

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/Dec/2012 08:00 AM	Time of Crash 01/Dec/2012 08:00 AM	Date of Report 01/Dec/2012 09:09 AM	Invest. Agency Report Number FHPD12OFF102211	HSMV Crash Report Number 83234330
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CRASH IDENTIFIERS

County Code 12	City Code	County of Crash LAKE	Place or City of Crash	Within City Limits No	Time Reported 01/Dec/2012 08:03 AM	Time Dispatched 01/Dec/2012 08:05 AM
Time on Scene 01/Dec/2012 09:02 AM	Time Cleared Scene 01/Dec/2012 09:40 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway CAGANS CROSSINGS BLVD			At Street Address#		At Latitude and Longitude 28.354821205694101 -81.677108402811697	
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway U.S.-27			Or From Milepost #
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 1 Daylight	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 2 Intersection		
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 B954QN	State FL	Reg. Expires 02/May/2013	Permanent Reg. No	VIN 1B3ES56C44D556018
Year 2004	Make DODG	Model OTHER	Style 4D	Color GRY	Extent of Damage Minor	Est. Damage 250	Towed Due To Damage No
Insurance Company STATE FARM				Insurance Policy Number 3023747594			
Name of Vehicle Owner (Check Box If Business) RONALD DOMINIQUE RADIG			Current Address (Number and Street) 16343 CAGAN CROSSINGS BLVD 204			City and State CLERMONT FL	
Zip Code 34714							
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 East	On Street, Road, Highway CAGANS CROSSINGS BLVD				At Est. Speed 15	Posted Speed 35
Total Lanes 3							
CMV Configuration			Cargo Body Type			Area of Initial Impact	
Comm GVWR/GCWR			Trailer Type (trailer one)			Trailer Type (trailer two)	
Haz. Mat. Release			Haz Mat. Placard			Number	
Class			US DOT Number				
Motor Carrier Name			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 5 Turning Right	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 5 Traffic Control Signal	First (1) Sequence of Events 2 Collision with Non-Fixed Object	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events			
		10 Pedestrian					

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name RONALD DOMINIQUE RADIG	Date of Birth 02/May/1972	Sex 1 Male	Phone Number	Re-Exam No
Address 16343 CAGAN CROSSINGS BLVD 204		City CLERMONT		State FL		Zip Code 34714	
Driver License Number R320724721620	State FL	Expires 02/May/2020	DL Type 5 E/Operator	Req. End.	Injury Severity 1 None	Ejection 1 Not Ejected	

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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

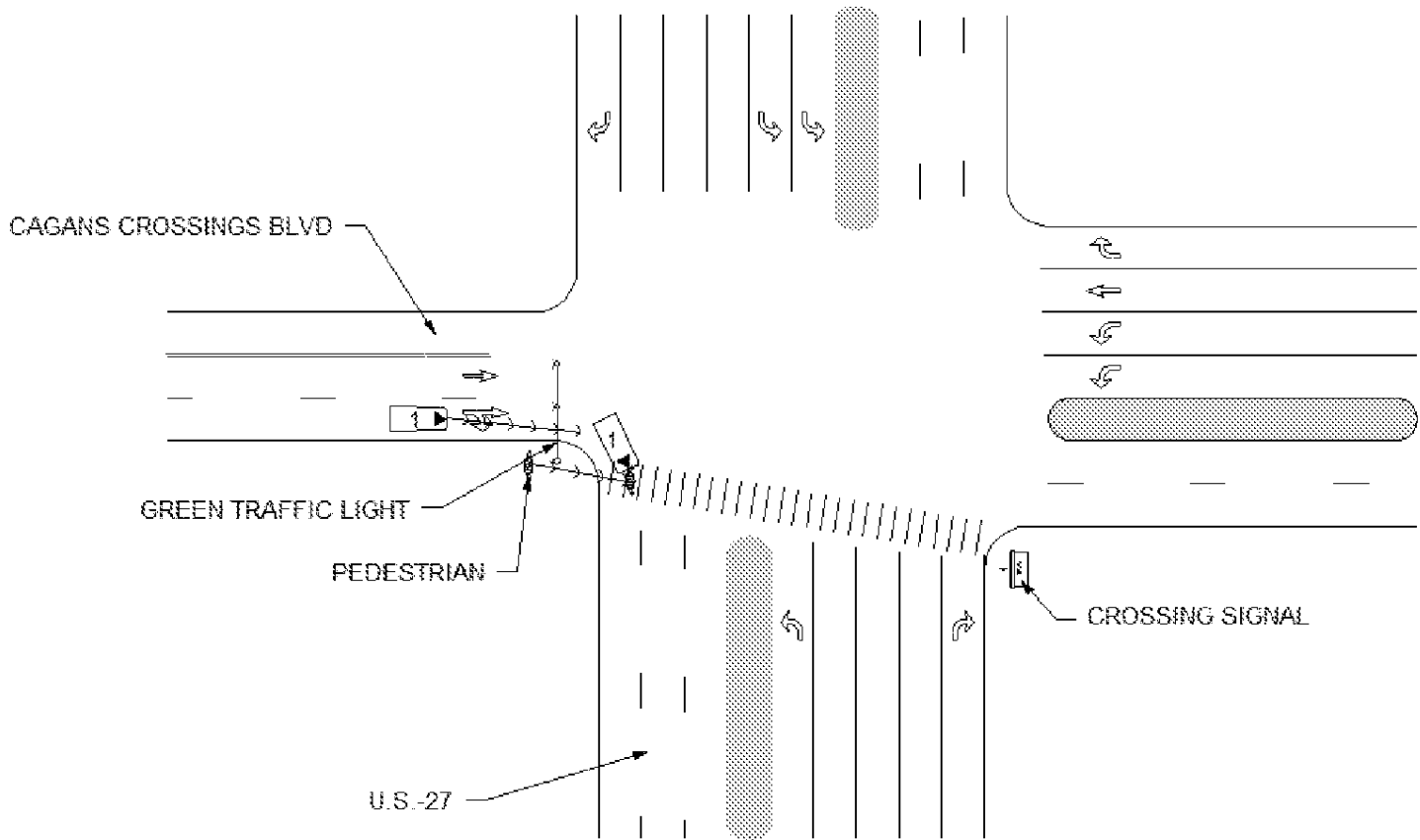
Person# 1	Name RONALD DOMINIQUE RADIG	Florida Statute Number 316.075(1)(a)1	Charge GREEN CIRCULAR LIGHT/ VEHICLE FACING/ FAILED TO YIELD RIGHT-	Citation 6890-WON
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NARRATIVE

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
VEHICLE 1 (V01) WAS TRAVELING EASTBOUND CAGANS CROSSINGS BLVD. PEDESTRAIN (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.						

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