

# FLORIDA TRAFFIC CRASH REPORT LONG FORM

DO NOT WRITE IN THIS SPACE

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

## TIME & LOCATION

Date of Crash <b>26/May/2010</b>	Time of Crash <b>02: 55 PM</b>	Time Officer Notified <b>02: 56 PM</b>	Time Officer Arrived <b>03: 17 PM</b>	Invest. Agency Report Number <b>FHPD10OFF046934</b>	HSMV Crash Report Number <b>77690292</b>
County Code/ <b>12</b>	City Code <b>00</b>	Feet or Mile(s) <b>5</b>	Direction of <b>E</b>	City or Town <b>CLERMONT</b>	(check if in City or Town) <input type="checkbox"/> County <b>Lake</b>
At Node No. or <b>12</b>	Feet or Mile(s) <b>5</b>	From Node No. <b>12</b>	Next Node No. <b>13</b>	No. of Lanes <b>2</b>	1. Divided 2. Undivided <b>2</b>
On Street, Road or Highway <b>COUNTY ROAD 455</b>					
At The Intersection Of (street, road or highway) or <b>HARTLE ROAD</b>					

## SECTION 1 Pedestrian Vehicle

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

## SECTION 2 Pedestrian Vehicle

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



**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 <b>26/May/2010</b>	County/ <b>12</b>	City Code <b>00</b>	Invest. Agency Report Number <b>FHPD10OFF046934</b>	HSMV Crash Report Number <b>77690292</b>
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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: 28.5479833333333 Longitude: -81.6818833333334

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

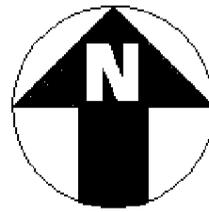
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number

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

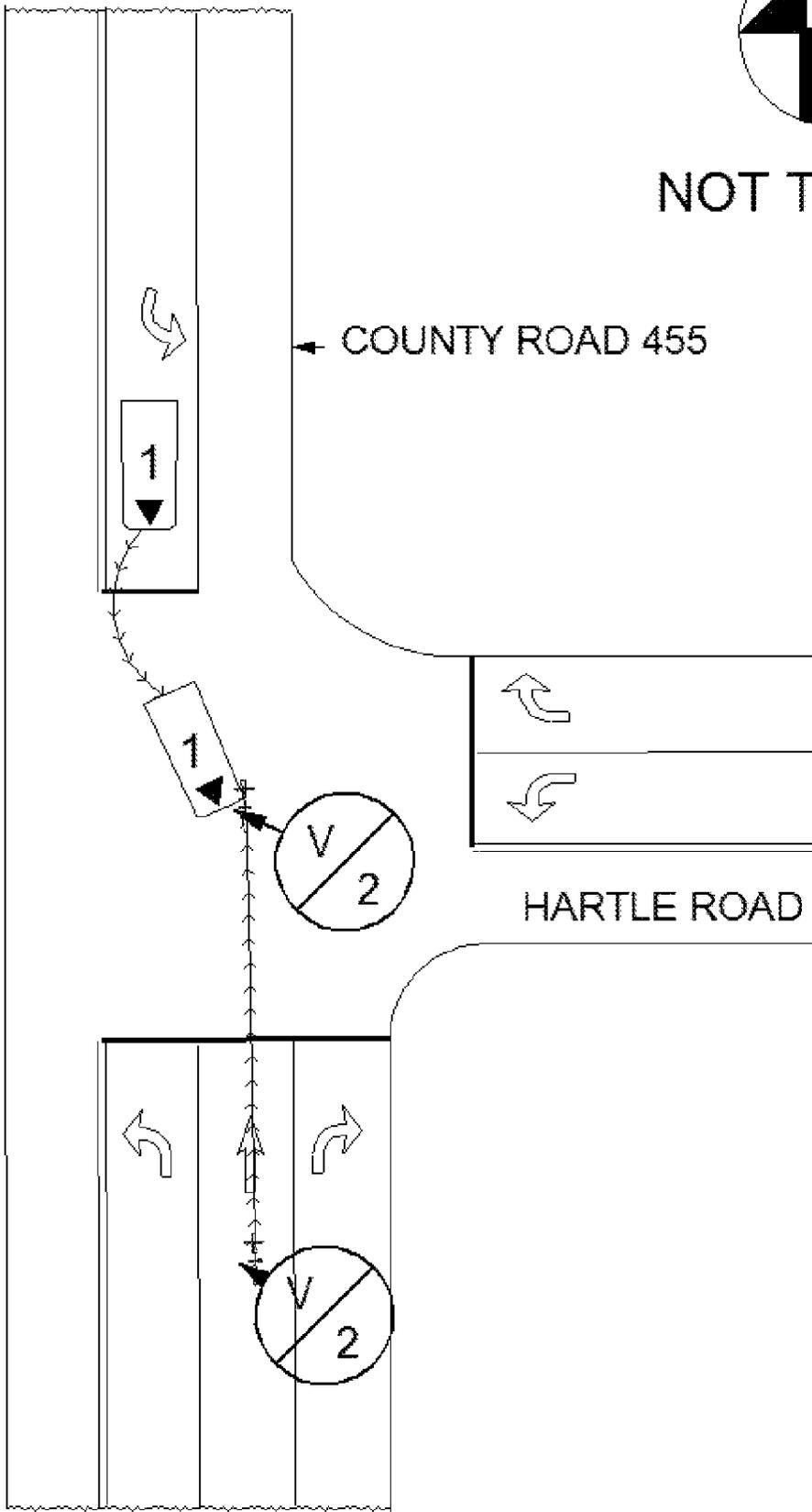
First Aid Given By - Name <b>LAKE SUMTER EMS</b>	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer	4 Certified 1st Aider <input checked="" type="checkbox"/> 2 5 Other	Injured Taken To: <b>NA</b>	By - Name <b>NA</b>
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Was Investigation Made At Scene? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	If No, Then Where?	Is Investigation Complete? 1 Yes 2 No	If No, Then Why?	Date of Report <b>26/May/2010</b>	Photos Taken? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	If Yes, By Whom? 1 Invest. Agency <input type="checkbox"/> 2 Other <input type="checkbox"/>
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Investigator - Rank & Signature <b>TPR. K.L. FARRELL</b>	ID/Badge Number <b>1478/2792</b>	Department <b>FHPD</b>	FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> Other <input type="checkbox"/>
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NOT TO SCALE



**FLORIDA TRAFFIC CRASH REPORT**

UPDATE  CONTINUATION

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

Date of Crash <b>26/May/2010</b>	County / City Code	Invest. Agency Report Number	HSMV Crash Report Number <b>77690292</b>
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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"/>			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		3. Driver <input type="checkbox"/>	
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	AIC/Drug Test Type <input type="checkbox"/>			Results	Alc/Drug	Phys. Def	Res.	Race	Sex	Inj.	S. Equip.	Eject.
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"/>		Recommended Driver Re-exam, if Yes Explain in Narrative <input type="checkbox"/>				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"/>			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		3. Driver <input type="checkbox"/>	
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	AIC/Drug Test Type <input type="checkbox"/>			Results	Alc/Drug	Phys. Def	Res.	Race	Sex	Inj.	S. Equip.	Eject.
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"/>		Recommended 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
#	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"/>	If Yes, By Whom?	1 Invest. Agency <input type="checkbox"/>	2 Other <input type="checkbox"/>
Investigator - Rank & Signature	TPR. K.L. FARRELL			ID/Badge Number	1478/2792			Department	FHPD			FHP	SO	CPD	Other
												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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