

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

HIGHWAY SAFETY & MOTOR VEHICLES,
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

(Electronic Version)

Date of Crash 09/Dec/2013 07:30 PM	Time of Crash 09/Dec/2013 07:30 PM	Date of Report 09/Dec/2013 12:00 AM	Invest. Agency Report Number 13120138	HSMV Crash Report Number 84318594
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CRASH IDENTIFIERS

County Code 12	City Code 42	County of Crash LAKE	Place or City of Crash LEESBURG	Within City Limits Yes	Time Reported 09/Dec/2013 07:30 PM	Time Dispatched 09/Dec/2013 07:30 PM
Time on Scene 09/Dec/2013 07:30 PM	Time Cleared Scene 09/Dec/2013 08:20 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway HWY 27 S			At Street Address#		At Latitude and Longitude	
At Feet 150	Or Miles	Direction South	From Intersection With Street, Road, Highway CR 25A			Or From Milepost #
Road System Identifier 2 U.S.		Type Of Shoulder 2 Unpaved		Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 5 Dark-Not Lighted	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision
First Harmful Event Type	First Harmful Event 10	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

VEHICLE (Check if Commercial) ☐

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number 8233IA	State FL	Reg. Expires 26/Nov/2013	Permanent Reg.	VIN 1D4HB58216F164706		
Year 2006	Make DODG	Model DURANGO	Style 4D	Color BLU	Extent of Damage Minor	Est. Damage 125	Towed Due To Damage No	Vehicle Removed By OWNER	Rotation Driver
Insurance Company					Insurance Policy Number				
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> CLARIBAL JIMENEZ			Current Address (Number and Street) 2062 NEWTOWN RD			City and State GROVELAND FL		Zip Code 34736	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling:	Direction South	On Street, Road, Highway HWY 27 S					At Est. Speed 50	Posted Speed 55	Total Lanes 4
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR 4 Not Applicable			Trailer Type (trailer one)		Trailer Type (trailer two)				
Haz. Mat. Release	Haz Mat. Placard	Number		Class					
Motor Carrier Name				US DOT Number					
Motor Carrier Address				City and State				Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type 16 (Sport) Utility Vehicle	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 4 Two-Way, Divided, Positive Median Barrier	Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 10 Pedestrian	
Traffic Control Device For This Vehicle 1 No Controls		First (1) Sequence of Events 2 Collision with Non-Fixed Object 10 Pedestrian		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name CLARIBAL JIMENEZ	Date of Birth 26/Nov/1985	Sex 2 Female	Phone Number 3523485877	Re-Exam No
Address 2062 NEWTOWN RD		City GROVELAND		State FL		Zip Code 34736	
Driver License Number J552100859260		State FL	Expires 26/Nov/2020	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 1 None	Ejection 1 Not Ejected

Date of Crash 09/Dec/2013 07:30 PM		Date of Report 09/Dec/2013 07:30 PM		Invest. Agency Report Number 13120138		HSMV Crash Report Number 84318594	
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 1 Not Applicable		Helmet Use		Eye Protection	
				Seating Location Seat 1 Left		Seating Location Row 1 Front	
						Seating Location Other	
Drivers Actions at Time of Crash (first) 1 No Contributing Action				Drivers Actions at Time of Crash (second)		Driver Distracted By 1 Not Distracted	
						Vision Obstruction 1 Vision Not Obscured	
Drivers Actions at Time of Crash (third)				Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash 1 Apparently Normal	
Suspected Alcohol Use 1 No		Alcohol Tested		Alcohol Test Type		Alcohol Test Result	
						BAC	
						Suspected Drug Use 1 No	
						Drug Tested	
						Drug Test Type	
						Drug Test Result	
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	

PERSON RECORD

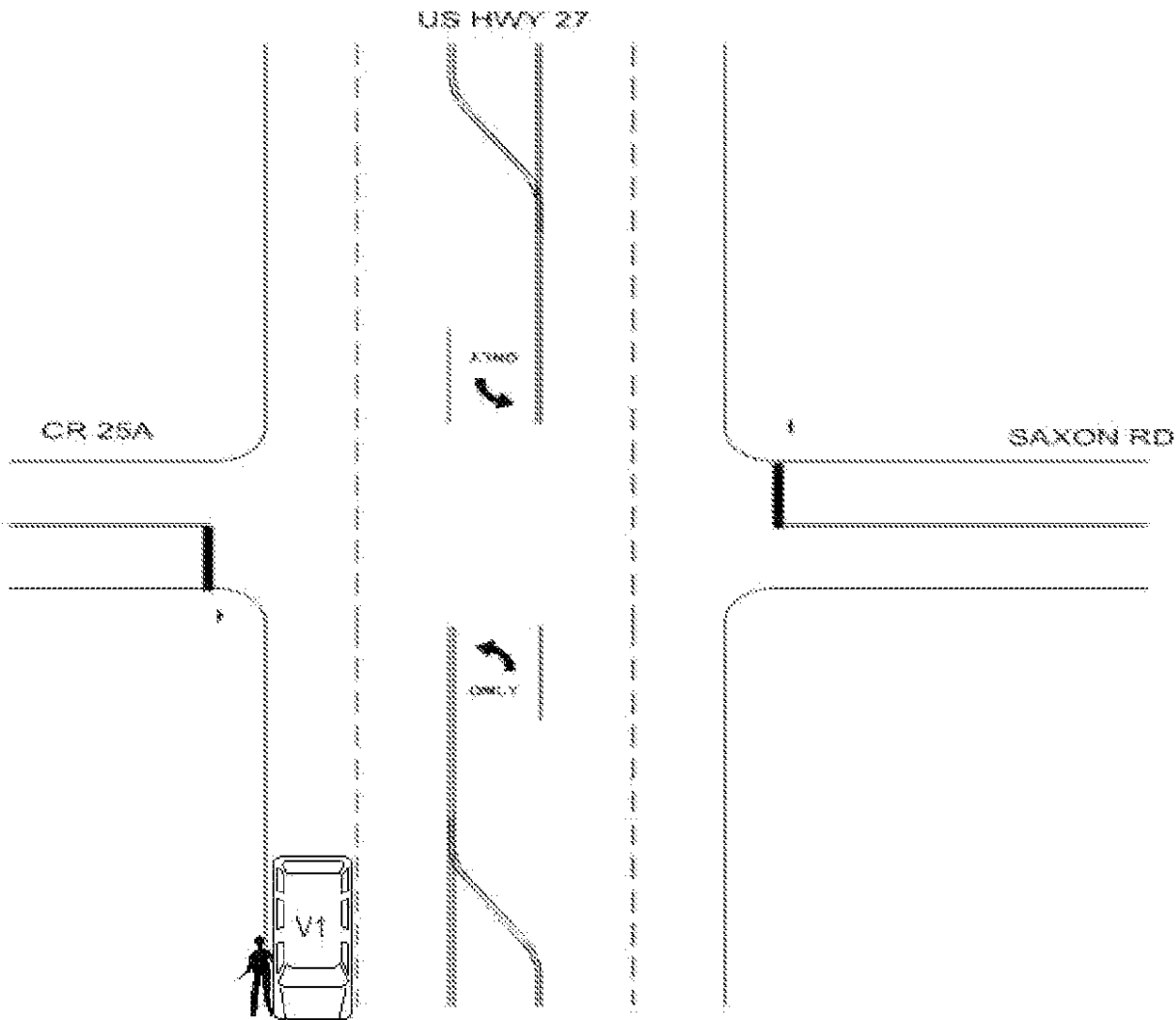
Person# 2	Description 2 Non-Motorist	Name KEVIN GERALD SHEAREN	Date of Birth 30/Mar/1965	Sex 1 Male	Injury Severity 3 Non-incapacitating	Phone Number
Address 1407 OLD HARBOR BLVD		City LEESBURG	State FL		Zip Code 34748	
Non-Motorist Description Detail 1 Pedestrian		Non-Motorist Action Prior to Crash 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane)			Non-Motorist Location at Time of Crash 7 Shoulder/Roadside	
Non-Motorist Actions/Circumstance (First) 12 Wrong-Way Riding or Walking		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two)
Suspected Alcohol Use 1 No		Alcohol Tested		Alcohol Test Type		Alcohol Test Result
						BAC
						Suspected Drug Use 1 No
						Drug Tested
						Drug Test Type
						Drug Test Result
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID ORLANDO REGIONAL MEDICAL AIR FLIGHT		EMS Run Number 241447		Medical Facility Transported To ORLANDO REGIONAL MEDICAL CENTER

NARRATIVE

On December 9, 2013, at 1930 hours I was idling in the driveway of 1403 Old Harbor Boulevard. I was waiting for the opportunity to cross US Hwy 27 and start traveling north. While waiting I witnessed a vehicle pull over to the right side of the roadway then flash the hazard lights. A female approached my vehicle and asked if I spoke Spanish. I told her I could have someone en route. She stated a man needed help but could not explain more due to language barrier. I drove north on US Hwy 27 to position my patrol vehicle behind her vehicle. As I turned around I witnessed a male lying on the right shoulder of the southbound lanes. The male advised he was walking south on the roadway between the solid white line and the grass shoulder. While walking he was hit by something but he did not know what. When a Spanish speaking officer arrived on scene he was told by the female, driver 1, while she was traveling southbound on the outside lane she felt she hit something but did not see what it was. As she exited her vehicle she discovered the male lying on the shoulder. The male was struck by the side view mirror of the vehicle. He was transported to Orlando Regional Medical Center via air support.

REPORTING OFFICER

ID/Badge # T24	Rank and Name OFFICER BLANTON	Department LEESBURG POLICE DEPARTMENT	Type of Department PD
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Indicate North

Drawing Not To Scale.