

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 07/Apr/2010	Time of Crash 10: 27 AM	Time Officer Notified 10: 30 AM	Time Officer Arrived 11: 02 AM	Invest. Agency Report Number FHPD10OFF030950	HSMV Crash Report Number 77692869
County Code/ 12	City Code 00	Feet or Mile(s) 9	Direction of S	City or Town CLERMONT	(check if in City or Town) <input type="checkbox"/> County Lake
At Node No. or 0	Feet or Mile(s) 350	From Node No.	Next Node No.	No. of Lanes 0	<input checked="" type="checkbox"/> 1. Divided <input type="checkbox"/> 2. Undivided
At The Intersection Of (street, road or highway) or			Feet or Mile(s) 350	Direction W	From Intersection Of (street, road or highway) RUBY RED BLVD SR 25 (US 27)

SECTION 1 Pedestrian Vehicle

Driver Action 1. Phantom <input checked="" type="checkbox"/> 2. Hit and Run 3. N/A	Year 2008	Make RLM	Type 10	Use 01	Veh. License Number	State FL	Vehicle Identification Number Q809057485						
Trailer Or Towed Vehicle Information			Trailer Type										
Vehicle Traveling W	on RUBY RED BLVD	At	Est. MPH 5	Posted Speed 25	Est. Vehicle Damage \$100	1. Disabling <input checked="" type="checkbox"/> 2. Functional 3. No Damage		Est. Trailer Damage	Show first point of vehicle damage and circle damaged areas <input checked="" type="checkbox"/>				
Motor Vehicle Insurance Company (Liability or PIP) EXEMPT			Policy Number 0000		Vehicle Removed By:		1. Tow Rotation List 2. Tow Owner's Request		3. Driver <input type="checkbox"/> 4. Other <input type="checkbox"/>				
Name of Vehicle Owner (Check Box If Same As Driver) <input checked="" type="checkbox"/> DENNIS CUNNINGHAM			Current Address (Number and Street) 1023 WOODSONG WAY			City and State CLERMONT FL		Zip Code 34714					
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 DENNIS CUNNINGHAM			Current Address (Number and Street) 1023 WOODSONG WAY			City, State and Zip Code CLERMONT FL 34714		Date Of Birth 26/Nov/1958					
Driver License Number C552160584260	State FL	DL Type 7	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 2	Sex 1	Inj. 2	S. Equip. 1	Eject. 1
Hazardous Materials Being Transported <input checked="" type="checkbox"/> 1 yes 2 No	Placarded <input checked="" type="checkbox"/> 1 yes 2 No	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	Recommend Driver Re-exam, if Yes Explain In Narrative <input checked="" type="checkbox"/> 1 yes 2 No		Driver's Phone No.					

SECTION 2 Pedestrian Vehicle

Driver Action 1. Phantom <input checked="" type="checkbox"/> 2. Hit and Run 3. N/A	Year 2008	Make GENC	Type 08	Use 01	Veh. License Number TB8227	State FL	Vehicle Identification Number 1GBJG31K781153938						
Trailer Or Towed Vehicle Information			Trailer Type										
Vehicle Traveling S	on 2113 RUBY RED BLVD	At	Est. MPH 0	Posted Speed 10	Est. Vehicle Damage \$100	1. Disabling <input checked="" type="checkbox"/> 2. Functional 3. No Damage		Est. Trailer Damage	Show first point of vehicle damage and circle damaged areas <input checked="" type="checkbox"/>				
Motor Vehicle Insurance Company (Liability or PIP) ACE AMERICAN			Policy Number ISAH08588028		Vehicle Removed By: DRIVER		1. Tow Rotation List 2. Tow Owner's Request		3. Driver <input checked="" type="checkbox"/> 4. Other <input type="checkbox"/>				
Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/> LAKE R COUNTY BOARD			Current Address (Number and Street) PO BOX 7800 BLDG B			City and State TAVARES FL		Zip Code 32778					
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 RACHEL J KEITH			Current Address (Number and Street) 6841 ALTA VISTA ST			City, State and Zip Code PORT RICHEY FL 34668		Date Of Birth 24/May/1969					
Driver License Number K300730696840	State FL	DL Type 2	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 2	Sex 2	Inj. 1	S. Equip. 2	Eject. 1
Hazardous Materials Being Transported <input checked="" type="checkbox"/> 1 yes 2 No	Placarded <input checked="" type="checkbox"/> 1 yes 2 No	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	Recommend Driver Re-exam, if Yes Explain In Narrative <input checked="" type="checkbox"/> 1 yes 2 No		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

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			18. Undercarriage	19. Overturn	20. Windshield	21. Trailer	
Trailer Or Towed Vehicle Information		Trailer Type		Trailer Type		Trailer Type		Trailer Type		Trailer Type		Trailer Type		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		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		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				01 No Defects				01 Straight Ahead				1 None			
02 Careless Driving (Explain in Narrative)				02 Def. Brakes				02 Slowing/ Stopping/ Stalled				2 Farm			
03 Failure to Yield Right-Of-Way				03 Warn/ Smooth Tires				03 Making Left Turn				3 Police Pursuit			
04 Improper Backing				04 Defective/ Improper Lights				04 Backing				4 Recreational			
05 Improper Lane Change				05 Puncture/Blowout				05 Making Right Turn				5 Emergency Operation			
06 Improper Turn				06 Steering Mech.				06 Changing Lanes				6 Construction/Maintenance			
07 Alcohol - Under Influence				07 Windshield Wipers				07 Entering/Leaving/ Parking Space				77 All Other (Explain In Narrative)			
08 Drugs - Under Influence				08 Equipment/Vehicle Defect				08 Properly Parked				1 Not Applicable			
09 Alcohol & Drugs - Under Influence				07 All Other (Explain In Narrative)				09 Improperly Parked				2 Shipping Papers			
10 Followed To Closely				19 Improper Load				10 Making U-Turn				3 Vehicle Side			
11 Discarded Traffic Signal				20 Disregarded other Traffic Control				11 Passing				4 Driver 5 Other			
12 Exceeded Safe Speed Limit				21 Driving Wrong Side/Way				03 Crossing At Intersection				1 Location Type			
13 Discarded Stop Sign				22 Fleeing Police				04 Crossing At Mid-block Crosswalk				1 Primarily Business			
14 Failed To Maintain Equip./ Vehicle				23 Vehicle Modified				05 Crossing At Intersection in Road				2 Primarily Residential			
15 Improper Passing				24 Driver Distraction (Explain In Narrative)				06 Walking Along Road With Traffic				3 Open Country			
16 Drove Left of Center				27 All Other (Explain In Narrative)				07 Working on Road				77 All Other (Explain In Narrative)			
17 Exceeded Stated Speed Limit								08 Working on Vehicle in Road				88 Unknown			
18 Obstructing Traffic															

First/Subsequent Harmful Event (s)				Road System Identifier				Lighting Condition			
01 Collision With MV in Transport (Rear End)				01 Interstate				01 Daylight			
02 Collision With MV in Transport (Head On)				02 U.S.				02 Dusk			
03 Collision With MV in Transport (Angle)				03 State				03 Dawn			
04 Collision With MV in Transport (Left Turn)				04 County				04 Dark (Street Light)			
05 Collision With MV in Transport (Right Turn)				05 Local				05 Dark (No Street Light)			
06 Collision With MV in Transport (Sideswipe)				06 Turnpike / Toll				05 Dark (No Street Light)			
07 Collision With MV in Transport (Backed Into)								88 Unknown			
08 Collision With Parked Car											
09 Collision with MV on Roadway											
10 Collision With Pedestrian											
11 Collision With Bicycle											
12 Collision With Bicycle (Bike Lane)											
13 Collision With Moped											
14 Collision With Train											
15 Collision With Animal											
16 MV Hit Sign / Sign Post											
17 MV Hit Utility Pole / Light Pole											
18 MV Hit Guardrail											
19 MV Hit Fence											
20 MV Hit Concrete Barrier Wall											
21 MV Hit Bridge/Pier/Abutment/Rail											
22 MV Hit Tree / Shrubbery											
23 Collision With Construction Barricade Sign											
24 Collision With Traffic Gate											
25 Collision With Crash Attenuators											
26 Collision With Fixed Object Above Road											
27 MV Hit Other Fixed Object											
28 Collision With Moveable Object on Road											
29 Mv Ran Into Ditch/Culvert											
30 Ran Off Road Into Water											
31 Overturned											
32 Occupant Fell From Vehicle											
33 Tractor/Trailer Jackknifed											
34 Fire											
35 Explosion											
36 Downhill Runaway											
37 Cargo Loss or Shift											
38 Separation of Units											
39 Median Crossover											
77 All Other (Explain in Narrative)											

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

Violator(s)				
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number
1	DENNIS CUNNINGHAM	316.1925.1	CARELESS DRIVING	3502-STQ
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 07/Apr/2010	County/ 12	City Code 00	Invest. Agency Report Number FHPD10OFF030950	HSMV Crash Report Number 77692869
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(Narrative)

Vehicle One (V-1) Bicycle, was traveling west in the single through lane on Ruby Red Blvd. Vehicle Two (V-2) was stationary south in the entrance/exit way of 2113 Ruby Red Blvd. V-1 made a right turn, continued in a northwesterly direction and the front of V-1 struck the left side of V-2. V-1 and V-2 were moved off the road prior to my arrival. Contributing Cause 02: Careless Driving, failure to maintain control of Vehicle as V-1 was attempting a right turn.
Latitude: 28.2232 Longitude: 81.4112

Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
2	01	STEPHANIE JURAN	P O BOX 263212	DAYTONA BEACH FL	32126	05/Oct/1963	3	2	8	1	2	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

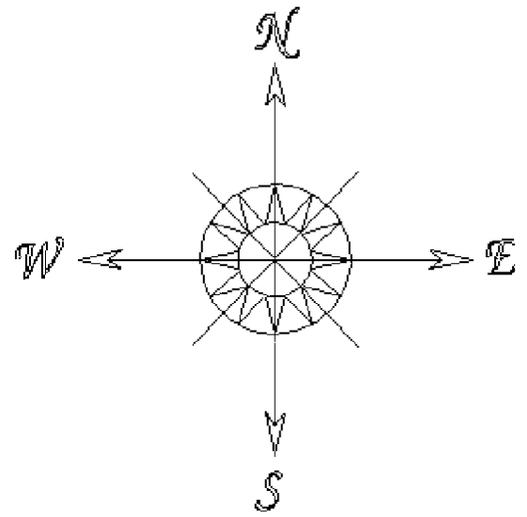
Violator(s)				
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number

Witness Name	Current Address	City & State	Zip Code
Witness Name	Current Address	City & State	Zip Code

First Aid Given By - Name LCFR	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer	4 Certified 1st Aider 5 Other	Injured Taken To: SOUTHLAKE HOSPITAL	By - Name LAKE/SUMTER AMBULANCE
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Was Investigation Made At Scene? 1 Yes 2 No <input checked="" type="checkbox"/>	If No, Then Where?	Is Investigation Complete? 1 Yes 2 No <input checked="" type="checkbox"/>	If No, Then Why?	Date of Report 07/Apr/2010	Photos Taken? 1 Yes 2 No <input checked="" type="checkbox"/>	If Yes, By Whom? 1 Invest. Agency 2 Other <input type="checkbox"/>
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Investigator - Rank & Signature TPR EDWIN RODRIGUEZ	ID/Badge Number 2463/2403	Department FHPD	FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> Other <input type="checkbox"/>
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Not to scale

