

# 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>01/Dec/2012 08:00 AM</b>	Time of Crash <b>01/Dec/2012 08:00 AM</b>	Date of Report <b>01/Dec/2012 09:09 AM</b>	Invest. Agency Report Number <b>FHPD12OFF102211</b>	HSMV Crash Report Number <b>83234330</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>01/Dec/2012 08:03 AM</b>	Time Dispatched <b>01/Dec/2012 08:05 AM</b>
Time on Scene <b>01/Dec/2012 09:02 AM</b>	Time Cleared Scene <b>01/Dec/2012 09:40 AM</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>CAGANS CROSSINGS BLVD</b>			At Street Address#	At Latitude <b>28.354821205694101</b>	and Longitude <b>-81.677108402811697</b>
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway <b>U.S.-27</b>	Or From Milepost #	
Road System Identifier <b>2 U.S.</b>		Type Of Shoulder <b>3 Curb</b>		Type Of Intersection <b>2 Four-Way Intersection</b>	

## CRASH INFORMATION (Check if Pictures Taken)

Light Condition <b>1 Daylight</b>	Weather Condition <b>1 Clear</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>2 Intersection</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>1 No</b>	Veh License Number <b>B954QN</b>	State <b>FL</b>	Reg. Expires <b>02/May/2013</b>	Permanent Reg. <b>No</b>	VIN <b>1B3E56C44D556018</b>		
Year <b>2004</b>	Make <b>DODG</b>	Model <b>OTHER</b>	Style <b>4D</b>	Color <b>GRY</b>	Extent of Damage <b>Minor</b>	Est. Damage <b>250</b>	Towed Due To Damage <b>No</b>	Vehicle Removed By	Rotation
Insurance Company <b>STATE FARM</b>				Insurance Policy Number <b>3023747594</b>					

Name of Vehicle Owner (Check Box If Business) <b>RONALD DOMINIQUE RADIG</b>	Current Address (Number and Street) <b>16343 CAGAN CROSSINGS BLVD 204</b>	City and State <b>CLERMONT FL</b>	Zip Code <b>34714</b>
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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: <b>East</b>	On Street, Road, Highway <b>CAGANS CROSSINGS BLVD</b>	At Est. Speed <b>15</b>	Posted Speed <b>35</b>	Total Lanes <b>3</b>
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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
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Comm/Non-Commercial	Vehicle Body Type <b>1 Passenger Car</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>5 Turning Right</b>	Trafficway <b>1 Two-Way, Not Divided</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>5 Traffic Control Signal</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>1 Driver</b>	Vehicle # <b>1</b>	Name <b>RONALD DOMINIQUE RADIG</b>	Date of Birth <b>02/May/1972</b>	Sex <b>1 Male</b>	Phone Number	Re-Exam <b>No</b>
Address <b>16343 CAGAN CROSSINGS BLVD 204</b>		City <b>CLERMONT</b>	State <b>FL</b>	Zip Code <b>34714</b>			
Driver License Number <b>R320724721620</b>	State <b>FL</b>	Expires <b>02/May/2020</b>	DL Type <b>5 E/Operator</b>	Req. End.	Injury Severity <b>1 None</b>	Ejection <b>1 Not Ejected</b>	

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Restraint System 4 Shoulder Belt Only 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) 3 Failed to Yield Right.of.Way		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 2 Non-Motorist	Name MUNIZ JAIME PENA	Date of Birth 16/Feb/1978	Sex 1 Male	Injury Severity 3 Non-incapacitating	Phone Number		
Address 540 CHELSEA DR		City DAVENPORT	State FL		Zip Code 33897			
Non-Motorist Description Detail 1 Pedestrian		Non-Motorist Action Prior to Crash 1 Crossing Roadway		Non-Motorist Location at Time of Crash 1 Intersection - Marked Crosswalk				
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 208797	Medical Facility Transported To SOUTH LAKE HOSPITAL			

**VIOLATIONS**

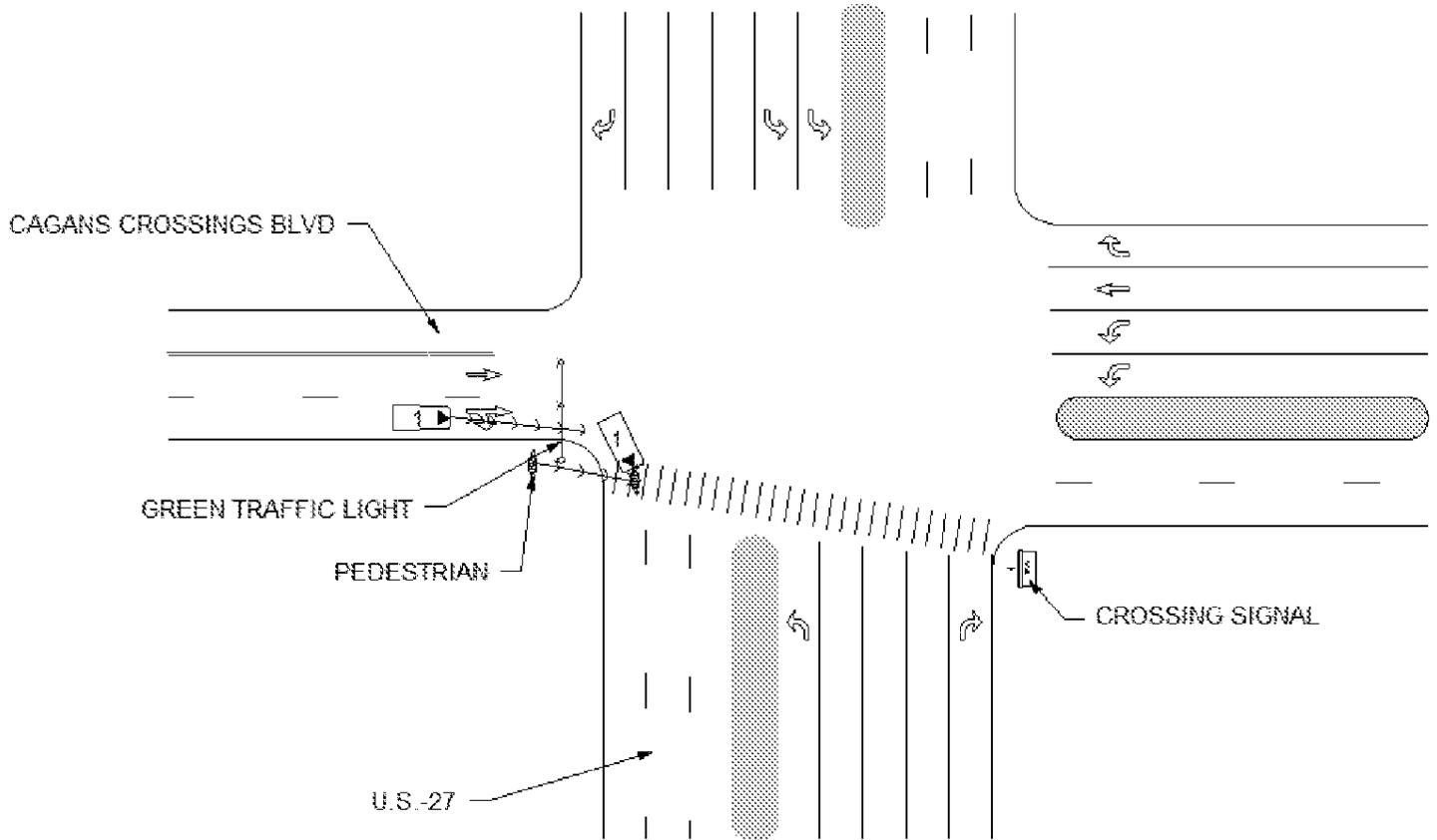
Person# 1	Name RONALD DOMINIQUE RADIG	Florida Statute Number 316.075(1)(a)1	Charge GREEN CIRCULAR LIGHT/ VEHICLE FACING/ FAILED TO YIELD RIGHT-	Citation 6890-WON
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**NARRATIVE**

ID Number 2725	Rank TROOPER	Name M. MIHM	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Dec 01, 2012
<p>VEHICLE 1 (V01) WAS TRAVELING EASTBOUND CAGANS CROSSINGS BLVD. PEDESTRIAN (NM-01) WAS WALKING EASTBOUND IN CROSS-WALK ACROSS U.S.-27. VEHICLE 1 HAD A GREEN TRAFFIC LIGHT. PEDESTRIAN HAD THE WALK SIGNAL. VEHICLE 1 FAILED TO YIELD THE RIGHT OF WAY TO PEDESTRIAN TRAFFIC WHILE MAKING A RIGHT TURN ONTO U.S.-27, CAUSING VEHICLE 1 FRONT TO STRIKE THE PEDESTRIAN. VEHICLE 1 AND PEDESTRIAN CAME TO FINAL REST IN AREA OF COLLISION.</p>						

**REPORTING OFFICER**

ID/Badge # 2725	Rank and Name TROOPER M. MIHM	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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NOT TO SCALE