

# 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 <b>09/Sep/2011 11:53 AM</b>	Time of Crash <b>09/Sep/2011 11:53 AM</b>	Date of Report <b>09/Sep/2011 12:46 PM</b>	Invest. Agency Report Number <b>FHPD11OFF075079</b>	HSMV Crash Report Number <b>82016210</b>
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## CRASH IDENTIFIERS

County Code <b>12</b>	City Code	County of Crash <b>LAKE</b>	Place or City of Crash	Within City Limits <b>No</b>	Time Reported <b>09/Sep/2011 11:58 AM</b>	Time Dispatched <b>09/Sep/2011 12:05 PM</b>
Time on Scene <b>09/Sep/2011 12:35 PM</b>	Time Cleared Scene <b>09/Sep/2011 01:48 PM</b>	Completed <b>Yes</b>	Reason (if Investigation NOT Completed)			Notified By <b>Law Enforcement</b>

## ROADWAY INFORMATION

Crash Occured On Street, Road, Highway <b>CAGAN CROSSINGS BLVD</b>			At Street Address#		At Latitude and Longitude <b>28.354676666666698 -81.678418333333298</b>	
At Feet <b>300</b>	Or Miles	Direction <b>West</b>	From Intersection With Street, Road, Highway <b>US-27</b>			Or From Milepost #
Road System Identifier <b>4 County</b>		Type Of Shoulder <b>3 Curb</b>		Type Of Intersection <b>1 Not at Intersection</b>		

## CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition <b>1 Daylight</b>	Weather Condition <b>2 Cloudy</b>	Roadway Surface Condition <b>1 Dry</b>	School Bus Related <b>1 No</b>	Manner Of Collision <b>77 Other, Explain in Narrative</b>		
First Harmful Event Type	First Harmful Event <b>10</b>	First Harmful Event Location <b>1 On Roadway</b>	Within Interchange <b>No</b>	First Harmful Event Relation to Junction <b>1 Non-Junction</b>		
Contributing Circumstances: Road <b>1 None</b>		Contributing Circumstances: Road		Contributing Circumstances: Road		
Contributing Circumstances: Environment <b>1 None</b>		Contributing Circumstances: Environment		Contributing Circumstances: Environment		
Work Zone Related <b>1 No</b>	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone		

## VEHICLE (Check if Commercial) ☐

Vehicle <b>1</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>2 Yes</b>	Veh License Number	State	Reg. Expires	Permanent Reg. <b>No</b>	VIN
Year	Make	Model	Style	Color <b>SIL</b>	Extent of Damage <b>Unknown</b>	Est. Damage <b>1</b>	Towed Due To Damage <b>No</b>
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
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Vehicle Traveling:	Direction <b>South</b>	On Street, Road, Highway <b>CAGAN CROSSINGS BLVD</b>				At Est. Speed <b>5</b>	Posted Speed <b>10</b>
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 <b>16 (Sport) Utility Vehicle</b>	Vehicle Defects (one) <b>1 None</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 No</b>	Special Function of MV <b>1 No Special Function</b>
Vehicle Maneuver Action <b>1 Straight Ahead</b>	Trafficway <b>5 One-Way Trafficway</b>	Roadway Grade <b>1 Level</b>	Roadway Alignment <b>1 Straight</b>	Most Harmful Event <b>2 Collision with Non-Fixed Object</b>		Most Harmful Event Detail <b>10 Pedestrian</b>	
Traffic Control Device For This Vehicle <b>77 Other, Explain in Narrative</b>	First (1) Sequence of Events <b>2 Collision with Non-Fixed Object 10 Pedestrian</b>		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events

## PERSON RECORD

Person# <b>1</b>	Description <b>2 Non-Motorist</b>	Name <b>HENRY LEE BURDETTE J</b>	Date of Birth <b>20/May/1978</b>	Sex <b>1 Male</b>	Injury Severity <b>2 Possible</b>	Phone Number <b>4075522278</b>
Address <b>5727 W 192</b>		City <b>KISSIMMEE</b>	State <b>FL</b>	Zip Code <b>34746</b>		
Non-Motorist Description Detail <b>1 Pedestrian</b>		Non-Motorist Action Prior to Crash <b>1 Crossing Roadway</b>		Non-Motorist Location at Time of Crash <b>4 Midblock - Marked Crosswalk</b>		

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Non-Motorist Actions/Circumstance (First) <b>1 No Improper Action</b>		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) <b>6 Not Applicable</b>		Non-Motorist Safety Equipment (Two)	
Suspected Alcohol Use <b>1 No</b>	Alcohol Tested <b>1 Test Not Given</b>	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>1 No</b>	Drug Tested <b>1 Test Not Given</b>	Drug Test Type Drug Test Result
Source of Transport to Medical Facility <b>1 Not Transported</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
<b>WITNESSES</b>							
Name JEREMIAH EUGENE QUEEN		Address 254 PINWOOD DR		City DAVENPORT		State FL Zip Code 33896	
<b>WITNESSES</b>							
Name ALEXIS J ESPINAL		Address 3012 PARKWAY BLVD #206		City KISSIMMEE		State FL Zip Code 34747	
<b>NARRATIVE</b>							
<p>Officer: W.S. MCKENZIE Date: Sep 9 2011 1:20PM</p> <p>V01 was traveling southwest on Cagan Crossings Blvd in the roundabout section in front of Gators Dockside Restaurant. NM01 was in a marked crosswalk in front of the restaurant and was walking to the southeast. V01 failed to yield right of way to NM01 and the front left of V01 collided with the NM01. V01 fled the area of collision. NM01 was moved from the area of collision prior to my arrival.</p> <p>NM01 and the witnesses stated that V01 was a silver Toyota or possibly a Kia (small SUV). They were unable to provide any tag information. V01 was driven by a white male.</p> <p>This case is closed until such time as more information regarding V01 becomes available.</p>							
<b>REPORTING OFFICER</b>							
ID/Badge # 2669	Rank and Name TROOPER W.S. MCKENZIE			Department FLORIDA HIGHWAY PATROL		Type of Department FHP	

Not To Scale

