

# 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>	
<b>CRASH IDENTIFIERS</b>									
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 DISPATCHED <u>0910</u>
TIME ON SCENE <u>0915</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"/>	
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>									
CRASH OCCURRED ON STREET, ROAD, HIGHWAY <u>CR. HARRIS DR.</u>				AT STREET ADDRESS # <u>1</u>		AT LATITUDE <u>12</u>		AND LONGITUDE	
FEET <u>10</u>	MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <u>S.R. 19</u>		OR FROM MILEPOST # <u>4</u>			
Road System Identifier <u>5</u>		Type of Shoulder <u>3</u>		Type of Intersection <u>1</u>					
1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative		1 Paved 2 Unpaved 3 Curb		1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative					
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN)</b>									
Light Condition <u>1</u>		Weather Condition <u>1</u>		Roadway Surface Condition <u>1</u>		School Bus Related <u>1</u>		Manner of Collision/Impact <u>77</u>	
1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown 77 Other, Explain in Narrative 88 Unknown		4 Fog, Smog, Smoke 5 Sleet/Hail Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 1 Clear 2 Cloudy 3 Rain		5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown 1 Dry 2 Wet 4 Ice/Frost		1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown 1 Front to Rear 2 Front to Front 3 Angle	
First Harmful Event <u>10</u>		Non-Collision		Collision Non-Fixed Object		Collision with Fixed Object		First Harmful Event Location <u>1</u>	
1 No 2 Yes 88 Unknown		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		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 18 Other Non-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 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown	
First Harmful Event Relation to Junction <u>1</u>		Contributing Circumstances: Road <u>1</u>		Contributing Circumstances: Environment <u>1</u>					
1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown		1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown		1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown					
Work Zone Related <u>1</u>		Crash in Work Zone <u>1</u>		Type of Work Zone <u>1</u>		Workers in Work Zone <u>1</u>		Law Enforcement in Work Zone <u>1</u>	
1 No 2 Yes 88 Unknown		1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		1 No 2 Yes 88 Unknown		1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present	
<b>WITNESSES</b>									
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>			
<b>NON VEHICLE PROPERTY DAMAGE</b>									
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE		

<b>Vehicle Body Type</b> <div>1</div> 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)		<b>Trafficway</b> <div>1</div> 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		<b>Commercial Motor Vehicle Configuration</b> <div></div> 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	
<b>Comm/Non-Commercial</b> <div></div> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> <div></div> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		<b>Cargo Body Type</b> <div>1</div> 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	
<b>Most Harmful Event</b> <div>10</div> <b>Non-Collision</b> 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		<b>Comm GVWR/GCWR</b> <div></div> 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		<b>Emergency Vehicle Use</b> <div>1</div> 1 No 2 Yes 88 Unknown	
<b>Sequence of Events</b> <div>1st</div> <div>2nd</div> <div>3rd</div> <div>4th</div>		<b>Collision with Non-Fixed Object</b> 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		<b>Collision Fixed Object</b> 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	
<b>Roadway Grade</b> <div>1</div> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Vehicle Maneuver Action</b> <div>3</div> 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/ Passing		<b>Traffic Control Device For This Vehicle</b> <div>1</div> 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown	
<b>Roadway Alignment</b> <div>1</div> 1 Straight 2 Curve Right 3 Curve Left		<b>Vehicle Defects</b> <div>1</div> <div></div> 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown		<b>Special Function of Motor Vehicle</b> <div>1</div> 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military	

VIOLATIONS				
VIOLATION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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PERSON # <u>2</u>		REPORTING AGENCY CASE NUMBER <u>1301-1248</u>		HSMV CRASH REPORT NUMBER <u>10122519</u>	
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # <u>2</u>	NAME <u>HENRY MASCHROWSKI</u>		PHONE NUMBER <u>253-9436</u>
CURRENT ADDRESS (Number and Street) <u>12 CR. AVE.</u>		CITY & STATE <u>TAVARES, FL.</u>		ZIP CODE <u>32728</u>	
DATE OF BIRTH <u>11/20/38</u>	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER <u>i</u>		STATE <u>FL.</u>	EXPIRES
INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality		<u>2</u>			
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	
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		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 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	
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 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 88 Unknown		LOCATION: SEAT ROW OTHER (LOC)		Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
Air Bag Deployed (ABD) 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		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					
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		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	
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)		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	
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	
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 2 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		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

1301-1248

HSMV CRASH REPORT NUMBER

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

SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO									
Not Transported													
EMS 3 Law Enforcement													
7 Other, Explain in Narrative 88 Unknown													
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		EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO									
Not Transported													
EMS 3 Law Enforcement													
7 Other, Explain in Narrative 88 Unknown													

## ADDITIONAL VIOLATIONS

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

## 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"/>

10122519



Case Number: 1301-1248

Date: 1/25/13

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

Description:

NOT TO SCALE

