

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 19/Jun/2013 05:20 PM	Time of Crash 19/Jun/2013 05:20 PM	Date of Report 19/Jun/2013 06:03 PM	Invest. Agency Report Number FHPD13OFF051190	HSMV Crash Report Number 83306567
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CRASH IDENTIFIERS

County Code 12	City Code 0	County of Crash LAKE	Place or City of Crash UNINCORPORATED	Within City Limits No	Time Reported 19/Jun/2013 05:23 PM	Time Dispatched 19/Jun/2013 05:24 PM
Time on Scene 19/Jun/2013 06:01 PM	Time Cleared Scene 19/Jun/2013 06:45 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway 600 US HWY 27			At Street Address#	At Latitude and Longitude 28.354702522552198 -81.676048287580898
At Feet 1000	Or Miles	Direction South	From Intersection With Street, Road, Highway CAGAN CROSSINGS BLVD	Or From Milepost #
Road System Identifier 2 U.S.		Type Of Shoulder 3 Curb	Type Of Intersection 1 Not at 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 5 Sideswipe, Opposite Direction
First Harmful Event Type	First Harmful Event 11	First Harmful Event Location 8 In Parking Lane or Zone	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 1 No	Veh License Number D667MF	State FL	Reg. Expires 19/May/2014	Permanent Reg. No	VIN 5N1AN08U17C507443			
Year 2007	Make NISS	Model XTERRA	Style UT	Color SIL	Extent of Damage Minor	Est. Damage 50	Towed Due To Damage No	Vehicle Removed By	Rotation	
Insurance Company PROGRESSIVE				Insurance Policy Number 210738514						
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> MADAN KUNJAN			Current Address (Number and Street) 16650 SUNRISE VISTA DR			City and State CLERMONT FL		Zip Code 34714-0000		
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 600 US HWY 27				At Est. Speed 10	Posted Speed 20	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) 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 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 11 Pedalcycle		
Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object 11 Pedalcycle		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 SANGEETA KUNJAN	Date of Birth 16/Dec/1979	Sex 2 Female	Phone Number	Re-Exam No
Address 16650 SUNRISE VISTA DR		City CLERMONT	State FL		Zip Code 34714		
Driver License Number K525780799560	State FL	Expires 16/Dec/2019	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 1 None	Ejection 1 Not Ejected	

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Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other		
Drivers Actions at Time of Crash (first) 2 Operated MV in Careless or Negligent Manner			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 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 1 Not Transported		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To			

PERSON RECORD

Person# 2	Description 3 Passenger	Vehicle # 1	Name SASHIA MICHELLE KUNJAN	Date of Birth 28/Dec/2000	Sex 2 Female	Injury Severity 1 None	Ejection 1 Not Ejected
Address 16650 SUNRISE VISTA DR			City CLERMONT			State FL	Zip Code 34714
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 3	Seating Location Row 1	Seating Location Other	
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To		

PERSON RECORD

Person# 3	Description 2 Non-Motorist	Name ERIC MARRERO ENCARNACION	Date of Birth 24/Nov/1976	Sex 1 Male	Injury Severity 3 Non-incapacitating	Phone Number		
Address 1342 RAINTREE BND APT 302		City CLERMONT		State FL	Zip Code 34714			
Non-Motorist Description Detail 3 Bicyclist		Non-Motorist Action Prior to Crash 6 In Roadway --Other (working, playing, etc.)			Non-Motorist Location at Time of Crash 5 Travel Lane - Other Location			
Non-Motorist Actions/Circumstance (First) 8 Inattentive (talking, eating, etc)		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two) 1 None		
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 1 Not Transported		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To			

NARRATIVE

ID Number 2133	Rank TROOPER	Name J.A. RATLIFF	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Jun 19, 2013
<p>V01 was traveling east in the private drive of 600 US Highway 27 south of Cagan Crossings Blvd. NM01 was traveling west in the private drive of 600 US Highway 27 south of Cagan Crossings Blvd. The front left of NM01 Struck the Front left of V01. The vehicles came to rest near point of impact.</p> <p>-NOTE- Where the vehicles came to rest indicated both vehicles were straddling the center of the lane at the time of the crash. Due to the fact that neither Driver attempted to avoid the crash, it would indicate both were inattentive at the time of the crash.</p>						

REPORTING OFFICER

ID/Badge # 2133	Rank and Name TROOPER J.A. RATLIFF	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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NOT TO SCALE



Private Driveway of
600 US Highway 27
South of
Cagan Crossings BLVD

