

# 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>11/Sep/2013 08:13 PM</b>	Time of Crash <b>11/Sep/2013 08:13 PM</b>	Date of Report <b>11/Sep/2013 08:51 PM</b>	Invest. Agency Report Number <b>FHPD13OFF078360</b>	HSMV Crash Report Number <b>83272926</b>
--	--	---	--	---

## 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>11/Sep/2013 08:14 PM</b>	Time Dispatched <b>11/Sep/2013 08:16 PM</b>
Time on Scene <b>11/Sep/2013 08:48 PM</b>	Time Cleared Scene <b>11/Sep/2013 08:55 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>US 192</b>		At Street Address#	At Latitude and Longitude <b>28.347282875329299 -81.672355821356206</b>
At Feet <b>300</b>	Or Miles	Direction <b>East</b>	From Intersection With Street, Road, Highway <b>US 27</b>
Road System Identifier <b>2 U.S.</b>		Type Of Shoulder <b>2 Unpaved</b>	Type Of Intersection <b>1 Not at Intersection</b>

## CRASH INFORMATION (Check if Pictures Taken)

Light Condition <b>5 Dark-Not Lighted</b>	Weather Condition <b>1 Clear</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>1 On Roadway</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>L896DJ</b>	State <b>FL</b>	Reg. Expires <b>22/Oct/2013</b>	Permanent Reg. <b>No</b>	VIN <b>WDBWK56F65F068545</b>		
Year <b>2005</b>	Make <b>MERZ</b>	Model <b>SLK 350</b>	Style <b>2D</b>	Color <b>BLK</b>	Extent of Damage <b>Functional</b>	Est. Damage <b>5000</b>	Towed Due To Damage <b>No</b>	Vehicle Removed By <b>DRIVER</b>	Rotation <b>Owner Request</b>
Insurance Company <b>PROGRESSIVE</b>				Insurance Policy Number <b>48628141</b>					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> <b>ENRIQUE MAZA</b>			Current Address (Number and Street) <b>16737 SARAHS PL. APT. 106</b>			City and State <b>CLERMONT FL</b>		Zip Code <b>34714-0000</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>US 192</b>				At Est. Speed <b>20</b>	Posted Speed <b>55</b>	Total Lanes <b>6</b>	
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>1 Straight Ahead</b>	Trafficway <b>4 Two-Way, Divided, Positive Median Barrier</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>ENRIQUE MAZA</b>	Date of Birth <b>22/Oct/1949</b>	Sex <b>1 Male</b>	Phone Number	Re-Exam <b>No</b>
Address <b>16737 SARAHS PL. APT. 106</b>		City <b>CLERMONT</b>	State <b>FL</b>	Zip Code <b>34714</b>			
Driver License Number <b>M200200493820</b>	State <b>FL</b>	Expires <b>22/Oct/2017</b>	DL Type <b>5 E/Operator</b>	Req. End. <b>3 No Req Endorsement</b>	Injury Severity <b>1 None</b>	Ejection <b>1 Not Ejected</b>	

Date of Crash 11/Sep/2013 08:13 PM	Date of Report 11/Sep/2013 08:13 PM	Invest. Agency Report Number FHPD13OFF078360	HSMV Crash Report Number 83272926
---------------------------------------	--	---	--------------------------------------

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
--------------	----------------------------	---------------------------------------	---	---------------------

**NARRATIVE**

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
2821	TROOPER	J BRIERLY	D	FLORIDA HIGHWAY PATROL	407-737-2300	Sep 11, 2013

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.

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.

**REPORTING OFFICER**

ID/Badge # 2821	Rank and Name TROOPER J BRIERLY	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
--------------------	------------------------------------	--------------------------------------	---------------------------



Not Drawn To Scale

← US 27

