

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

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

### ROADWAY INFORMATION

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

### CRASH INFORMATION (Check if Pictures Taken)

Light Condition <b>1 Daylight</b>	Weather Condition <b>2 Cloudy</b>	Roadway Surface Condition <b>1 Dry</b>	School Bus Related <b>1 No</b>	Manner Of Collision <b>77 Other, Explain in Narrative</b>
First Harmful Event Type	First Harmful Event <b>10</b>	First Harmful Event Location <b>8 In Parking Lane or Zone</b>	Within Interchange <b>No</b>	First Harmful Event Relation to Junction <b>1 Non-Junction</b>
Contributing Circumstances: Road <b>1 None</b>		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment <b>1 None</b>		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related <b>1 No</b>	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

### VEHICLE (Check if Commercial)

Vehicle <b>1</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>1 No</b>	Veh License Number <b>G173WC</b>	State <b>FL</b>	Reg. Expires <b>30/Jun/2013</b>	Permanent Reg. <b>No</b>	VIN <b>1ZVFT80NX75282007</b>			
Year <b>2007</b>	Make <b>FORD</b>	Model <b>OTHER</b>	Style <b>2D</b>	Color <b>ONG</b>	Extent of Damage <b>Minor</b>	Est. Damage <b>5</b>	Towed Due To Damage <b>No</b>	Vehicle Removed By	Rotation	
Insurance Company <b>LANCER INS CO</b>				Insurance Policy Number <b>RAC10569</b>						
Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> <b>BEST RATE CAR RENTAL</b>			Current Address (Number and Street) <b>7785 W HWY 192</b>			City and State <b>KISSIMMEE FL</b>		Zip Code <b>34747</b>		
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:	Direction <b>East</b>	On Street, Road, Highway <b>550 US HIGHWAY 27</b>				At Est. Speed <b>5</b>	Posted Speed <b>5</b>	Total Lanes		
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 <b>1 Passenger Car</b>	Vehicle Defects (one) <b>1 None</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 No</b>		Special Function of MV <b>1 No Special Function</b>		
Vehicle Maneuver Action <b>4 Backing</b>	Trafficway <b>5 One-Way Trafficway</b>	Roadway Grade <b>1 Level</b>		Roadway Alignment <b>1 Straight</b>		Most Harmful Event <b>2 Collision with Non-Fixed Object</b>		Most Harmful Event Detail <b>10 Pedestrian</b>		
Traffic Control Device For This Vehicle <b>1 No Controls</b>	First (1) Sequence of Events <b>2 Collision with Non-Fixed Object 10 Pedestrian</b>		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events			

### PERSON RECORD

Person# <b>1</b>	Description <b>1 Driver</b>	Vehicle # <b>1</b>	Name <b>SAMUEL MENDES BARBOSA</b>	Date of Birth <b>17/Jun/1982</b>	Sex <b>1 Male</b>	Phone Number	Re-Exam <b>No</b>
Address <b>QE44CONJ Q18</b>		City <b>BRASILIA</b>	State <b>DF</b>	Zip Code <b>71070</b>			
Driver License Number <b>01961265824</b>	State <b>DF</b>	Expires <b>06/Nov/2017</b>	DL Type <b>5 E/Operator</b>	Req. End.	Injury Severity <b>1 None</b>	Ejection <b>1 Not Ejected</b>	

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Restraint System <b>3 Shoulder and Lap Belt Used</b>	Air Bag Deployed <b>2 Not Deployed</b>	Helmet Use	Eye Protection <b>3 Not Applicable</b>	Seating Location Seat <b>1 Left</b>	Seating Location Row <b>1 Front</b>	Seating Location Other		
Drivers Actions at Time of Crash (first) <b>4 Improper Backing</b>		Drivers Actions at Time of Crash (second)		Driver Distracted By <b>1 Not Distracted</b>	Vision Obstruction <b>1 Vision Not Obscured</b>			
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash <b>1 Apparently Normal</b>				
Suspected Alcohol Use <b>1 No</b>	Alcohol Tested <b>1 Test Not Given</b>	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>1 No</b>	Drug Tested <b>1 Test Not Given</b>	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility <b>1 Not Transported</b>		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To			

**PERSON RECORD**

Person# <b>4</b>	Description <b>3 Passenger</b>	Vehicle # <b>1</b>	Name <b>LORENA JULIANE BEZERRA</b>	Date of Birth <b>20/Nov/1984</b>	Sex <b>2 Female</b>	Injury Severity <b>1 None</b>	Ejection <b>1 Not Ejected</b>
Address <b>QI23 BLK F 463</b>			City <b>BRASILIA</b>			State <b>DF</b>	Zip Code <b>71060</b>
Restraint System <b>3 Shoulder and Lap Belt Used</b>	Air Bag Deployed <b>2 Not Deployed</b>	Helmet Use	Eye Protection	Seating Location Seat <b>1</b>	Seating Location Row <b>2</b>	Seating Location Other	
Source of Transport to Medical Facility <b>1 Not Transported</b>		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To		

**PERSON RECORD**

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

**PERSON RECORD**

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

**PERSON RECORD**

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

**VIOLATIONS**

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

