

# 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 25/Nov/2011 07:45 PM	Time of Crash 25/Nov/2011 07:45 PM	Date of Report 25/Nov/2011 08:23 PM	Invest. Agency Report Number FHPD11OFF097911	HSMV Crash Report Number 81973562
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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 25/Nov/2011 07:50 PM	Time Dispatched 25/Nov/2011 07:54 PM
Time on Scene 25/Nov/2011 08:05 PM	Time Cleared Scene 25/Nov/2011 08:30 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

## ROADWAY INFORMATION

Crash Occured On Street, Road, Highway US 27 ENTRANCE RAMP FROM SR 192 W			At Street Address#	At Latitude 28.347664999999999	and Longitude -81.672960000000003
At Feet	Or Miles .10	Direction North	From Intersection With Street, Road, Highway SR 192	Or From Milepost #	
Road System Identifier 2 U.S.		Type Of Shoulder 1 Paved	Type Of Intersection 1 Not at Intersection		

## CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 5 Dark-Not Lighted	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 3 Shoulder	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 2 Yes	Veh License Number	State	Reg. Expires	Permanent Reg. No	VIN		
Year	Make	Model	Style 4T	Color BGE	Extent of Damage Functional	Est. Damage 250	Towed Due To Damage No	Vehicle Removed By	Rotation
Insurance Company				Insurance Policy Number					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>			Current Address (Number and Street)			City and State		Zip Code	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Vehicle Traveling:	Direction North	On Street, Road, Highway US 27 ENTRANCE RAMP FROM SR 192 W				At Est. Speed 25	Posted Speed 35	Total Lanes 1	
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 5 One-Way Trafficway	Roadway Grade 3 Uphill		Roadway Alignment 2 Curve Right		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 2 Non-Motorist	Name ELIEZER OMAR PEREZ TANON	Date of Birth 11/Mar/1975	Sex 1 Male	Injury Severity 4 Incapacitating	Phone Number
Address 1428 BELVOIR DR		City DAVENPORT	State FL		Zip Code 33837	
Non-Motorist Description Detail 1 Pedestrian		Non-Motorist Action Prior to Crash 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane)			Non-Motorist Location at Time of Crash 7 Shoulder/Roadside	

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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 COUNTY RESCUE		EMS Run Number		Medical Facility Transported To ORLANDO REGIONAL MEDICAL CENTE		

#### WITNESSES

Name <b>KARINA LYNN ORTIZ</b>	Address <b>2724 MONTEGO BAY BLVD</b>	City <b>KISSIMMEE</b>	State <b>FL</b>	Zip Code <b>34746</b>
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#### NARRATIVE

ID Number 0958 Rank SERGEANT Name W.T. GODWIN Troop / Post D Officer Agency FLORIDA HIGHWAY PATROL Phone Number 407-737-2300 Date Created Nov 29, 2011

V01 was traveling north on the US Hwy 27 entrance ramp from westbound SR 192. NM01 was walking northbound on the east shoulder of the entrance ramp, north of V01. For an unknown reason, V01 left the roadway and traveled onto the east shoulder of the ramp, striking NM01 with the right front of V01. D-1 did not stop to render aid. D-1 left the scene in V01 traveling northbound on US Hwy 27. The listed witness was walking with NM01 at the time of the crash and gave the description of V01 as a Beige or gold 4 door passenger car with a male driver. The vehicle description was put out to all law enforcement in the area. Neither D-1 or V01 were located. This case will be closed until further information is revealed as to the identity of D-1.

#### REPORTING OFFICER

ID/Badge # <b>0958</b>	Rank and Name <b>SERGEANT W.T. GODWIN</b>	Department <b>FLORIDA HIGHWAY PATROL</b>	Type of Department <b>FHP</b>
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