

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

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

(Electronic Version)

Date of Crash 21/Jul/2012 02:43 PM	Time of Crash 21/Jul/2012 02:43 PM	Date of Report 21/Jul/2012 03:51 PM	Invest. Agency Report Number FHPD12OFF061849	HSMV Crash Report Number 83180735
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CRASH IDENTIFIERS

County Code 12	City Code 30	County of Crash LAKE	Place or City of Crash CLERMONT	Within City Limits No	Time Reported 21/Jul/2012 02:44 PM	Time Dispatched 21/Jul/2012 02:45 PM
Time on Scene 21/Jul/2012 03:38 PM	Time Cleared Scene 21/Jul/2012 04:45 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway CAGAN CROSSING BLVD			At Street Address# 1	At Latitude 28.3548716666667	and Longitude -81.67718666666699
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway US HWY 27	Or From Milepost #	
Road System Identifier 2 U.S.		Type Of Shoulder 3 Curb		Type Of Intersection 2 Four-Way Intersection	

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 77 Other, Explain in Narrative
First Harmful Event Type	First Harmful Event 10	First Harmful Event Location 1 On Roadway	Within Interchange Yes	First Harmful Event Relation to Junction 2 Intersection
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

VEHICLE (Check if Commercial)

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number E732FX	State FL	Reg. Expires 07/Aug/2012	Permanent Reg. No	VIN 2D8HN44E19R600208		
Year 2009	Make DODG	Model CARAVAN	Style VN	Color SIL	Extent of Damage Minor	Est. Damage 500	Towed Due To Damage No	Vehicle Removed By	Rotation
Insurance Company INFINITY INDEMNITY INS CO				Insurance Policy Number 109019224408001					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> YESENIA BAYRON			Current Address (Number and Street) 1311 SIERRA CIR			City and State KISSIMMEE FL		Zip Code 34744	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling: West	Direction	On Street, Road, Highway CAGAN CROSSING BLVD				At Est. Speed 15	Posted Speed 25	Total Lanes 3	
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR			Trailer Type (trailer one)		Trailer Type (trailer two)				
Haz. Mat. Release	Haz Mat. Placard	Number	Class						
Motor Carrier Name				US DOT Number					
Motor Carrier Address				City and State			Zip Code		Phone Number
Comm/Non-Commercial	Vehicle Body Type 2 Passenger Van	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function		
Vehicle Maneuver Action 5 Turning Right	Trafficway 1 Two-Way, Not Divided	Roadway Grade 1 Level	Roadway Alignment 1 Straight	Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 10 Pedestrian			
Traffic Control Device For This Vehicle 5 Traffic Control Signal	First (1) Sequence of Events 2 Collision with Non-Fixed Object 10 Pedestrian		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name YESENIA BAYRON	Date of Birth 07/Aug/1977	Sex 2 Female	Phone Number	Re-Exam No
Address 1311 SIERRA CIR		City KISSIMMEE	State FL	Zip Code 34744			
Driver License Number B650960777870	State FL	Expires 07/Aug/2013	DL Type 5 E/Operator	Req. End.	Injury Severity 1 None	Ejection 1 Not Ejected	

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Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other		
Drivers Actions at Time of Crash (first) 3 Failed to Yield Right.of.Way		Drivers Actions at Time of Crash (second)		Driver Distracted By 1 Not Distracted	Vision Obstruction 1 Vision Not Obscured			
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash 1 Apparently Normal				
Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To			

PERSON RECORD

Person# 2	Description 2 Non-Motorist	Name JAMES ROBERT ONEILL	Date of Birth 31/Jan/1990	Sex 1 Male	Injury Severity 2 Possible	Phone Number		
Address 629 COUNTESS DR		City YARDLEY	State PA		Zip Code 19067			
Non-Motorist Description Detail 1 Pedestrian		Non-Motorist Action Prior to Crash 1 Crossing Roadway		Non-Motorist Location at Time of Crash 1 Intersection - Marked Crosswalk				
Non-Motorist Actions/Circumstance (First) 1 No Improper Action		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two)		
Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID LAKE EMS		EMS Run Number	Medical Facility Transported To CELEBRATION HOSPITAL			

VIOLATIONS

Person# 1	Name YESENIA BAYRON	Florida Statute Number 316.121(1)	Charge VEHICLE IN INTERSECTION - ALL OTHERS MUST YIELD	Citation 9471-SZW
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NARRATIVE

ID Number 2133	Rank TROOPER	Name J.A. RATLIFF	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Jul 21, 2012
<p>V01 was traveling east on Cagan Crossings Blvd at the intersection of US Highway 27. NM01 was walking eastbound in the pedestrian crosswalk on US Highway 27 at the southeast corner of the intersection of Cagan Crossings Blvd. V01 turned right attempting to enter the southbound outside lane of US Highway 27. The front of V01 struck NM01 walking in the crosswalk. NM01 was transported prior to my arrival. V01 was moved to the shoulder prior to my arrival.</p>						

REPORTING OFFICER

ID/Badge # 2133	Rank and Name TROOPER J.A. RATLIFF	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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NOT TO SCALE

