

FLORIDA TRAFFIC CRASH REPORT

LONG FORM

MAIL TO: DEPT. OF 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 04 / 08 / 10		TIME OF CRASH 6:25 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER NOTIFIED 6:26 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER ARRIVED 6:27 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		INVEST. AGENCY REPORT NUMBER 10058130		HSMV CRASH REPORT NUMBER 74227343	
	COUNTY / CITY CODE 12 / 52		FEET or MILE(S) N S E W		CITY OR TOWN MINNEOLA		(Check if in City or Town) <input checked="" type="checkbox"/>		COUNTY LAKE			
	AT NODE NO.		FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES 2		1. DIVIDED 2. UNDIVIDED COUNTY ROAD 50	
	AT THE INTERSECTION OF (street, road or highway) MOHAWK		FEET or MILE(S)		N S E W		FROM INTERSECTION OF (street, road or highway)					

Section 1 Vehicle	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A 3		YEAR 07	MAKE NISS	TYPE 03	USE 01	VEH. LICENSE NUMBER 017KPW	STATE FL	VEHICLE IDENTIFICATION NUMBER 1N6AD07u87C419107		SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH 10		Posted Speed 45	EST. VEHICLE DAMAGE 0.00		1. Disabling 2. Functional 3. No Damage 3		EST. TRAILER DAMAGE
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) PROGRESSIVE EXPRESS INS. COMPANY		POLICY NUMBER 20179790-7		VEHICLE REMOVED BY: SCOTT SUMINSKI		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other 3					
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street) 885 SCENIC VIEW CIRCLE		CITY AND STATE MINNEOLA, FL		ZIP CODE 34715					

Section 2 Vehicle	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)	
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed	EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage		
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 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					

Section 3 Pedestrian	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN SCOTT S. SUMINSKI		CURRENT ADDRESS (Number and Street) 885 SCENIC VIEW CIRCLE		CITY, STATE & ZIP CODE MINNEOLA, FL 34715		DATE OF BIRTH 04/23/1972	
	DRIVER LICENSE NUMBER S552797721430		STATE FL	DL TYPE 5	REQ. END. 3	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS 5	ALC/DRUG 1
	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No 2		PLACARDED 1 Yes 2 No 2		IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No 2	
	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 2		DRIVER'S PHONE NO. (352) 267-4700					

Section 4 Pedestrian	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)	
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed	EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage		
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 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					

Section 5 Pedestrian	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN TAMMY LYNN RAPER		CURRENT ADDRESS (Number and Street) 11789 OSWALT ROAD		CITY, STATE & ZIP CODE CLERMONT, FL 34711		DATE OF BIRTH 06/23/1971	
	DRIVER LICENSE NUMBER R160812717230		STATE FL	DL TYPE 5	REQ. END. 3	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS 5	ALC/DRUG 1
	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED 1 Yes 2 No		IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No	
	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO. (352) 267-4700					

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 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Boatall) 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		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	

S e c t i o n 3	Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/>	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)					
		TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed	EST. VEHICLE DAMAGE	1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input type="checkbox"/>	EST. TRAILER DAMAGE	1. Tow Rotation List <input type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Other <input type="checkbox"/>				
		VEHICLE TRAVELLING N S E W		ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input type="checkbox"/>			EST. TRAILER DAMAGE	1. Tow Rotation List <input type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Other <input type="checkbox"/>			
		MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List <input type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Other <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 (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH								
		DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
		HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
		1 Yes 2 No		1 Yes 2 No			1 Yes 2 No		1 Yes 2 No							
		# 1		PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP
		# 2		PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN 01 No Improper Driving / Action 02 Careless Driving (Explain in Narrative) 03 Failed 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			VEHICLE DEFECT 01 No Defects 02 Def. Brakes 03 Worn / 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)			VEHICLE MOVEMENT 01 Straight Ahead 02 Slowing / Stopped / 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			VEHICLE SPECIAL FUNCTIONS 1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance 77 All Other (Explain in Narrative)		
POINT OF COLLISION 01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane 77 All Other (Explain in Narrative)			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			LOCATION TYPE 1 Primarily Business 2 Primarily Residential 3 Open Country					

FIRST / SUBSEQUENT HARMFUL EVENT(S) 01 Collision With MV in Transport (Rear End) 02 Collision With MV in Transport (Head On) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Sideswipe) 07 Collision With MV in Transport (Backed Into) 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 SYSTEM IDENTIFIER 01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike / Toll 07 Forest Road 08 Private Roadway 77 All Other (Explain in Narrative)			LIGHTING CONDITION 01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown		
ROAD SURFACE CONDITION 01 Dry 02 Wet 03 Slippery 04 Icy 77 All Other (Explain in Narrative)			WEATHER 01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain in Narrative)			ROAD SURFACE TYPE 01 Slag/Gravel/Stone 02 Blacktop 03 Brick/Block 04 Concrete 05 Dirt 77 All Other (Explain in Narrative)		
ROAD CONDITIONS AT TIME OF CRASH 01 No Defects 02 Obstruction With Warning 03 Obstruction Without Warning 04 Road Under Repair / Construction 05 Loose Surface Materials 06 Shoulders - Soft / Low / High 07 Holes / Ruts / Unsafe Paved Edge 08 Standing Water 09 Worn / Polished Road Surface 77 All Other (Explain in Narrative)			VISION OBSTRUCTED 01 Vision Not Obscured 02 Inclement Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load On Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain in Narrative)			TRAFFIC CONTROL 01 No Control 02 Special Speed Zone 03 Speed Control Sign 04 School Zone 05 Traffic Signal 06 Stop Sign 07 Yield Sign 08 Flashing Light 09 Railroad Signal 10 Officer / Guard / Flagperson		
SITE LOCATION 01 Not At Intersection / RR X-ing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private 11 Private Property 12 Toll Booth 13 Public Bus Stop Zone 77 All Other (Explain in Narrative)			TRAFFICWAY CHARACTER 01. Straight - Level 02. Straight - Upgrade / Downgrade 03. Curve - Level 04. Curve - Upgrade / Downgrade TYPE SHOULDER 01. Paved 02. Unpaved 03. Curb					

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	1	SCOTT SUMINSKI	316.130 (15)	FAIL TO USE DUE CARE TOWARD PEDESTRIAN	5967-FVJ
	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: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 04/08/10	COUNTY / CITY CODE 12/52	INVEST. AGENCY REPORT NUMBER 10058130	HSMV CRASH REPORT NUMBER 74227343
--	---	---------------------------	-----------------------------	--	--------------------------------------

(NARRATIVE)

PEDESTRIAN TWO WAS WALKING EASTBOUND ON THE WALKING TRAIL ADJACENT TO COUNTY ROAD 50. VEHICLE ONE TRAVELED WESTBOUND ON COUNTY ROAD 50. AS DRIVER ONE PREPARED TO MAKE A LEFT TURN ONTO MOHAWK STREET THE GLARE FROM THE SUN OBSCURED HIS VISION. DRIVER ONE STATED HE WAS ABLE TO SEE A FEMALE CROSSING MOHAWK STREET IN THE SAME DIRECTION AS PEDESTRIAN TWO. DRIVER ONE WAITED FOR THE FEMALE TO CLEAR OUT OF HIS INTENDED PATH OF TRAVEL, THEN HE PROCEEDED TO EXECUTE THE LEFT TURN. DUE TO THE GLARE OF THE SUN DRIVER ONE WAS UNABLE TO SEE THAT PEDESTRIAN TWO WAS CROSSING MOHAWK STREET BEHIND THE FIRST FEMALE. VEHICLE ONE STRUCK PEDESTRIAN TWO, KNOCKING HER TO THE GROUND. LAKE SUMTER EMS TRANSPORTED PEDESTRIAN TWO TO SOUTH LAKE HOSPITAL. SHE WAS TREATED FOR A CONCUSSION AND SOME BRUISING TO HER LEFT LEG AND ARM.

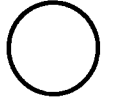
SECH#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
1	1	MADISON SUMINSKI	885 SCENIC VIEW CIR.	MINNEOLA FL	34715	08/30/04	1	2	6	1	2	1
SECH#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SECH#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SECH#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SECH#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SECH#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SECH#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Vi	lato(r)s	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
------------------	-----------------	--------------	----------	------------------	-----------------	--------------	----------

FIRST AID GIVEN BY - NAME		1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other		INJURED TAKEN TO: 2 SOUTH LAKE HOSPITAL		BY - NAME LAKE SUMTER EMS	
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 04/08/10	PHOTOS TAKEN 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>
INVESTIGATOR - RANK & SIGNATURE Cpl. Matthew Donnelly		ID/BADGE NUMBER P-1154		DEPARTMENT LAKE COUNTY		FHP <input type="checkbox"/> SO <input checked="" type="checkbox"/> PD <input type="checkbox"/> OTHER <input type="checkbox"/>	

DIAGRAM



INDICATE NORTH
WITH ARROW