

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 10/Nov/2011 08:43 PM	Time of Crash 10/Nov/2011 08:43 PM	Date of Report 10/Nov/2011 12:00 AM	Invest. Agency Report Number 11-02827	HSMV Crash Report Number 75150967
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CRASH IDENTIFIERS

County Code 12	City Code 54	County of Crash Lake	Place or City of Crash MOUNT DORA	Within City Limits Yes	Time Reported 10/Nov/2011 08:44 PM	Time Dispatched 10/Nov/2011 08:45 PM
Time on Scene 10/Nov/2011 08:46 PM	Time Cleared Scene 10/Nov/2011 10:35 PM	Completed No	Reason (if Investigation NOT Completed) THI			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway CR 19A			At Street Address#		At Latitude and Longitude	
At Feet 50	Or Miles	Direction North	From Intersection With Street, Road, Highway DODSON CUTOFF			Or From Milepost #
Road System Identifier 4 County		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 146MGW	State FL	Reg. Expires 21/May/2012	Permanent Reg. No	VIN 5TBET34195S463687		
Year 2005	Make TOY	Model TUNDRA	Style TK	Color GRY	Extent of Damage Functional	Est. Damage 3000	Towed Due To Damage Yes	Vehicle Removed By A-1 TOWING	Rotation Rotation
Insurance Company GENERAL INSURANCE				Insurance Policy Number 28-FL7873683					
Name of Vehicle Owner (Check Box If Business) JONATHAN JAMES BOLT				Current Address (Number and Street) 3610 LAKE CENTER DRIVE #22207			City and State MOUNT DORA FL	Zip Code 32757	
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 South	On Street, Road, Highway CR 19A					At Est. Speed 40	Posted Speed 45	Total Lanes 2
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 3 Pickup	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 1 Two-Way, Not Divided	Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 14 Motor Vehicle in Transport	
Traffic Control Device For This Vehicle 1 No Controls		First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport		Second (2) Sequence of Events 10 Pedestrian		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name JONATHAN JAMES BOLT	Date of Birth 21/May/1987	Sex 1 Male	Phone Number 8649341269	Re-Exam No
Address 3610 LAKE CENTER DRIVE #22207		City MOUNT DORA		State FL		Zip Code 32757	
Driver License Number B430-430-87-181-0		State FL	Expires 21/May/2018	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	
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 2 Non-Motorist	Name DAVID HUGH STEWART			Date of Birth 28/Aug/1940		Sex 1 Male	Injury Severity 5 Fatal (within 30 days)		Phone Number 4077703667	
Address 20651 US HWY 441		City MOUNT DORA			State FL			Zip Code 32757			
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 5 Travel Lane - Other Location				
Non-Motorist Actions/Circumstance (First) 9 Not Visible (dark clothing, no lighting, etc.)		Non-Motorist Actions/Circumstance (Second) 88 Unknown			Non-Motorist Safety Equipment (One)			Non-Motorist Safety Equipment (Two)			
Suspected Alcohol Use 2 Yes	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested		Drug Test Type	Drug Test Result		
Source of Transport to Medical Facility 77 Other, Explain in Narrative		EMS Agency Name or ID			EMS Run Number			Medical Facility Transported To			

WITNESSES

Name	Address	City	State	Zip Code
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NARRATIVE

Vehicle 1 was traveling southbound on County Road 19A, in the forward travel lane approaching Dodson Cutoff. The pedestrian was walking in the right turn lane on the west side of the road. The pedestrian walked between the lanes on the white line that separated the right turn and straight lanes. Vehicle 1 swerved to the left upon seeing the pedestrian, attempting to avoid striking the pedestrian. The right front bumper area of vehicle 1 struck the pedestrian causing fatal injuries. The pedestrian was removed from the scene by the medical examiner. Vehicle 1 was removed from the scene by A-1 Towing. Driver of V1 reported no injuries as a result of the crash. This case is open pending a Traffic Homicide Investigation by Sgt. Young.

REPORTING OFFICER

ID/Badge # 0302	Rank and Name OFFICER MENDOZA C	Department MOUNT DORA	Type of Department SO
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County Road 19A

NOT TO SCALE

