

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 S.R. 19			At Street Address#		At Latitude and Longitude	
At Feet 0	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 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) <input type="checkbox"/>			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: South	Direction	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
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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
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WITNESSES

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

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

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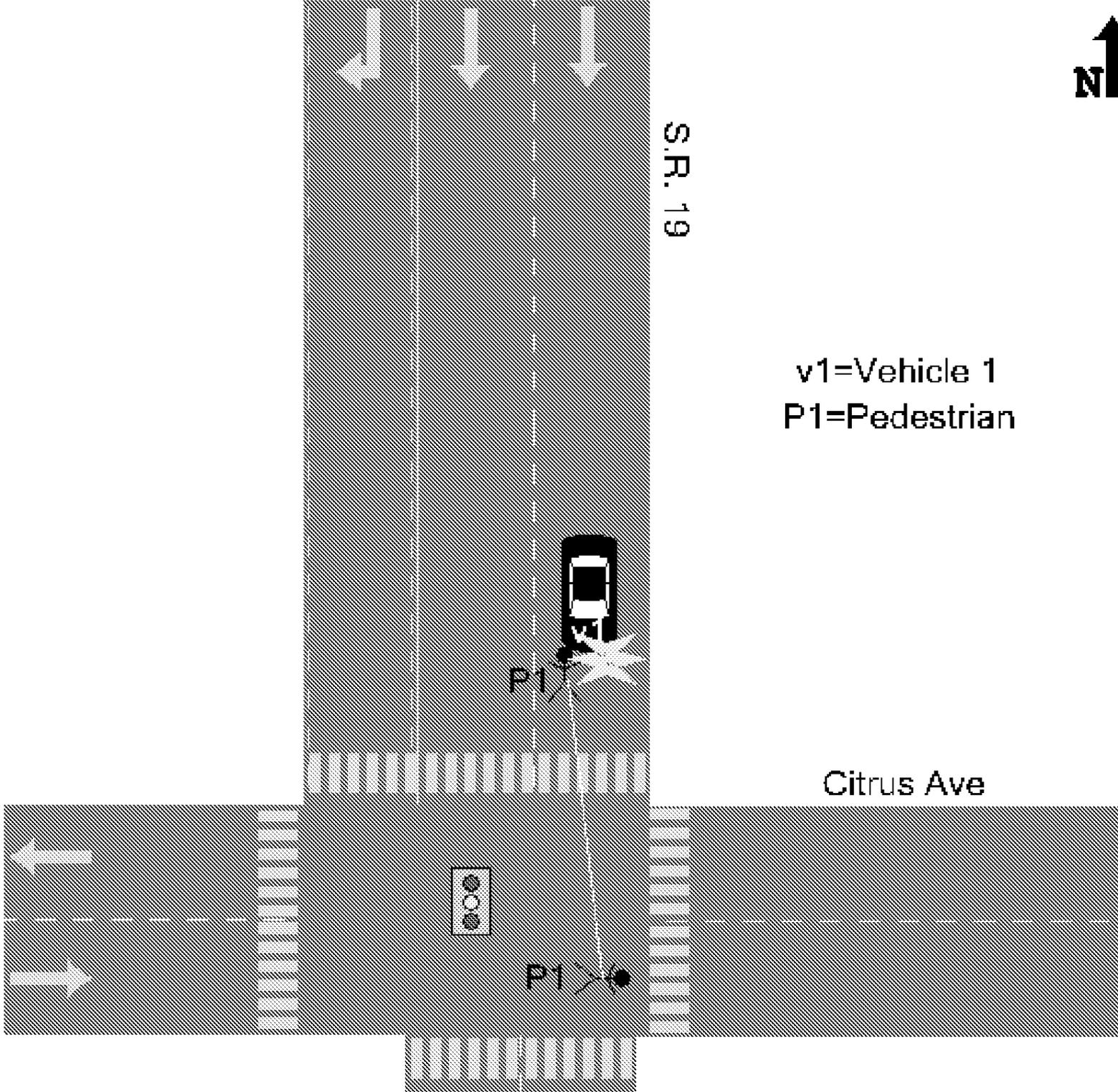
NARRATIVE

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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