

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/Sep/2011 12:00 AM	Time of Crash 30/Sep/2011 12:00 AM	Date of Report 30/Sep/2011 05:27 PM	Invest. Agency Report Number E11092867	HSMV Crash Report Number 82637311
---------------------------------------	---------------------------------------	--	---	--------------------------------------

CRASH IDENTIFIERS

County Code 12	City Code 32	County of Crash Lake	Place or City of Crash Eustis	Within City Limits Yes	Time Reported 30/Sep/2011 05:19 PM	Time Dispatched 30/Sep/2011 05:19 PM
Time on Scene 30/Sep/2011 05:22 PM	Time Cleared Scene 30/Sep/2011 06:08 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

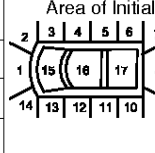
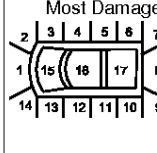
ROADWAY INFORMATION

Crash Occured On Street, Road, Highway STATE RD 19 (S GROVE ST)	At Street Address#	At Latitude	and	Longitude
At Feet 5	Or Miles	Direction North	From Intersection With Street, Road, Highway CITRUS AVE	Or From Milepost #
Road System Identifier 3 State	Type Of Shoulder 3 Curb	Type Of Intersection 3 T-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 212LTL		State FL		Reg. Expires 15/Jun/2012		Permanent Reg.		VIN 1FAFP55204A176694										
Year 2004	Make FORD	Model TAU	Style 4D	Color GRY	Extent of Damage Functional			Est. Damage 2000		Towed Due To Damage No		Vehicle Removed By TIMOTHY R JONES			Rotation									
Insurance Company STATE FARM INSURANCE COMPANIES								Insurance Policy Number 448 3347 -59 4																
Name of Vehicle Owner (Check Box If Business) SHARON E JONES					Current Address (Number and Street) 320 N LAKE SHORE DR					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 North		On Street, Road, Highway STATE RD 19 (S GROVE ST)							At Est. Speed 30		Posted Speed 35		Total Lanes 2										
CMV Configuration					Cargo Body Type					Area of Initial Impact					Most Damaged Area									
Comm GVWR/GCWR					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 5 One-Way Trafficway			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 25 Ditch				Third (3) Sequence of Events				Fourth (4) Sequence of Events								

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name TIMOTHY R JONES		Date of Birth 15/Apr/1939	Sex 1 Male	Phone Number 3523570119	Re-Exam
Address 220 N LAKE SHORE DR		City LEESBURG	State FL		Zip Code 34788			
Driver License Number J520816391350		State FL	Expires 15/Apr/2019	DL Type 5 E/Operator	Req. End 2 No	Injury Severity 1 None	Ejection 1 Not Ejected	
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 2 Not Deployed	Helmet Use 3 No Helmet	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) 1 No Contributing Action			Drivers Actions at Time of Crash (second)			Driver Distracted By 1 Not Distracted	Vision Obstruction 3 Parked/Stopped Vehicle	
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 NONE		EMS Run Number		Medical Facility Transported To		

PERSON RECORD

Person# 3	Description 3 Passenger	Vehicle # 1	Name SHARON E JONES	Date of Birth 15/Jun/1942	Sex	Injury Severity 1 None	Ejection
Address LAKE SHORE 220	City LEESBURG	State FL	Zip Code 34788				
Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat 3	Seating Location Row 1	Seating Location Other 1	
Source of Transport to Medical Facility 1 Not Transported	EMS Agency Name or ID NONE	EMS Run Number	Medical Facility Transported To				

PERSON RECORD

Date of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
30/Sep/2011 12:00 AM	30/Sep/2011 05:27 PM	E11092867	82637311

Person# 2	Description 2 Non-Motorist	Name GEORGE C JORDAN	Date of Birth 21/Jan/1993	Sex 1 Male	Injury Severity 3 Non-incapacitating	Phone Number 3524836770
Address 315 E LEMON AVE		City EUSTIS	State		Zip Code 32726	
Non-Motorist Description Detail 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.)		Non-Motorist Action Prior to Crash 1 Crossing Roadway		Non-Motorist Location at Time of Crash 2 Intersection - Unmarked Crosswalk		
Non-Motorist Actions/Circumstance (First) 2 Dart/Dash		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
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID LAKE EMS		EMS Run Number 171530		Medical Facility Transported To LEESBURG REGIONAL MEDICAL CENTER

WITNESSES

Name TOMMY E ROSS	Address 218 COUNTY RD 43	City HEFLIN	State AL	Zip Code 36264
----------------------	-----------------------------	----------------	-------------	-------------------

WITNESSES

Name LEAH F KHORSANDIAN	Address 12029 HAZEN AVE	City THONOTOSASSA	State FL	Zip Code 33592
----------------------------	----------------------------	----------------------	-------------	-------------------

NARRATIVE

On 09/30/11 I responded to the intersection of State Rd. 19 (S. Grove St.) @ Citrus Ave. to investigate a traffic crash vehicle Vs pedestrian. My investigation revealed that the juvenile pedestrian was attempting to cross State Rd. 19 west bound from Citrus Ave., on a skateboard. There is no designated pedestrian cross walk at that location. Vehicle #1 (V-1) was traveling north bound in the left hand lane of travel on State Rd. 19 proceeding through the intersection of State Rd. 19 @ Citrus Ave. The pedestrian crossed in front of and behind other vehicles stopped / yielding for the traffic light at the intersection of State Rd. 19 @ Orange Ave., where there is a designated pedestrian cross walk area and pedestrian light. The vehicles yielding were in the north bound right hand lane of travel. The pedestrian darted into the path of V-1 and struck the right front side and windshield of V-1 causing injury to himself and damage to V-1. The juvenile pedestrian parents did arrive on scene of the traffic crash.

Witness - Tommy E. Ross stated "he just ran out in front of the car"; "He did not have time to react";. The witness further stated the pedestrian was standing on the east side curve of S. Grove St. @ Citrus Ave. before he darted into the traffic.

The driver of V-1 stated "I was coming down the roadway when he hit the side of the car"; "I first thought road debris hit the side of the car";.

The juvenile pedestrian stated he was crossing the street and did not see the car coming from behind the vehicle with a trailer and was hit.

Upon further investigation, after obtaining verbal statements from the witnesses, the driver of V-1, observing the crash scene, and the vehicle damage I found the juvenile pedestrian to be at fault for the traffic crash. The pedestrian attempted to cross a busy state highway at a location where there is no designated pedestrian crosswalk. The pedestrian failed to yield the right of way to oncoming vehicle traffic. The pedestrian darted out or crossed at a location in front of a vehicle which gave the vehicle operator little or no time to yield. No citation issued at this time

REPORTING OFFICER

ID/Badge # E37	Rank and Name Off. WAYNE PERRY	Department Eustis Police Department	Type of Department PD
-------------------	-----------------------------------	--	--------------------------

Date of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
30/Sep/2011 12:00 AM	30/Sep/2011 05:27 PM	E11092867	82637311

