" value="77"/>		Helmet Use (HU) <input type="text" value="3"/> 1 DOT-Compliant Motorcycle Helmet 3 Other Helmet 3 No Helmet		Eye Protection (EP) <input type="text" value="1"/> 1 Yes 2 No 3 Not Applicable		
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 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		Air Bag Deployed (ABD) <input type="text" value="1"/> 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		5 Deployed-Other (knee, air belt, etc) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown		
Ejection (EJECT) <input type="text" value="2"/> 1 Not Ejected 2 Ejected, Partially 3 Ejected, Partially 4 Not Applicable 88 Unknown		Restraint Systems (RS) <input type="text" value="1"/> 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		DRIVER OR PASSENGER				
NONMOTORIST								
Non-Motorist Description <input type="text" value="3"/> 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 <input type="text" value="88"/> 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 <input type="text" value="88"/> 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 <input type="text" value="88"/> 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		Non-Motorist Actions/Circumstances 1st <input type="text" value="88"/> 1 No Improper Action 2 Darf/Dash 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) 2nd <input type="text"/> 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 Riding or Walking 77 Other, Explain in Narrative 88 Unknown						
ALCOHOL/DRUGS/EMIS								
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 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC	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	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		EMS AGENCY NAME OR ID <input type="text" value="1"/>		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO		
ADDITIONAL PASSENGERS								
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	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		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO		
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	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		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO		

PERSON # <input type="text" value="2"/>	REPORTING AGENCY CASE NUMBER 13-FR-1885	HSMV CRASH REPORT NUMBER 82176521
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1 Driver 2 Non-Motorist 3 Passenger	<input type="text" value="1"/>	VEHICLE # 1	NAME MELISSA ANN HUTSON	PHONE NUMBER	<input type="checkbox"/>	Check if Recommend Driver Re-exam
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CURRENT ADDRESS (Number and Street) 2904 DAVID STEWART LN.	CITY & STATE Lady Lake, FL	ZIP CODE 32159
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DATE OF BIRTH 10/12/1985	SEX: 1 Male 2 Female 88 Unknown	<input type="text" value="2"/>	DRIVER LICENSE NUMBER H325541858720	STATE FL	EXPIRES 10/12/2013	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	<input type="text" value="1"/>
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DRIVER

DL Type <input type="text" value="5"/> 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	Required Endorsements <input type="text" value="3"/> 1 Yes 2 No 3 No Req. Endorsement	Driver's Actions at Time of Crash		3rd <input type="text"/>	Condition At Time of Crash <input type="text" value="1"/> 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
Driver Distracted By <input type="text" value="1"/> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		4th <input type="text"/>	
Driver Vision Obstructions <input type="text" value="1"/> 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:	LOCATION: SEAT ROW OTHER (LOC) <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	Helmet Use (HU) <input type="text" value="3"/> 1 DOT-Compliant Motorcycle Helmet 3 Other Helmet 3 No Helmet	Eye Protection (EP) <input type="text" value="3"/> 1 Yes 2 No 3 Not Applicable	3 Restraint Systems (RS) <input type="text"/> 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
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 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	Air Bag Deployed (ABD) <input type="text" value="2"/> 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side	5 Deployed-Other (knee, air belt, etc) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown
Ejection (EJECT) <input type="text" value="1"/> 1 Not Ejected 2 Ejected, Partially 3 Ejected, Totally 4 Not Applicable 88 Unknown				

NONMOTORIST

Non-Motorist Description <input type="text"/> 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 <input type="text"/> 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 <input type="text"/> 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 <input type="text"/> 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	Non-Motorist Actions/Circumstances <input type="text"/> 1st <input type="text"/> 2nd <input type="text"/> 1 No Improper Action 2 Dart/Dash 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 Riding or Walking 77 Other, Explain in Narrative 88 Unknown	

ALCOHOL/DRUG/ETS

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	<input type="text" value="1"/>	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<input type="text" value="1"/>	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	<input type="text"/>	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	<input type="text"/>	BAC	<input type="text"/>	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	<input type="text" value="1"/>	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<input type="text" value="1"/>	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	<input type="text"/>	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	<input type="text"/>
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="text" value="1"/>	EMS AGENCY NAME OR ID	<input type="text"/>	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO	<input type="text"/>
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ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="text"/>	EMS AGENCY NAME OR ID	<input type="text"/>	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO	<input type="text"/>
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="text"/>	EMS AGENCY NAME OR ID	<input type="text"/>	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO	<input type="text"/>
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NARRATIVE	REPORTING AGENCY CASE NUMBER 13-FR-1885	HSMV CRASH REPORT NUMBER 82176521
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ON 3/12/13 INVESTIGATION REVEALED THAT DRIVER OF VEHICLE 2 WAS TRAVELING SOUTH BOUND ON SR 25, AND BICYCLIST 1 HEADING NORTH BOUND ON N. CR. 25 A.

THE CRASH OCCURRED WHEN BICYCLIST VEHICLE 1 PULLED OUT INTO THE PATH OF THE VEHICLE 2.

BICYCLIST VEHICLE 1 W/M APPROXIMATELY 15 YEARS, LEFT THE SCENE OF THE CRASH WITH ANOTHER BICYCLIST 2, W/M APPROXIMATELY 40 YEARS. HEADING N. BOUND ON SR 25. RIDER OF BICYCLE 1 LEFT HIS BICYCLE ON THE ROAD WAY. THE DRIVER OF THE VEHICLE 2 STAYED AT THE SCENE OF THE CRASH AND CALLED LAW ENFORCEMENT.

BICYCLIST 1 WAS FOUND AT FAULT FOR A HIT AND RUN.

BICYCLE WAS HELD FOR SAFE KEEPING.

FURTHER INVESTIGATION REVEALED THAT THE JUVENILE CYCLIST WAS LOCATED. HE RECEIVED MINOR INJURIES, DIDN'T REQUIRE MEDICAL TREATMENT.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATA OF BIRTH	INJ	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	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATA OF BIRTH	INJ	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	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

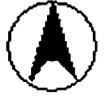
REPORTING OFFICER

ID/BADGE NUMBER FP17	RANK & NAME Officer J. R. Shoemaker	DEPARTMENT Fruitland Park Police Department	FHP <input type="checkbox"/>	SO <input type="checkbox"/>	PD <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
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Diagram

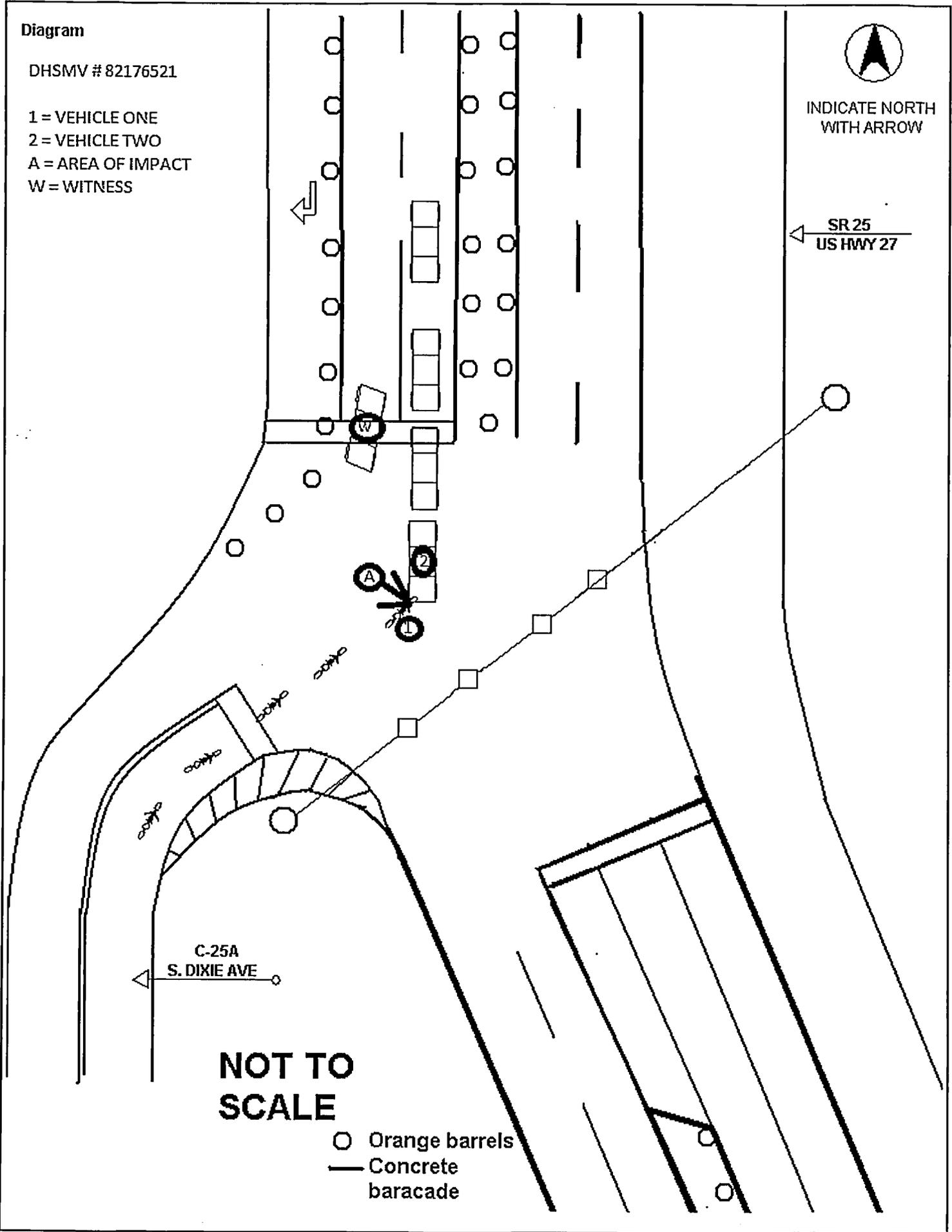
DHSMV # 82176521

1 = VEHICLE ONE
2 = VEHICLE TWO
A = AREA OF IMPACT
W = WITNESS



INDICATE NORTH
WITH ARROW

SR 25
US HWY 27



**NOT TO
SCALE**

- Orange barrels
- Concrete barcade

VEHICLE # 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 13-FR-1885		HSMV CRASH REPORT NUMBER 82176521		
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		1	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	
Hit and Run 1 No 2 Yes 88 Unknown		2	YEAR	MAKE	MODEL	STYLE	COLOR	
DAMAGE: 1 Disabling 2 Functional 3 None		4		EST. AMOUNT \$50.00		BICYCLE TAN		
INSURANCE COMPANY			INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes	1	VEHICLE REMOVED BY LAW ENFORCEMENT	
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>		CURRENT ADDRESS			CITY & STATE		ZIP CODE	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		ON STREET, ROAD, HIGHWAY DIXIE				AT EST. SPEED 10	POSTED SPEED 35	TOTAL LANES 4
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 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		77		Trafficway 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		Commercial Motor Vehicle Configuration 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 (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck		
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		4		Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		Cargo Body Type 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log		
Most Harmful Event 1 Overturn/Rollover 2 Fire/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		6		Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 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 or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		Collision 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 Face 28 Guardrail End		
Sequence of Events 1st 14 2nd 6 3rd 4th		[40-46 Sequence of Events only] 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		Emergency Vehicle Use 1 No 2 Yes 88 Unknown		1		
Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		4		Roadway Alignment 1 Straight 2 Curve Right 3 Curve Left		2		
Special Function of a Motor Vehicle 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transil/Commuter Bus		14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		Traffic Control Device For This Vehicle 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		
Vehicle Defects 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train		12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown		Vehicle Maneuver Action 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing		13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		
VIOLATIONS								
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER	
1	Trinnen J. Chesnut		316.061(1)		LEAVE SCENE OF CRASH - PROPERTY DAMA			
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER	
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER	