

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 28/Aug/2011 01:00 AM	Time of Crash 28/Aug/2011 01:00 AM	Date of Report 28/Aug/2011 02:23 AM	Invest. Agency Report Number FHPD11OFF071341	HSMV Crash Report Number 81959090
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CRASH IDENTIFIERS

County Code 12	City Code	County of Crash LAKE	Place or City of Crash LADY LAKE	Within City Limits No	Time Reported 28/Aug/2011 01:07 AM	Time Dispatched 28/Aug/2011 01:31 AM
Time on Scene 28/Aug/2011 02:05 AM	Time Cleared Scene 28/Aug/2011 03:37 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway COUNTY ROAD 25			At Street Address#	At Latitude 28.941024374216799	and Longitude -81.928440062329201
At Feet	Or Miles .20	Direction North	From Intersection With Street, Road, Highway GRIFFIN AVE	Or From Milepost #	
Road System Identifier 4 County		Type Of Shoulder 1 Paved	Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 5 Dark-Not 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 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	Model	Style SUV	Color WHI	Extent of Damage	Est. Damage	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	Axes	
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes	
Vehicle Traveling:	Direction South	On Street, Road, Highway COUNTY ROAD 25				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 16 (Sport) Utility Vehicle	Vehicle Defects (one)		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 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		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

PERSON RECORD

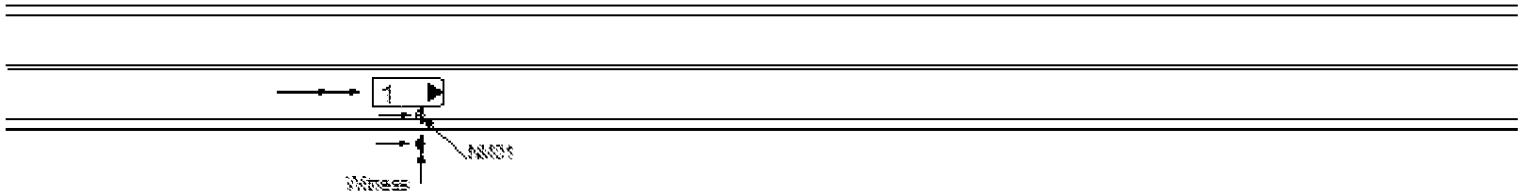
Person# 2	Description 2 Non-Motorist	Name WILLIAM IVIN MOON	Date of Birth 19/May/1986	Sex 1 Male	Injury Severity 3 Non-incapacitating	Phone Number
Address 640 CR 533		City SUMTERVILLE	State FL		Zip Code 33585	
Non-Motorist Description Detail 1 Pedestrian		Non-Motorist Action Prior to Crash 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane)			Non-Motorist Location at Time of Crash 5 Travel Lane - Other Location	

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Non-Motorist Actions/Circumstance (First) 3 Failure to Yield Right-of-Way		Non-Motorist Actions/Circumstance (Second) 12 Wrong-Way Riding or Walking		Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two)	
Suspected Alcohol Use 2 Yes	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 88 Unknown	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 COUNTY RESCUE		EMS Run Number		Medical Facility Transported To ORMC	
WITNESSES							
Name DEMPSEY DUSTIN		Address UK		City UK		State FL	Zip Code 00000
NARRATIVE							
<p>Officer: J.C. HELMS Date: Aug 28 2011 2:47AM</p> <p>V01 was traveling southbound on County Road 25. NM01 was walking southbound within the southbound travel lane of County Road 25. V01 struck NM01 on his left side with the right side mirror of V01. D-1 turned around and talked with the NM01 and NM01 indicated he was ok. V01 then left the scene traveling southbound on County Road 25. NM01 walked about 0.2 miles and then fell down to the ground. NM01 flagged down a passing vehicle. V01 should be a white suv type vehicle with damage to the right side mirror. Another person was walking with NM01 at the time of the crash. Mr. Dustin Dempsey does not have an address or any contact information at this time.</p> <p>I have no leads and no other information at this time on V01. This case will be reopen if any more information is found.</p>							
REPORTING OFFICER							
ID/Badge # 1139	Rank and Name CORPORAL J.C. HELMS			Department FLORIDA HIGHWAY PATROL		Type of Department FHP	

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County Road 25



The exact location of crash is unknown.
Unable to locate any glass.