

# 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>25/Nov/2011 07:45 PM</b>	Time of Crash <b>25/Nov/2011 07:45 PM</b>	Date of Report <b>25/Nov/2011 08:23 PM</b>	Invest. Agency Report Number <b>FHPD11OFF097911</b>	HSMV Crash Report Number <b>81973562</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>25/Nov/2011 07:50 PM</b>	Time Dispatched <b>25/Nov/2011 07:54 PM</b>
Time on Scene <b>25/Nov/2011 08:05 PM</b>	Time Cleared Scene <b>25/Nov/2011 08:30 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>US 27 ENTRANCE RAMP FROM SR 192 W</b>			At Street Address#	At Latitude <b>28.347664999999999</b>	and Longitude <b>-81.672960000000003</b>
At Feet	Or Miles <b>.10</b>	Direction <b>North</b>	From Intersection With Street, Road, Highway <b>SR 192</b>		Or From Milepost #
Road System Identifier <b>2 U.S.</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>5 Dark-Not Lighted</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>3 Shoulder</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>2 Yes</b>	Veh License Number	State	Reg. Expires	Permanent Reg. <b>No</b>	VIN		
Year	Make	Model	Style <b>4T</b>	Color <b>BGE</b>	Extent of Damage <b>Functional</b>	Est. Damage <b>250</b>	Towed Due To Damage <b>No</b>	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	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling:	Direction <b>North</b>	On Street, Road, Highway <b>US 27 ENTRANCE RAMP FROM SR 192 W</b>				At Est. Speed <b>25</b>	Posted Speed <b>35</b>	Total Lanes <b>1</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>5 One-Way Trafficway</b>	Roadway Grade <b>3 Uphill</b>	Roadway Alignment <b>2 Curve Right</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>2 Non-Motorist</b>	Name <b>ELIEZER OMAR PEREZ TANON</b>	Date of Birth <b>11/Mar/1975</b>	Sex <b>1 Male</b>	Injury Severity <b>4 Incapacitating</b>	Phone Number
Address <b>1428 BELVOIR DR</b>		City <b>DAVENPORT</b>	State <b>FL</b>	Zip Code <b>33837</b>		
Non-Motorist Description Detail <b>1 Pedestrian</b>		Non-Motorist Action Prior to Crash <b>3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane)</b>			Non-Motorist Location at Time of Crash <b>7 Shoulder/Roadside</b>	

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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 KARINA LYNN ORTIZ	Address 2724 MONTEGO BAY BLVD	City KISSIMMEE	State FL	Zip Code 34746
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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
<p>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.</p>						

**REPORTING OFFICER**

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