

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 30/Jun/2012 04:27 PM	Time of Crash 30/Jun/2012 04:27 PM	Date of Report 30/Jun/2012 12:00 AM	Invest. Agency Report Number 12060479	HSMV Crash Report Number 82218157
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CRASH IDENTIFIERS

County Code 12	City Code 42	County of Crash LAKE	Place or City of Crash LEESBURG	Within City Limits Yes	Time Reported 30/Jun/2012 04:29 PM	Time Dispatched 30/Jun/2012 04:31 PM
Time on Scene 30/Jun/2012 04:32 PM	Time Cleared Scene 30/Jun/2012 05:22 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway US 441			At Street Address#	At Latitude	and Longitude
At Feet 15	Or Miles	Direction East	From Intersection With Street, Road, Highway US 27	Or From Milepost #	
Road System Identifier 2 U.S.		Type Of Shoulder 3 Curb	Type Of Intersection 2 Four-Way Intersection		

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 77 Other, Explain in Narrative	
First Harmful Event Type	First Harmful Event 10	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 3 Intersection.Related	
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 170MGW	State FL	Reg. Expires 23/Sep/2017	Permanent Reg. No	VIN 1G2NW52E1YC558982		
Year 2000	Make PONT	Model GRAND AM	Style 4D	Color WHI	Extent of Damage Functional	Est. Damage 100	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation Driver
Insurance Company PEAK PROPERTY AND CASUALTY INS. CO.				Insurance Policy Number 095722826					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> FABIAN ALVARADO			Current Address (Number and Street) 5506 KING AVE			City and State ZELLWOOD FL		Zip Code 32798	
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: South	Direction	On Street, Road, Highway US HWY 441				At Est. Speed 20	Posted Speed 35	Total Lanes 6	
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 1 Straight Ahead	Trafficway 4 Two-Way, Divided, Positive Median Barrier	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 5 Traffic Control Signal	First (1) Sequence of Events 2 Collision with Non-Fixed Object		Second (2) Sequence of Events 10 Pedestrian		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name FABIAN ALVARADO	Date of Birth 23/Sep/1984	Sex 1 Male	Phone Number	Re-Exam No
Address 5506 KING AVE		City ZELLWOOD	State FL	Zip Code 32798			

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Driver License Number A416240843431	State FL	Expires 23/Sep/2017	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 1 None	Ejection 1 Not Ejected		
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other 1 Not Applicable		
Drivers Actions at Time of Crash (first)		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 BRENT JOSIAH SEELEY	Date of Birth 11/Apr/1989	Sex 1 Male	Injury Severity 4 Incapacitating	Phone Number		
Address PO BOX 808		City WEIRSDALE	State FL	Zip Code 32195				
Non-Motorist Description Detail 1 Pedestrian		Non-Motorist Action Prior to Crash 1 Crossing Roadway		Non-Motorist Location at Time of Crash 5 Travel Lane - Other Location				
Non-Motorist Actions/Circumstance (First) 5 In Roadway Improperly (standing, lying, working, playing)		Non-Motorist Actions/Circumstance (Second)		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/AEROMED		EMS Run Number 195596		Medical Facility Transported To ORLAND REGINAL MEDICAL CENTER			

WITNESSES

Name KELCIE JAE GIFFEN	Address 32511 QUIET HARBOR AV 102	City LEESBURG	State FL	Zip Code 34748
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WITNESSES

Name JASON SCOTT WOODS	Address 1512 WOODLYN DR	City LEESBURG	State FL	Zip Code 34748
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WITNESSES

Name TERRY SCOTT LYDA	Address 117 N 14TH ST	City LEESBURG	State FL	Zip Code 34748
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WITNESSES

Name JULIA MARIE HOLMES	Address 1027 BIRCHWOOD CT 1	City LEESBURG	State FL	Zip Code 34748
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WITNESSES

Name YASHICA MONTELEJUANA JONES	Address 2296 BARN WOOD CT	City LEESBURG	State FL	Zip Code 34748
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WITNESSES

Name KATHLEEN ELIZABETH CHAMP	Address 419 LAURIE LN 2	City LEESBURG	State FL	Zip Code 34748
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WITNESSES

Name DANIELLE NICHOLE STANFIELD	Address 34041 HIGHLAND RD	City LEESBURG	State FL	Zip Code 34788
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WITNESSES

Name BETH ROSE SMITH	Address 610 YORKTOWN DR	City LEESBURG	State FL	Zip Code 34748
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WITNESSES

Name JENNA BRIE TRINKS	Address 206 NATSISKY FARM RD	City SOUTH WINDSOR	State CT	Zip Code 06074
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NARRATIVE

Witness 1 and the Non Motorist were sitting in their vehicle stopped in the driveway in front of Value Pawn. A truck traveling on US Hwy 27 dropped lumber onto the roadway. Victim 1 got out to assist pick up the lumber. When the lumber was all picked up, the victim ran across US Hwy 27 back towards his vehicle and was struck by vehicle 1 on the passenger side front. The non motorist went up into the air and over the hood of the vehicle, he came to rest lying parallel to the driver side of the vehicle.

The non motorist was flown to Orlando Regional Medical Center via AeroMed, tail # N382AM, as a non trauma transport.

I made contact with witness 1, who is the non motorist's girlfriend, later on in my shift. I inquired on the well being of the patient. She said he was doing very well, no broken bones, a sore neck and two staples in his head.

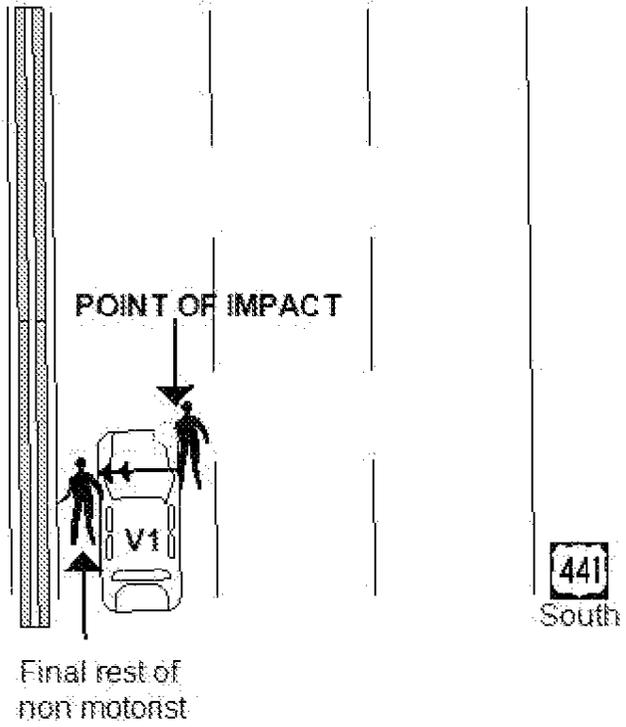
No citations issued.

REPORTING OFFICER

ID/Badge # T-12	Rank and Name SENIOR OFFICER CUNNINGHAM	Department LEESBURG POLICE DEPARTMENT	Type of Department PD
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441
North

Value Pawn
1378 W North Bv



NOT TO SCALE