

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 1
 TOTAL # OF PERSON SECTION(S) 2
 TOTAL # OF NARRATIVE SECTION(S) 1

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
 TALLAHASSEE, FL 32399-0537

CRASH DATE <u>1/25/13</u>	TIME OF CRASH <u>0910</u>	DATE OF REPORT <u>1/25/13</u>	REPORTING AGENCY CASE NUMBER <u>1301-1248</u>	HSMV CRASH REPORT NUMBER <u>10122519</u>
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CRASH IDENTIFIERS			
COUNTY CODE <u>12</u>	CITY CODE <u>CO</u>	COUNTY OF CRASH <u>LAKE</u>	PLACE OR CITY OF CRASH <u>TAVARES</u>
CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>			TIME REPORTED <u>0910</u>
TIME ON SCENE <u>0915</u>			TIME DISPATCHED <u>0910</u>
TIME CLEARED SCENE <u>0931</u>		CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)
			Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)			
CRASH OCCURRED ON STREET, ROAD, HIGHWAY			
<u>CR. HARRIS DR.</u>		AT STREET ADDRESS # <u>1</u>	AT LATITUDE AND LONGITUDE
FEET <u>10</u>	MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	OR FROM MILEPOST # <u>4</u>
AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <u>S.R. 19</u>			

Road System Identifier <input checked="" type="checkbox"/> 1 Interstate <input type="checkbox"/> 2 U.S. <input type="checkbox"/> 3 State <input type="checkbox"/> 4 County <input type="checkbox"/> 5 Local <input type="checkbox"/> 6 Turnpike/Toll	Type of Shoulder <input checked="" type="checkbox"/> 1 Paved <input type="checkbox"/> 2 Unpaved <input type="checkbox"/> 3 Curb	Type of Intersection <input checked="" type="checkbox"/> 1 Not at Intersection <input type="checkbox"/> 2 Four-Way Intersection <input type="checkbox"/> 3 T-Intersection <input type="checkbox"/> 4 Y-Intersection <input type="checkbox"/> 5 Traffic Circle <input type="checkbox"/> 6 Roundabout <input type="checkbox"/> 7 Five-Point, or More <input type="checkbox"/> 77 Other, Explain in Narrative
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CRASH INFORMATION (CHECK IF PICTURES TAKEN)			
Light Condition <input checked="" type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dusk <input type="checkbox"/> 3 Dawn <input type="checkbox"/> 4 Dark-Lighted <input type="checkbox"/> 5 Dark-Not Lighted <input type="checkbox"/> 6 Dark-Unknown <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Weather Condition <input checked="" type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain <input type="checkbox"/> 4 Fog, Smog, Smoke <input type="checkbox"/> 5 Sleet/Hail/Freezing Rain <input type="checkbox"/> 6 Blowing Sand, Soil, Dirt <input type="checkbox"/> 7 Severe Crosswinds <input type="checkbox"/> 77 Other, Explain in Narrative	Roadway Surface Condition <input checked="" type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 4 Ice/Frost <input type="checkbox"/> 5 Oil <input type="checkbox"/> 6 Mud, Dirt, Gravel <input type="checkbox"/> 7 Sand <input type="checkbox"/> 8 Water (standing/moving) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	School Bus Related <input checked="" type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, School Bus Directly Involved <input type="checkbox"/> 3 Yes, School Bus Indirectly Involved
Manner of Collision/Impact <input checked="" type="checkbox"/> 77 4 Sideswipe, Same Direction <input type="checkbox"/> 5 Sideswipe, Opposite Direction <input type="checkbox"/> 6 Rear to Side <input type="checkbox"/> 7 Rear to Rear <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle			

First Harmful Event <input checked="" type="checkbox"/> 10	Non-Collision <input type="checkbox"/> 1 Overturn/Rollover <input type="checkbox"/> 2 Fire/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision	Collision Non-Fixed Object <input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone/Maintenance Equipment <input type="checkbox"/> 17 Struck By Falling, Shifting Cargo <input type="checkbox"/> 18 Other Non-Fixed Object	Collision with Fixed Object <input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End <input type="checkbox"/> 29 Cable Barrier <input type="checkbox"/> 30 Concrete Traffic Barrier <input type="checkbox"/> 31 Other Traffic Barrier <input type="checkbox"/> 32 Tree (standing) <input type="checkbox"/> 33 Utility Pole/Light Support <input type="checkbox"/> 34 Traffic Sign Support <input type="checkbox"/> 35 Traffic Signal Support <input type="checkbox"/> 36 Other Post, Pole or Support <input type="checkbox"/> 37 Fence <input type="checkbox"/> 38 Mailbox <input type="checkbox"/> 39 Other Fixed Object (wall, building, tunnel, etc.)
First Harmful Event Location <input checked="" type="checkbox"/> 1 On Roadway <input type="checkbox"/> 2 Off Roadway <input type="checkbox"/> 3 Shoulder <input type="checkbox"/> 4 Median <input type="checkbox"/> 6 Gore <input type="checkbox"/> 7 Separator <input type="checkbox"/> 8 In Parking Lane or Zone <input type="checkbox"/> 9 Outside Right-of-way <input type="checkbox"/> 10 Roadside <input type="checkbox"/> 88 Unknown			

First Harmful Event Relation to Junction <input type="checkbox"/> 1 Non-Junction <input type="checkbox"/> 2 Intersection <input type="checkbox"/> 3 Intersection-Related <input type="checkbox"/> 4 Driveway/Alley Access Related <input type="checkbox"/> 5 Railway Grade Crossing <input type="checkbox"/> 14 Entrance/Exit Ramp <input type="checkbox"/> 15 Crossover - Related <input type="checkbox"/> 16 Shared-Use Path or Trail <input type="checkbox"/> 17 Acceleration/Deceleration Lane <input type="checkbox"/> 18 Through Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Contributing Circumstances: Road <input checked="" type="checkbox"/> 1 None <input type="checkbox"/> 4 Work Zone (construction/maintenance/utility) <input type="checkbox"/> 6 Shoulders (none, low, soft, high) <input type="checkbox"/> 7 Rut, Holes, Bumps <input type="checkbox"/> 9 Worn, Travel-Polished Surface <input type="checkbox"/> 10 Road Surface Condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 11 Obstruction in Roadway <input type="checkbox"/> 12 Debris <input type="checkbox"/> 13 Traffic Control Device Inoperative, Missing or Obscured <input type="checkbox"/> 14 Non-Highway Work <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Contributing Circumstances: Environment <input checked="" type="checkbox"/> 1 None <input type="checkbox"/> 2 Weather Conditions <input type="checkbox"/> 3 Physical Obstruction(s) <input type="checkbox"/> 4 Glare <input type="checkbox"/> 5 Animal(s) in Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
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Work Zone Related <input checked="" type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area	Type of Work Zone <input type="checkbox"/> 1 Lane Closure <input type="checkbox"/> 2 Lane Shift/Crossover <input type="checkbox"/> 3 Work on Shoulder or Median <input type="checkbox"/> 4 Intermittent or Moving Work <input type="checkbox"/> 77 Other, Explain in Narrative	Workers in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown
Law Enforcement in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle Only Present			

WITNESSES			
NAME <u>ENOCH TAYLOR</u>	ADDRESS <u>1090 FOREST DR.</u>	CITY & STATE <u>TAVARES FL</u>	ZIP CODE <u>32778</u>
NAME <u>MARIAN BOWEN</u>	ADDRESS <u>1090 FOREST DR.</u>	CITY & STATE <u>TAVARES, FL.</u>	ZIP CODE <u>32778</u>

NON VEHICLE PROPERTY DAMAGE					
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS

VEHICLE # 1 **Check if Commercial** **REPORTING AGENCY CASE NUMBER** 1301-1248 **HSMV CRASH REPORT NUMBER** 10122519

Vehicle in Transport **Parked Motor Vehicle** **Working Vehicle**
VEHICLE LICENSE NUMBER NOMERC **STATE** FL **REGISTRATION EXPIRES** **Check if Permanent** **VIN** 3FAKP1133YR170115
Year 2000 **MAKE** Ford **MODEL** **STYLE** 2 **COLOR** WHT **DAMAGE:** 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None **EST. AMOUNT** 0.00

SURANCE COMPANY AUTO OWNERS INS. **INSURANCE POLICY NUMBER** 4937006800 **Towed due to Damage:** 1 No 2 Yes **VEHICLE REMOVED BY** DRIVER **1 Rotation** **2 Owner Request** **3 Driver** **4 Other, Explain in Narrative**

NAME OF VEHICLE OWNER (Check if Business) **CURRENT ADDRESS** LAURA ROLDAN 1555 NASSAU CIR. **CITY & STATE** TALLAHASSEE, FL. **ZIP CODE** 32378

TRAILER # **LICENSE NUMBER** **STATE** **REGISTRATION EXPIRES** **Check if Permanent** **VIN** **YEAR** **MAKE** **LENGTH** **AXLES**

HAZ. MAT. RELEASED **HAZ. MAT. PLACARD** **HAZ. MAT. NUMBER** **HAZ. MAT. CLASS**
VEHICLE N S E W Off-Road Unknown **ON STREET, ROAD, HIGHWAY** LK. HARRIS DR. **AT EST. SPEED** 15 **POSTED SPEED** 30 **TOTAL LANES** 2

VEHICLE CARRIER NAME **US DOT NUMBER**
VEHICLE CARRIER ADDRESS **CITY & STATE** **ZIP CODE** **PHONE NUMBER**

Vehicle Body Type 15 Low Speed Vehicle
 16 (Sport) Utility Vehicle
 17 Cargo Van (10,000 lbs (4,536 kg) or less)
 18 Motor Coach
 19 Other Light Trucks (10,000 lbs (4,536 kg) or less)
 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))
 21 Farm Labor Vehicle
 22 Other, Explain in Narrative
 23 All Terrain Vehicle (ATV)
Passenger Car
Passenger Van
Pickup
Motor Home
1 Motorcycle
2 Moped
3 All Terrain Vehicle (ATV)

Trafficway 1 Two-Way, Not Divided
 2 Two-Way, Not Divided, with a Continuous Left Turn Lane
 3 Two-Way, Divided, Unprotected (painted >4 feet) Median
 4 Two-Way, Divided, Positive Median Barrier
 5 One-Way Trafficway
 88 Unknown
Trailer Type 1 Single Semi Trailer
 2 Tandem Semi Trailer
 3 Tank Trailer
 4 Saddle Mount/Trailer
 5 Boat Trailer
 6 Utility Trailer
 7 House Trailer
 8 Pole Trailer
 9 Towed Vehicle
 10 Auto Transport
 77 Other, Explain in Narrative
 88 Unknown
Comm/GVWR/GCWR 1 10,000 lbs (4,536 kg) or less
 2 10,001-26,000 lbs (4,536-11,793 kg)
 3 More than 26,000 lbs (11,793 kg)
 4 Not Applicable

Commercial Motor Vehicle Configuration 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials
 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg))
 3 Single-Unit Truck (3 or more axles)
 4 Truck Pulling Trailer(s)
 5 Truck Tractor (bobtail)
 6 Truck Tractor/Semi-Trailer
 7 Truck Tractor/Double Truck
 8 Tractor/Triple
 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify
 10 Bus/Large Van (seats for 9-15 occupants, including driver)
 11 Bus (seats for more than 15 occupants, including driver)
 77 Other, Explain in Narrative
 88 Unknown
Cargo Body Type 3 Van/Enclosed Box
 4 Hopper
 5 Pole-Trailer
 6 Cargo Tank
 7 Flatbed
 8 Dump
 9 Concrete Mixer
 10 Auto Transport
 11 Garbage/Refuse
 12 Log
 13 Intermodal Container Chassis
 14 Vehicle Towing Another Vehicle
 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard)
 77 Other, Explain in Narrative
 88 Unknown

Most Harmful Event 10 **Non-Collision**
 1 Overturn/Rollover
 2 Fire/Explosion
 3 Immersion
 4 Jackknife
 5 Cargo/Equipment Loss or Shift
 6 Fell/Jumped From Motor Vehicle
 7 Thrown or Falling Object
 8 Ran into Water/ Canal
 9 Other Non-Collision
Collision with Non-Fixed Object 10 Pedestrian
 11 Pedalcycle
 12 Railway Vehicle (train, engine)
 13 Animal
 14 Motor Vehicle in Transport
 15 Parked Motor Vehicle
 16 Work Zone/Maintenance Equipment
 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
 18 Other Non-Fixed Object
Collision Fixed Object 19 Impact Attenuator/Crash Cushion
 20 Bridge Overhead Structure
 21 Bridge Pier or Support
 22 Bridge Rail
 23 Culvert
 24 Curb
 25 Ditch
 26 Embankment
 27 Guardrail Face
 28 Guardrail End
Emergency Vehicle Use 1 No
 2 Yes
 88 Unknown

Sequence of Events
1st **2nd**
3rd **4th**
[40-46 Sequence of Events only]
 40 Equipment Failure (blown tire, brake failure, etc.)
 41 Separation of Units
 42 Ran Off Roadway, Right
 43 Ran Off Roadway, Left
 44 Cross Median
 45 Cross Centerline
 46 Downhill Runaway

Roadway Grade 1 Level
 2 Hillcrest
 3 Uphill
 4 Downhill
 5 Sag (bottom)
Roadway Alignment 1 Straight
 2 Curve Right
 3 Curve Left
Vehicle Maneuver Action 1 Straight Ahead
 3 Turning Left
 4 Backing
 5 Turning Right
 6 Changing Lanes
 8 Parked
 10 Making U-Turn
 11 Overtaking/Passing
 13 Stopped in Traffic
 14 Slowing
 15 Negotiating a Curve
 16 Leaving Traffic Lane
 17 Entering Traffic Lane
 77 Other, Explain in Narrative
 88 Unknown
Traffic Control Device For This Vehicle 1 No Controls
 4 School Zone Sign/Device
 5 Traffic Control Signal
 6 Stop Sign
 7 Yield Sign
 8 Flashing Signal
 9 Railway Crossing Device
 10 Person (including Flagman, Officer, Guard, etc.)
 13 Warning Sign
 77 Other, Explain in Narrative
 88 Unknown
Vehicle Defects 1 None
 2 Brakes
 3 Tires
 4 Lights (head, signal, tail)
 6 Steering
 7 Wipers
 9 Exhaust System
 10 Body, Doors
 11 Power Train
 12 Suspension
 13 Wheels
 14 Windows/Windshield
 15 Mirrors
 16 Truck Coupling/Trailer Hitch/Safety Chains
 77 Other, Explain in Narrative
 88 Unknown

Special Function of Motor Vehicle 1 No Special Function
 2 Farm Vehicle
 3 Police
 7 Taxi
 8 Military
 9 Ambulance
 10 Fire Truck
 11 Farm Labor Transport
 12 School Bus
 13 Transit/Commuter Bus
 14 Intercity Bus
 15 Charter/Tour Bus
 16 Shuttle Bus
 17 Farm Labor Bus
 88 Unknown

VIOLATION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

1 Driver 2 Non-Motorist 3 Passenger VEHICLE # NAME **HENRY MASCHROWSKI** PHONE NUMBER **253-9436** Check if Recommend Driver Re-exam

CURRENT ADDRESS (Number and Street) **12 CR. AVE.** CITY & STATE **TAVARES, FL.** ZIP CODE **32778**

DATE OF BIRTH **11/20/38** SEX: 1 Male 2 Female 88 Unknown DRIVER LICENSE NUMBER STATE EXPIRES INJURY SEVERITY (INJ) 1 None 4 Incapacitating 5 Fatal (within 30 days) 2 Possible 6 Non-Traffic Fatality 3 Non-incapacitating

DRIVER

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 Req. Endorsement

Driver's Actions at Time of Crash

1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Improper Passing 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane

2nd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action

3rd 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality

Condition At Time of Crash 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown

Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 77 All Other, Explain in Narrative

DRIVER OR PASSENGER

Motor Vehicle Seating Position: Seat Row Other LOCATION: SEAT ROW OTHER (LOC)

1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown

Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown

Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet

Eye Protection (EP) 1 Yes 2 No 3 Not Applicable

Restraint Systems (RS) 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative

Air Bag Deployed (ABD) 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown

NON-MOTORIST

Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist

Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown

Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown

Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown

Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown

ALCOHOL/DRUG/EMS

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown

ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested

ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative

ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown

BAC

SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown

DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested

DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative

DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street) CITY & STATE ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street) CITY & STATE ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO

NARRATIVE

REPORTING AGENCY CASE NUMBER

HSMV CRASH REPORT NUMBER

1301-1248

10122519

V-1 WAS TURNING ONTO CK. HARRIS DR. FROM S.R. 19 HEADING EAST. THE PEDESTRIAN WAS WALKING SOUTH ACROSS CK. HARRIS DR. IN A MARKED CROSSWALK THE DRIVER OF V-1 FAILED TO OBSERVE THE PEDESTRIAN, AND STRUCK THE PEDESTRIAN IN THE CROSS WALK. THERE WAS NO DAMAGE TO V-1, AND THE PEDESTRIAN ONLY SUSTAINED A SMALL SCRATCH ON HIS RIGHT ELBOW. ALL PARTIES WERE RELEASED ON SCENE AND A CONVE FORM REPORT WAS COMPLETED.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY

Not Transported
 EMS 3 Law Enforcement
 7 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

PERSON #

VEHICLE #

NAME

DATE OF BIRTH

INJ

SEX

LOC: S

R

O

EJECT

HU

EP

ABD

RS

CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY

Not Transported
 EMS 3 Law Enforcement
 7 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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REPORTING OFFICER

BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
725	CPL. E. PRINCE	TAVAKES	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Case Number: 1301-1248

Date: 1/25/13

Location: S.R. 19 / CK. HARRIS DR.

Description:

NOT TO SCALE

