

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

COPY

Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	10/10/2010	0300 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	0304 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	0308 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2010-00023436	74794482
	COUNTY / CITY CODE	FEET or MILE(S)	CITY OR TOWN		COUNTY	
	12/30		CLERMONT		LAKE	
AT NODE NO.	or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	ON STREET, ROAD OR HIGHWAY	
				2	2525 Oakley Seaver Dr (Parking Lot)	
AT THE INTERSECTION OF (street, road or highway)	or FEET or MILE(S)	FROM INTERSECTION OF (street, road or highway)				

S e c t i o n 1	DRIVER ACTION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)	
	1. Phantom 2. Hit & Run 3. N/A	97	Ford	01	77	429XXD	FL	1FTEX17L3VNC94737	1	
TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE									

V e h i c l e	VEHICLE TRAVELING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			Uk		\$10,000	1			1
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY:								
Unknown		South Lake Towing								

P e d e s t r i a n	NAME OF VEHICLE OWNER (Check Box If Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
	Maedan Construction Company	1391 Ardmore Rd	Groveland, FL	34736
NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	

P e d e s t r i a n	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 (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE	DATE OF BIRTH	

P e d e s t r i a n	NAME OF DRIVER	CURRENT ADDRESS	CITY, STATE & ZIP CODE	DATE OF BIRTH									
	Celina M. Garza	432 Whitewing Cr	Minneola, FL	34715									
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALCO/DRUG TEST TYPE	RESULTS	ALCO/DRUG	PHYS.DEF	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
G620113921930	FL	5	2	1 Blood 3 Urine 5 None 2 Breath 4 Refused	1	6	1	1	3	2	1		
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 MATERIALS SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.							
1 Yes 2 No	2	2		1 Yes 2 No	2	352-702-8365							

S e c t i o n 2	DRIVER ACTION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)	
	1. Phantom 2. Hit & Run 3. N/A								15	
TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE									

V e h i c l e	VEHICLE TRAVELING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W									
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY:								

P e d e s t r i a n	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	

P e d e s t r i a n	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 (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE	DATE OF BIRTH	

P e d e s t r i a n	NAME OF DRIVER	CURRENT ADDRESS	CITY, STATE & ZIP CODE	DATE OF BIRTH									
	Alexander Aguilar	15630 Meadow Ridge Dr	Groveland, FL	34736									
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALCO/DRUG TEST TYPE	RESULTS	ALCO/DRUG	PHYS.DEF	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
A246000911380	FL	5	2	1 Blood 3 Urine 5 None 2 Breath 4 Refused	/ / /				3	1	4		
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIALS SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.							
1 Yes 2 No				1 Yes 2 No		()							

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

DRIVER ACTION	1. Phantom	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER						
	2. Hit & Run							2	3	4	5	6	7	18 Undercarriage
3. N/A								1	15	16	17	8	19 Overtum	
TRAILER OR TOWED VEHICLE INFORMATION								TRAILER TYPE				9	20 Windshield	
												10	21 Trailer	

VEHICLE TRAVELING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
	N	S	E	W		2. Functional		

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY:	1. Tow Rotation List	3. Driver
NAME OF VEHICLE OWNER (Check Box if Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	2. Tow Owner's Request	4. Other
NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE		
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 (Take 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	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
				1 Blood 3 Urine 5 None 2 Breath 4 Refused									

HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR A DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIALS 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	1 2 3	01 No Defects	1 2 3	01 Straight Ahead	1 2 3	1 None	1 2 3
02 Careless Driving (Explain in Narrative)		02 Def. Brakes		02 Slowing/Stopped/ Stalled		2 Farm	
03 Failed To Yield Right-of-Way	77 01	03 Worn / Smooth Tires		03 Making Left Turn		3 Police Pursuit	1
04 Improper Backing		04 Defective / Improper Lights	01	04 Backing	01	4 Recreational	
05 Improper Lane Change		05 Puncture / Blowout		05 Making Right Turn		5 Emergency Operation	
06 Improper Turn		06 Steering Mech.		06 Changing Lanes	11 Passing	6 Construction / Maintenance	
07 Alcohol-Under Influence		07 Windshield Wipers		07 Entering/Leaving Parking Space	12 Driverless or Runaway Veh.	SOURCE OF CARRIER INFORMATION	
08 Drugs-Under Influence		08 Equipment / Vehicle Defect	77 All Other (Explain in Narrative)	08 Properly Parked	77 All Other (Explain in Narrative)	1 Not Applicable	1 2 3
09 Alcohol & Drugs-Under Influence		POINT OF VEHICLE IMPACT ON ROADWAY		09 Improperly Parked		2 Shipping Papers	
10 Followed Too Closely		01 On Road	1 2 3	10 Making U-Turn		3 Vehicle Side	1
11 Disregarded Traffic Signal		02 Not On Road		PEDESTRIAN ACTION		4 Driver	
12 Exceeded Safe Speed Limit	19 Improper Load	03 Shoulder	02 02	01 Crossing Not at Intersection	07 Working In Road	5 Other	
13 Disregarded Stop Sign	20 Disregarded Other Traffic Control	04 Median		02 Crossing at Mid-block Crosswalk	08 Standing/Playing In Road	LOCATION TYPE	
14 Failed to Maintain Equip. / Vehicle	21 Driving Wrong Side / Way	05 Turn Lane		03 Crossing at Intersection	09 Standing In Pedestrian Island	1 Primarily Business	1
15 Improper Passing	22 Fleeing Police	WORK AREA		04 Walking Along Road With Traffic	77 All Other (Explain in Narrative)	2 Primarily Residential	
16 Drove Left of Center	23 Vehicle Modified	01 None	1 2 3	05 Walking Along Road Against Traffic		3 Open Country	
17 Exceeded Stated Speed Limit	24 Driver Distraction (Explain in Narrative)	02 Nearby		06 Working on Vehicle In Road	88 Unknown		
18 Obstructing Traffic	77 All Other (Explain in Narrative)	03 Entered	01 01				

FIRST / SUBSEQUENT HARMFUL EVENT(S)				ROAD SYSTEM IDENTIFIER		LIGHTING CONDITION	
01 Collision With MV in Transport (Rear-end)	15 Collision With Animal	29 MV Ran Into Ditch/Culvert		01 Interstate	07 Forest Road	01 Daylight	
02 Collision With MV in Transport (Head-on)	16 MV Hit Sign / Sign Post	30 Ran Off Road Into Water	1 2 3	02 U.S.	77 All Other (Explain in Narrative)	02 Dusk	04
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole / Light Pole	31 Overtumed	10 77	03 State		03 Dawn	
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle		04 County		04 Dark (Street Light)	
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor/Trailer Jackknifed		05 Local		05 Dark (No Street Light)	
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire		06 Turnpike / Toll		06 Unknown	
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	35 Explosion		ROAD SURFACE CONDITION		WEATHER	
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	36 Downhill Runaway		01 Dry	01 Clear	01 Slag / Gravel / Stone	
09 Collision With MV on Roadway	23 Collision With Construction Barricade Sign	37 Cargo Loss or Shift		02 Wet	02 Cloudy	02 Blacktop	
10 Collision With Pedestrian	24 Collision With Traffic Gate	38 Separation of Units		03 Slippery	03 Rain	03 Brick / Block	02
11 Collision With Bicycle	25 Collision With Crash Attenuators	39 Median Crossover		04 Icy	04 Fog	04 Concrete	
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	77 All Other (Explain in Narrative)		77 All Other (Explain in Narrative)	77 All Other (Explain in Narrative)	05 Dirt	
13 Collision With Moped	27 MV Hit Other Fixed Object					77 All Other (Explain in Narrative)	
14 Collision With Train	28 Collision With Moveable Object On Road						

ROAD CONDITIONS AT TIME OF CRASH		VISION OBSTRUCTED		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER	
01 No Defects		01 Vision Not Obscured		01 No Control		01 Not At Intersection / RR X'ing / Bridge		01. Straight-Level	
02 Obstruction With Warning		02 Inclement Weather		02 Special Speed Zone		02 At Intersection		02. Straight-Upgrade / Downgrade	01
03 Obstruction Without Warning	01	03 Parked / Stopped Vehicle	01	03 Speed Control Sign	77	03 Influenced By Intersection	09	03. Curve-Level / Downgrade	
04 Road Under Repair / Construction		04 Trees / Crops / Bushes		04 School Zone		04 Orwayway Access		04. Curve-Upgrade / Downgrade	
05 Loose Surface Materials		05 Load On Vehicle		05 Traffic Signal	11 Posted No U-Turn	05 Railroad	11 Private Property		
06 Shoulders - Soft / Low / High		06 Building / Fixed Object		06 Stop Sign	12 No Passing Zone	06 Bridge	12 Toll Booth		
07 Holes / Ruts / Unsafe Paved Edge		07 Signs / Billboards		07 Yield Sign	77 All Other Explain in Narrative	07 Entrance Ramp	13 Public Bus Stop Zone		
08 Standing Water		08 Fog		08 Flashing Light		08 Exit Ramp	77 All Other (Explain in Narrative)		
09 Worn / Polished Road Surface		09 Smoke	77 All Other (Explain in Narrative)	09 Railroad Signal		09 Parking Lot-Public		TYPE SHOULDER	
77 All Other (Explain in Narrative)		10 Glare		10 Officer / Guard / Flaggperson		10 Parking Lot-Private		01. Paved	01
								02. Unpaved	
								03. Curb	

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM

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 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 10/10/2010	COUNTY / CITY CODE 12/30	INVEST. AGENCY REPORT NUMBER 2010-00023436	HSMV CRASH REPORT NUMBER 74794482
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V1 was traveling northbound in the parking lot of 2525 Oakley Seaver Dr when the driver of V1 intentionally struck the pedestrian who was standing in front of her vehicle. Driver of V1 stated initially that she "floored it" and that "I thought he would get out of the way". The pedestrian was flown to ORMC for treatment for his injuries.

V1 was turned over to South Lake towing with a hold.

Driver of V1 submitted blood and results are pending.

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

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 Clermont FD and Lake Sumter EMS	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	INJURED TAKEN TO: ORMC	BY - NAME Aircare
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WAS INVESTIGATION MADE AT SCENE? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 1	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2	IF NO, THEN WHY? Charges Pending	DATE OF REPORT 10/10/2010	PHOTOS TAKEN 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 1	IF YES, BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER <input type="checkbox"/>
INVESTIGATOR - RANK & SIGNATURE Ofc. E Wyatt	ID/BADGE NUMBER 173	DEPARTMENT CLERMONT POLICE DEPARTMENT	FHP <input type="checkbox"/>	SO <input type="checkbox"/>	PD <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

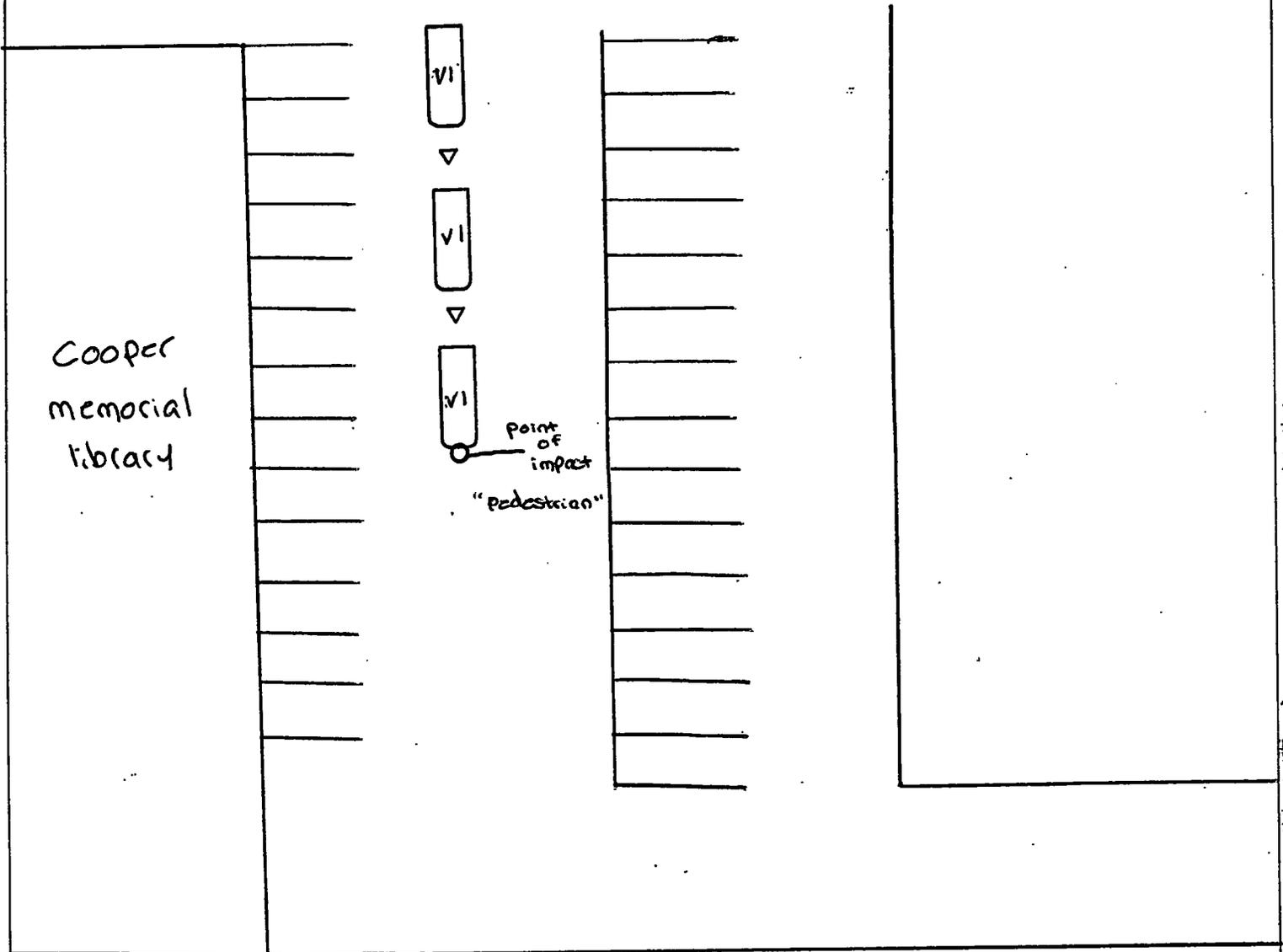
DIAGRAM

Not drawn to scale
Case # 2010-00023436



INDICATE NORTH
WITH ARROW

Parking Lot



Cooper
memorial
library

Oakley Seaver Drive