

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/Aug/2012 10:07 PM	Time of Crash 10/Aug/2012 10:07 PM	Date of Report 10/Aug/2012 12:00 AM	Invest. Agency Report Number 12-01979	HSMV Crash Report Number 75150881
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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/Aug/2012 10:07 PM	Time Dispatched 10/Aug/2012 10:07 PM
Time on Scene 10/Aug/2012 10:10 PM	Time Cleared Scene 10/Aug/2012 11:40 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway COUNTY ROAD 19A			At Street Address#	At Latitude	and Longitude
At Feet 50	Or Miles	Direction North	From Intersection With Street, Road, Highway DOTSON CUTOFF		Or From Milepost #
Road System Identifier 4 County		Type Of Shoulder 1 Paved	Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken)

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Light Condition 4 Dark-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 1 None		Contributing Circumstances: Road 1 None
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment 1 None
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)

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Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number AGPB03	State FL	Reg. Expires 31/Dec/2012	Permanent Reg. No	VIN 3GCRCSE04AG300625		
Year 2010	Make CHEV	Model	Style TK	Color BLU	Extent of Damage Functional	Est. Damage 2500	Towed Due To Damage No	Vehicle Removed By C ZILER	Rotation Driver
Insurance Company OWNERS INSURANCE COMPANY				Insurance Policy Number 4425352001					
Name of Vehicle Owner (Check Box If Business) CHARLES JOSEPH ZILER				Current Address (Number and Street) 40620 CR 452			City and State LEESBURG FL	Zip Code 34788	
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 North	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 1	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) 1 None		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 15 Negotiating a Curve	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 10 Pedestrian	
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 CHARLES JOSEPH ZILER	Date of Birth 21/May/1966	Sex 1 Male	Phone Number 3526694855	Re-Exam No
Address 40620 CR 452		City LEESBURG		State FL		Zip Code 34788	
Driver License Number Z460-150-66-181-0		State FL	Expires 21/May/2020	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 3 No Helmet	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other 1 Not Applicable		
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 77 Other, Explain in Narrative			
Suspected Alcohol Use 2 Yes	Alcohol Tested 3 Test Given	Alcohol Test Type 1 Blood	Alcohol Test Result 2 Completed	BAC .034	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 ROBERT VINCENT HORAN			Date of Birth 19/Oct/1962	Sex 1 Male	Injury Severity 4 Incapacitating	Phone Number	
Address 1213 WELCH RIDGE TER		City AOPKA		State FL			Zip Code 32712		
Non-Motorist Description Detail 1 Pedestrian			Non-Motorist Action Prior to Crash 1 Crossing Roadway			Non-Motorist Location at Time of Crash 5 Travel Lane - Other Location			
Non-Motorist Actions/Circumstance (First) 2 Dart/Dash		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 2 Yes	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 88 Unknown	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 LIFE FLIGHT			EMS Run Number 199088		Medical Facility Transported To ORLANDO REGIONAL MEDICAL CENTER		

WITNESSES

Name ADAM RYAN CARVER	Address 3200 LAKE CENTER DRIVE	City MOUNT DORA	State FL	Zip Code 32757
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WITNESSES

Name TRINITY BRONSON	Address 215 CAMPBELL DRIVE	City TAVARES	State FL	Zip Code 32778
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NARRATIVE

On August 31, 2012, I received a Laboratory Report from the Florida Department of Law Enforcement (FDLE), in reference to blood samples withdrawn from the driver of V1 Charles Ziler. Of the two test samples provided by Ziler, both samples of Blood Alcohol Content (BAC) were : 0.034 per 100mL of blood. Due to witness statements provided at the scene and the results of the BAC, it is believed the pedestrian is at fault. There will be no citations issued to the driver of V1.

REPORTING OFFICER

ID/Badge # 0301	Rank and Name OFFICER STRYKOWSKI B	Department MOUNT DORA	Type of Department PD
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