

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

Section 1	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)
					3	07	NISS	03	01	017KPW	FL	
Section 1	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. TRAILER DAMAGE		1. Disabling		2. Functional		3. No Damage	

Section 1	VEHICLE TRAVELLING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling	2. Functional	3. No Damage	EST. TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S)			
				10	45	0.00			3					
Section 1	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List		3. Driver		2. Tow Owner's Request		4. Other	
	PROGRESSIVE EXPRESS INS. COMPANY		20179790-7		SCOTT SUMINSKI								3	
Section 1	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
Section 1	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
Section 1	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS							
Section 1	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH							
	SCOTT S. SUMINSKI		885 SCENIC VIEW CIRCLE		MINNEOLA, FL 34715		04/23/1972							
Section 1	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	S552797721430	FL	5	3	1 Blood 3 Urine 5 None 2 Breath 4 Refused	5							2	1
Section 1	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	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?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.							
							(352) 267-4700							

Section 2	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)		
Section 2	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. TRAILER DAMAGE		1. Disabling		2. Functional		3. No Damage			
Section 2	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List		3. Driver		2. Tow Owner's Request		4. Other	
Section 2	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
Section 2	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
Section 2	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS							
Section 2	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH							
	TAMMY LYNN RAPER		11789 OSWALT ROAD		CLERMONT, FL 34711		06/23/1971							
Section 2	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	R160812717230	FL	5	3	1 Blood 3 Urine 5 None 2 Breath 4 Refused	5							3	1
Section 2	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	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?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.							
							(352) 267-4700							

Section 2	VEHICLE TRAVELLING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling	2. Functional	3. No Damage	EST. TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S)			
Section 2	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List		3. Driver		2. Tow Owner's Request		4. Other	
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Section 2	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
Section 2	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS							
Section 2	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH							

Section 2	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)		
Section 2	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. TRAILER DAMAGE		1. Disabling		2. Functional		3. No Damage			
Section 2	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List		3. Driver		2. Tow Owner's Request		4. Other	
Section 2	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
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Section 2	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS							
Section 2	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH							
	TAMMY LYNN RAPER		11789 OSWALT ROAD		CLERMONT, FL 34711		06/23/1971							
Section 2	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	R160812717230	FL	5	3	1 Blood 3 Urine 5 None 2 Breath 4 Refused	5							3	1
Section 2	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	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?	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	01 Private Transportation	01 Single Semi Trailer	1 County of Crash	1 No Defects Known	1 Not Drinking or Using Drugs	1 Front Left
Code Information	02 Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center
	03 Light Truck / P.U. - 2 or 4 rear tires	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident Out of State	3 Fatigue / Asleep	3 Drugs - Under Influence	3 Front Right
Code Information	04 Medium Truck - 4 rear tires	04 Public Transportation	04 Saddle Mount / Flatbed	4 Foreign 5 Unknown	4 Hearing Defect	4 Alcohol & Drugs - Under Influence	4 Rear Left
	05 Heavy Truck - 2 or more rear axles	05 Public School Bus	05 Boat Trailer	DL TYPE	5 Illness	5 Had Been Drinking	5 Rear Center
Code Information	06 Truck Tractor (Cab-Bobtail)	06 Private School Bus	06 Utility Trailer	1 A 2 B 3 C	6 Seizure, Epilepsy, Blackout	6 Pending ALC/DRUG Test Results	6 Rear Right
	07 Motor Home (RV)	07 Ambulance	07 House Trailer	4 D/ Chauffeur	7 Other Physical Defect		7 In Body Of Truck
Code Information	08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer	5 E/ Operator	INJURY SEVERITY	SAFETY EQUIPMENT IN USE	8 Bus Passenger
	09 Bus (driver + seats for over 15)	09 Fire / Rescue	09 Towed Vehicle	6 E/ Oper.-Rest.	1 None	1 Not In use	9 Other
Code Information	10 Bicycle	10 Military	10 Auto Transport	7 None	2 Possible	2 Seat Belt / Shoulder Harness	EJECTED
	11 Motorcycle	11 Other Government	77 Other	REQUIRED ENDORSEMENTS	3 Non-Incapacitating	3 Child Restraint	1 No
Code Information	12 Moped	12 Dump		1 Yes	4 Incapacitating	4 Air Bag - Deployed	2 Yes
	13 All Terrain Vehicle	13 Concrete Mixer		2 No	5 Fatal (Within 30 Days)	5 Air Bag - Not Deployed	3 Partial
Code Information	14 Train	14 Garbage or Refuse		3 No Endorsement Required	6 Non-Traffic Fatality	6 Safety Helmet	
	15 Low Speed Vehicle	15 Cargo Van				7 Eye Protection	
Code Information	77 Other	77 Other					

S e c t i o n 3	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	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										
Vehicle	VEHICLE TRAVELLING N S E W	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S)					
Pedestrian	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)	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 1 Blood 3 Urine 5 None 2 Breath 4 Refused	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	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

<b>CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN</b> 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	<b>VEHICLE DEFECT</b> 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)	<b>VEHICLE MOVEMENT</b> 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	<b>VEHICLE SPECIAL FUNCTIONS</b> 1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance
19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distraction (Explain in Narrative) 77 All Other (Explain in Narrative)	<b>POINT OF COLLISION</b> 01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane	<b>PEDESTRIAN ACTION</b> 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	<b>SOURCE OF CARRIER INFORMATION</b> 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other
			<b>LOCATION TYPE</b> 1 Primarily Business 2 Primarily Residential 3 Open Country

<b>FIRST / SUBSEQUENT HARMFUL EVENT(S)</b> 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)	<b>ROAD SYSTEM IDENTIFIER</b> 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)	<b>LIGHTING CONDITION</b> 01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown
<b>ROAD SURFACE CONDITION</b> 01 Dry 02 Wet 03 Slippery 04 Icy 77 All Other (Explain in Narrative)	<b>WEATHER</b> 01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain in Narrative)	<b>ROAD SURFACE TYPE</b> 01 Slag/Gravel/Stone 02 Blacktop 03 Brick/Block 04 Concrete 05 Dirt 77 All Other (Explain in Narrative)

<b>ROAD CONDITIONS AT TIME OF CRASH</b> 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)	<b>VISION OBSTRUCTED</b> 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)	<b>TRAFFIC CONTROL</b> 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	<b>SITE LOCATION</b> 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)	<b>TRAFFICWAY CHARACTER</b> 01. Straight - Level 02. Straight - Upgrade / Downgrade 03. Curve - Level 04. Curve - Upgrade / Downgrade <b>TYPE SHOULDER</b> 01. Paved 02. Unpaved 03. Curb
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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
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(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
<del>SECH#</del>	<del>PASS#</del>	<del>PASSENGER'S NAME</del>	<del>CURRENT ADDRESS</del>	<del>CITY &amp; STATE</del>	<del>ZIP CODE</del>	<del>DATE OF BIRTH</del>	<del>RACE</del>	<del>SEX</del>	<del>LOC</del>	<del>INJ</del>	<del>S. EQUIP.</del>	<del>EJECT.</del>
<del>SECH#</del>	<del>PASS#</del>	<del>PASSENGER'S NAME</del>	<del>CURRENT ADDRESS</del>	<del>CITY &amp; STATE</del>	<del>ZIP CODE</del>	<del>DATE OF BIRTH</del>	<del>RACE</del>	<del>SEX</del>	<del>LOC</del>	<del>INJ</del>	<del>S. EQUIP.</del>	<del>EJECT.</del>
<del>SECH#</del>	<del>PASS#</del>	<del>PASSENGER'S NAME</del>	<del>CURRENT ADDRESS</del>	<del>CITY &amp; STATE</del>	<del>ZIP CODE</del>	<del>DATE OF BIRTH</del>	<del>RACE</del>	<del>SEX</del>	<del>LOC</del>	<del>INJ</del>	<del>S. EQUIP.</del>	<del>EJECT.</del>
<del>SECH#</del>	<del>PASS#</del>	<del>PASSENGER'S NAME</del>	<del>CURRENT ADDRESS</del>	<del>CITY &amp; STATE</del>	<del>ZIP CODE</del>	<del>DATE OF BIRTH</del>	<del>RACE</del>	<del>SEX</del>	<del>LOC</del>	<del>INJ</del>	<del>S. EQUIP.</del>	<del>EJECT.</del>
<del>SECH#</del>	<del>PASS#</del>	<del>PASSENGER'S NAME</del>	<del>CURRENT ADDRESS</del>	<del>CITY &amp; STATE</del>	<del>ZIP CODE</del>	<del>DATE OF BIRTH</del>	<del>RACE</del>	<del>SEX</del>	<del>LOC</del>	<del>INJ</del>	<del>S. EQUIP.</del>	<del>EJECT.</del>

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

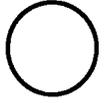
WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
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FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	INJURED TAKEN TO:	BY - NAME
	2	SOUTH LAKE HOSPITAL	LAKE SUMTER EMS

WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES 2. NO	IF NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN	IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER
1		1		04   08   10	2	

INVESTIGATOR - RANK & SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	FHP SO PD OTHER
Cpl. Matthew Donnelly	P-1154	LAKE COUNTY	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

DIAGRAM



INDICATE NORTH  
WITH ARROW