

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 04/Jul/2013 09:28 PM	Time of Crash 04/Jul/2013 09:28 PM	Date of Report 04/Jul/2013 09:48 PM	Invest. Agency Report Number FHPD13OFF056222	HSMV Crash Report Number 83306578
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CRASH IDENTIFIERS

County Code 12	City Code 0	County of Crash LAKE	Place or City of Crash UNINCORPORATED	Within City Limits No	Time Reported 04/Jul/2013 09:28 PM	Time Dispatched 04/Jul/2013 09:29 PM
Time on Scene 04/Jul/2013 09:29 PM	Time Cleared Scene 04/Jul/2013 10:30 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway SR 19			At Street Address#		At Latitude and Longitude 28.8906572498042 -81.686636734350998	
At Feet 10	Or Miles	Direction South	From Intersection With Street, Road, Highway FIFTH ST			Or From Milepost #
Road System Identifier 3 State		Type Of Shoulder 1 Paved		Type Of Intersection 3 T-Intersection		

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 5 Dark-Not Lighted	Weather Condition 2 Cloudy	Roadway Surface Condition 2 Wet	School Bus Related 1 No	Manner Of Collision 77 Other, Explain in Narrative
First Harmful Event Type	First Harmful Event 10	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 3 Intersection.Related
Contributing Circumstances: Road 10 Road Surface Condition (wet, icy, snow, slush, etc.)		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 2 Weather Conditions		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 GMQ6X	State FL	Reg. Expires 05/Mar/2014	Permanent Reg. No	VIN 1B4GP25351B263368		
Year 2001	Make DODG	Model CARAVAN	Style SW	Color WHI	Extent of Damage Functional	Est. Damage 3000	Towed Due To Damage No	Vehicle Removed By	Rotation
Insurance Company PROGRESSIVE				Insurance Policy Number 48284216					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> LEIGH FRANCES BORESKE			Current Address (Number and Street) 36736 SANDY LN			City and State GRAND ISLAND FL		Zip Code 32735-0000	
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 North	On Street, Road, Highway SR 19				At Est. Speed 45	Posted Speed 55	Total Lanes 6	
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR			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 2 Passenger Van	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# 2	Description 1 Driver	Vehicle # 1	Name JEREMY PAUL BORESKE	Date of Birth 31/Oct/1974	Sex 1 Male	Phone Number	Re-Exam No
Address 4642 N ORANGE BLOSSOM TRL		City MT DORA		State FL		Zip Code 32757	
Driver License Number B620435743910		State FL	Expires 31/Oct/2018	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 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	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 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	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# 1	Description 2 Non-Motorist	Name CHRISTOPHER ELLIOT SMITH	Date of Birth 13/Oct/1976	Sex 1 Male	Injury Severity 4 Incapacitating	Phone Number		
Address 38910 MERRELL AVE		City UMATILLA	State FL		Zip Code 32784			
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 5 Travel Lane - Other Location				
Non-Motorist Actions/Circumstance (First) 9 Not Visible (dark clothing, no lighting, etc.)		Non-Motorist Actions/Circumstance (Second) 10 Improper Turn/Merge		Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two)		
Suspected Alcohol Use 2 Yes	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 2 EMS	EMS Agency Name or ID AIR CARE		EMS Run Number 22454		Medical Facility Transported To ORMC			

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
2133	TROOPER	J.A. RATLIFF	D	FLORIDA HIGHWAY PATROL	407-737-2300	Jul 05, 2013
<p>NM01 was walking northbound on State Road 19 in the right turn lane just south of Fifth Street. V01 was traveling north on State Road 19 in the right turn lane. NM01 was walking in the center of the turn lane with his back to approaching traffic. V01 Driver entered the turn lane and immediately braked hard locking the brakes and swerved to the right when he saw NM01 in front of him. The front left of V01 struck NM01 causing him to strike the windshield and A pillar of V01. NM01 came to rest in the right turn lane 60 feet from point of impact. V01 came to rest just north of NM01 in the right turn lane facing northeast. V01 laid down 60&apos; 5&quot; of skids with the left side tires and 51&apos; 8&quot; of skids with the right side tires.</p> <p>-NOTE-</p> <p>The Wife of NM01 arrived on scene and stated that NM01 was walking home after a verbal dispute earlier and he called her to come pick him up. NM01 stated he had been consuming alcoholic beverages earlier in the evening.</p>						

REPORTING OFFICER

ID/Badge # 2133	Rank and Name TROOPER J.A. RATLIFF	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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NOT TO SCALE

