

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
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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 1FAPP55204A176694		
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) <input type="checkbox"/> 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: North	Direction	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 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#	Description	Name	Date of Birth	Sex	Injury Severity	Phone Number
2	2 Non-Motorist	GEORGE C JORDAN	21/Jan/1993	1 Male	3 Non-incapacitating	3524836770
Address		City	State	Zip Code		
315 E LEMON AVE		EUSTIS		32726		
Non-Motorist Description Detail		Non-Motorist Action Prior to Crash		Non-Motorist Location at Time of Crash		
2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.)		1 Crossing Roadway		2 Intersection - Unmarked Crosswalk		
Non-Motorist Actions/Circumstance (First)		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One)		Non-Motorist Safety Equipment (Two)
2 Dart/Dash				1 None		
Suspected Alcohol Use	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested
1 No					1 No	
Source of Transport to Medical Facility		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To	
2 EMS		LAKE EMS		171530	LEESBURG REGIONAL MEDICAL CENTER	

WITNESSES

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

WITNESSES

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

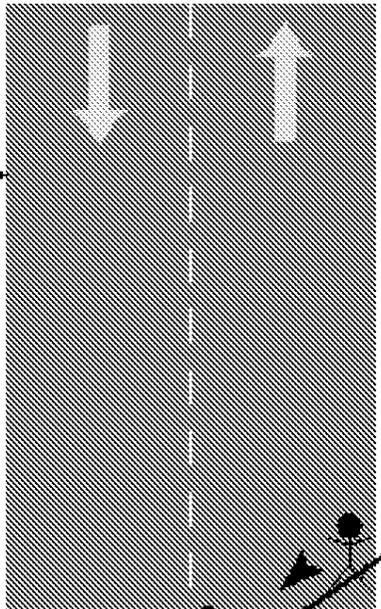
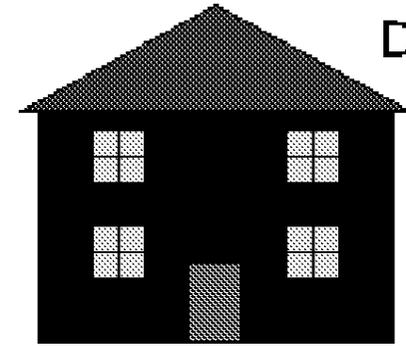
Upon further investigation, after obtaining verbal statements from the witnesses, the driver of V-1, observing the crash scene, and the vehicle damage I found the juvenile pedestrian to be at fault for the traffic crash. The pedestrian attempted to cross a busy state highway at a location where there 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 #	Rank and Name	Department	Type of Department
E37	Off. WAYNE PERRY	Eustis Police Department	PD

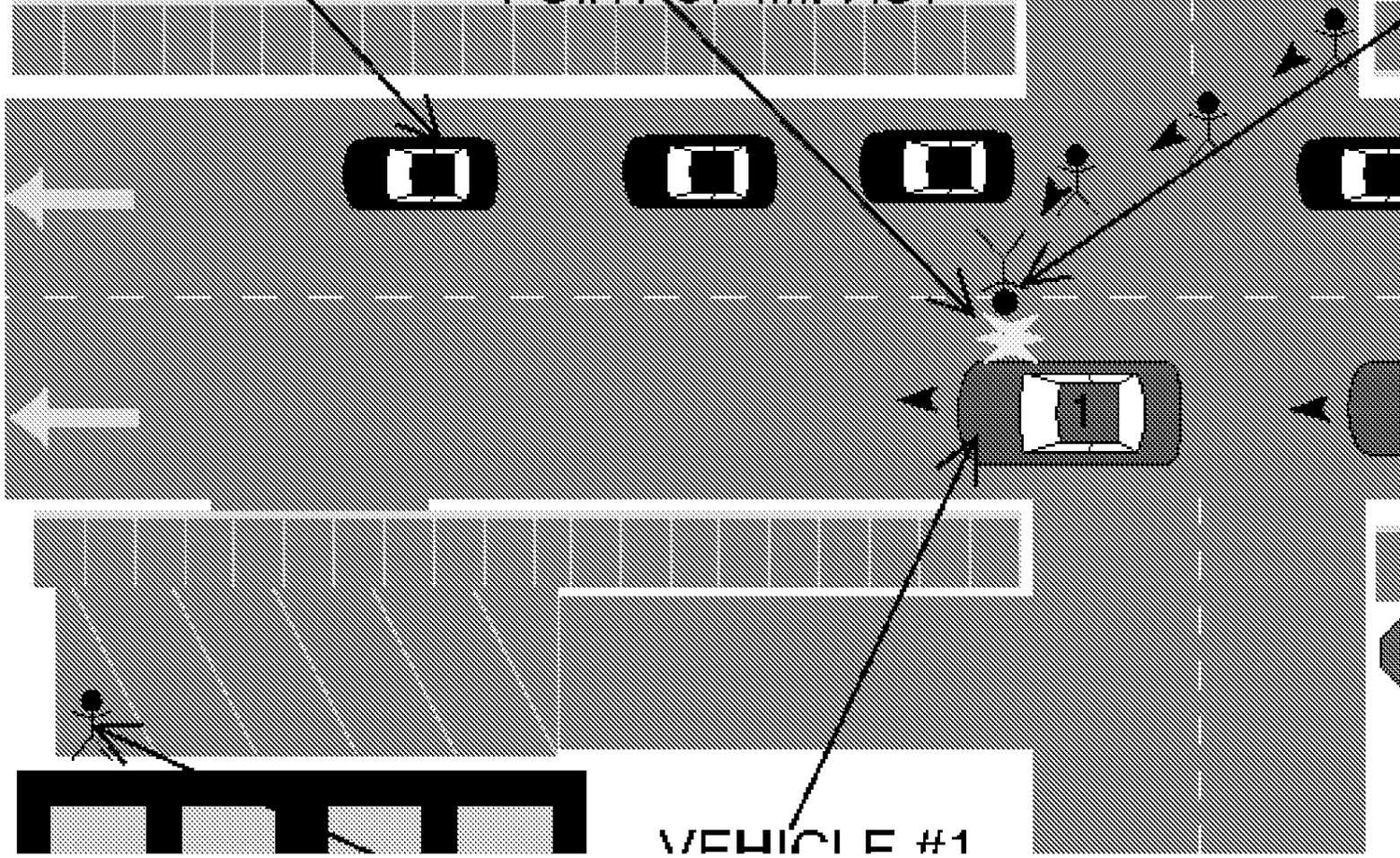
DIAGRAM NOT TO SCALE

CITRUS AVE. →



YIELDING VEHICLES

POINT OF IMPACT



VEHICLE #1