

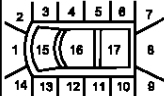
**FLORIDA TRAFFIC CRASH REPORT  
LONG FORM**MAIL TO DEPT. HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

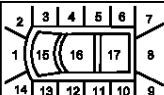
**TIME & LOCATION**

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>12</b>	Feet or Mile(s) <b>500</b>	From Node No. <b>500</b>	Next Node No. <b>500</b>	No. of Lanes <b>2</b>	1. Divided 2. Undivided <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 <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>			18. Undercarriage 19. Overturn 20. Windshield 21. Trailer			
Trailer Or Towed Vehicle Information		Trailer Type											
Vehicle Traveling <b>W</b>		on <b>CAGAN CROSSINGS BLVD</b>		At <b>5</b>	Est. MPH <b>25</b>	Posted Speed <b>25</b>	Est. Vehicle Damage <b>\$0</b>	1. Disabling <input checked="" type="checkbox"/> 2. Functional 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			
Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/>				Current Address (Number and Street) <b>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>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 <b>F500746563820</b>	State <b>FL</b>	DL Type <b>2</b>	Req. End <b>1</b>	AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused	Results <b>5</b>	Alc/Drug <b>1</b>	Phys. Def <b>1</b>	Res. <b>2</b>	Race <b>1 White</b>	Sex <b>1</b>	Inj. <b>3</b>	S. Equip. <b>1</b>	Eject. <b>1</b>
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>			18. Undercarriage 19. Overturn 20. Windshield 21. Trailer			
Trailer Or Towed Vehicle Information		Trailer Type											
Vehicle Traveling <b>W</b>		on <b>CAGAN CROSSINGS BLVD</b>		At <b>5</b>	Est. MPH <b>25</b>	Posted Speed <b>25</b>	Est. Vehicle Damage <b>\$0</b>	1. Disabling <input checked="" type="checkbox"/> 2. Functional 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			
Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/>				Current Address (Number and Street) <b>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 1 Blood 3 Urine 5 None 2 Breath 4 Refused	Results <b>5</b>	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**

Vehicle Type	Vehicle Use	Trailer Type	Residence (driver/Ped.)	Physical Defects	Alcohol/Drug Use	Location In Vehicle
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) (RV) 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	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	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	1 County Of Crash 2 Elsewhere In State 3 Non-Resident Out Of State 4 Foreign 5 Unknown  DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper.-Rest. 7 None  Required Endorsements 1 Yes 2 No 3 No endorsement Required	1 No Defects Known 2 Eyesight Defect 3 Fatigue/Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect  Injury Severity 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	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  Safety Equipment In Use 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	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  Ejected 1 No 2 Yes 3 Partial

<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						
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		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				Current Address (Number and Street)				City, State and Zip Code				Date Of Birth		
Driver License Number	State	DL Type	Req. End	A/C/Drug Test Type <input type="checkbox"/> 1 Blood 3 Urine 5 None 2 Breath 4 Refused		Results	Alc/Drug	Phys. Def	Res.	Race	Sex	Inj.	S. Equip. <input type="checkbox"/>	Eject. <input type="checkbox"/>
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 <input type="checkbox"/>			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 <input type="checkbox"/> 02 Careless Driving (Explain in Narrative) <input type="checkbox"/> 03 Failure to Yield Right-Of-Way <input type="checkbox"/> 04 Improper Backing <input type="checkbox"/> 05 Improper Lane Change <input type="checkbox"/> 06 Improper Turn <input type="checkbox"/> 07 Alcohol - Under Influence <input type="checkbox"/> 08 Drugs - Under Influence <input type="checkbox"/> 09 Alcohol & Drugs - Under Influence <input type="checkbox"/> 10 Followed Too Closely <input type="checkbox"/> 11 Disregarded Traffic Signal <input type="checkbox"/> 12 Exceeded Safe Speed Limit <input type="checkbox"/> 13 Disregarded Stop Sign <input type="checkbox"/> 14 Failed To Maintain Equip./ Vehicle <input type="checkbox"/> 15 Improper Passing <input type="checkbox"/> 16 Drove Left of Center <input type="checkbox"/> 17 Exceeded Stated Speed Limit <input type="checkbox"/> 18 Obstructing Traffic <input type="checkbox"/>				01 No Defects <input type="checkbox"/> 02 Def. Brakes <input type="checkbox"/> 03 Warn/ Smooth Tires <input type="checkbox"/> 04 Defective/ Improper Lights <input type="checkbox"/> 05 Puncture/Blowout <input type="checkbox"/> 06 Steering Mech. <input type="checkbox"/> 07 Windshield Wipers <input type="checkbox"/> 08 Equipment/Vehicle Defect <input type="checkbox"/> 77 All Other (Explain In Narrative) <input type="checkbox"/> <b>Point Of Collision</b> 01 On Road <input type="checkbox"/> 02 Not On Road <input type="checkbox"/> 03 Shoulder <input type="checkbox"/> <b>Work Area</b> 01 None <input type="checkbox"/> 02 Nearby <input type="checkbox"/> 03 Entered <input type="checkbox"/>				01 Straight Ahead <input type="checkbox"/> 02 Slowing/ Stopping/ Stalled <input type="checkbox"/> 03 Making Left Turn <input type="checkbox"/> 04 Backing <input type="checkbox"/> 05 Making Right Turn <input type="checkbox"/> 06 Changing Lanes <input type="checkbox"/> 07 Entering/Leaving/ Parking Space <input type="checkbox"/> 08 Properly Parked <input type="checkbox"/> 09 Improperly Parked <input type="checkbox"/> 10 Making U-Turn <input type="checkbox"/> 11 Passing <input type="checkbox"/> <b>Pedestrian Action</b> 01 Crossing Not At Intersection <input type="checkbox"/> 02 Crossing At Mid-block Crosswalk <input type="checkbox"/> 03 Crossing At Intersection <input type="checkbox"/> 04 Walking Along Road With Traffic <input type="checkbox"/> 05 Walking Along Road Against Traffic <input type="checkbox"/> 06 Working on Vehicle in Road <input type="checkbox"/> 07 Working in Road <input type="checkbox"/> 08 Standing/Playing in Road <input type="checkbox"/> 09 Standing in Pedestrian Island <input type="checkbox"/> 77 All Other (Explain in Narrative) <input type="checkbox"/> 88 Unknown <input type="checkbox"/>				1 None <input type="checkbox"/> 2 Farm <input type="checkbox"/> 3 Police Pursuit <input type="checkbox"/> 4 Recreational <input type="checkbox"/> 5 Emergency Operation <input type="checkbox"/> 6 Construction/Maintenance <input type="checkbox"/> <b>Source Of Carrier Information</b> 1 Not Applicable <input type="checkbox"/> 2 Shipping Papers <input type="checkbox"/> 3 Vehicle Side <input type="checkbox"/> 4 Driver <input type="checkbox"/> 5 Other <input type="checkbox"/> <b>Location Type</b> 1 Primarily Business <input type="checkbox"/> 2 Primarily Residential <input type="checkbox"/> 3 Open Country <input type="checkbox"/> 4 Driver <input type="checkbox"/>			

<b>First/Subsequent Harmful Event (s)</b>				<b>Road System Identifier</b>				<b>Lighting Condition</b>											
01 Collision With MV in Transport (Rear End) <input type="checkbox"/> 02 Collision With MV in Transport (Head On) <input type="checkbox"/> 03 Collision With MV in Transport (Angle) <input type="checkbox"/> 04 Collision With MV in Transport (Left Turn) <input type="checkbox"/> 05 Collision With MV in Transport (Right Turn) <input type="checkbox"/> 06 Collision With MV in Transport (Sideswipe) <input type="checkbox"/> 07 Collision With MV in Transport (Backed Into) <input type="checkbox"/> 08 Collision With Parked Car <input type="checkbox"/> 09 Collision With MV on Roadway <input type="checkbox"/> 10 Collision With Pedestrian <input type="checkbox"/> 11 Collision With Bicycle <input type="checkbox"/> 12 Collision With Bicycle (Bike Lane) <input type="checkbox"/> 13 Collision With Moped <input type="checkbox"/> 14 Collision With Train <input type="checkbox"/>				15 Collision With Animal <input type="checkbox"/> 16 MV Hit Sign / Sign Post <input type="checkbox"/> 17 MV Hit Utility Pole / Light Pole <input type="checkbox"/> 18 MV Hit Guardrail <input type="checkbox"/> 19 MV Hit Fence <input type="checkbox"/> 20 MV Hit Concrete Barrier Wall <input type="checkbox"/> 21 MV Hit Bridge/Pier/Abutment/Rail <input type="checkbox"/> 22 MV Hit Tree / Shrubby <input type="checkbox"/> 23 Collision With Construction Barricade Sign <input type="checkbox"/> 24 Collision With Traffic Gate <input type="checkbox"/> 25 Collision With Crash Attenuators <input type="checkbox"/> 26 Collision With Fixed Object Above Road <input type="checkbox"/> 27 MV Hit Other Fixed Object <input type="checkbox"/>				28 Collision With Moveable Object on Road <input type="checkbox"/> 29 MV Ran Into Ditch/Culvert <input type="checkbox"/> 30 Ran Off Road Into Water <input type="checkbox"/> 31 Overturned <input type="checkbox"/> 32 Occupant Fell From Vehicle <input type="checkbox"/> 33 Tractor/Trailer Jackknifed <input type="checkbox"/> 34 Fire <input type="checkbox"/> 35 Explosion <input type="checkbox"/> 36 Downhill Runaway <input type="checkbox"/> 37 Cargo Loss or Shift <input type="checkbox"/> 38 Separation of Units <input type="checkbox"/> 39 Median Crossover <input type="checkbox"/> 77 All Other (Explain in Narrative) <input type="checkbox"/>				01 Interstate <input type="checkbox"/> 02 U.S. <input type="checkbox"/> 03 State <input type="checkbox"/> 04 County <input type="checkbox"/> 05 Local <input type="checkbox"/> 06 Turnpike / Toll <input type="checkbox"/> <b>Road Surface Condition</b> 01 Dry <input type="checkbox"/> 02 Wet <input type="checkbox"/> 03 Slippery <input type="checkbox"/> 04 Icy <input type="checkbox"/> 77 All other (Explain in Narrative) <input type="checkbox"/> <b>Weather</b> 01 Clear <input type="checkbox"/> 02 Cloudy <input type="checkbox"/> 03 Rain <input type="checkbox"/> 04 Fog <input type="checkbox"/> 77 All other (Explain in Narrative) <input type="checkbox"/>				01 Daylight <input type="checkbox"/> 02 Dusk <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dark (Street Light) <input type="checkbox"/> 05 Dark (No Street Light) <input type="checkbox"/> 88 Unknown <input type="checkbox"/> <b>Road Surface Type</b> 01 Slag/Gravel/Stone <input type="checkbox"/> 02 Blacktop <input type="checkbox"/> 03 Brick/Block <input type="checkbox"/> 04 Concrete <input type="checkbox"/> 05 Dirt <input type="checkbox"/> 77 All Other (Explain in Narrative) <input type="checkbox"/>			

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

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

# 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 11/Feb/2010	County/ 12	City Code 00	Invest. Agency Report Number FHPD10OFF012533	HSMV Crash Report Number 77691259
--	---	------------------------------	---------------	-----------------	---	--------------------------------------

(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
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
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
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number

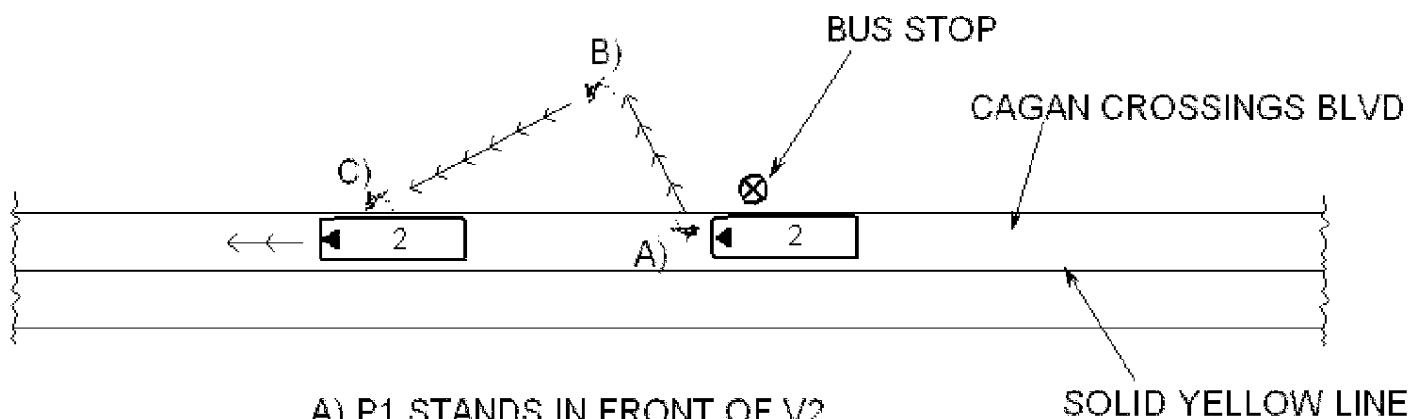
Witness Name	Current Address	City & State	Zip Code
Witness Name	Current Address	City & State	Zip Code

First Aid Given By - Name LCFR	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer	4 Certified 1st Aider 5 Other	Injured Taken To: CELEBRATION HOSPITAL	By - Name LAKE SUMTER EMS
-----------------------------------	--	----------------------------------	---	------------------------------

Was Investigation Made At Scene? 1 Yes 2 No	If No, Then Where?	Is Investigation Complete? 1 Yes 2 No	If No, Then Why?	Date of Report 11/Feb/2010	Photos Taken? 1 Yes 2 No	If Yes, By Whom? 1 Invest. Agency 2 Other
---	--------------------	--	------------------	-------------------------------	--------------------------------	---

Investigator - Rank & Signature TPR. W.S. MCKENZIE	ID/Badge Number 2669	Department FHPD	FHP SO CPD Other <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
---	-------------------------	--------------------	--

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