

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 01/Jan/2013 01:20 AM	Time of Crash 01/Jan/2013 01:20 AM	Date of Report 01/Jan/2013 02:01 AM	Invest. Agency Report Number FHPD13OFF000014	HSMV Crash Report Number 83229147
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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 01/Jan/2013 01:27 AM	Time Dispatched 01/Jan/2013 01:28 AM
Time on Scene 01/Jan/2013 01:40 AM	Time Cleared Scene 01/Jan/2013 03:28 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway US27 (SR25)		At Street Address# 1	At Latitude and Longitude 28.355060694739201 -81.676802253350601
At Feet 15	Or Miles	Direction South	From Intersection With Street, Road, Highway CAGAN CROSSINGS BLVD
Road System Identifier 2 U.S.		Type Of Shoulder 3 Curb	Type Of Intersection 2 Four-Way 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 3 Intersection.Related
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 BDS9381	State GR	Reg. Expires 25/Apr/2013	Permanent Reg. No	VIN 4T1BF32K22U518223				
Year 2002	Make TOYOT	Model CAMRY	Style 4DR	Color GRY	Extent of Damage Functional	Est. Damage 2000	Towed Due To Damage No	Vehicle Removed By	Rotation		
Insurance Company STATE FARM MUTUAL				Insurance Policy Number 3797051A2211C							
Name of Vehicle Owner (Check Box If Business) DOROTHY CLARK ALLEN			Current Address (Number and Street) 625 MARSHALL ST			City and State THOMASVILLE GA		Zip Code 31792			
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: North	Direction	On Street, Road, Highway US27 (SR25)				At Est. Speed 55	Posted Speed 55	Total Lanes 6			
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 1 Passenger Car	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 4 Two-Way, Divided, Positive Median Barrier		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 5 Traffic Control Signal		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 1 Driver	Vehicle # 1	Name KENYERD LESEAN CLARK	Date of Birth 10/Jul/1989	Sex 1 Male	Phone Number 4075793228	Re-Exam No
Address 16419 NELSON PARK DR APT 305		City CLERMONT		State FL		Zip Code 34714	
Driver License Number C462512892500		State FL	Expires 10/Jul/2021	DL Type 5 E/Operator	Req. End.	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 1 Not Applicable		
Drivers Actions at Time of Crash (first) 1 No Contributing Action		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# 1	Description 2 Non-Motorist	Name MANUEL RODRIGUEZ	Date of Birth 09/Apr/1983	Sex 1 Male	Injury Severity 4 Incapacitating	Phone Number		
Address 1364 RAINTREE BND APT 304		City CLERMONT	State FL		Zip Code 34714			
Non-Motorist Description Detail 1 Pedestrian		Non-Motorist Action Prior to Crash 1 Crossing Roadway		Non-Motorist Location at Time of Crash 3 Intersection - Other				
Non-Motorist Actions/Circumstance (First) 4 Failure to Obey Traffic Signs, Signals, or Officer		Non-Motorist Actions/Circumstance (Second)		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 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	Medical Facility Transported To ORLANDO REGIONAL MEDICAL CENTE			

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
2095	TROOPER	C.C. THOMPSON	D	FLORIDA HIGHWAY PATROL	407-737-2300	Jan 01, 2013

V01 was northbound on US27 (SR25) in the outside lane. The P01 was walking from the west side of US27 to the east side. The front right of V01 struck the right side of P01. The impact threw P01 to the right.
P01 came to final rest on his back with his feet pointing northeasterly and his head in a southwesterly.
V01 came to final rest in the outside lane, on the north side of the intersection.

The point of impact was determined through a hat and shoe left on the roadway. It was confirmed by D01s account of impact and P01s position upon him rendering aide after the crash. The point of impact was approximately 18 ft south of the crosswalk.

REPORTING OFFICER

ID/Badge # 2095	Rank and Name TROOPER C.C. THOMPSON	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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