

# 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#	At Latitude 28.355060694739201	and Longitude -81.676802253350601
At Feet 15	Or Miles	Direction South	From Intersection With Street, Road, Highway CAGAN CROSSINGS BLVD	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 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
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
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Vehicle Traveling:	Direction North	On Street, Road, Highway US27 (SR25)				At Est. Speed 55	Posted Speed 55
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 2095	Rank TROOPER	Name C.C. THOMPSON	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Jan 01, 2013
<p>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.</p> <p>P01 came to final rest on his back with his feet pointing northeasterly and his head in a southwesterly.</p> <p>V01 came to final rest in the outside lane, on the north side of the intersection.</p> <p>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.</p>						

#### REPORTING OFFICER

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