


# 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

Time & Location	DATE OF CRASH <b>03 14 2010</b>		TIME OF CRASH <b>3:15</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER NOTIFIED <b>3:17</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER ARRIVED <b>3:18</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		INVEST. AGENCY REPORT NUMBER <b>10030218</b>		HSMV CRASH REPORT NUMBER <b>80480136</b>		
	COUNTY / CITY CODE <b>12/42</b>		FEET or MILE(S) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		CITY OR TOWN <b>LEESBURG</b>		(Check if In City or Town) <input checked="" type="checkbox"/>		COUNTY <b>LAKE</b>				
	AT NODE NO. or FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES <b>2</b>		1. DIVIDED <input type="checkbox"/> 2. UNDIVIDED <input checked="" type="checkbox"/>		ON STREET, ROAD OR HIGHWAY <b>1223 PAMELA ST</b>		
	AT THE INTERSECTION OF (street, road or highway) or FEET		MILE(S)		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		FROM INTERSECTION OF (street, road or highway)						
		<b>GRIFFIN RD</b>											


  

Section 1	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input checked="" type="checkbox"/>		YEAR <b>98</b>	MAKE <b>CHEV</b>	TYPE <b>02</b>	USE <b>01</b>	VEH. LICENSE NUMBER <b>864WDI</b>	STATE <b>FL</b>	VEHICLE IDENTIFICATION NUMBER <b>1GNDM19W8WB115985</b>		 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 TRAVELING ON AT		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE		1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input checked="" type="checkbox"/>		EST. TRAILER DAMAGE			
	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		<b>1223 PAMELA ST</b>	<b>1</b>	<b>25</b>	<b>\$0.00</b>		<b>2</b>				

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) <b>DIRECT GENERAL INS. CO.</b>		POLICY NUMBER <b>FLAD161411598</b>		VEHICLE REMOVED BY: <b>OWNER REMOVED</b>		1. Tow Rotation List <input type="checkbox"/> 3. Driver <input checked="" type="checkbox"/>	
NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
<b>SAME AS DRIVER</b>							
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	
<b>MIGUEL A. RAYA</b>		<b>1701 BIRCHWOOD CR 1, LEESBURG FL 34748</b>		<b>FL 34748</b>		<b>12/09/1969</b>	
DRIVER LICENSE NUMBER <b>R000541694491</b>		STATE <b>FL</b>	DL TYPE <b>5</b>	REQ. END. <b>3</b>	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused <b>5</b>	RESULTS <b>1</b>	ALC/DRUG <b>1</b>
HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/>		PLACARDED <input type="checkbox"/>	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? <input type="checkbox"/>	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE <input type="checkbox"/>	DRIVER'S PHONE NO. <b>(352) 504-9202</b>

Section 2	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 TRAVELING ON AT		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE		1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input checked="" type="checkbox"/>		EST. TRAILER DAMAGE			
	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W		<b>1223 PAMELA ST</b>	<b>0</b>	<b>0</b>	<b>\$0.00</b>		<b>0</b>				

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List <input type="checkbox"/> 3. Driver <input type="checkbox"/>	
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	
<b>KENNETH H. LEWIS</b>		<b>2311 GRIFFIN RD K4, LEESBURG FL 34748</b>		<b>FL 34748</b>		<b>06/11/1930</b>	
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused <b>5</b>	RESULTS <b>1</b>	ALC/DRUG <b>7</b>
HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/>		PLACARDED <input type="checkbox"/>	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? <input type="checkbox"/>	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE <input type="checkbox"/>	DRIVER'S PHONE NO. <b>(352) 326-4476</b>

Code Information	VEHICLE TYPE		VEHICLE USE		TRAILER TYPE		RESIDENCE (Driver / Ped.)		PHYSICAL DEFECTS		ALCOHOL / DRUG USE		LOCATION IN VEHICLE	
	01 Automobile 02 Van 03 Light Truck / P.U.-2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Booth) 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 Other		01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other		01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other		1 County of Crash 2 Elsewhere in State 3 Non-Resident Out of State 4 Foreign 5 Unknown DL TYPE 1 A 2 B 3 C 4 D/ Chauffeur 5 E/ Operator 6 E/ Oper.-Res. 7 None REQUIRED ENDORSEMENTS 1 Yes 2 No 3 No Endorsement Required		1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality		1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALC/DRUG Test Results SAFETY EQUIPMENT IN USE 1 Not in use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection		1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body of Truck 8 Bus Passenger 9 Other EJECTED 1 No 2 Yes 3 Partial	

Section 3	1. Phantom 2. Hit & Run 3. N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		2 3 4 5 6 7 1 16 16 17 8 14 13 12 11 10 9		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 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)		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								
	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															
PEDESTRIAN ACTION															
LOCATION TYPE															
FIRST / SUBSEQUENT HARMFUL EVENT(S)															
ROAD SYSTEM IDENTIFIER															
LIGHTING CONDITION															
ROAD SURFACE CONDITION															
WEATHER															
ROAD SURFACE TYPE															
ROAD CONDITIONS AT TIME OF CRASH															
VISION OBSTRUCTED															
TRAFFIC CONTROL															
SITE LOCATION															
TRAFFICWAY CHARACTER															
TYPE SHOULDER															
Violator(s)															
SECTION #															
NAME OF VIOLATOR															
FL STATUTE NUMBER															
CHARGE															
CITATION NUMBER															
SECTION #															
NAME OF VIOLATOR															
FL STATUTE NUMBER															
CHARGE															
CITATION NUMBER															
SECTION #															
NAME OF VIOLATOR															
FL STATUTE NUMBER															
CHARGE															
CITATION NUMBER															

# FLORIDA TRAFFIC CRASH REPORT 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 <b>03/14/2010</b>	COUNTY / CITY CODE <b>12/42</b>	INVEST. AGENCY REPORT NUMBER <b>10030218</b>	HSMV CRASH REPORT NUMBER <b>80480136</b>
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(NARRATIVE)

V1 was stopped at the stop sign on Pamela St/Griffin Rd heading North. The wheelchair pedestrian was traveling West on Griffin Rd crossing over Pamela St.

V1 stated he stopped at the stop sign and looked West. V1 stated he did not see the pedestrian to his right and started to make a right turn onto Griffin Rd. V1 made contact with the pedestrian.

The wheel chair did not fall over, however the pedestrian wanted to go to LRMC for precautionary measures.

V1 had no damage.

V1 driver was issued a traffic ticket for Failure to Yield.

**\*\* END \*\***

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.
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

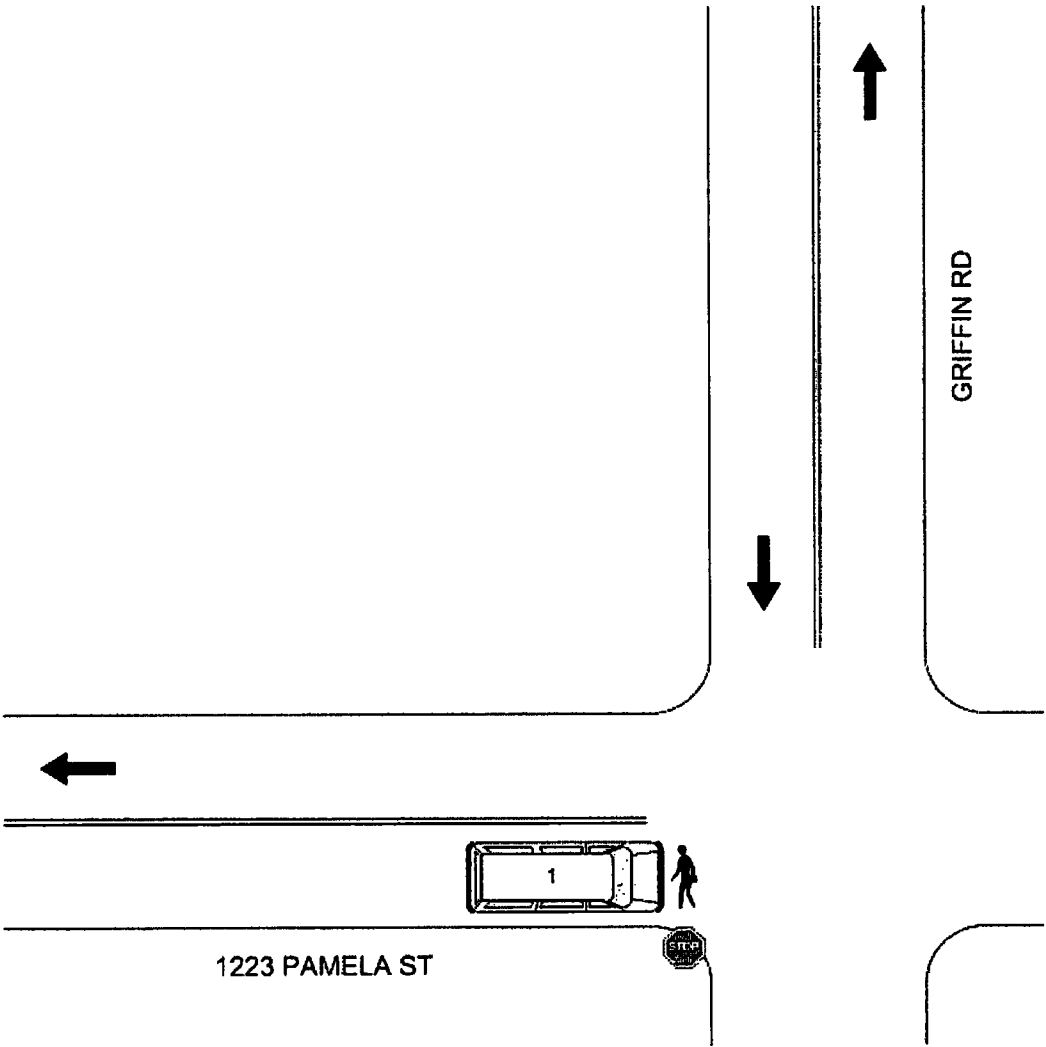
WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
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FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	INJURED TAKEN TO:	BY - NAME
<b>EMS- ROBIN HILL</b>		<b>LEESBURG REGIONAL MEDICAL</b>	<b>EMS</b>

WAS INVESTIGATION MADE AT SCENE?	1. YES 2. NO <b>1</b>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE?	1. YES 2. NO <b>1</b>	IF NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN	1. YES 2. NO <b>2</b>	IF YES, BY WHOM?	1. INVESTIGATING AGENCY 2. OTHER
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INVESTIGATOR - RANK & SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	FHP SO PD OTHER
<b>PO Josh Rappoport</b>	<b>1124</b>	<b>LEESBURG POLICE DEPARTMENT</b>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

DIAGRAM



Drawing Not To Scale.