

FLORIDA TRAFFIC CRASH REPORT LONG FORM

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

DO NOT WRITE IN THIS SPACE

Section 1	DATE OF CRASH 03/24/2010		TIME OF CRASH 8:26 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER NOTIFIED 8:31 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER ARRIVED 8:35 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		INVEST. AGENCY REPORT NUMBER 10030397		HSMV CRASH REPORT NUMBER 80 80143	
	CITY OR TOWN 12/42		FEET or MILE(S)		N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> of LEESBURG		CITY OR TOWN (Check if in City or Town)		COUNTY <input checked="" type="checkbox"/> LAKE			
	AT NODE NO.		FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES 4		1. DIVIDED 2. UNDIVIDED 1	
	AT THE INTERSECTION OF (street, road or highway)		FEET		MILE(S)		N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		FROM INTERSECTION OF (street, road or highway)		PALMETTO ST	
Section 2	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input checked="" type="checkbox"/>		YEAR		MAKE		TYPE		USE		VEH. LICENSE NUMBER	
	TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE						VEHICLE IDENTIFICATION NUMBER	
	VEHICLE TRAVELING ON AT		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE	
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request		3. Driver 4. Other			
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE					
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE					
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS					
	NAME OF DRIVER (Taken From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH					
	ERIC D. LINDQUIST		1245 E GRAND AV, CARBONDALE IL 62901		09/11/1989							
	DRIVER LICENSE NUMBER		STATE		DL TYPE		REQ. END.		ALC/DRUG TEST TYPE		RESULTS	
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED		IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.		
1 Yes 2 No 2		1 Yes 2 No 2				1 Yes 2 No 2		1 Yes 2 No 2		(312) 806-0300		
Section 2	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input checked="" type="checkbox"/>		YEAR		MAKE		TYPE		USE		VEH. LICENSE NUMBER	
	TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE						VEHICLE IDENTIFICATION NUMBER	
	VEHICLE TRAVELING ON AT		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE	
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request		3. Driver 4. Other			
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE					
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE					
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS					
	NAME OF DRIVER (Taken From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH					
	LOUIS C. PORTER		623 N MILLS ST, LEESBURG FL 34748		12/09/1952							
	DRIVER LICENSE NUMBER		STATE		DL TYPE		REQ. END.		ALC/DRUG TEST TYPE		RESULTS	
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED		IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.		
1 Yes 2 No 2		1 Yes 2 No 2				1 Yes 2 No 2		1 Yes 2 No 2		(352) 728-8149		
Code Information	VEHICLE TYPE		VEHICLE USE		TRAILER TYPE		RESIDENCE (Driver / Ped.)		PHYSICAL DEFECTS		ALCOHOL / DRUG USE	
	01 Automobile		01 Private Transportation		01 Single Semi Trailer		1 County of Crash		1 No Defects Known		1 Not Drinking or Using Drugs	
	02 Van		02 Commercial Passengers		02 Tandem Semi Trailer		2 Elsewhere in State		2 Eyesight Defect		2 Alcohol - Under Influence	
	03 Light Truck / P.U.-2 or 4 rear tires		03 Commercial Cargo		03 Tank Trailer		3 Non-Resident Out of State		3 Fatigue / Asleep		3 Drugs - Under Influence	
	04 Medium Truck - 4 rear tires		04 Public Transportation		04 Saddle Mount / Flatbed		4 Foreign 5 Unknown		4 Hearing Defect		4 Alcohol & Drugs - Under Influence	
	05 Heavy Truck - 2 or more rear axles		05 Public School Bus		05 Boat Trailer		DL TYPE		5 Illness		5 Had Been Drinking	
	06 Truck Tractor (Cab-Bobtail)		06 Private School Bus		06 Utility Trailer		1 A 2 B 3 C		6 Seizure, Epilepsy, Blackout		6 Pending ALC/DRUG Test Results	
	07 Motor Home (RV)		07 Ambulance		07 House Trailer		4 O/ Chauffeur		7 Other Physical Defect			
	08 Bus (driver + seats for 9-15)		08 Law Enforcement		08 Pole Trailer		5 E/ Operator		INJURY SEVERITY		SAFETY EQUIPMENT IN USE	
	09 Bus (driver + seats for over 15)		09 Fire / Rescue		09 Towed Vehicle		6 E/ Oper.-Rest.		1 None		1 Not in use	
10 Bicycle		10 Military		10 Auto Transport		7 None		2 Possible		2 Seat Belt / Shoulder Harness		
11 Motorcycle		11 Other Government		77 Other		REQUIRED ENDORSEMENTS		3 Non-Incapacitating		3 Child Restraint		
12 Moped		12 Dump				1 Yes		4 Incapacitating		4 Air Bag - Deployed		
13 All Terrain Vehicle		13 Concrete Mixer				2 No		5 Fatal (Within 30 Days)		5 Air Bag - Not Deployed		
14 Train		14 Garbage or Refuse				3 No Endorsement Required		6 Non-Traffic Fatality		6 Safety Helmet		
15 Low Speed Vehicle		15 Cargo Van								7 Eye Protection		
77 Other		77 Other								EJECTED		
										1 No		
										2 Yes		
										3 Partial		

Section 3

DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER			18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)								
		TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE															
Vehicle Identification	VEHICLE TRAVELING ON AT N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE		1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE 1. Tow Rotation List <input type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Other <input type="checkbox"/>								
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)					POLICY NUMBER			VEHICLE REMOVED BY:										
	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/>					CURRENT ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE							
	NAME OF OWNER (Trailer or Towed Vehicle)					CURRENT ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE							
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)					CURRENT ADDRESS (Number and Street)			CITY, STATE AND ZIP CODE			US DOT or ICC MC IDENTIFICATION NUMBERS							
	NAME OF DRIVER (Taken From Driver License) / PEDESTRIAN					CURRENT ADDRESS (Number and Street)			CITY, STATE AND ZIP CODE			DATE OF BIRTH							
	DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused		RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP	EJECT			
	HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.			WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.								
	1 Yes 2 No		1 Yes 2 No				1 Yes 2 No		1 Yes 2 No		()								
	# 1	PROPERTY DAMAGED - OTHER THAN VEHICLES				EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY STATE ZIP							
# 2	PROPERTY DAMAGED - OTHER THAN VEHICLES				EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY STATE ZIP								
CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN				VEHICLE DEFECT				VEHICLE MOVEMENT				VEHICLE SPECIAL FUNCTIONS							
01 No Improper Driving / Action 02 Careless Driving (Explain in Narrative) 03 Failed To Yield Right - of - Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol - Under Influence 08 Drugs - Under Influence 09 Alcohol & Drugs - Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed To Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic 19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distraction (Explain in Narrative) 77 All Other (Explain in Narrative)				01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative)				01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering / Leaving / Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn 11 Passing 12 Driverless or Runaway Vehicle 77 All Other (Explain in Narrative)				1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance SOURCE OF CARRIER INFORMATION 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other							
01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane 01 None 02 Nearby 03 Entered				POINT OF COLLISION 01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane 01 None 02 Nearby 03 Entered				PEDESTRIAN ACTION 01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road 07 Working in Road 08 Standing/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain in Narrative) 88 Unknown				LOCATION TYPE 1 Primarily Business 2 Primarily Residential 3 Open Country							
FIRST / SUBSEQUENT HARMFUL EVENT(S)				ROAD SYSTEM IDENTIFIER				LIGHTING CONDITION											
01 Collision With MV in Transport (Rear End) 02 Collision With MV in Transport (Head On) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Sideswipe) 07 Collision With MV in Transport (Backed Into) 08 Collision With Parked Car 09 Collision With MV on Roadway 10 Collision With Pedestrian 11 Collision With Bicycle 12 Collision With Bicycle (Bike Lane) 13 Collision With Moped 14 Collision With Train 15 Collision With Animal 16 MV Hit Sign / Sign Post 17 MV Hit Utility Pole / Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge/Pier/Abutment/Rail 22 MV Hit Tree / Shrubbery 23 Collision With Construction Barricade Sign 24 Collision With Traffic Gate 25 Collision With Crash Attenuators 26 Collision With Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision With Moveable Object on Road 29 MV Ran Into Ditch/Culvert 30 Ran Off Road Into Water 31 Overturned 32 Occupant Fell From Vehicle 33 Tractor / Trailer Jackknifed 34 Fire 35 Explosion 36 Downhill Runaway 37 Cargo Loss or Shift 38 Separation of Units 39 Median Crossover 77 All Other (Explain in Narrative)				01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike / Toll 07 Forest Road 08 Private Roadway 77 All Other (Explain in Narrative)				01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown											
ROAD CONDITIONS AT TIME OF CRASH				VISION OBSTRUCTED				TRAFFIC CONTROL				SITE LOCATION				TRAFFICWAY CHARACTER			
01 No Defects 02 Obstruction With Warning 03 Obstruction Without Warning 04 Road Under Repair / Construction 05 Loose Surface Materials 06 Shoulders - Soft / Low / High 07 Holes / Ruts / Unsafe Paved Edge 08 Standing Water 09 Worn / Polished Road Surface 77 All Other (Explain in Narrative)				01 Vision Not Obstructed 02 Inclement Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load On Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain in Narrative)				01 No Control 02 Special Speed Zone 03 Speed Control Sign 04 School Zone 05 Traffic Signal 06 Stop Sign 07 Yield Sign 08 Flashing Light 09 Railroad Signal 10 Officer / Guard / Flagperson 11 Posted No U-Turn 12 No Passing Zone 77 All Other (Explain in Narrative)				01 Not At Intersection / RR X-ing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private 11 Private Property 12 Toll Booth 13 Public Bus Stop Zone 77 All Other (Explain in Narrative)				01 Straight - Level 02 Straight - Upgrade / Downgrade 03 Curve - Level 04 Curve - Upgrade / Downgrade TYPE SHOULDER 01 Paved 02 Unpaved 03 Curb			
Violator(s)	SECTION #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER								
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FLORIDA TRAFFIC CRASH REPORT

2-NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 03/24/2010	COUNTY / CITY CODE 12/42	INVEST. AGENCY REPORT NUMBER 10030397	HSMV CRASH REPORT NUMBER 80480143
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(NARRATIVE)

PEDESTRIAN WAS WALKING ACROSS U.S. HWY 441 JUST WEST OF PALMETTO ST AND WALKED RIGHT INTO THE PATH OF VEHICLE 1 CAUSING A COLLISION. VEHICLE 1 WAS TRAVELING EAST ON U.S. HWY 441. DRIVER STATED THAT THE PEDESTRIAN WAS IN THE MEDIAN AND WALKED RIGHT INTO HIS LANE. DRIVER ALSO STATED THAT THE PEDESTRIAN WAS TRYING TO GET UP AND WALK AWAY AFTER BEING HIT. THE PEDESTRIAN HAD A SEVERE BUMP ON THE SIDE OF HIS HEAD AND WAS ALSO BLEEDING FROM BOTH EARS.

****END****

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
2	1	ALBERT L. WESTBROOK	623 MILLS ST, LEESBURG FL 34748			02/24/1955	1	1	3	1	1	1
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

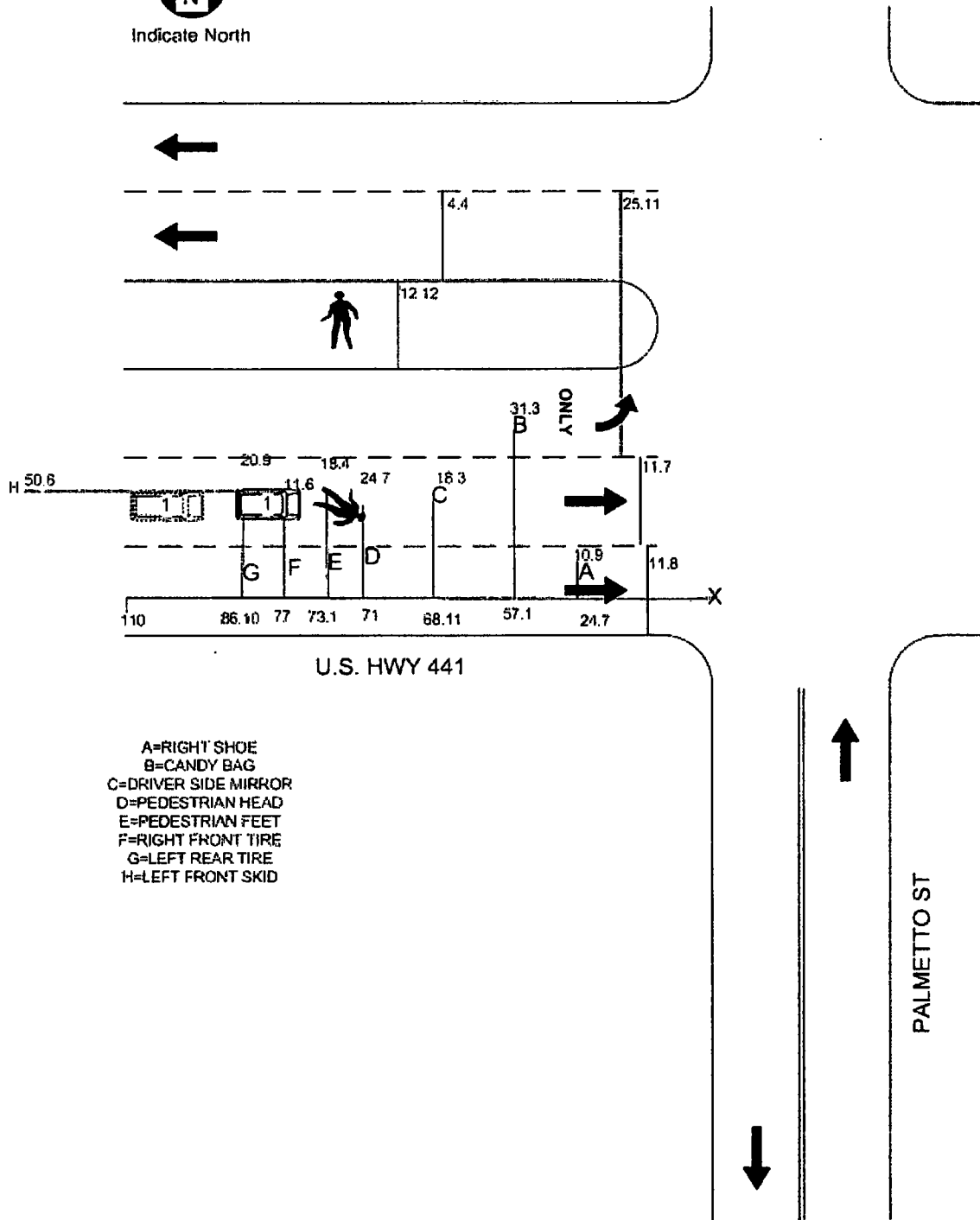
Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1) GINGER L. BLACKMON		CURRENT ADDRESS 613 W OAK TERRACE DR, LEESBURG FL 34748		CITY & STATE LEESBURG FL		ZIP CODE 34748		WITNESS NAME (2)		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
FIRST AID GIVEN BY - NAME RON PAIGE		1. Physician or Nurse 2. Paramedic or EMT 4. Certified 1st Aider 5. Other		3. Police Officer 02		INJURED TAKEN TO: SHANDS HOSPITAL		BY - NAME AEROMED							
WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO 1		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? 1. YES 2. NO 2		IF NO, THEN WHY? THI NOT COMPLETE		DATE OF REPORT 03/24/2010		PHOTOS TAKEN 1. YES 2. NO 1		IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER		1	
INVESTIGATOR - RANK & SIGNATURE PO J nathan Sement				ID/BADGE NUMBER 1130		DEPARTMENT LEESBURG P LICE DEPARTMENT				FHP <input type="checkbox"/> SO <input type="checkbox"/> PD <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>					

DIAGRAM



Indicate North



- A=RIGHT SHOE
- B=CANDY BAG
- C=DRIVER SIDE MIRROR
- D=PEDESTRIAN HEAD
- E=PEDESTRIAN FEET
- F=RIGHT FRONT TIRE
- G=LEFT REAR TIRE
- H=LEFT FRONT SKID

Drawing Not To Scale.