

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 21/Jan/2013 12:00 AM	Time of Crash 21/Jan/2013 12:00 AM	Date of Report 21/Jan/2013 08:05 PM	Invest. Agency Report Number E13011930	HSMV Crash Report Number 83035377
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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 21/Jan/2013 07:54 PM	Time Dispatched 21/Jan/2013 07:54 PM
Time on Scene 21/Jan/2013 07:55 PM	Time Cleared Scene 21/Jan/2013 10:01 PM	Completed	Reason (if Investigation NOT Completed) T.H.I PRELIMINARY INVESTIGATION			Notified By Law Enforcement

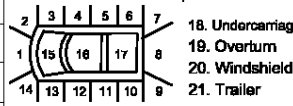
ROADWAY INFORMATION

Crash Occured On Street, Road, Highway				At Street Address#	At Latitude	and	Longitude
S.R. 19							
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway				Or From Milepost #
0		North	CITRUS AVE.				
Road System Identifier			Type Of Shoulder	Type Of Intersection			
3 State			3 Curb	77 Other, Explain in Narrative			

CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 4 Dark-Lighted	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 Yes	First Harmful Event Relation to Junction 2 Intersection
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 383KYZ		State FL		Reg. Expires 03/Mar/2013		Permanent Reg.		VIN KMHCM3AC8BU195073					
Year 2011	Make HYUN	Model	Style	2H	Color BLK	Extent of Damage Functional		Est. Damage 3000		Towed Due To Damage No		Vehicle Removed By KAZMON WALLACE		Rotation					
Insurance Company ALPHA PROPERTY & CASUALTY INS. CO.								Insurance Policy Number CCAPZA6307805-01-01918											
Name of Vehicle Owner (Check Box If Business) KENNETH CHARLES WALLACE					Current Address (Number and Street) 19154 BRANSONS WAY					City and State UMATILLA FL				Zip Code 32784					
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 South		On Street, Road, Highway S.R. 19 (S. BAY ST.)						At Est. Speed 35		Posted Speed 30		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 5 Traffic Control Signal				First (1) Sequence of Events 2 Collision with Non-Fixed Object 10 Pedestrian				Second (2) Sequence of Events			Third (3) Sequence of Events			Fourth (4) Sequence of Events					

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name KAZMON E WALLACE			Date of Birth 29/Sep/1991	Sex 1 Male	Phone Number 3526386817	Re-Exam
Address 19154 BRANSONS WAY		City UMATILLA	State FL			Zip Code 32784			
Driver License Number W420-505-91-349-0		State FL	Expires 29/Sep/2021	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 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 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 RUBY I DERRY	Date of Birth 02/Jul/1925	Sex 2 Female	Injury Severity 4 Incapacitating	Phone Number
Address 136 WOODLAND DR		City LEESBURG	State	Zip Code 34788		
Non-Motorist Description Detail 1 Pedestrian		Non-Motorist Action Prior to Crash 1 Crossing Roadway		Non-Motorist Location at Time of Crash 3 Intersection - Other		
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)

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Suspected Alcohol Use 88 Unknown	Alcohol Tested 88 Unknown, if 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 E.M.S.		EMS Run Number 2775		Medical Facility Transported To ORLANDO REGIONAL MEDICAL CENTER		

WITNESSES

Name	Address	City	State	Zip Code
AMANDA L WETZ	3030 LAUREL DR	MT. DORA	FL	32757

WITNESSES

Name	Address	City	State	Zip Code
JOHN N DALESIO	17557 C R 455	MONTVERDE	FL	34756

WITNESSES

Name	Address	City	State	Zip Code
JENNIFER BALTHASER	4071 SE 97TH LN	BELLEVIEW	FL	34420

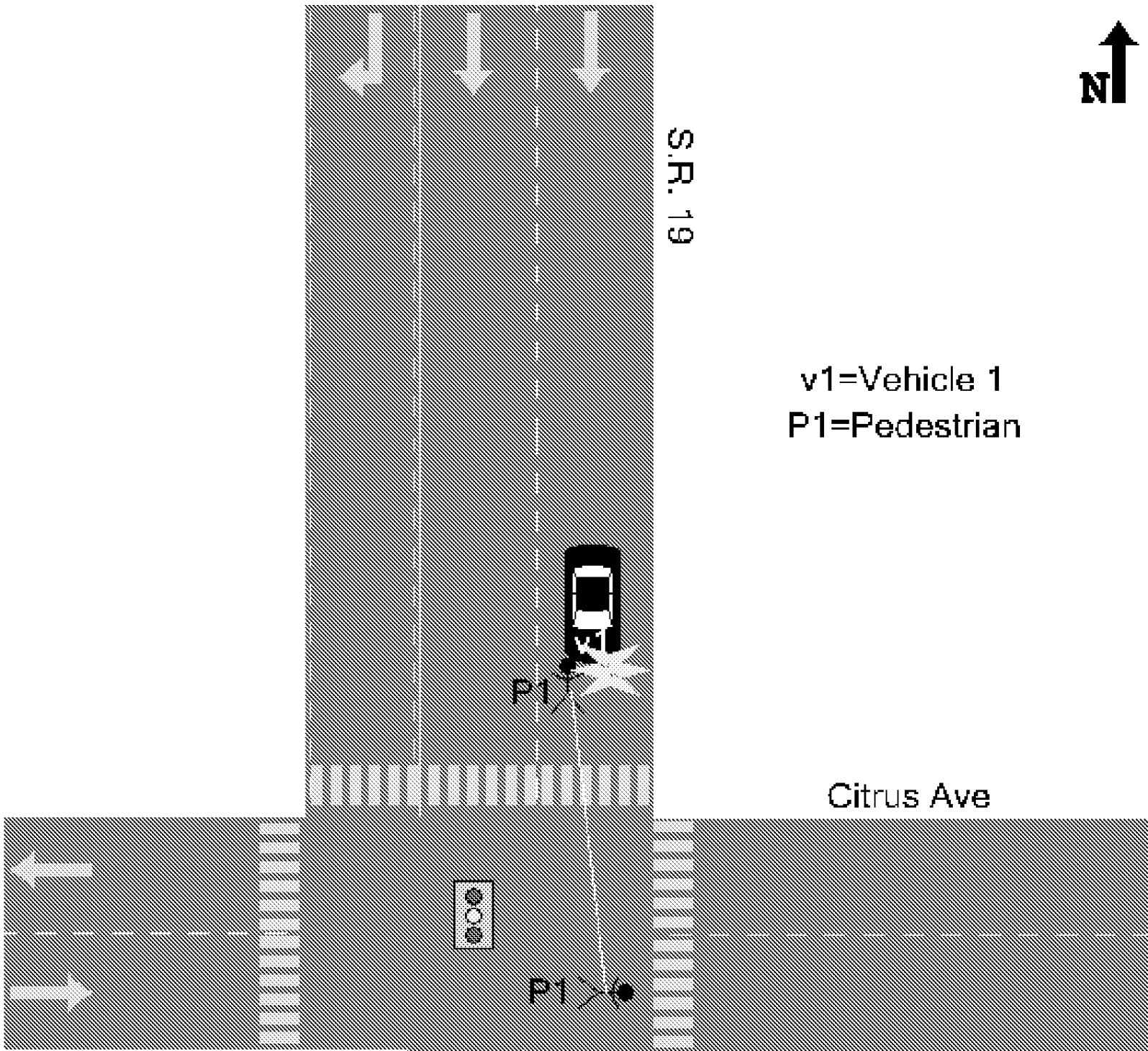
NARRATIVE

Vehicle 1 was south bound on S.R. 19 approaching the intersection of Citrus Ave. in the left hand travel lane. Driver of vehicle 1 advised that he had a green traffic light at Citrus Ave. and as he approached a woman ran out into the street in front of him and he slowed until he was satisfied that she had made it across the street safely and he began to proceed when another woman ran out into the street and he was unable to avoid hitting her with the right front portion of his vehicle. The pedestrian was flown to Orlando Regional Medical Center with unknown injuries. Several witnesses to the accident advise that the traffic light was green when vehicle 1 approached the intersection but at this time it is unknown if the pedestrian was in the crosswalk or not at the time she entered the roadway. No citation has been issued pending further investigation.

REPORTING OFFICER

ID/Badge # E32	Rank and Name Off. JOHN KOLLER	Department Eustis Police Department	Type of Department PD
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v1=Vehicle 1
P1=Pedestrian

Page Reconstructed, Not Drawn to Scale