

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 08/Oct/2013 10:29 PM	Time of Crash 08/Oct/2013 10:29 PM	Date of Report 08/Oct/2013 11:31 PM	Invest. Agency Report Number FHPD13OFF086537	HSMV Crash Report Number 83294402
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CRASH IDENTIFIERS

County Code 12	City Code 40	County of Crash LAKE	Place or City of Crash LADY LAKE	Within City Limits No	Time Reported 08/Oct/2013 10:34 PM	Time Dispatched 08/Oct/2013 10:35 PM
Time on Scene 08/Oct/2013 11:23 PM	Time Cleared Scene 09/Oct/2013 12:35 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway GRIFFIN AVE			At Street Address#	At Latitude and Longitude 28.9489774544261 -81.954014676898396
At Feet 500	Or Miles	Direction West	From Intersection With Street, Road, Highway CR-25	Or From Milepost #
Road System Identifier 4 County		Type Of Shoulder 2 Unpaved	Type Of Intersection 1 Not at Intersection	

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 4 Dark-Lighted	Weather Condition 2 Cloudy	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 2 Off Roadway	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction
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 2 Yes	Veh License Number	State	Reg. Expires	Permanent Reg. No	VIN		
Year	Make UNK	Model	Style	Color	Extent of Damage Unknown	Est. Damage 500	Towed Due To Damage No	Vehicle Removed By	Rotation
Insurance Company					Insurance Policy Number				
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>			Current Address (Number and Street)				City and State		Zip Code
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 East	On Street, Road, Highway GRIFFIN AVE				At Est. Speed 35	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 88 Unknown	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 1 Two-Way, Not Divided	Roadway Grade 3 Uphill	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 77 Other, Explain in Narrative	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 2 Non-Motorist	Name JULINA ROSE WILLIAMS	Date of Birth 13/Apr/1981	Sex 2 Female	Injury Severity 3 Non-incapacitating	Phone Number 9546047102
Address 797 TEAGUE TRL APT 7207		City LADY LAKE	State FL		Zip Code 32159	
Non-Motorist Description Detail 1 Pedestrian		Non-Motorist Action Prior to Crash 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane)			Non-Motorist Location at Time of Crash 7 Shoulder/Roadside	

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Non-Motorist Actions/Circumstance (First) 1 No Improper Action		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two)	
Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type Drug Test Result
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID LAKE EMS		EMS Run Number 33450		Medical Facility Transported To VILLAGES HOSPITAL	

WITNESSES

Name BRIAN DUCAT	Address 797 TEAGUE TRL APT 1306	City LADY LAKE	State FL	Zip Code 32159
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NARRATIVE

ID Number 2669	Rank TROOPER	Name W.S. MCKENZIE	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Oct 08, 2013
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V01 was traveling eastbound on Griffin Ave approaching NM01. NM01 was walking eastbound on the grassy shoulder next to the eastbound travel lane of Griffin Ave. For unknown reasons, the right front / side of V01 collided with NM01 causing injuries to her left side. V01 immediately fled the area of collision. NM01 was transported to the hospital prior to my arrival.

V01 is possibly a light colored SUV or minivan. The witness stated it appeared V01 swerved right before violently swerving back to the left at the time of the collision. The witness stopped to render aid to NM01 and wasn't able to provide any further details regarding V01.

This case is closed until such time as more information regarding V01 becomes available.

REPORTING OFFICER

ID/Badge # 2669	Rank and Name TROOPER W.S. MCKENZIE	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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Not To Scale

