

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

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

## ROADWAY INFORMATION

Crash Occured On Street, Road, Highway <b>CR 19A</b>			At Street Address# <b>1</b>		At Latitude and Longitude	
At Feet <b>50</b>	Or Miles	Direction <b>North</b>	From Intersection With Street, Road, Highway <b>DODSON CUTOFF</b>			Or From Milepost #
Road System Identifier <b>4 County</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>146MGW</b>	State <b>FL</b>	Reg. Expires <b>21/May/2012</b>	Permanent Reg. <b>No</b>	VIN <b>5TBET34195S463687</b>		
Year <b>2005</b>	Make <b>TOY</b>	Model <b>TUNDRA</b>	Style <b>TK</b>	Color <b>GRY</b>	Extent of Damage <b>Functional</b>	Est. Damage <b>3000</b>	Towed Due To Damage <b>Yes</b>	Vehicle Removed By <b>A-1 TOWING</b>	Rotation <b>Rotation</b>
Insurance Company <b>GENERAL INSURANCE</b>				Insurance Policy Number <b>28-FL7873683</b>					
Name of Vehicle Owner (Check Box If Business) <b>JONATHAN JAMES BOLT</b>			Current Address (Number and Street) <b>3610 LAKE CENTER DRIVE #22207</b>			City and State <b>MOUNT DORA FL</b>		Zip Code <b>32757</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>South</b>	On Street, Road, Highway <b>CR 19A</b>				At Est. Speed <b>40</b>	Posted Speed <b>45</b>	Total Lanes <b>2</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>3 Pickup</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>1 Two-Way, Not Divided</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>14 Motor Vehicle in Transport</b>	
Traffic Control Device For This Vehicle <b>1 No Controls</b>	First (1) Sequence of Events <b>2 Collision with Non-Fixed Object</b>		Second (2) Sequence of Events <b>10 Pedestrian</b>		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>JONATHAN JAMES BOLT</b>	Date of Birth <b>21/May/1987</b>	Sex <b>1 Male</b>	Phone Number <b>8649341269</b>	Re-Exam <b>No</b>
Address <b>3610 LAKE CENTER DRIVE #22207</b>		City <b>MOUNT DORA</b>	State <b>FL</b>	Zip Code <b>32757</b>			
Driver License Number <b>B430-430-87-181-0</b>		State <b>FL</b>	Expires <b>21/May/2018</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>

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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**

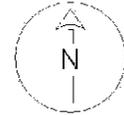
Name	Address	City	State	Zip Code
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**NARRATIVE**

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*

