

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 14/Apr/2012 03:05 AM	Time of Crash 14/Apr/2012 03:05 AM	Date of Report 14/Apr/2012 04:07 AM	Invest. Agency Report Number FHPD12OFF031488	HSMV Crash Report Number 81993276
--	--	---	--	---

CRASH IDENTIFIERS

County Code 12	City Code	County of Crash LAKE	Place or City of Crash	Within City Limits No	Time Reported 14/Apr/2012 03:05 AM	Time Dispatched 14/Apr/2012 03:07 AM
Time on Scene 14/Apr/2012 03:47 AM	Time Cleared Scene 14/Apr/2012 04:44 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway US HWY 27			At Street Address#		At Latitude 28.3567966666667 and Longitude -81.67782499999999	
At Feet 300	Or Miles	Direction North	From Intersection With Street, Road, Highway CAGAN CROSSINGS			Or From Milepost #
Road System Identifier 2 U.S.		Type Of Shoulder 3 Curb		Type Of Intersection 1 Not at 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 1 Non-Junction
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 483IFZ	State FL	Reg. Expires 05/Dec/2012	Permanent Reg. No	VIN KNAFE221095598441		
Year 2009	Make KIA	Model OTHER	Style 4D	Color SIL	Extent of Damage Disabling	Est. Damage 1000	Towed Due To Damage Yes	Vehicle Removed By SOUTHLAKE	Rotation Rotation
Insurance Company GEICO				Insurance Policy Number 4104960275					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> NANDINA DEVICA SINGH			Current Address (Number and Street) 16720 SARAHS PL APT 203			City and State CLERMONT FL		Zip Code 34714	
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: South	Direction	On Street, Road, Highway US HWY 27				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 1 No Controls		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# 1	Description 1 Driver	Vehicle # 1	Name NANDINA DEVICA SINGH	Date of Birth 05/Dec/1974	Sex 2 Female	Phone Number	Re-Exam No
Address 16720 SARAHS PL APT 203		City CLERMONT		State FL		Zip Code 34714	
Driver License Number S520624749450		State FL	Expires 05/Dec/2019	DL Type 5 E/Operator	Req. End.	Injury Severity 1 None	Ejection 1 Not Ejected

Date of Crash 14/Apr/2012 03:05 AM	Date of Report 14/Apr/2012 03:05 AM	Invest. Agency Report Number FHPD12OFF031488	HSMV Crash Report Number 81993276
--	---	--	---

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# 2	Description 2 Non-Motorist	Name DANE WILLIAM CRAWLEY			Date of Birth 28/Mar/1984	Sex 1 Male	Injury Severity 3 Non-incapacitating	Phone Number	
Address 122 BOTHAR		City NA TOA		State FF			Zip Code 00000		
Non-Motorist Description Detail 1 Pedestrian			Non-Motorist Action Prior to Crash 1 Crossing Roadway			Non-Motorist Location at Time of Crash 5 Travel Lane - Other Location			
Non-Motorist Actions/Circumstance (First) 3 Failure to Yield Right-of-Way		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 ORMC		

NARRATIVE

ID Number Rank Name Troop / Post Officer Agency Phone Number Date Created
2553 TROOPER C.L. THOMPSON D FLORIDA HIGHWAY PATROL 407-737-2300 Apr 14, 2012

V01 was southbound on U.S. Hwy 27 north of Cagan Crossings Blvd. in the inside lane. NM01 was walking eastbound across southbound U.S. Hwy 27. NM01 was not in a crosswalk. NM01 entered the inside lane of southbound U.S. Hwy. 27 in the direct path of V01. The front of V01 struck NM01.

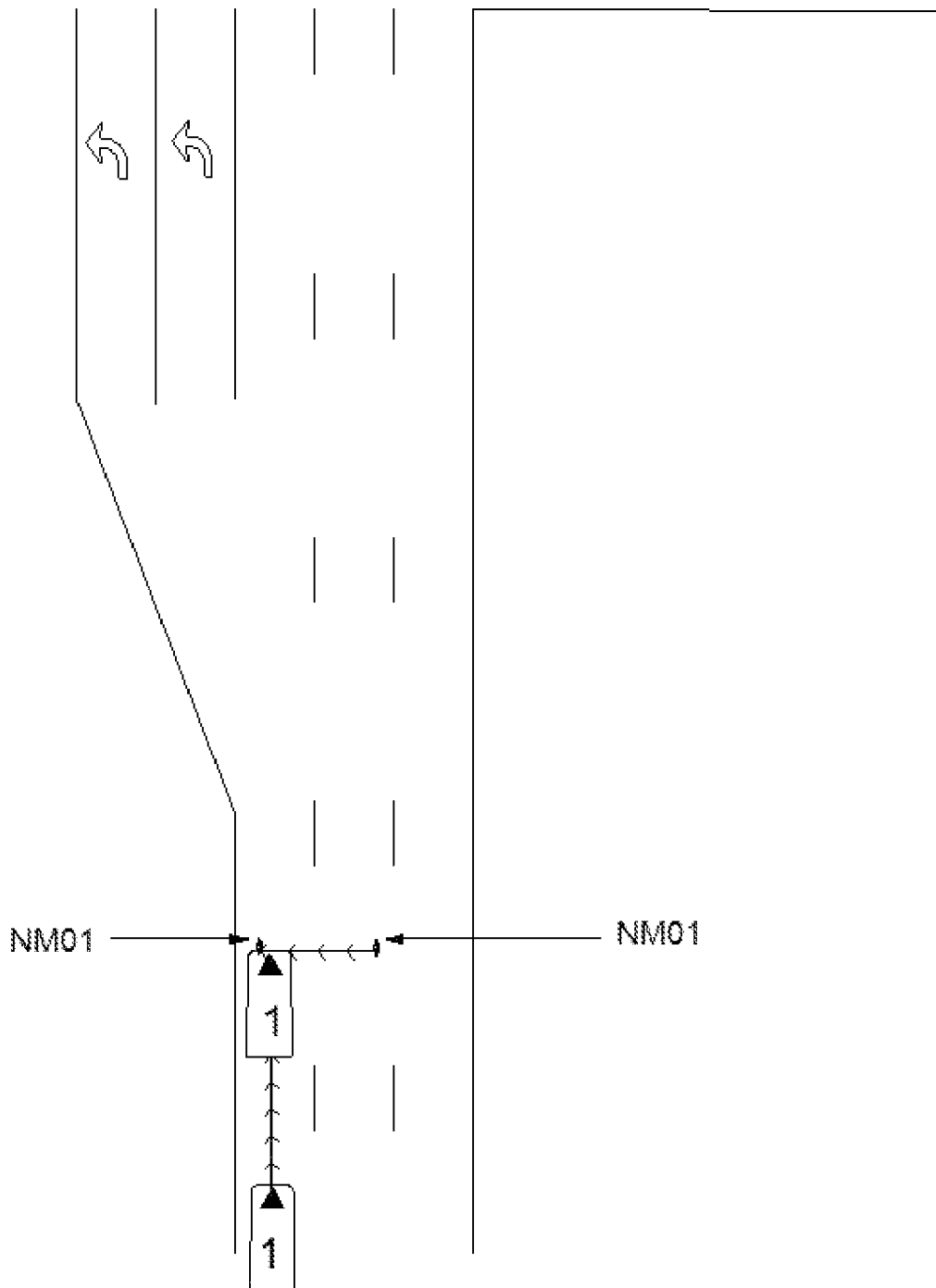
REPORTING OFFICER

ID/Badge # 2553	Rank and Name TROOPER C.L. THOMPSON	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
---------------------------	---	---	----------------------------------



NOT TO SCALE

Cagan Crossings



Southbound US Hwy 27