

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐
(Shaded Areas)

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

TOTAL # OF VEHICLE SECTION(S) 1
TOTAL # OF PERSON SECTION(S) 2
TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 02/08/2012		TIME OF CRASH 7:00pm		DATE OF REPORT 02/08/2012		REPORTING AGENCY CASE NUMBER 120020268		HSMV CRASH REPORT NUMBER 80144697	
CRASH IDENTIFIERS									
COUNTY CODE 12	CITY CODE 00	COUNTY OF CRASH LAKE		PLACE OR CITY OF CRASH UMATILLA		CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>		TIME REPORTED 7:00PM	TIME DISPATCHED 7:03PM
TIME ON SCENE 7:09PM		TIME CLEARED SCENE 7:45PM		CHECK IF COMPLETED <input checked="" type="checkbox"/>		REASON (If Investigation NOT Complete)			Notified By: 1 Motorist 2 Law Enforcement 1
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)									
CRASH OCCURRED ON STREET, ROAD, HIGHWAY SR 19					AT STREET ADDRESS # 1		AT LATITUDE AND LOGITUDE 2		
FEET 320	MILES	N <input type="checkbox"/>	S <input checked="" type="checkbox"/>	E <input type="checkbox"/>	W <input type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 LAKE SMITH RD			OR FROM MILEPOST # 4
Road System Identifier			Type of Shoulder			Type of Intersection			
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			1 1 Paved 2 Unpaved 3 Curb			1 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			
CRASH INFORMATION (CHECK IF PICTURES TAKEN)									
Light Condition		Weather Condition		Roadway Surface Condition		School Bus Related		Manner of Collision/Impact	
5 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown		1 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative		1 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown		1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		4 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		Non-Collision		Collision Non-Fixed Object		Collision with Fixed Object		First Harmful Event Location	
10 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		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		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		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.)		3 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	
First Harmful Event within Interchange		First Harmful Event Relation to Junction		Contributing Circumstances: Road				Contributing Circumstances: Environment	
1 1 No 2 Yes 88 Unknown		1 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		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				1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown	
Work Zone Related		Crash in Work Zone		Type of Work Zone		Workers in Work Zone		Law Enforcement in Work Zone	
1 1 No 2 Yes 88 Unknown		1 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		1 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		1 1 No 2 Yes 88 Unknown		1 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present	
WITNESSES									
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NON VEHICLE 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 #	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 120020268		HSMV CRASH REPORT NUMBER 80144697	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER G248HQ		STATE FL		REGISTRATION EXPIRES 04/22/2012	
Check if Permanent Registration <input type="checkbox"/>		VIN 2GLW52M1W9203551		Check if Permanent Registration <input type="checkbox"/>			
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 1998		MAKE CHEVY		MODEL CAVALIER	
STYLE 4DR		COLOR GREEN		DAMAGE: 1 Disabling 2 Functional 3 None		EST. AMOUNT 200.00	
INSURANCE COMPANY GEICO		INSURANCE POLICY NUMBER 4134-61-77-54		Towed due to Damage: 1 No 2 Yes		VEHICLE REMOVED BY FELICIA T. DAVIS	
NAME OF VEHICLE OWNER (Check if Business) FELICIA THERESA DAVIS		CURRENT ADDRESS 248 COLLINS ST APT 6		CITY & STATE UMATILLA FL		ZIP CODE 32784	
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 type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		ON STREET, ROAD, HIGHWAY SR 19		AT EST. SPEED 55		POSTED SPEED 55	
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)		15 Low Speed Vehicle (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		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		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		Emergency Vehicle Use 1 No 2 Yes 88 Unknown	
Most Harmful Event 10 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		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 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	
Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Roadway Alignment 1 Straight 2 Curve Right 3 Curve Left		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		Traffic Control Device for This Vehicle 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown	
Special Function of 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 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		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					
VIOLATIONS							
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER	CHARGE	CITATION NUMBER		
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER	CHARGE	CITATION NUMBER		
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PERSON # 1		REPORTING AGENCY CASE NUMBER 120020268		HSMV CRASH REPORT NUMBER 8C14697																									
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # 1	NAME FELICIA THERESA DAVIS		PHONE NUMBER 3524342103																								
CURRENT ADDRESS (Number and Street) 248 COLLINS ST APT 6				CITY & STATE UMATILLA FL																									
DATE OF BIRTH 04/22/1981		SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER D120258816422		STATE FL EXPIRES 03/8/2018																								
				INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality																									
DRIVER																													
DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		Required Endorsements 1 Yes 2 No 3 No Req. Endorsement		Driver's Actions at Time of Crash 1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane 2nd 14 Ran off Roadway 15 Disregarded other Traffic Sign 16 Disregarded Other Road Markings 17 Over-Correcting/Over-Steering 18 Swerved or Avoided: Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 19 Operated MV in Erratic, Reckless or Aggressive Manner 20 Other Contributing Action 3rd 4th																									
Driver Distracted By 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		Condition At Time of Crash 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 88 Unknown																									
Driver Vision Obstructions 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 11 All Other, Explain in Narrative																									
DRIVER OR PASSENGER																													
Motor Vehicle Seating Position: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Seat</th> <th>Row</th> <th>Other</th> </tr> <tr> <td>1 Left</td> <td>1 Front</td> <td>1 Not Applicable</td> </tr> <tr> <td>2 Middle</td> <td>2 Second</td> <td>2 Sleeper Section of Truck Cab</td> </tr> <tr> <td>3 Right</td> <td>3 Third</td> <td>3 Other Enclosed Cargo Area</td> </tr> <tr> <td>77 Other (explain in narrative)</td> <td>4 Fourth</td> <td>4 Unenclosed Cargo Area</td> </tr> <tr> <td>88 Unknown</td> <td>77 Other Row</td> <td>5 Trailing Unit</td> </tr> <tr> <td></td> <td>88 Unknown</td> <td>6 Riding on Motor Vehicle Exterior (non-trailing unit)</td> </tr> <tr> <td></td> <td></td> <td>88 Unknown</td> </tr> </table>		Seat	Row	Other	1 Left	1 Front	1 Not Applicable	2 Middle	2 Second	2 Sleeper Section of Truck Cab	3 Right	3 Third	3 Other Enclosed Cargo Area	77 Other (explain in narrative)	4 Fourth	4 Unenclosed Cargo Area	88 Unknown	77 Other Row	5 Trailing Unit		88 Unknown	6 Riding on Motor Vehicle Exterior (non-trailing unit)			88 Unknown	LOCATION: (LOC) SEAT ROW OTHER 1 1 1		Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
Seat	Row	Other																											
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	88 Unknown	6 Riding on Motor Vehicle Exterior (non-trailing unit)																											
		88 Unknown																											
		Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		Air Bag Deployed (ABD) 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																									
				Restraint Systems (RS) 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																									
NON-MOTORIST																													
Non-Motorist Description 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 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 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 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 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) 2nd		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/EMS																													
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 		EMS RUN NUMBER 																									
				MEDICAL FACILITY TRANSPORTED TO 																									
ADDITIONAL PASSENGERS																													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX																								
				LOC: S	R																								
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PERSON # 2		REPORTING AGENCY CASE NUMBER 120020268		HSMV CRASH REPORT NUMBER 80144697	
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 2	NAME JOSE MORALES		PHONE NUMBER NO PX	Check if Recommend Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 37700 SR 19			CITY & STATE UMATILLA FL		ZIP CODE 32784
DATE OF BIRTH 07/26/1986	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER NO DL	STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality

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="checkbox"/> 1 Apparently Normal <input type="checkbox"/> 3 Asleep or Fatigued <input type="checkbox"/> 5 Ill (sick) or Fainted <input type="checkbox"/> 6 Seizure, Epilepsy, Blackout <input type="checkbox"/> 7 Physically Impaired <input type="checkbox"/> 8 Emotional (depression, angry, disturbed, etc.) <input type="checkbox"/> 9 Under the Influence of Medications/Drugs/Alcohol <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
Driver Distracted By <input type="checkbox"/> 1 Not Distracted <input type="checkbox"/> 2 Electronic Communication Devices (cell phone, etc.) <input type="checkbox"/> 3 Other Electronic Device (navigation device, DVD player)		Driver's Actions at Time of Crash (continued) 1st <input type="checkbox"/> 1 No Contributing Action <input type="checkbox"/> 2 Operated MV in Careless or Negligent Manner <input type="checkbox"/> 3 Failed to Yield Right-of-Way <input type="checkbox"/> 4 Improper Backing <input type="checkbox"/> 6 Improper Turn <input type="checkbox"/> 10 Followed Too Closely 2nd <input type="checkbox"/> 11 Ran Red Light <input type="checkbox"/> 12 Drove too Fast for Conditions <input type="checkbox"/> 13 Ran Stop Sign <input type="checkbox"/> 15 Improper Passing <input type="checkbox"/> 17 Exceeded Posted Speed <input type="checkbox"/> 21 Wrong Side of Wrong Way <input type="checkbox"/> 25 Failed to Keep in Proper Lane 3rd <input type="checkbox"/> 26 Ran off Roadway <input type="checkbox"/> 27 Disregarded other Traffic Sign <input type="checkbox"/> 28 Disregarded Other Road Markings <input type="checkbox"/> 29 Over-Correcting/Over-Steering <input type="checkbox"/> 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. <input type="checkbox"/> 31 Operated MV in Erratic, Reckless or Aggressive Manner <input type="checkbox"/> 77 Other Contributing Action		4th <input type="checkbox"/>
Driver Vision Obstructions <input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inclement Weather <input type="checkbox"/> 3 Parked/Stopped Vehicle <input type="checkbox"/> 4 Trees/Crops/Bushes		<input type="checkbox"/> 5 Load on Vehicle <input type="checkbox"/> 6 Building/Fixed Object <input type="checkbox"/> 7 Signs/Billboards <input type="checkbox"/> 8 Fog <input type="checkbox"/> 9 Smoke <input type="checkbox"/> 10 Glare <input type="checkbox"/> 77 All Other, Explain in Narrative		

DRIVER OR PASSENGER

Motor Vehicle Seating Position: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Seat</th> <th>Row</th> <th>Other</th> </tr> <tr> <td>1 Left</td> <td>1 Front</td> <td>1 Not Applicable</td> </tr> <tr> <td>2 Middle</td> <td>2 Second</td> <td>2 Sleeper Section of Truck Cab</td> </tr> <tr> <td>3 Right</td> <td>3 Third</td> <td>3 Other Enclosed Cargo Area</td> </tr> <tr> <td>77 Other (explain in narrative)</td> <td>4 Fourth</td> <td>4 Unenclosed Cargo Area</td> </tr> <tr> <td>88 Unknown</td> <td>77 Other Row</td> <td>5 Trailing Unit</td> </tr> <tr> <td></td> <td>88 Unknown</td> <td>6 Riding on Motor Vehicle Exterior (non-trailing unit)</td> </tr> <tr> <td></td> <td></td> <td>88 Unknown</td> </tr> </table>	Seat	Row	Other	1 Left	1 Front	1 Not Applicable	2 Middle	2 Second	2 Sleeper Section of Truck Cab	3 Right	3 Third	3 Other Enclosed Cargo Area	77 Other (explain in narrative)	4 Fourth	4 Unenclosed Cargo Area	88 Unknown	77 Other Row	5 Trailing Unit		88 Unknown	6 Riding on Motor Vehicle Exterior (non-trailing unit)			88 Unknown	Location: (LOC) SEAT ROW OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Helmet Use (HU) <input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet <input type="checkbox"/> 2 Other Helmet <input type="checkbox"/> 3 No Helmet	Eye Protection (EP) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not Applicable	Restraint Systems (RS) <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 None Used - Motor Vehicle Occupant <input type="checkbox"/> 3 Shoulder and Lap Belt Used <input type="checkbox"/> 4 Shoulder Belt Only Used <input type="checkbox"/> 5 Lap Belt Only Used <input type="checkbox"/> 6 Restraint Used - Type Unknown <input type="checkbox"/> 7 Child Restraint System - Forward Facing <input type="checkbox"/> 8 Child Restraint System - Rear Facing <input type="checkbox"/> 9 Booster Seat <input type="checkbox"/> 10 Child Restraint Type Unknown <input type="checkbox"/> 77 Other, Explain in Narrative
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Ejection (EJECT) <input type="checkbox"/> 1 Not Ejected <input type="checkbox"/> 2 Ejected, Totally <input type="checkbox"/> 3 Ejected, Partially <input type="checkbox"/> 4 Not Applicable <input type="checkbox"/> 88 Unknown		Air Bag Deployed (ABD) <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Deployed <input type="checkbox"/> 3 Deployed-Front <input type="checkbox"/> 4 Deployed-Side <input type="checkbox"/> 5 Deployed-Other (knee, air belt, etc.) <input type="checkbox"/> 6 Deployed-Combination <input type="checkbox"/> 7 Deployed-Curtain <input type="checkbox"/> 88 Deployment Unknown																										

NON-MOTORIST

Non-Motorist Description <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) <input type="checkbox"/> 3 Bicyclist <input type="checkbox"/> 4 Other Cyclist <input type="checkbox"/> 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transportation Device <input type="checkbox"/> 7 Unknown Type of Non-Motorist	Non-Motorist Location At Time of Crash <input type="checkbox"/> 1 Intersection - Marked Crosswalk <input type="checkbox"/> 2 Intersection - Unmarked Crosswalk <input type="checkbox"/> 3 Intersection - Other <input type="checkbox"/> 4 Midblock - Marked Crosswalk <input type="checkbox"/> 5 Travel Lane - Other Location <input type="checkbox"/> 6 Bicycle Lane <input type="checkbox"/> 7 Shoulder/Roadside <input type="checkbox"/> 8 Sidewalk <input type="checkbox"/> 9 Median/Crossing Island <input type="checkbox"/> 10 Driveway Access <input type="checkbox"/> 11 Shared-Use Path or Trail <input type="checkbox"/> 12 Non-Trafficway Area <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Action Prior to Crash <input type="checkbox"/> 1 Crossing Roadway <input type="checkbox"/> 2 Waiting to Cross Roadway <input type="checkbox"/> 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) <input type="checkbox"/> 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) <input type="checkbox"/> 5 Walking/Cycling on Sidewalk <input type="checkbox"/> 6 In Roadway - Other (working, playing, etc.) <input type="checkbox"/> 7 Adjacent to Roadway (e.g., shoulder, median) <input type="checkbox"/> 8 Going to or from School (K-12) <input type="checkbox"/> 9 Working in Trafficway (incident response) <input type="checkbox"/> 10 None <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
Non-Motorist Actions/Circumstances 1st <input type="checkbox"/> 1 No Improper Action <input type="checkbox"/> 2 Dart/Dash <input type="checkbox"/> 3 Failure to Yield Right-of-Way <input type="checkbox"/> 4 Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 5 In Roadway Improperly (standing, lying, working, playing) <input type="checkbox"/> 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 2nd <input type="checkbox"/> 7 Entering/Exiting Parked/Standing Vehicle <input type="checkbox"/> 8 Inattentive (talking, eating, etc.) <input type="checkbox"/> 9 Not Visible (dark clothing, no lighting, etc.)		

ALCOHOL/DRUGS/EMS

SUSPECTED ALCOHOL USE: <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	ALCOHOL TESTED: <input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested	ALCOHOL TEST TYPE: <input type="checkbox"/> 1 Blood <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: <input type="checkbox"/> 1 Pending <input type="checkbox"/> 2 Completed <input type="checkbox"/> 88 Unknown	BAC <input type="checkbox"/>	SUSPECTED DRUG USE: <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	DRUG TESTED: <input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested	DRUG TEST TYPE: <input type="checkbox"/> 1 Blood <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative	DRUG TEST RESULT: <input type="checkbox"/> 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown
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SOURCE OF TRANSPORT TO MEDICAL FACILITY <input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS - 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID LAKE EMS	EMS RUN NUMBER 182826	MEDICAL FACILITY TRANSPORTED TO WATERMAN HOSPITAL
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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													

SOURCE OF TRANSPORT TO MEDICAL FACILITY <input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS - 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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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													

SOURCE OF TRANSPORT TO MEDICAL FACILITY <input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS - 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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NARRATIVE	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
	120020268	80144697

VEH 1 WAS NORTH BOUND ON SR 19 IN THE OUTSIDE LANE. PED 1 WAS NORTH BOUND ON SR 19 IN THE OUTSIDE SHOULDER WALKING WITH THE FLOW OF TRAFFIC WEARING DARK CLOTHING. APPROXIMATELY 320 FEET SOUTH OF LAKE SMITH RD VEH 1 STRUCK PED1 WITH THE RIGHT OUTSIDE MIRROR CAUSING IT TO BREAK APART AS HIT HIT PED 1 IN THE LEFT WRIST. PED 1 WAS TRANSPORTED TO WATERMAN HOSPITAL IN TAVARES FOR A POSSIBLE BROKEN WRIST, HE HAD NO OTHER COMPLAINTS OF PAIN.

THE DRIVER OF VEH 1 STATED THAT SHE NEVER SAW PED 1 SHE ONLY HEARD A BANG AND TURNED AROUND.

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 88 Unknown			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 88 Unknown			EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO						
ADDITIONAL 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	RANK & NAME			DEPARTMENT				FHP	SO	PD	OTHER		
1808	DFC PAWLKOWSKI			LAKE COUNTY SHERIFFS OFFICE				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

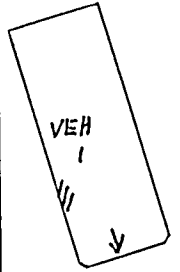
DIAGRAM

REPORTING AGENCY CASE NUMBER
120020268

HSMV CRASH REPORT NUMBER
80144697

↑
NORTH

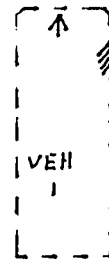
LAKE SMITH RD
→



△ (P)

← 320 FEET

↑
SR 19
↓



AREA OF IMPACT

↑

↑

NOTE: NOT TO SCALE

