

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 12/Dec/2012 02:16 PM	Time of Crash 12/Dec/2012 02:16 PM	Date of Report 12/Dec/2012 12:00 AM	Invest. Agency Report Number 12120201	HSMV Crash Report Number 83452116
---------------------------------------	---------------------------------------	--	--	--------------------------------------

CRASH IDENTIFIERS

County Code 12	City Code 42	County of Crash LAKE	Place or City of Crash LEESBURG	Within City Limits Yes	Time Reported 12/Dec/2012 02:17 PM	Time Dispatched 12/Dec/2012 02:17 PM
Time on Scene 12/Dec/2012 02:19 PM	Time Cleared Scene 12/Dec/2012 03:15 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway CR 44A			At Street Address#		At Latitude and Longitude	
At Feet 200	Or Miles	Direction West	From Intersection With Street, Road, Highway PAMELA ST			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 1 Daylight	Weather Condition 3 Rain	Roadway Surface Condition 2 Wet	School Bus Related 1 No	Manner Of Collision
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 007WMS	State FL	Reg. Expires 24/Aug/2013	Permanent Reg. No	VIN 2G1WF52E839454210		
Year 2003	Make CHEV	Model IMPALA	Style 4D	Color SIL	Extent of Damage Minor	Est. Damage 200	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation Driver
Insurance Company DIRECT GENERAL INS. CO.				Insurance Policy Number FLAD490048504					
Name of Vehicle Owner (Check Box If Business) CHRISTEN CARRIE WADDELL				Current Address (Number and Street) 8921 TREASURE ISLAND RD				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 East	On Street, Road, Highway CR 44A					At Est. Speed 25	Posted Speed 35	Total Lanes 2
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR 4 Not Applicable			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 1 Passenger Car	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 14 Slowing	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 10 Pedestrian		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name CHRISTEN CARRIE WADDELL	Date of Birth 19/Nov/1992	Sex 2 Female	Phone Number	Re-Exam No
Address 8921 TREASURE ISLAND RD		City LEESBURG	State FL	Zip Code 34788			
Driver License Number W340103929190	State FL	Expires 19/Nov/2014	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 1 None	Ejection 1 Not Ejected	

Date of Crash 12/Dec/2012 02:16 PM	Date of Report 12/Dec/2012 02:16 PM	Invest. Agency Report Number 12120201	HSMV Crash Report Number 83452116
---------------------------------------	--	--	--------------------------------------

Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection	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 1 Vision Not Obscured		
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	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 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To		

PERSON RECORD

Person# 2	Description 2 Non-Motorist	Name JORDAN M TURNER			Date of Birth 01/Feb/2007	Sex 1 Male	Injury Severity	Phone Number 3525048840
Address 906 NEBRASKA ST		City LEESBURG		State FL		Zip Code 34748		
Non-Motorist Description Detail 1 Pedestrian			Non-Motorist Action Prior to Crash 8 Going to or from School (K-12)			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) 3 Failure to Yield Right-of-Way		Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two)		
Suspected Alcohol Use 1 No	Alcohol Tested	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 2 EMS		EMS Agency Name or ID LAKE EMS		EMS Run Number 209839		Medical Facility Transported To LEESBURG REGIONAL MEDICAL CENTER		

WITNESSES

Name LINDA R MULDROW	Address 1805 CENTER ST 1	City LEESBURG	State FL	Zip Code 34748
-------------------------	-----------------------------	------------------	-------------	-------------------

WITNESSES

Name TERESA LYNN MOORE	Address 37507 LEONTINE WILLIAMS RD	City LEESBURG	State FL	Zip Code 34788
---------------------------	---------------------------------------	------------------	-------------	-------------------

NARRATIVE

VEHICLE #1 WAS TRAVELING EAST ON CR 44A (GRIFFIN RD). PEDESTRIAN #1 A JUVENILE WAS ON THE NORTH SHOULDER OF THE ROAD JUST WEST OF PAMELA ST. ACCORDING TO DRIVER #1 AND WITNESS #1 PEDESTRIAN #1 ATTEMPTED TO RUN ACROSS THE STREET TO THE SOUTH SHOULDER. DRIVER #1 APPLIED HER BRAKES ATTEMPTING TO AVOID A COLLISION BUT THE FRONT OF VEHICLE #1 COLLIDED WITH PEDESTRIAN #1. WITNESS #2 DID NOT SEE THE ACTUAL IMPACT BUT DID SEE SEVERAL CHILDREN IN THE AREA OF PEDESTRIAN #1 AND STOPPED TO RENDER MEDICAL AID. PEDESTRIAN #1 WAS TRANSPORTED TO LRMC BY LAKE EMS WITH POSSIBLE INJURIES. NO CITATIONS WERE ISSUED.

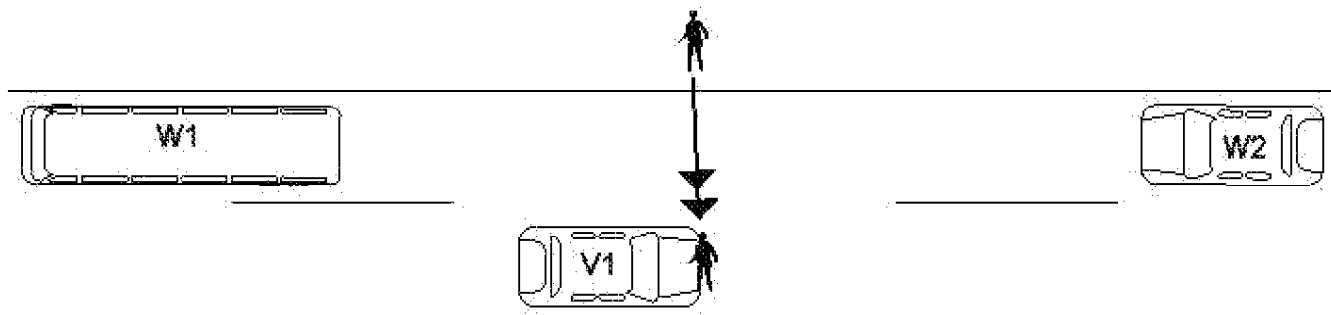
//END OF REPORT//

REPORTING OFFICER

ID/Badge # T-53	Rank and Name SENIOR OFFICER PARSONS	Department LEESBURG POLICE DEPARTMENT	Type of Department PD
--------------------	---	--	--------------------------



NOT TO SCALE



CR 44A