

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 03/Oct/2012 01:10 PM	Time of Crash 03/Oct/2012 01:10 PM	Date of Report 03/Oct/2012 02:30 PM	Invest. Agency Report Number FHPD12OFF084684	HSMV Crash Report Number 81973586
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CRASH IDENTIFIERS

County Code 12	City Code	County of Crash LAKE	Place or City of Crash	Within City Limits No	Time Reported 03/Oct/2012 01:15 PM	Time Dispatched 03/Oct/2012 01:18 PM
Time on Scene 03/Oct/2012 02:21 PM	Time Cleared Scene 03/Oct/2012 03:30 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway 550 US HIGHWAY 27			At Street Address#		At Latitude and Longitude 28.375739101320502 -81.685859067365499	
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway US HIGHWAY 27			Or From Milepost #
Road System Identifier 5 Local		Type Of Shoulder 1 Paved		Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 1 Daylight	Weather Condition 2 Cloudy	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 8 In Parking Lane or Zone	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction		
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 G173WC	State FL	Reg. Expires 30/Jun/2013	Permanent Reg. No	VIN 1ZVFT80NX75282007
Year 2007	Make FORD	Model OTHER	Style 2D	Color ONG	Extent of Damage Minor	Est. Damage 5	Towed Due To Damage No
Insurance Company LANCER INS CO				Insurance Policy Number RAC10569			
Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> BEST RATE CAR RENTAL			Current Address (Number and Street) 7785 W HWY 192		City and State KISSIMMEE FL		Zip Code 34747
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Vehicle Traveling:	Direction East	On Street, Road, Highway 550 US HIGHWAY 27				At Est. Speed 5	Posted Speed 5
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 1 Passenger Car	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function
Vehicle Maneuver Action 4 Backing	Trafficway 5 One-Way Trafficway	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 1 No Controls	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 SAMUEL MENDES BARBOSA	Date of Birth 17/Jun/1982	Sex 1 Male	Phone Number	Re-Exam No
Address QE44CONJ Q18		City BRASILIA		State DF		Zip Code 71070	
Driver License Number 01961265824		State DF	Expires 06/Nov/2017	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) 4 Improper Backing		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# 4	Description 3 Passenger	Vehicle # 1	Name LORENA JULIANE BEZERRA	Date of Birth 20/Nov/1984	Sex 2 Female	Injury Severity 1 None	Ejection 1 Not Ejected
Address QI23 BLK F 463			City BRASILIA			State DF	Zip Code 71060
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection	Seating Location Seat 1	Seating Location Row 2	Seating Location Other	
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	

PERSON RECORD

Person# 3	Description 3 Passenger	Vehicle # 1	Name GLEISON WILLIAM LUCAS BEZERRA	Date of Birth 07/Jan/1977	Sex 1 Male	Injury Severity 1 None	Ejection 1 Not Ejected
Address QI23 BLK F 463 71			City BRASILIA			State DF	Zip Code 71060
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection	Seating Location Seat 3	Seating Location Row 1	Seating Location Other	
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 3 Passenger	Vehicle # 1	Name LARISSA RAQUEL MENDES GONCALVES	Date of Birth 24/Jun/1987	Sex 2 Female	Injury Severity 1 None	Ejection 1 Not Ejected
Address QE44CONJ18			City BRASILIA			State DF	Zip Code 71070
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 3	Seating Location Row 2	Seating Location Other	
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	

PERSON RECORD

Person# 5	Description 2 Non-Motorist	Name JENNIFER LEIGH CARTER			Date of Birth 26/Oct/1974	Sex 2 Female	Injury Severity 2 Possible	Phone Number	
Address 234 ELDERBERRY DR		City DAVENPORT		State FL			Zip Code 33897		
Non-Motorist Description Detail 1 Pedestrian		Non-Motorist Action Prior to Crash 10 None				Non-Motorist Location at Time of Crash 77 Other, Explain in Narrative			
Non-Motorist Actions/Circumstance (First) 1 No Improper Action		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 6 Not Applicable			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 88 Unknown		EMS Agency Name or ID		EMS Run Number			Medical Facility Transported To HEARTS OF FLORIDA HOSPITAL		

VIOLATIONS

Person# 1	Name SAMUEL MENDES BARBOSA	Florida Statute Number 316.1985(1)	Charge BACKING - IMPROPER	Citation 3556-WIK
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NARRATIVE

Date of Crash 03/Oct/2012 01:10 PM	Date of Report 03/Oct/2012 01:10 PM	Invest. Agency Report Number FHPD12OFF084684	HSMV Crash Report Number 81973586
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ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
0958	SERGEANT	W.T. GODWIN	D	FLORIDA HIGHWAY PATROL	407-737-2300	Oct 13, 2012

V01 was stopped on Walmart parking lot, facing west. D-1 had stopped V01 after realizing he was traveling the wrong way to park. NM01 was walking northeasterly across Walmart parking lot, approaching V01. As NM01 passed behind V01, D-1 backed east, striking NM01 in the left side with the left rear of V01.

Non-Motorist Location at Time of Crash - Walking across parking lot.
Manner of Crash/Impact - Motor Vehicle struck pedestrian.

Note: V01 sustained a minor impact with no damage. Report would not accept impact without damage.

REPORTING OFFICER

ID/Badge # 0958	Rank and Name SERGEANT W.T. GODWIN	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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WALMART PARKING LOT

