

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)

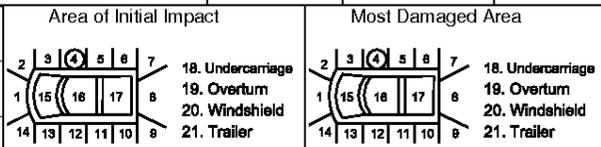
Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number 8233IA	State FL	Reg. Expires 26/Nov/2013	Permanent Reg.	VIN 1D4HB58216F164706		
Year 2006	Make DODG	Model DURANGO	Style 4D	Color BLU	Extent of Damage Minor	Est. Damage 125	Towed Due To Damage No	Vehicle Removed By 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: South	On Street, Road, Highway HWY 27 S	At Est. Speed 50	Posted Speed 55	Total Lanes 4
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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	

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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

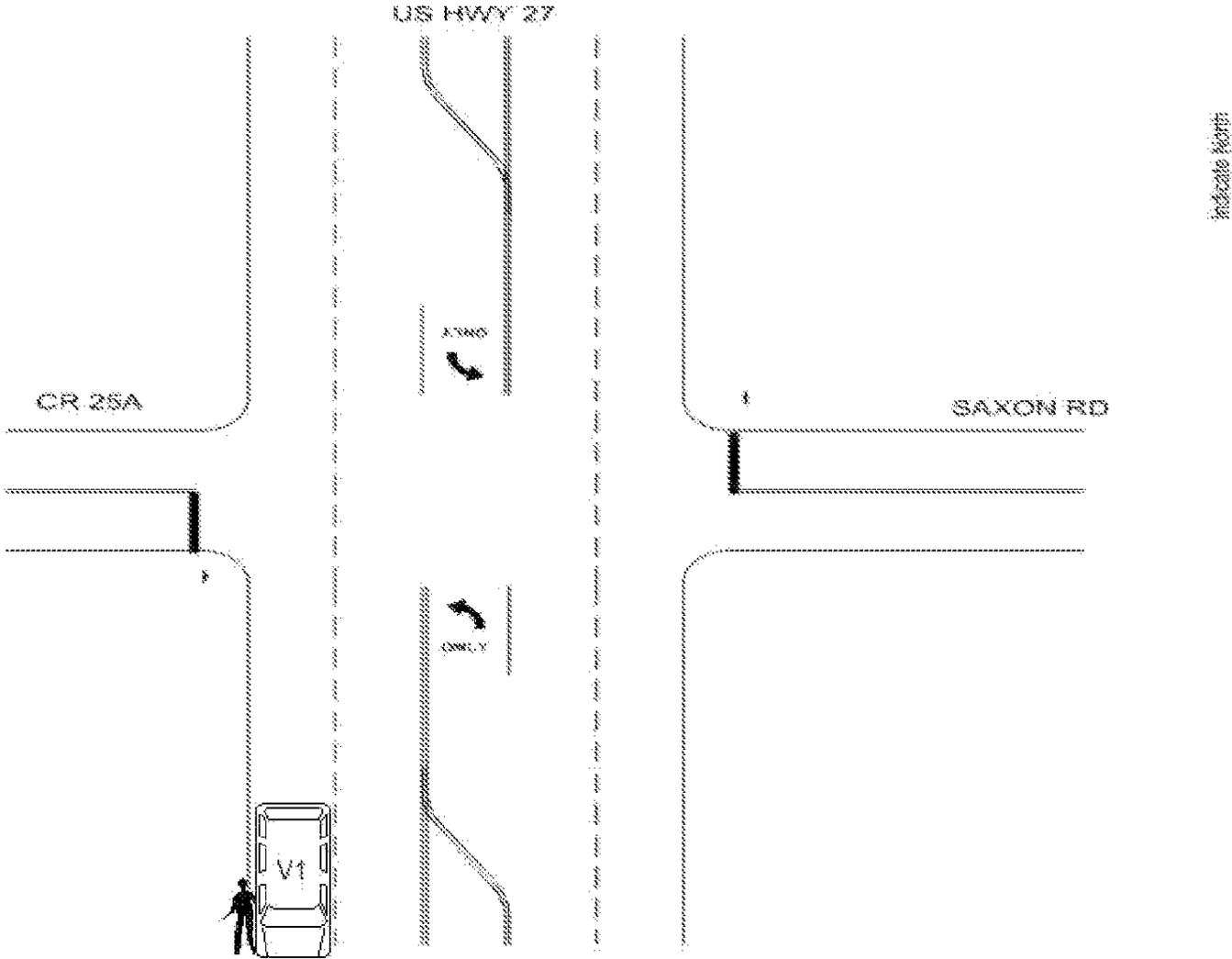
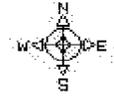
Person# 2	Description 2 Non-Motorist	Name KEVIN GERALD SHEAREN	Date of Birth 30/Mar/1965	Sex 1 Male	Injury Severity 3 Non-incapacitating	Phone Number		
Address 1407 OLD HARBOR BLVD		City LEESBURG	State FL		Zip Code 34748			
Non-Motorist Description Detail 1 Pedestrian		Non-Motorist Action Prior to Crash 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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Drawing Not To Scale.