

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 1

TOTAL # OF PERSON SECTION(S) 2

TOTAL # OF NARRATIVE SECTION(S) 1

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
TALLAHASSEE, FL 32399-0537

CRASH DATE 11/29/2011		TIME OF CRASH 10:30 AM		DATE OF REPORT 11/30/2011		REPORTING AGENCY CASE NUMBER 11-11-0461		HSMV CRASH REPORT NUMBER 81877493		
CRASH IDENTIFIERS										
COUNTY CODE 12	CITY CODE 42	COUNTY OF CRASH LAKE			PLACE OR CITY OF CRASH LEESBURG			CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 10:34 AM	TIME DISPATCHED 10:34 AM
TIME ON SCENE 10:36 AM		TIME CLEARED SCENE 1:40 AM		CHECK IF COMPLETED <input type="checkbox"/>	REASON (if Investigation NOT Complete) THI				Notified By: 1 Motorist 2 Law Enforcement 2	
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)										
CRASH OCCURRED ON STREET, ROAD, HIGHWAY US HWY 441						AT STREET ADDRESS # 1		AT LATITUDE AND LONGITUDE 2		
AT FEET	MILES	N	S	E	W	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 ICE CREAM RD				OR FROM MILEPOST # 4
Road System Identifier 2 1 Interstate 2 U.S. 3 State		County Identifier 4 4 County 5 Local 6 Turnpike/Toll		Forest Road 7 Private Roadway 8 Parking Lot 9 Other, Explain in Narrative 3		Type of Shoulder 3 1 Paved 2 Unpaved 3 Curb		Type of Intersection 3 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection		5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/>										
Light Condition 4 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted		Weather Condition 1 5 Dark-Not Lighted 6 Dark-Unknown 7 Other, Explain in Narrative 88 Unknown		Weather Condition 1 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative		Roadway Surface Condition 1 1 Dry 2 Wet 4 Ice/Frost		School Bus Related 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		Manner of Collision/Impact 1 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown
First Harmful Event 10		Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		Collision Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck by Failing, Shifting Cargo 18 Other Non-Fixed Object		Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier		Concrete Traffic Barrier 30 Other Traffic Barrier 31 Tree (standing) 32 Utility Pole/Light Support 33 Traffic Signal Support 34 Traffic Signal Support 35 Other Post, Pole or Support 36 Fence 37 Mailbox 38 Other Fixed Object (wall, building, tunnel, etc.)		First Harmful Event Location 1 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown
First Harmful Event within Interchange 1 1 No 2 Yes 88 Unknown		First Harmful Event Relation to Junction 3 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related		Contributing Circumstances: Road 1 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown		Contributing Circumstances: Road 1 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown		Contributing Circumstances: Environment 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare		5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown
Work Zone Related 1 1 No 2 Yes 88 Unknown		Crash in Work Zone 1 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		Type of Work Zone 1 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		Workers in Work Zone 1 1 No 2 Yes 88 Unknown		Law Enforcement in Work Zone 1 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present		
WITNESSES										
NAME ANTHANY B. PALMER		ADDRESS 1199 BENTLEY RD 1				CITY & STATE LEESBURG, FL		ZIP CODE 34748		
NAME		ADDRESS				CITY & STATE		ZIP CODE		
NAME		ADDRESS				CITY & STATE		ZIP CODE		
NON VEHICLE PROPERTY DAMAGE										
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE			
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE			

VEHICLE #		1		Check if Commercial		REPORTING AGENCY CASE NUMBER		11-11-0461		HSMV CRASH REPORT NUMBER		81877493			
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		1		VEHICLE LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration		VIN			
		1976VSB		FL		10/15/2012						1N4BU31D7SC193898			
Hit and Run 1 No 2 Yes 88 Unknown		YEAR		MAKE		MODEL		STYLE		COLOR		DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None			
		1995		NISS				4D		MAR		1 10,000			
INSURANCE COMPANY				INSURANCE POLICY NUMBER				Towed due to Damage: 1 No 2 Yes		VEHICLE REMOVED BY		1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative			
GEICO GENERAL INS. CO.				4215865983				2		ACES TOWING		1			
NAME OF VEHICLE OWNER (Check if Business)				CURRENT ADDRESS				CITY & STATE				ZIP CODE			
KAYTRA N. WILLIAMS				1107 SUSAN ST				LEESBURG, FL				34748			
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration		VIN		YEAR			
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration		VIN		YEAR			
VEHICLE TRAVELING		N S E W Off-Road Unknown		ON STREET, ROAD, HIGHWAY				AT EST. SPEED		POSTED SPEED		TOTAL LANES			
X				US HWY 441				45		45		6			
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact		Most Damaged Area					
								2 3 4 5 6 7 18 Undercarriage 1 15 16 17 19 Overturn 14 13 12 11 10 20 Windshield 8 21 Trailer		2 3 4 5 6 7 18 Undercarriage 1 15 16 17 19 Overturn 14 13 12 11 10 20 Windshield 8 21 Trailer					
MOTOR CARRIER NAME				US DOT NUMBER				CITY & STATE		ZIP CODE		PHONE NUMBER			
Vehicle Body Type				Trafficway				Commercial Motor Vehicle Configuration							
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)				15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown				1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown				1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (boattail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Trailer			
Comm/Non-Commercial				Trailer Type				Cargo Body Type							
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck				1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer				8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown				3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log			
Most Harmful Event				Collision with Non-Fixed Object				Collision with Non-Fixed Object				Emergency Vehicle Use			
10				10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object				19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End				29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)			
Sequence of Events				Vehicle Maneuver Action				Traffic Control Device For This Vehicle				Vehicle Defects			
1st 2nd 3rd 4th				1 Straight Ahead 2 Turning Left 3 Turning Right 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing				1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign				1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train			
Roadway Grade				Roadway Alignment				Special Function of Motor Vehicle							
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)				1 Straight 2 Curve Right 3 Curve Left				1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military							
Violations				Violations				Violations				Violations			
PERSON #				NAME OF VIOLATOR				FL STATUTE NUMBER				CITATION NUMBER			
PERSON #				NAME OF VIOLATOR				FL STATUTE NUMBER				CITATION NUMBER			
PERSON #				NAME OF VIOLATOR				FL STATUTE NUMBER				CITATION NUMBER			

PERSON # 1		REPORTING AGENCY CASE NUMBER 11-11-0461		HSMV CRASH REPORT NUMBER 81877493	
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 2	NAME BOBBIE R. ROSSITER		PHONE NUMBER (352) 702-5058	Check if Recommended Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 1199 BENTLEY RD 1			CITY & STATE LEESBURG, FL		ZIP CODE 34748
DATE OF BIRTH 05/13/1974	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER R236076746730	STATE FL	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
DRIVER					
DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		Required Endorsements 1 Yes 2 No 3 No Req. Endorsement		Drivers Actions At Time of Crash	
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (Explain in Narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		9 Smoke 10 Glare 77 All Other, Explain in Narrative	
DRIVER OR PASSENGER					
Motor Vehicle Seating Position:		LOCATION: SEAT ROW OTHER (LOC)		Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclose Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		Air Bag Deployed (ABD) 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side	
Ejection (EJECT) 1 Not Ejected 2 Ejected - Totally 3 Ejected - Partially 4 Not Applicable 88 Unknown		Eye Protection (EP) 1 Yes 2 No 3 Not Applicable		Restraint Systems (RS) 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint - Type Unknown 77 Other, Explain in Narrative	
NON-MOTORIST					
Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside		Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)	
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)		Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)		7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)	
ALCOHOL/DRUG/EMS					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown
DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative		DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
ADDITIONAL PASSENGERS					
PERSON # 2	VEHICLE # 1	NAME ANFENEE D. MINCY		DATE OF BIRTH 03/09/1994	INJ 1 SEX 1 LOC: S 3 R 1 O 1 EJECT 1 HU 2 EP 3 ABD 2 RS 3
CURRENT ADDRESS (Number and Street) 1107 SUSAN ST			CITY & STATE LEESBURG, FL		ZIP CODE 34748
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
PERSON # 1		VEHICLE # 1		NAME	DATE OF BIRTH
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

PERSON # 3		REPORTING AGENCY CASE NUMBER 11-11-0461		HSMV CRASH REPORT NUMBER 81877493	
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # 1	NAME KAYTRA N. WILLIAMS		PHONE NUMBER (352) 272-3790
CURRENT ADDRESS (Number and Street) 1107 SUSAN ST		CITY & STATE LEESBURG, FL		ZIP CODE 34748	
DATE OF BIRTH 09/17/1990	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER W452514908370	STATE FL	EXPIRES 09/17/2019	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
DRIVER					
DL Type 5	Required Endorsements 3	Drivers Actions at Time of Crash		Condition At Time of Crash 1	
Driver Distracted By 1 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		1st 1 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane		3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided: Due to Wind, Slippery Surface, MV Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Factor	
Driver Vision Obstructions 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		2nd 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 77 All Other, Explain in Narrative		4th 25 Failed to Keep in Proper Lane	
DRIVER OR PASSENGER					
Motor Vehicle Seating Position:		LOCATION: SEAT ROW OTHER (LOC) 1 1 1		Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown		Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown		Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclose Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	
Ejection (EJECT) 1 1 Not Ejected 2 Ejected - Totally 3 Ejected - Partially 4 Not Applicable 88 Unknown		Air Bag Deployed (ABD) 2 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		Eye Protection (EP) 1 Yes 2 No 3 Not Applicable	
Restraint Systems (RS) 3 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint - Type Unknown 77 Other, Explain in Narrative					
NON-MOTORIST					
Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		Non-Motorist Actions/Circumstances 1st 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 2nd 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)		10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown	
ALCOHOL/DRUG/EMS					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC 1 No 2 Yes 88 Unknown	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown
DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative		DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID 1		EMS RUN NUMBER	
MEDICAL FACILITY TRANSPORTED TO					
ADDITIONAL PASSENGERS					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
MEDICAL FACILITY TRANSPORTED TO					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
MEDICAL FACILITY TRANSPORTED TO					

NARRATIVE	REPORTING AGENCY CASE NUMBER 11-11-0461	HSMV CRASH REPORT NUMBER 81877493		
<p>Driver 1 advised she was traveling north bound on US Hwy 441 approaching Ice Cream Rd in the center lane when she observed a white female run into the middle of the road. She stated she tried to stop, but it was too late and she struck the pedestrian. She also advised she was not speeding and she was wearing her seat belt.</p> <p>Witness 1 advised he was walking to the Sunoco with the victim from his their residence on Bentley Rd. He stated that he had already crossed the road and was in the median waiting for the victim to cross. He further stated that the victim was on the cell phone while she attempted to cross the road. He advised that he was telling her to pay attention, but she did not and ran in front of the vehicle.</p> <p>Driver 1 also consented to a blood draw, which was conducted by Leesburg Fire Department. Pedestrian 1 was later Turn Over To the medical examiner's office.</p> <p>Sr.Ofc Hofferberth is also conducting the traffic homicide investigation.</p>				
** END **				
ADDITIONAL PASSENGERS				
PERSON # VEHICLE # NAME	DATE OF BIRTH	INJ SEX LOC: S R O EJECT HU EP ABD RS		
CURRENT ADDRESS (Number and Street)		CITY & STATE ZIP CODE		
SOURCE OF TRANSPORT TO MEDICAL FACILITY <input type="checkbox"/> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO		
PERSON # VEHICLE # NAME	DATE OF BIRTH	INJ SEX LOC: S R O EJECT HU EP ABD RS		
CURRENT ADDRESS (Number and Street)		CITY & STATE ZIP CODE		
SOURCE OF TRANSPORT TO MEDICAL FACILITY <input type="checkbox"/> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO		
ADDITIONAL VIOLATIONS				
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
REPORTING OFFICER				
ID/BADGE NUMBER	RANK & NAME		DEPARTMENT	FHP SO PD OTHER
1130	PO JONATHAN SEMENTO		LEESBURG POLICE DEPARTMENT	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

DIAGRAM

REPORTING AGENCY CASE NUMBER

11-11-0461

HSMV CRASH REPORT NUMBER

81877493

