

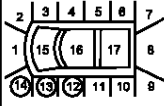
**FLORIDA TRAFFIC CRASH REPORT
LONG FORM**MAIL TO DEPT. HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

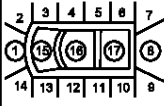
TIME & LOCATION

Date of Crash 26/May/2010	Time of Crash 02: 55 PM	Time Officer Notified 02: 56 PM	Time Officer Arrived 03: 17 PM	Invest. Agency Report Number FHPD10OFF046934	HSMV Crash Report Number 77690292		
County Code/ 12	City Code 00	Feet or 	Mile(s) 5	Direction of E	City or Town CLERMONT	(check if in City or Town) <input type="checkbox"/>	County Lake
At Node No. or 	Feet or 	Mile(s) 	From Node No. 	Next Node No. 	No. of Lanes 2	1. Divided 2. Undivided	On Street, Road or Highway COUNTY ROAD 455
At The Intersection Of (street, road or highway) HARTLE ROAD			Feet or 	Mile(s) 	Direction 	From Intersection Of (street, road or highway) 	

SECTION 1 Pedestrian ☐ Vehicle ☒

Driver Action 1. Phantom <input checked="" type="checkbox"/> 2. Hit and Run 3. N/A	Year 2009	Make TOYT	Type 01	Use 01	Veh. License Number E485QF	State FL	Vehicle Identification Number JTDBL40E299071177			18. Undercarriage 19. Overturn 20. Windshield 21. Trailer				
Trailer Or Towed Vehicle Information 		Trailer Type 												
Vehicle Traveling S		on COUNTY ROAD 455		At 	Est. MPH 10	Posted Speed 40	Est. Vehicle Damage \$1,000	1. Disabling <input checked="" type="checkbox"/> 2. Functional 3. No Damage	Est. Trailer Damage 	Show first point of vehicle damage and circle damaged areas 14				
Motor Vehicle Insurance Company (Liability or PIP) ALLSTATE				Policy Number 0889507530315		Vehicle Removed By DRIVER		1. Tow Rotation List 2. Tow Owner's Request		3. Driver <input checked="" type="checkbox"/> 4. Other				
Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/> WALLACE M THEODORE				Current Address (Number and Street) P O BOX 120395				City and State CLERMONT FL		Zip Code 34712				
Name of Owner (Trailer or Towed Vehicle)				Current Address (Number and Street)				City and State		Zip Code				
Name of Motor Carrier (Commercial vehicle only)				Current Address (Number and Street)				City, State and Zip Code		US DOT or ICC MC Identification Numbers				
Name of Driver (Taken from Driver license)/ Pedestrian WALLACE M THEODORE				Current Address (Number and Street) P O BOX 120395				City, State and Zip Code CLERMONT FL 34712		Date Of Birth 14/Jul/1933				
Driver License Number T360893332540	State FL	DL Type 5	Req. End 3	AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused		Results 5	Alc/Drug 1	Phys. Def 1	Res. 1	Race 1	Sex 1	Inj. 1	S. Equip. 2 5	Eject. 1
Hazardous Materials Being Transported 1 yes 2 No <input checked="" type="checkbox"/>	Placarded 1 yes 2 No <input checked="" type="checkbox"/>	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond <input type="checkbox"/>				Was Hazardous Material Spilled? 1 yes 2 No <input checked="" type="checkbox"/>	Recommend Driver Re-exam, if Yes Explain in Narrative 1 yes 2 No <input checked="" type="checkbox"/>		Driver's Phone No. 					

SECTION 2 Pedestrian ☐ Vehicle ☒

Driver Action 1. Phantom <input checked="" type="checkbox"/> 2. Hit and Run 3. N/A	Year 2006	Make SPEC	Type 10	Use 01	Veh. License Number 	State FL	Vehicle Identification Number WUD80623298D			18. Undercarriage 19. Overturn 20. Windshield 21. Trailer				
Trailer Or Towed Vehicle Information 		Trailer Type 												
Vehicle Traveling N		on COUNTY ROAD 455		At 	Est. MPH 25	Posted Speed 40	Est. Vehicle Damage \$1,000	1. Disabling <input checked="" type="checkbox"/> 2. Functional 3. No Damage	Est. Trailer Damage 	Show first point of vehicle damage and circle damaged areas 1				
Motor Vehicle Insurance Company (Liability or PIP) NONE				Policy Number NONE		Vehicle Removed By DRIVER		1. Tow Rotation List 2. Tow Owner's Request		3. Driver <input checked="" type="checkbox"/> 4. Other				
Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/> JOSEPH R BUBERL				Current Address (Number and Street) 166 DEEPCOVE RD				City and State WINTER GARDEN FL		Zip Code 34787				
Name of Owner (Trailer or Towed Vehicle)				Current Address (Number and Street)				City and State		Zip Code				
Name of Motor Carrier (Commercial vehicle only)				Current Address (Number and Street)				City, State and Zip Code		US DOT or ICC MC Identification Numbers				
Name of Driver (Taken from Driver license)/ Pedestrian JOSEPH R BUBERL				Current Address (Number and Street) 166 DEEPCOVE RD				City, State and Zip Code WINTER GARDEN FL 34787		Date Of Birth 07/Jan/1985				
Driver License Number B164496850070	State FL	DL Type 5	Req. End 3	AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused		Results 5	Alc/Drug 1	Phys. Def 1	Res. 2	Race 1	Sex 1	Inj. 2	S. Equip. 1 	Eject. 1
Hazardous Materials Being Transported 1 yes 2 No <input checked="" type="checkbox"/>	Placarded 1 yes 2 No <input checked="" type="checkbox"/>	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond <input type="checkbox"/>				Was Hazardous Material Spilled? 1 yes 2 No <input checked="" type="checkbox"/>	Recommend Driver Re-exam, if Yes Explain in Narrative 1 yes 2 No <input checked="" type="checkbox"/>		Driver's Phone No. 					

CODE INFORMATION

Vehicle Type	Vehicle Use	Trailer Type	Residence (driver/Ped.)	Physical Defects	Alcohol/Drug Use	Location In Vehicle
01 Automobile 02 Van 03 Light Truck/P. U.-2 or 4 rear tires Automobile 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Boat) Tail 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 Other	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount/Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	1 County Of Crash 2 Elsewhere In State 3 Non-Resident Out Of State 4 Foreign 5 Unknown 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 endorsement Required Race 1 White 2 Black 3 Hispanic 4 Other Sex 1 Male 2 Female	1 No Defects Known 2 Eyesight Defect 3 Fatigue/Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect Injury Severity 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	1 Not Drinking or using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALC/DRUG Test Results Safety Equipment In Use 1 Not in use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air bag - Not Deployed 6 Safety Helmet 7 Eye Protection	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other Ejected 1 No 2 Yes 3 Partial

SECTION Pedestrian <input type="checkbox"/> Vehicle <input type="checkbox"/>														
Driver Action	1. Phantom <input type="checkbox"/> 2. Hit and Run 3. N/A	Year	Make	Type	Use	Veh. License Number	State	Vehicle Identification Number						
Trailer Or Towed Vehicle Information				Trailer Type										
Vehicle Traveling		on		At	Est. MPH	Posted Speed	Est. Vehicle Damage	1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage		Est. Trailer Damage		Show first point of vehicle damage and circle damaged areas <input type="checkbox"/>		
Motor Vehicle Insurance Company (Liability or PIP)						Policy Number		Vehicle Removed By:		1. Tow Rotation List 2. Tow Owner's Request		3. Driver <input type="checkbox"/> 4. Other		
Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/>				Current Address (Number and Street)				City and State				Zip Code		
Name of Owner (Trailer or Towed Vehicle)				Current Address (Number and Street)				City and State				Zip Code		
Name of Motor Carrier (Commercial vehicle only)				Current Address (Number and Street)				City, State and Zip Code				US DOT or ICC MC Identification Numbers		
Name of Driver (Taken from Driver license)/ Pedestrian				Current Address (Number and Street)				City, State and Zip Code				Date Of Birth		
Driver License Number	State	DL Type	Req. End	A/C/Drug Test Type <input type="checkbox"/> 1 Blood 3 Urine 5 None 2 Breath 4 Refused		Results	Alc/Drug	Phys. Def	Res.	Race	Sex	Inj.	S. Equip. <input type="checkbox"/>	Eject. <input type="checkbox"/>
Hazardous Materials Being Transported <input type="checkbox"/>		Placarded <input type="checkbox"/>		If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond <input type="checkbox"/>			Was Hazardous Material Spilled? <input type="checkbox"/>		Recommend Driver Re-exam, if Yes Explain In Narrative <input type="checkbox"/>		Driver's Phone No.			
#	Property Damaged - Other Than Vehicles			Est. Amount		Owner's Name		Address		City		State Zip		
#	Property Damaged - Other Than Vehicles			Est. Amount		Owner's Name		Address		City		State Zip		

Contributing Causes - Driver/Pedestrian				Vehicle Defect				Vehicle Movement				Vehicle Special Functions			
01 No Improper Driving/Action <input type="checkbox"/> 1 2 3 02 Careless Driving (Explain in Narrative) <input type="checkbox"/> 03 01 <input type="checkbox"/> 03 Failure to Yield Right-Of-Way <input type="checkbox"/> 04 Improper Backing <input type="checkbox"/> 05 Improper Lane Change <input type="checkbox"/> 06 Improper Turn <input type="checkbox"/> 07 Alcohol - Under Influence <input type="checkbox"/> 08 Drugs - Under Influence <input type="checkbox"/> 09 Alcohol & Drugs - Under Influence <input type="checkbox"/> 10 Followed Too Closely <input type="checkbox"/> 11 Disregarded Traffic Signal <input type="checkbox"/> 12 Exceeded Safe Speed Limit <input type="checkbox"/> 13 Disregarded Stop Sign <input type="checkbox"/> 14 Failed To Maintain Equip./ Vehicle <input type="checkbox"/> 15 Improper Passing <input type="checkbox"/> 16 Drove Left of Center <input type="checkbox"/> 17 Exceeded Stated Speed Limit <input type="checkbox"/> 18 Obstructing Traffic <input type="checkbox"/>				01 No Defects <input type="checkbox"/> 1 2 3 02 Def. Brakes <input type="checkbox"/> 03 Warn/ Smooth Tires <input type="checkbox"/> 01 01 <input type="checkbox"/> 04 Defective/ Improper Lights <input type="checkbox"/> 05 Puncture/Blowout <input type="checkbox"/> 06 Steering Mech. <input type="checkbox"/> 07 Windshield Wipers <input type="checkbox"/> 08 Equipment/Vehicle Defect <input type="checkbox"/> 77 All Other (Explain In Narrative) <input type="checkbox"/> Point Of Collision 01 On Road 04 Median <input type="checkbox"/> 1 2 3 02 Not On Road 05 Turn Lane <input type="checkbox"/> 03 Shoulder <input type="checkbox"/> 01 01 <input type="checkbox"/> Work Area 01 None <input type="checkbox"/> 1 2 3 02 Nearby <input type="checkbox"/> 03 Entered <input type="checkbox"/> 02 02 <input type="checkbox"/>				01 Straight Ahead <input type="checkbox"/> 1 2 3 02 Slowing/ Stopping/ Stalled <input type="checkbox"/> 03 Making Left Turn <input type="checkbox"/> 03 01 <input type="checkbox"/> 04 Backing <input type="checkbox"/> 05 Making Right Turn <input type="checkbox"/> 06 Changing Lanes <input type="checkbox"/> 07 Entering/Leaving/ Parking Space <input type="checkbox"/> 08 Properly Parked <input type="checkbox"/> 09 Improperly Parked <input type="checkbox"/> 10 Making U-Turn <input type="checkbox"/> 11 Passing <input type="checkbox"/> Pedestrian Action 01 Crossing Not At Intersection <input type="checkbox"/> 07 Working in Road <input type="checkbox"/> 1 2 3 02 Crossing At Mid-block Crosswalk <input type="checkbox"/> 08 Standing/Playing in Road <input type="checkbox"/> 03 Crossing At Intersection <input type="checkbox"/> 04 Walking Along Road With Traffic <input type="checkbox"/> 09 Standing in Pedestrian Island <input type="checkbox"/> 05 Walking Along Road Against Traffic <input type="checkbox"/> 06 Working on Vehicle in Road <input type="checkbox"/> 77 All Other (Explain in Narrative) <input type="checkbox"/> 88 Unknown <input type="checkbox"/>				1 None <input type="checkbox"/> 1 2 3 2 Farm <input type="checkbox"/> 3 Police Pursuit <input type="checkbox"/> 1 1 <input type="checkbox"/> 4 Recreational <input type="checkbox"/> 5 Emergency Operation <input type="checkbox"/> 6 Construction/Maintenance <input type="checkbox"/> Source Of Carrier Information 1 Not Applicable <input type="checkbox"/> 1 2 3 2 Shipping Papers <input type="checkbox"/> 3 Vehicle Side <input type="checkbox"/> 1 1 <input type="checkbox"/> 4 Driver 5 Other <input type="checkbox"/> Location Type 1 Primarily Business <input type="checkbox"/> 1 2 Primarily Residential <input type="checkbox"/> 3 Open Country <input type="checkbox"/> 77 All Other (Explain in Narrative) <input type="checkbox"/> 88 Unknown <input type="checkbox"/>			

First/Subsequent Harmful Event (s)				Road System Identifier				Lighting Condition											
01 Collision With MV in Transport (Rear End) <input type="checkbox"/> 02 Collision With MV in Transport (Head On) <input type="checkbox"/> 03 Collision With MV in Transport (Angle) <input type="checkbox"/> 04 Collision With MV in Transport (Left Turn) <input type="checkbox"/> 05 Collision With MV in Transport (Right Turn) <input type="checkbox"/> 06 Collision With MV in Transport (Sideswipe) <input type="checkbox"/> 07 Collision With MV in Transport (Backed Into) <input type="checkbox"/> 08 Collision With Parked Car <input type="checkbox"/> 09 Collision With MV on Roadway <input type="checkbox"/> 10 Collision With Pedestrian <input type="checkbox"/> 11 Collision With Bicycle <input type="checkbox"/> 12 Collision With Bicycle (Bike Lane) <input type="checkbox"/> 13 Collision With Moped <input type="checkbox"/> 14 Collision With Train <input type="checkbox"/>				15 Collision With Animal <input type="checkbox"/> 16 MV Hit Sign / Sign Post <input type="checkbox"/> 17 MV Hit Utility Pole / Light Pole <input type="checkbox"/> 18 MV Hit Guardrail <input type="checkbox"/> 19 MV Hit Fence <input type="checkbox"/> 20 MV Hit Concrete Barrier Wall <input type="checkbox"/> 21 MV Hit Bridge/Pier/Abutment/Rail <input type="checkbox"/> 22 MV Hit Tree / Shrubby <input type="checkbox"/> 23 Collision With Construction Barricade Sign <input type="checkbox"/> 24 Collision With Traffic Gate <input type="checkbox"/> 25 Collision With Crash Attenuators <input type="checkbox"/> 26 Collision With Fixed Object Above Road <input type="checkbox"/> 27 MV Hit Other Fixed Object <input type="checkbox"/>				28 Collision With Moveable Object on Road <input type="checkbox"/> 1 2 3 29 MV Ran Into Ditch/Culvert <input type="checkbox"/> 11 04 <input type="checkbox"/> 30 Ran Off Road Into Water <input type="checkbox"/> 31 Overturned <input type="checkbox"/> 32 Occupant Fell From Vehicle <input type="checkbox"/> 33 Tractor/Trailer Jackknifed <input type="checkbox"/> 34 Fire <input type="checkbox"/> 35 Explosion <input type="checkbox"/> 36 Downhill Runaway <input type="checkbox"/> 37 Cargo Loss or Shift <input type="checkbox"/> 38 Separation of Units <input type="checkbox"/> 39 Median Crossover <input type="checkbox"/> 77 All Other (Explain in Narrative) <input type="checkbox"/>				01 Interstate <input type="checkbox"/> 02 U.S. <input type="checkbox"/> 03 State <input type="checkbox"/> 04 County <input type="checkbox"/> 05 Local <input type="checkbox"/> 06 Turnpike / Toll <input type="checkbox"/> 07 Forest Road <input type="checkbox"/> 08 Private Roadway <input type="checkbox"/> 04 77 All other (Explain In Narrative) <input type="checkbox"/>				01 Daylight <input type="checkbox"/> 02 Dusk <input type="checkbox"/> 01 03 Dawn <input type="checkbox"/> 04 Dark (Street Light) <input type="checkbox"/> 05 Dark (No Street Light) <input type="checkbox"/> 88 Unknown <input type="checkbox"/>			
Road Conditions At Time Of Crash				Weather				Road Surface Type											
01 No Defects <input type="checkbox"/> 01 02 Obstruction With Warning <input type="checkbox"/> 03 Obstruction Without Warning <input type="checkbox"/> 04 Road under Repair/ Construction <input type="checkbox"/> 05 Loose Surface Materials <input type="checkbox"/> 06 Shoulders - Soft/Low/High <input type="checkbox"/> 07 Holes/Ruts/Unsafe Paved Edge <input type="checkbox"/> 08 Standing Water <input type="checkbox"/> 09 Worn/Polished Road Surface <input type="checkbox"/> 77 All other (Explain In Narrative) <input type="checkbox"/>				01 Clear <input type="checkbox"/> 01 02 Cloudy <input type="checkbox"/> 03 Rain <input type="checkbox"/> 04 Fog <input type="checkbox"/> 77 All other (Explain in Narrative) <input type="checkbox"/>				01 Slag/Gravel/Stone <input type="checkbox"/> 02 02 Blacktop <input type="checkbox"/> 03 Brick/Block <input type="checkbox"/> 04 Concrete <input type="checkbox"/> 05 Dirt <input type="checkbox"/> 77 All Other (Explain in Narrative) <input type="checkbox"/>											

Road Conditions At Time Of Crash		Vision Obstructed		Traffic Control		Site Location		Trafficway Character	
01 No Defects <input type="checkbox"/> 01 02 Obstruction With Warning <input type="checkbox"/> 03 Obstruction Without Warning <input type="checkbox"/> 04 Road under Repair/ Construction <input type="checkbox"/> 05 Loose Surface Materials <input type="checkbox"/> 06 Shoulders - Soft/Low/High <input type="checkbox"/> 07 Holes/Ruts/Unsafe Paved Edge <input type="checkbox"/> 08 Standing Water <input type="checkbox"/> 09 Worn/Polished Road Surface <input type="checkbox"/> 77 All other (Explain In Narrative) <input type="checkbox"/>		01 Vision Not Obstructed <input type="checkbox"/> 01 02 Indement Weather <input type="checkbox"/> 03 Parked/ Stopped Vehicle <input type="checkbox"/> 04 Trees/Crops/Bushes <input type="checkbox"/> 05 Load On Vehicle <input type="checkbox"/> 06 Building/Fixed Object <input type="checkbox"/> 07 Signs/Billboards <input type="checkbox"/> 08 Fog <input type="checkbox"/> 09 Smoke <input type="checkbox"/> 10 Glare <input type="checkbox"/> 77 All other (Explain In Narrative) <input type="checkbox"/>		01 No Control <input type="checkbox"/> 12 02 Special Speed Zone <input type="checkbox"/> 03 Speed Control Sign <input type="checkbox"/> 04 School Zone <input type="checkbox"/> 05 Traffic Signal <input type="checkbox"/> 06 Stop Sign <input type="checkbox"/> 07 Yield Sign <input type="checkbox"/> 08 Flashing Light <input type="checkbox"/> 09 Railroad Signal <input type="checkbox"/> 10 Officer/Guard/Flagperson <input type="checkbox"/> 11 Posted No U-Turn <input type="checkbox"/>		01 Not At Intersection/RR X-ing/Bridge <input type="checkbox"/> 02 At Intersection <input type="checkbox"/> 03 Influenced By Intersection <input type="checkbox"/> 02 04 Driveway Access <input type="checkbox"/> 05 Railroad <input type="checkbox"/> 06 Bridge <input type="checkbox"/> 07 Entrance Ramp <input type="checkbox"/> 08 Exit Ramp <input type="checkbox"/> 09 Parking Lot - Public <input type="checkbox"/> 10 Parking Lot - Private <input type="checkbox"/> 11 Private Property <input type="checkbox"/> 12 Toll Booth <input type="checkbox"/> 13 Public Bus Stop Zone <input type="checkbox"/> 77 All Other (Explain In Narrative) <input type="checkbox"/>		01 Straight - Level <input type="checkbox"/> 2 02 Straight - Upgrade/Downgrade <input type="checkbox"/> 03 Curve - Level <input type="checkbox"/> 04 Curve - Upgrade/Downgrade <input type="checkbox"/> Type Shoulder 01 Paved <input type="checkbox"/> 1 02 Unpaved <input type="checkbox"/> 03 Curb <input type="checkbox"/>	

Section #	Name Of Violator	FL Statute Number	Charge	Citation Number
1	WALLACE M THEODORE	316.122	TURNING-TURNED-LEFT IN FRONT OF APP TFC	7333-SWL
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE/DIAGRAM

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

DO NOT WRITE IN THIS SPACE

Time EMS Notified (Fatalities Only) :	Time EMS Arrived (Fatalities Only) :	Date Of Crash 26/May/2010	County/ 12	City Code 00	Invest. Agency Report Number FHPD10OFF046934	HSMV Crash Report Number 77690292
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(Narrative)

V-1 WAS SOUTHBOUND ON COUNTY ROAD 455 NORTH OF HARTLE ROAD IN THE LEFT TURN LANE. V-2 WAS NORTHBOUND ON COUNTY ROAD 455 SOUTH OF HARTLE ROAD. V-1 MADE A LEFT TURN IN FRONT OF V-2. THE FRONT OF V-2 STRUCK THE LEFT FRONT OF V-2. BOTH VEHICLES WERE MOVED PRIOR TO MY ARRIVAL.

Latitude: 28.547983333333 Longitude: -81.681883333334

Sec# 1	Pass# 01	Passenger's Name LORI L THEODORE	Current Address 1354 WILLOW CREST DRIVE	City & State CLERMONT FL	Zip Code 34711	Date Of Birth 07/Jun/1967	Race 1	Sex 2	Loc 3	Inj 1	S. Equip. 2 5	Eject 1
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip. 	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip. 	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip. 	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip. 	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip. 	Eject

Violator(s)

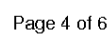
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number

Witness Name LYNN JIMISON	Current Address 4629 BARBADOS LOOP	City & State CLERMONT FL	Zip Code 34711
Witness Name	Current Address	City & State	Zip Code

First Aid Given By - Name LAKE SUMTER EMS	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer	4 Certified 1st Aider 5 Other	Injured Taken To: NA	By - Name NA
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Was Investigation Made At Scene? 1 Yes 2 No 1	If No, Then Where?	Is Investigation Complete? 1 Yes 2 No 2	If No, Then Why?	Date of Report 26/May/2010	Photos Taken? 1 Yes 2 No 2	If Yes, By Whom? 1 Invest. Agency 2 Other
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Investigator - Rank & Signature TPR. K.L. FARRELL	ID/Badge Number 1478/2792	Department FHPD	FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> Other <input type="checkbox"/>
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FLORIDA TRAFFIC CRASH REPORT

UPDATE ☒ CONTINUATION ☐

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

DO NOT WRITE IN THIS SPACE

Date of Crash 26/May/2010	County / City Code	Invest. Agency Report Number	HSMV Crash Report Number 77690292
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SECTION		Pedestrian <input type="checkbox"/> Vehicle <input type="checkbox"/>	
Driver Action 1. Phantom <input type="checkbox"/> 2. Hit and Run 3. N/A	Year	Make	Type
Use	Veh. License Number	State	Vehicle Identification Number
Trailer Or Towed Vehicle Information	Trailer Type		
Vehicle Traveling	on	At	Est. MPH
Posted Speed	Est. Vehicle Damage	1. Disabling <input type="checkbox"/> 2. Functional 3. No Damage	Est. Trailer Damage
Motor Vehicle Insurance Company (Liability or PIP)		Policy Number	Vehicle Removed By:
Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/>		Current Address (Number and Street)	City and State
Name of Owner (Trailer or Towed Vehicle)		Current Address (Number and Street)	City and State
Name of Motor Carrier (Commercial vehicle only)		Current Address (Number and Street)	City, State and Zip Code
Name of Driver (Taken from Driver license)/ Pedestrian		Current Address (Number and Street)	City, State and Zip Code
Driver License Number	State	DL Type	Req. End
AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused	Results	Alc/Drug	Phys. Def
Hazardous Materials Being Transported <input type="checkbox"/>	Placarded <input type="checkbox"/>	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond	Was Hazardous Material Spilled? <input type="checkbox"/>
1 yes 2 No	1 yes 2 No	1 yes 2 No	Recommended Driver Re-exam, if Yes Explain in Narrative <input type="checkbox"/>
1 yes 2 No		1 yes 2 No	
Driver's Phone No.			

SECTION		Pedestrian <input type="checkbox"/> Vehicle <input type="checkbox"/>	
Driver Action 1. Phantom <input type="checkbox"/> 2. Hit and Run 3. N/A	Year	Make	Type
Use	Veh. License Number	State	Vehicle Identification Number
Trailer Or Towed Vehicle Information	Trailer Type		
Vehicle Traveling	on	At	Est. MPH
Posted Speed	Est. Vehicle Damage	1. Disabling <input type="checkbox"/> 2. Functional 3. No Damage	Est. Trailer Damage
Motor Vehicle Insurance Company (Liability or PIP)		Policy Number	Vehicle Removed By:
Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/>		Current Address (Number and Street)	City and State
Name of Owner (Trailer or Towed Vehicle)		Current Address (Number and Street)	City and State
Name of Motor Carrier (Commercial vehicle only)		Current Address (Number and Street)	City, State and Zip Code
Name of Driver (Taken from Driver license)/ Pedestrian		Current Address (Number and Street)	City, State and Zip Code
Driver License Number	State	DL Type	Req. End
AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused	Results	Alc/Drug	Phys. Def
Hazardous Materials Being Transported <input type="checkbox"/>	Placarded <input type="checkbox"/>	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond	Was Hazardous Material Spilled? <input type="checkbox"/>
1 yes 2 No	1 yes 2 No	1 yes 2 No	Recommended Driver Re-exam, if Yes Explain in Narrative <input type="checkbox"/>
1 yes 2 No		1 yes 2 No	
Driver's Phone No.			

#	Property Damaged - Other Than Vehicles	Est. Amount	Owner's Name	Address	City	State	Zip
#	Property Damaged - Other Than Vehicles	Est. Amount	Owner's Name	Address	City	State	Zip
#	Property Damaged - Other Than Vehicles	Est. Amount	Owner's Name	Address	City	State	Zip
#	Property Damaged - Other Than Vehicles	Est. Amount	Owner's Name	Address	City	State	Zip

Witness Name		Current Address		City & State		Zip Code	
Witness Name		Current Address		City & State		Zip Code	
Was Investigation Made At Scene?	1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>	If No, Then Where?	Is Investigation Complete?	1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>	If No, Then Why?	Date of Report 03/Aug/2010	Photos Taken? 1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>
Investigator - Rank & Signature TPR. K.L. FARRELL		ID/Badge Number 1478/2792	Department FHPD		FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> Other <input type="checkbox"/>		

Contributing Causes - Driver/Pedestrian		Vehicle Defect		Vehicle Movement		Vehicle Special Functions	
01 No Improper Driving/Action 02 Careless Driving (Explain in Narrative) 03 Failure to Yield Right-Of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol - Under Influence 08 Drugs - Under Influence 09 Alcohol & Drugs - Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed To Maintain Equip./ Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic		01 No Defects 02 Def. Brakes 03 Warn/ Smooth Tires 04 Defective/ Improper Lights 05 Puncture/Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment/Vehicle Defect 77 All Other (Explain In Narrative) Point Of Collision 01 On Road 04 Median 02 Not On Road 05 Turn Lane 03 Shoulder Work Area 01 None 02 Nearby 03 Entered		01 Straight Ahead 02 Slowing/ Stopping/ Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving/ Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn 11 Passing 12 Driverless or Runaway Vehicle 77 All Other (Explain in Narrative)		1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction/Maintenance Source Of Carrier Information 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other Pedestrian Action 01 Crossing Not At Intersection 02 Crossing At Mid-block Crosswalk 03 Crossing At Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road 07 Working in Road 08 Standing/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain in Narrative) 88 Unknown	

First/Subsequent Harmful Event (s)

01 Collision With MV in Transport (Rear End)	15 Collision With Animal	28 Collision With Moveable Object on Road	<input type="checkbox"/>	<input type="checkbox"/>
02 Collision With MV in Transport (Head On)	16 MV Hit Sign / Sign Post	29 Mv Ran Into Ditch/Culvert	<input type="checkbox"/>	<input type="checkbox"/>
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole / Light Pole	30 Ran Off Road Into Water	<input type="checkbox"/>	<input type="checkbox"/>
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	31 Overturned	<input type="checkbox"/>	<input type="checkbox"/>
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	32 Occupant Fell From Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	33 Tractor/Trailer Jackknifed	<input type="checkbox"/>	<input type="checkbox"/>
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	34 Fire	<input type="checkbox"/>	<input type="checkbox"/>
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	35 Explosion	<input type="checkbox"/>	<input type="checkbox"/>
09 Collision with MV on Roadway	23 Collision With Construction Barricade Sign	36 Downhill Runaway	<input type="checkbox"/>	<input type="checkbox"/>
10 Collision With Pedestrian	24 Collision With Traffic Gate	37 Cargo Loss or Shift		
11 Collision With Bicycle	25 Collision With Crash Attenuators	38 Separation of Units		
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	39 Median Crossover		
13 Collision With Moped	27 MV Hit Other Fixed Object	77 All Other (Explain in Narrative)		
14 Collision With Train				

(Additional Narrative)

THIS INVESTIGATION IS CLOSED.

Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Section #	Name Of Violator			FL Statute Number	Charge					Citation Number		
Section #	Name Of Violator			FL Statute Number	Charge					Citation Number		