

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 11/Sep/2013 08:13 PM	Time of Crash 11/Sep/2013 08:13 PM	Date of Report 11/Sep/2013 08:51 PM	Invest. Agency Report Number FHPD13OFF078360	HSMV Crash Report Number 83272926
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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 11/Sep/2013 08:14 PM	Time Dispatched 11/Sep/2013 08:16 PM
Time on Scene 11/Sep/2013 08:48 PM	Time Cleared Scene 11/Sep/2013 08:55 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway US 192			At Street Address#		At Latitude and Longitude 28.347282875329299 -81.672355821356206	
At Feet 300	Or Miles	Direction East	From Intersection With Street, Road, Highway US 27			Or From Milepost #
Road System Identifier 2 U.S.		Type Of Shoulder 2 Unpaved		Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 5 Dark-Not Lighted	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 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 L896DJ	State FL	Reg. Expires 22/Oct/2013	Permanent Reg. No	VIN WDBWK56F65F068545		
Year 2005	Make MERZ	Model SLK 350	Style 2D	Color BLK	Extent of Damage Functional	Est. Damage 5000	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation Owner Request
Insurance Company PROGRESSIVE				Insurance Policy Number 48628141					
Name of Vehicle Owner (Check Box If Business) ENRIQUE MAZA				Current Address (Number and Street) 16737 SARAHS PL. APT. 106				City and State CLERMONT FL	Zip Code 34714-0000
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 East	On Street, Road, Highway US 192					At Est. Speed 20	Posted Speed 55	Total Lanes 6
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 1 Straight Ahead	Trafficway 4 Two-Way, Divided, Positive Median Barrier	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 ENRIQUE MAZA	Date of Birth 22/Oct/1949	Sex 1 Male	Phone Number	Re-Exam No
Address 16737 SARAHS PL. APT. 106		City CLERMONT		State FL		Zip Code 34714	
Driver License Number M200200493820		State FL	Expires 22/Oct/2017	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	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) 1 No Contributing Action			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 3 Passenger	Vehicle # 1	Name BONNIE LEE MAZA	Date of Birth 06/Jul/1948	Sex 2 Female	Injury Severity 1 None	Ejection 1 Not Ejected
Address 16737 SARAHS PL APT 106			City CLERMONT			State FL	Zip Code 34714-
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 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# 3	Description 2 Non-Motorist	Name MARY FRANCIS HAYES		Date of Birth 29/Oct/1994	Sex 2 Female	Injury Severity 3 Non-incapacitating	Phone Number	
Address 505 E MONTROSE ST		City CLERMONT		State FL		Zip Code 34711		
Non-Motorist Description Detail 1 Pedestrian			Non-Motorist Action Prior to Crash 1 Crossing Roadway			Non-Motorist Location at Time of Crash 3 Intersection - Other		
Non-Motorist Actions/Circumstance (First) 3 Failure to Yield Right-of-Way		Non-Motorist Actions/Circumstance (Second) 9 Not Visible (dark clothing, no lighting, etc.)		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 EMS		EMS Run Number		Medical Facility Transported To SOUTH LAKE		

VIOLATIONS

Person# 3	Name MARY FRANCIS HAYES	Florida Statute Number 316.130(11)	Charge PEDESTRIAN FAILED TO CROSS IN CROSSWALK	Citation A124KOE
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NARRATIVE

ID Number 2821	Rank TROOPER	Name J BRIERLY	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Sep 11, 2013
<p>V01 was east on the center through lane of US 192 east of US 27. NM01 was walking southbound across US 192 east of US 27. NM01 was not in a cross walk. The closest crosswalk was a few hundred feet east of the collision. The driver of V01 failed to see NM01 illegally crossing. Subsequently, the front of V01 collided with NM01. V01 came to final rest facing east on US 192.</p> <p>Note: NM01 was wearing a pink shirt, however there was no lighting in the area. Note: GPS information does not reflect the exact location of the collision.</p>						

REPORTING OFFICER

ID/Badge # 2821	Rank and Name TROOPER J BRIERLY	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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Not Drawn To Scale

← US 27

