

# FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO DEPT. HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

Date of Crash <b>11/Feb/2010</b>		Time of Crash <b>06: 55 PM</b>		Time Officer Notified <b>07: 31 PM</b>		Time Officer Arrived <b>07: 34 PM</b>		Invest. Agency Report Number <b>FHPD10OFF012533</b>		HSMV Crash Report Number <b>77691259</b>	
County Code/ <b>12</b>	City Code <b>00</b>	Feet or Mile(s) <b>11</b>	Direction of <b>S</b>	City or Town <b>CLERMONT</b>			(check if in City or Town) <input type="checkbox"/>		County <b>Lake</b>		
At Node No. or <b>2</b>	Feet or Mile(s) <b>500</b>	From Node No.	Next Node No.	No. of Lanes <b>2</b>	1. Divided 2. Undivided		On Street, Road or Highway <b>CAGAN CROSSINGS BLVD</b>				
At The Intersection Of (street, road or highway) or				Feet or Mile(s) <b>500</b>	Direction <b>E</b>	From Intersection Of (street, road or highway) <b>US-27</b>					

**SECTION 1 Pedestrian  Vehicle**

Driver Action 1. Phantom <input type="checkbox"/> 2. Hit and Run 3. N/A	Year	Make	Type	Use	Veh. License Number	State	Vehicle Identification Number							
Trailer Or Towed Vehicle Information			Trailer Type											
Vehicle Traveling on		At	Est. MPH	Posted Speed	Est. Vehicle Damage	1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage		Est. Trailer Damage	Show first point of vehicle damage and circle damaged areas <input type="checkbox"/>					
Motor Vehicle Insurance Company (Liability or PIP)				Policy Number	Vehicle Removed By:			1. Tow Rotation List 2. Tow Owner's Request		3. Driver <input type="checkbox"/> 4. Other <input type="checkbox"/>				
Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/>				Current Address (Number and Street)				City and State		Zip Code				
Name of Owner (Trailer or Towed Vehicle)				Current Address (Number and Street)				City and State		Zip Code				
Name of Motor Carrier (Commercial vehicle only)				Current Address (Number and Street)				City, State and Zip Code		US DOT or ICC MC Identification Numbers				
Name of Driver (Taken from Driver license)/ Pedestrian <b>TODD L BOSO</b>				Current Address (Number and Street) <b>2450 LYNX COURT</b>				City, State and Zip Code <b>KISSIMEE FL 34744</b>		Date Of Birth <b>18/Jan/1962</b>				
Driver License Number	State	DL Type	Req. End	AIC/Drug Test Type <input checked="" type="checkbox"/> 1 Blood 3 Urine 5 None 2 Breath 4 Refused		Results	Alc/Drug <b>5</b>	Phys. Def <b>1</b>	Res. <b>2</b>	Race <b>White</b>	Sex <b>1</b>	Inj. <b>3</b>	S. Equip. <b>1</b>	Eject.
Hazardous Materials Being Transported <input type="checkbox"/>	Placarded <input type="checkbox"/>	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond				Was Hazardous Material Spilled? <input type="checkbox"/>	Recommend Driver Re-exam, if Yes Explain In Narrative <input type="checkbox"/>				Driver's Phone No.			

**SECTION 2 Pedestrian  Vehicle**

Driver Action 1. Phantom <input checked="" type="checkbox"/> 2. Hit and Run 3. N/A	Year <b>2008</b>	Make <b>GLLG</b>	Type <b>09</b>	Use <b>02</b>	Veh. License Number <b>STATE40304</b>	State <b>FL</b>	Vehicle Identification Number <b>15GGD271981078918</b>							
Trailer Or Towed Vehicle Information			Trailer Type											
Vehicle Traveling on <b>W CAGAN CROSSINGS BLVD</b>		At	Est. MPH <b>5</b>	Posted Speed <b>25</b>	Est. Vehicle Damage <b>\$0</b>	1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage		Est. Trailer Damage	Show first point of vehicle damage and circle damaged areas <input type="checkbox"/>					
Motor Vehicle Insurance Company (Liability or PIP) <b>SELF</b>				Policy Number <b>0000</b>	Vehicle Removed By: <b>DRIVER</b>			1. Tow Rotation List 2. Tow Owner's Request		3. Driver <input checked="" type="checkbox"/> 4. Other <input type="checkbox"/>				
Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/>				Current Address (Number and Street) <b>CENTRAL FLORIDA TRANSPORATION AUTH 455 N GARLAND AVE</b>				City and State <b>ORLANDO FL</b>		Zip Code <b>32801</b>				
Name of Owner (Trailer or Towed Vehicle)				Current Address (Number and Street)				City and State		Zip Code				
Name of Motor Carrier (Commercial vehicle only)				Current Address (Number and Street)				City, State and Zip Code		US DOT or ICC MC Identification Numbers				
Name of Driver (Taken from Driver license)/ Pedestrian <b>RICHARD F FINN</b>				Current Address (Number and Street) <b>310 WOODBURY PINE CIR</b>				City, State and Zip Code <b>ORLANDO FL 32828</b>		Date Of Birth <b>22/Oct/1956</b>				
Driver License Number <b>F500746563820</b>	State <b>FL</b>	DL Type <b>2</b>	Req. End <b>1</b>	AIC/Drug Test Type <input checked="" type="checkbox"/> 1 Blood 3 Urine 5 None 2 Breath 4 Refused		Results	Alc/Drug <b>1</b>	Phys. Def <b>1</b>	Res. <b>2</b>	Race <b>1</b>	Sex <b>1</b>	Inj. <b>1</b>	S. Equip. <b>2</b>	Eject. <b>1</b>
Hazardous Materials Being Transported <input checked="" type="checkbox"/>	Placarded <input checked="" type="checkbox"/>	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond				Was Hazardous Material Spilled? <input checked="" type="checkbox"/>	Recommend Driver Re-exam, if Yes Explain In Narrative <input checked="" type="checkbox"/>				Driver's Phone No.			

**CODE INFORMATION**

<b>Vehicle Type</b> 01 Automobile 02 Van 03 Light Truck/P.U.-2 or 4 rear tires Automobile 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Boat)tail 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 Other	<b>Vehicle Use</b> 01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	<b>Trailer Type</b> 01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount/Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	<b>Residence (driver/Ped.)</b> 1 County Of Crash 2 Elsewhere In State 3 Non-Resident Out Of State 4 Foreign 5 Unknown <b>DL Type</b> 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper.-Rest. 7 None <b>Required Endorsements</b> 1 Yes 2 No 3 No endorsement Required	<b>Physical Defects</b> 1 No Defects Known 2 Eyesight Defect 3 Fatigue/Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect <b>Injury Severity</b> 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	<b>Alcohol/Drug Use</b> 1 Not Drinking or using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALC/DRUG Test Results <b>Safety Equipment In Use</b> 1 Not in use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air bag - Not Deployed 6 Safety Helmet 7 Eye Protection	<b>Location In Vehicle</b> 1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other <b>Ejected</b> 1 No 2 Yes 3 Partial
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<b>SECTION</b>		Pedestrian <input type="checkbox"/>		Vehicle <input type="checkbox"/>										
Driver Action	1. Phantom <input type="checkbox"/> 2. Hit and Run 3. N/A	Year	Make	Type	Use	Veh. License Number	State	Vehicle Identification Number			18. Undercarriage	19. Overturn	20. Windshield	21. Trailer
Trailer Or Towed Vehicle Information		Trailer Type		Vehicle Traveling on _____ At _____ Est. MPH _____		Posted Speed _____	Est. Vehicle Damage	1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage	Est. Trailer Damage	Show first point of vehicle damage and circle damaged areas <input type="checkbox"/>				
Motor Vehicle Insurance Company (Liability or PIP)				Policy Number		Vehicle Removed By:		1. Tow Rotation List	2. Tow Owner's Request	3. Driver	4. Other <input type="checkbox"/>			
Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/>				Current Address (Number and Street)				City and State		Zip Code				
Name of Owner (Trailer or Towed Vehicle)				Current Address (Number and Street)				City and State		Zip Code				
Name of Motor Carrier (Commercial vehicle only)				Current Address (Number and Street)				City, State and Zip Code		US DOT or ICC MC Identification Numbers				
Name of Driver (Taken from Driver license)/ Pedestrian				Current Address (Number and Street)				City, State and Zip Code		Date Of Birth				
Driver License Number	State	DL Type	Req. End	AIC/Drug Test Type	1 Blood 3 Urine 5 None 2 Breath 4 Refused	Results	Alc/Drug	Phys. Def	Res.	Race	Sex	Inj.	S. Equip.	Eject.
Hazardous Materials Being Transported <input type="checkbox"/>	Placarded <input type="checkbox"/>	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond				Was Hazardous Material Spilled? <input type="checkbox"/>	Recommend Driver Re-exam, if Yes Explain In Narrative <input type="checkbox"/>				Driver's Phone No.			
#	Property Damaged - Other Than Vehicles	Est. Amount	Owner's Name	Address	City	State	Zip							
#	Property Damaged - Other Than Vehicles	Est. Amount	Owner's Name	Address	City	State	Zip							

<b>Contributing Causes - Driver/Pedestrian</b>				<b>Vehicle Defect</b>				<b>Vehicle Movement</b>				<b>Vehicle Special Functions</b>			
01 No Improper Driving/Action	1	2	3	01 No Defects	1	2	3	01 Straight Ahead	1	2	3	1 None	1	2	3
02 Careless Driving (Explain in Narrative)	07	01		02 Def. Brakes		01		02 Slowing/Stopping/ Stalled				2 Farm			
03 Failure to Yield Right-Of-Way				03 Warn/ Smooth Tires				03 Making Left Turn		01		3 Police Pursuit		1	
04 Improper Backing	77			04 Defective/ Improper Lights				04 Backing				4 Recreational			
05 Improper Lane Change				05 Puncture/Blowout				05 Making Right Turn				5 Emergency Operation			
06 Improper Turn				06 Steering Mech.				06 Changing Lanes				6 Construction/Maintenance			
07 Alcohol - Under Influence				07 Windshield Wipers				07 Entering/Leaving/ Parking Space				<b>Source Of Carrier Information</b>			
08 Drugs - Under Influence				08 Equipment/Vehicle Defect				08 Improperly Parked				1 Not Applicable	1	2	3
09 Alcohol & Drugs - Under Influence				07 All Other (Explain In Narrative)				09 Improperly Parked				77 All Other (Explain In Narrative)			
10 Followed To Closely				<b>Point Of Collision</b>	01 On Road	04 Median		10 Making U-Turn				3 Vehicle Side		4	
11 Discarded Traffic Signal				02 Not On Road	05 Turn Lane	1	2	11 Passing				4 Driver	5	Other	
12 Exceeded Safe Speed Limit				03 Shoulder				<b>Pedestrian Action</b>	01 Crossing Not At Intersection	07 Working in Road	1	2	3	1 Primarily Business	1
13 Discarded Stop Sign				<b>Work Area</b>	01 None	1	2	3	02 Crossing At Mid-block Crosswalk	08 Standing/Playing in Road	77			2 Primarily Residential	
14 Failed To Maintain Equip./ Vehicle				01 None	02 Nearby	1	2	3	03 Crossing At Intersection	09 Standing in Pedestrian Island				3 Open Country	
15 Improper Passing				02 Nearby	03 Entered				04 Walking Along Road With Traffic	09 Standing in Pedestrian Island				3 Open Country	
16 Drove Left of Center				77 All Other (Explain In Narrative)					05 Walking Along Road Against Traffic	77 All Other (Explain In Narrative)				77 All Other (Explain In Narrative)	
17 Exceeded Stated Speed Limit									06 Working on Vehicle in Road	77 All Other (Explain In Narrative)				88 Unknown	
18 Obstructing Traffic															

<b>First/Subsequent Harmful Event (s)</b>				<b>Road System Identifier</b>				<b>Lighting Condition</b>			
01 Collision With MV in Transport (Rear End)	15 Collision With Animal	28 Collision With Moveable Object on Road	1	01 Interstate	07 Forest Road	01 Daylight	04				
02 Collision With MV in Transport (Head On)	16 MV Hit Sign / Sign Post	29 Mv Ran Into Ditch/Culvert	2	02 U.S.	08 Private Roadway	02 Dusk	04				
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole / Light Pole	30 Ran Off Road Into Water	3	03 State	77 All other (Explain In Narrative)	03 Dawn					
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	31 Overturned	10	04 County		04 Dark (Street Light)					
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	32 Occupant Fell From Vehicle		05 Local		05 Dark (No Street Light)					
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	33 Tractor/Trailer Jackknifed		06 Turnpike / Toll		05 Light					
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	34 Fire		<b>Road Surface Condition</b>	<b>Weather</b>	06 Unknown					
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	35 Explosion		01 Dry	01 Clear	02 Blacktop	02				
09 Collision with MV on Roadway	23 Collision With Construction Barricade Sign	36 Downhill Runaway		02 Wet	02 Cloudy	03 Brick/Block					
10 Collision With Pedestrian	24 Collision With Traffic Gate	37 Cargo Loss or Shift		03 Slippery	03 Rain	04 Concrete					
11 Collision With Bicycle	25 Collision With Crash Attenuators	38 Separation of Units		04 Icy	04 Fog	05 Dirt					
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	39 Median Crossover		77 All other (Explain In Narrative)	77 All other (Explain In Narrative)	77 All Other (Explain In Narrative)					
13 Collision With Moped	27 MV Hit Other Fixed Object	77 All Other (Explain In Narrative)									
14 Collision With Train											

<b>Road Conditions At Time Of Crash</b>		<b>Vision Obstructed</b>		<b>Traffic Control</b>		<b>Site Location</b>		<b>Trafficway Character</b>	
01 No Defects	01	01 Vision Not Obstructed	01	01 No Control	03	01 Not At Intersection/RR X-ing/Bridge	01	01 Straight - Level	1
02 Obstruction With Warning		02 Inclement Weather		02 Special Speed Zone		02 At Intersection		02 Straight - Upgrade/Downgrade	
03 Obstruction Without Warning		03 Parked/ Stopped Vehicle		03 Speed Control Sign		03 Influenced By Intersection		03 Curve - Level	
04 Road under Repair/ Construction		04 Trees/Crops/Bushes		04 School Zone		04 Driveway Access		04 Curve - Level Upgrade/Downgrade	
05 Loose Surface Materials		05 Load On Vehicle		05 Traffic Signal		05 Railroad		05 Shoulder	
06 Shoulders - Soft/Low/High		06 Building/Fixed Object		06 Stop Sign		06 Bridge		01 Paved	3
07 Holes/Ruts/Unsafe Paved Edge		07 Signs/Billboards		07 Yield Sign		07 Entrance Ramp		02 Unpaved	
08 Standing Water		08 Fog		08 Flashing Light		08 Exit Ramp		03 Curb	
09 Worn/Polished Road Surface		09 Smoke		09 Railroad Signal		09 Parking Lot - Public			
77 All other (Explain In Narrative)		10 Glare		10 Officer/Guard/Flagperson		10 Parking Lot - Private			
		77 All other (Explain In Narrative)		11 Posted No U-Turn		11 Private Property			
						12 Toll Booth			
						13 Public Bus Stop Zone			
						77 All Other (Explain In Narrative)			

Section #	Name Of Violator	FL Statute Number	Charge	Citation Number
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**FLORIDA TRAFFIC CRASH REPORT  
NARRATIVE/DIAGRAM**

MAIL TO DEPT. HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

Time EMS Notified (Fatalities Only) :	Time EMS Arrived (Fatalities Only) :	Date Of Crash <b>11/Feb/2010</b>	County/ <b>12</b>	City Code <b>00</b>	Invest. Agency Report Number <b>FHPD10OFF012533</b>	HSMV Crash Report Number <b>77691259</b>
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(Narrative)

THE PEDESTRIAN (P1) WAS A PASSENGER ON V2, A LYNX BUS. V2 WAS STOPPED AT A MARKED BUS STOP FACING WEST ON CAGAN CROSSINGS BLVD ON THE NORTH SIDE OF THE WAL-MART. P1 WAS INTOXICATED, CAUSING A DISRUPTION ON V2 AND WAS ESCORTED OFF V2 BY AN UNKNOWN MALE PASSENGER. V2 THEN PROCEEDED FORWARD; HOWEVER, P1 RAN INTO THE ROADWAY AND JUMPED IN FRONT OF V2. D2 STOPPED V2 AND WAS ABLE TO AVOID HITTING P1. P1 CONTINUED TO STAND IN FRONT OF THE V2 ACTING IN A DISORDERLY MANNER. THE PREVIOUSLY MENTIONED UNKNOWN MALE PASSENGER EXITED THE BUS AND PUSHED P1 FROM IN FRONT OF V2 BEYOND THE CURBING AND INTO THE GRASSY AREA. THE MALE PASSENGER REBOARDED V2 AND D2 THEN PROCEEDED TO PULL OFF TRAVELING WEST ON CAGAN CROSSINGS BLVD. P1 RAN TOWARDS THE SIDE OF V2, TRIPPED, AND FELL SUCH THAT HIS LEFT ARM WAS RUN OVER BY THE FRONT RIGHT SIDE WHEEL OF V2. D2 WAS UNAWARE OF THE INCIDENT AND CONTINUED TO LEAVE THE AREA. P1 LEFT THE AREA OF COLLISION, RETURNING TO THE WAL-MART, PRIOR TO MY ARRIVAL. P1 WAS INTOXICATED AND WAS UNABLE TO EXPLAIN HOW HE ENDED UP UNDER THE BUS. HE KEPT STATING THAT THE BUS DRIVER "PRESSED THE ACCELERATOR AND RAN OVER HIS ARM." P1 HAD A FEMALE SUBJECT WITH HIM WHO WAS ALSO INTOXICATED, HER NAME IS CATHERINE E. MERCK, W/F, 7/13/1952. BOTH SUBJECTS ARE HOMELESS. D2 ESTIMATES HE HAD 8 PASSENGERS ON THE BUS AT THE TIME OF THE COLLISION. DUE TO THE DELAY IN D2 RETURNING TO THE SCENE WITH V2, ALL PASSENGERS HAD DEPARTED V2 AND NO PASSENGER INFORMATION COULD BE OBTAINED. D2 WAS UNAWARE THAT THE V2 HAD RUN OVER P1'S ARM. WAL-MART'S SECURITY CAMERAS WERE UNABLE TO SEE THE INCIDENT. SECURITY CAMERA FOOTAGE FROM V2 WAS CONSISTENT WITH D2'S STATEMENTS ABOUT WHAT HAPPENED.

Latitude: 28.573136 Longitude: -81.746576

Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject

Violator(s)				
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number

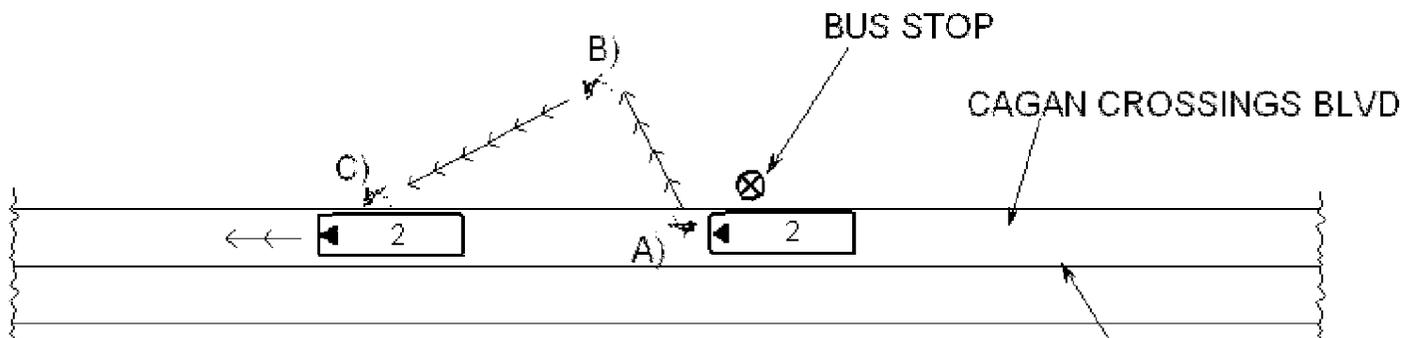
Witness Name	Current Address	City & State	Zip Code
Witness Name	Current Address	City & State	Zip Code

First Aid Given By - Name <b>LCFR</b>	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer	4 Certified 1st Aider <input checked="" type="checkbox"/> 2 5 Other	Injured Taken To: <b>CELEBRATION HOSPITAL</b>	By - Name <b>LAKE SUMTER EMS</b>
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Was Investigation Made At Scene? 1 Yes <input checked="" type="checkbox"/> 2 No	If No, Then Where?	Is Investigation Complete? 1 Yes <input checked="" type="checkbox"/> 2 No	If No, Then Why?	Date of Report <b>11/Feb/2010</b>	Photos Taken? 1 Yes <input checked="" type="checkbox"/> 2 No	If Yes, By Whom? 1 Invest. Agency 2 Other
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Investigator - Rank & Signature <b>TPR. W.S. MCKENZIE</b>	ID/Badge Number <b>2669</b>	Department <b>FHPD</b>	FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> Other <input type="checkbox"/>
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NOT TO SCALE



- A) P1 STANDS IN FRONT OF V2
- B) P1 IS MOVED INTO THE GRASSY AREA
- C) P1 RUNS BACK TO V2 AND HAS HIS LEFT ARM RUN OVER BY A WHEEL