

FEB 06 2012

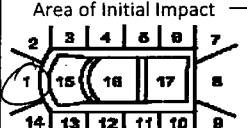
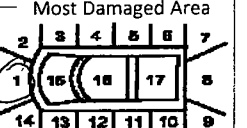
# FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐  
(Shaded Areas)

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

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

CRASH DATE 01/26/2012		TIME OF CRASH 6:55 AM		DATE OF REPORT 01/26/2012		REPORTING AGENCY CASE NUMBER 1201 - 1654		HSMV CRASH REPORT NUMBER 10118913			
<b>CRASH IDENTIFIERS</b>											
COUNTY CODE 12		CITY CODE 60		COUNTY OF CRASH Lake		PLACE OR CITY OF CRASH Tavares		CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>			
TIME ON SCENE 7:06 AM		TIME CLEARED SCENE 7:21 AM		CHECK IF COMPLETED <input checked="" type="checkbox"/>		REASON (If Investigation NOT Complete)		Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input type="checkbox"/>			
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>											
CRASH OCCURRED ON STREET, ROAD, HIGHWAY State Road 19						AT STREET ADDRESS # 1		AT LATITUDE AND LONGITUDE 2			
FEET		MILES		N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		AD/ FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 Dead River Rd.		OR FROM MILEPOST # 4			
<b>Road System Identifier</b>				<b>Type of Shoulder</b>		<b>Type of Intersection</b>					
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> 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				<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 Paved 2 Unpaved 3 Curb		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> 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>											
<b>Light Condition</b>			<b>Weather Condition</b>			<b>Roadway Surface Condition</b>		<b>School Bus Related</b>			
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Litged 6 Dark-Unknown 77 Other, Explain in Narrative 88 Unknown			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved			
<b>Manner of Collision/Impact</b>											
<div style="border: 1px solid black; padding: 2px; display: inline-block;">77</div> 1 Front to Rear 2 Front to Front 3 Angle 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown											
<b>First Harmful Event</b>			<b>Non-Collision</b>			<b>Collision Non-Fixed Object</b>			<b>Collision with Fixed Object</b>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">10</div> 1 No 2 Yes 88 Unknown			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 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			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 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			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 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.)		
<b>First Harmful Event within Interchange</b>			<b>First Harmful Event Location</b>			<b>First Harmful Event</b>			<b>First Harmful Event</b>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 No 2 Yes 88 Unknown			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 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			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 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			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 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		
<b>First Harmful Event Relation to Junction</b>			<b>Contributing Circumstances: Road</b>			<b>Contributing Circumstances: Environment</b>			<b>Contributing Circumstances: Environment</b>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> 1 Non-Intersection 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			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 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			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown		
<b>Work Zone Related</b>			<b>Crash in Work Zone</b>			<b>Type of Work Zone</b>			<b>Workers in Work Zone</b>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 No 2 Yes 88 Unknown			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 No 2 Yes 88 Unknown		
<b>Law Enforcement in Work Zone</b>											
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present											
<b>WITNESSES</b>											
NAME		ADDRESS		CITY & STATE		ZIP CODE					
NAME		ADDRESS		CITY & STATE		ZIP CODE					
NAME		ADDRESS		CITY & STATE		ZIP CODE					
<b>NON VEHICLE PROPERTY DAMAGE</b>											
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME	(Check if Business)	ADDRESS	CITY & STATE	ZIP CODE			
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME	(Check if Business)	ADDRESS	CITY & STATE	ZIP CODE			

<b>VEHICLE #</b> 1		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b> 1201-1654		<b>HSMV CRASH REPORT NUMBER</b> 10118913	
1 Vehicle in Transport <input checked="" type="checkbox"/> 2 Parked Motor Vehicle <input type="checkbox"/> 3 Working Vehicle <input type="checkbox"/>		<b>VEHICLE LICENSE NUMBER</b> YQ6YB		<b>STATE</b> FL		<b>REGISTRATION EXPIRES</b> 07/22/2012	
<b>Check if Permanent Registration</b> <input type="checkbox"/>		<b>VIN</b> 4T1GB1E1SU003540		<b>Check if Permanent Registration</b> <input type="checkbox"/>			
<b>Hit and Run</b> 1 No <input checked="" type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		<b>YEAR</b> 1995		<b>MAKE</b> Toyota		<b>MODEL</b> 4D	
<b>STYLE</b> car		<b>COLOR</b> white		<b>DAMAGE:</b> 1 Disabling <input type="checkbox"/> 2 Functional <input type="checkbox"/> 3 None <input type="checkbox"/>		<b>EST. AMOUNT</b> 88 <input type="checkbox"/> 0	
<b>INSURANCE COMPANY</b> Direct General		<b>INSURANCE POLICY NUMBER</b> FLAD138811717		<b>Towed due to Damage:</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/>		<b>VEHICLE REMOVED BY</b> Driver	
<b>NAME OF VEHICLE OWNER</b> (Check if Business) <input type="checkbox"/> Mary A. Garland		<b>CURRENT ADDRESS</b> 14822 CR 48		<b>CITY &amp; STATE</b> Astatula, FL		<b>ZIP CODE</b> 34705	
<b>TRAILER #</b>		<b>LICENSE NUMBER</b>		<b>STATE</b>		<b>REGISTRATION EXPIRES</b>	
<b>TRAILER #</b>		<b>LICENSE NUMBER</b>		<b>STATE</b>		<b>REGISTRATION EXPIRES</b>	
<b>VEHICLE TRAVELING</b> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road Unknown <input type="checkbox"/>		<b>ON STREET, ROAD, HIGHWAY</b> S.R. 19				<b>AT EST. SPEED</b> 15	
<b>HAZ. MAT. RELEASED</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		<b>HAZ. MAT. PLACARD</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>	
<b>MOTOR CARRIER NAME</b>		<b>US DOT NUMBER</b>		<b>Area of Initial Impact</b> 		<b>Most Damaged Area</b> 	
<b>MOTOR CARRIER ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>		<b>PHONE NUMBER</b>	
<b>Vehicle Body Type</b> 1 Passenger Car <input checked="" type="checkbox"/> 2 Passenger Van <input type="checkbox"/> 3 Pickup <input type="checkbox"/> 7 Motor Home <input type="checkbox"/> 8 Bus <input type="checkbox"/> 11 Motorcycle <input type="checkbox"/> 12 Moped <input type="checkbox"/> 13 All Terrain Vehicle (ATV) <input type="checkbox"/>		<b>Trafficway</b> 1 Two-Way, Not Divided <input type="checkbox"/> 2 Two-Way, Not Divided, with a Continuous Left Turn Lane <input type="checkbox"/> 3 Two-Way, Divided, Unprotected (painted >4 feet) Median <input type="checkbox"/> 4 Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 One-Way Trafficway <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		<b>Commercial Motor Vehicle Configuration</b> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials <input type="checkbox"/> 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 3 Single-Unit Truck (3 or more axles) <input type="checkbox"/> 4 Truck Pulling Trailer(s) <input type="checkbox"/> 5 Truck Tractor (bobtail) <input type="checkbox"/> 6 Truck Tractor/Semi-Trailer <input type="checkbox"/> 7 Truck Tractor/Double Truck <input type="checkbox"/>		<b>Tractor/Triples</b> 8 Tractor/Triples <input type="checkbox"/> 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify <input type="checkbox"/> 10 Bus/Large Van (seats for 9-15 occupants, including driver) <input type="checkbox"/> 11 Bus (seats for more than 15 occupants, including driver) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	
<b>Comm/Non-Commercial</b> 1 Interstate Carrier <input type="checkbox"/> 2 Intrastate Carrier <input type="checkbox"/> 3 Not in Commerce/Government <input type="checkbox"/> 4 Not in Commerce/Other Truck <input type="checkbox"/>		<b>Trailer Type</b> 1 Single Semi Trailer <input type="checkbox"/> 2 Tandem Semi Trailer <input type="checkbox"/> 3 Tank Trailer <input type="checkbox"/> 4 Saddle Mount/Trailer <input type="checkbox"/> 5 Boat Trailer <input type="checkbox"/> 6 Utility Trailer <input type="checkbox"/> 7 House Trailer <input type="checkbox"/>		<b>Cargo Body Type</b> 1 No Cargo <input checked="" type="checkbox"/> 2 Bus <input type="checkbox"/> 3 Van/Enclosed Box <input type="checkbox"/> 4 Hopper <input type="checkbox"/> 5 Pole-Trailer <input type="checkbox"/> 6 Cargo Tank <input type="checkbox"/> 7 Flatbed <input type="checkbox"/> 8 Dump <input type="checkbox"/> 9 Concrete Mixer <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Log <input type="checkbox"/>		<b>13 Intermodal Container Chassis</b> <input type="checkbox"/> <b>14 Vehicle Towing Another Vehicle</b> <input type="checkbox"/> <b>15 Not Applicable</b> (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) <input type="checkbox"/> <b>77 Other, Explain in Narrative</b> <input type="checkbox"/> <b>88 Unknown</b> <input type="checkbox"/>	
<b>Most Harmful Event</b> 10 <input checked="" type="checkbox"/>		<b>Non-Collision</b> 1 Overtaken/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 <input type="checkbox"/>		<b>Collision with Non-Fixed Object</b> 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 or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> 18 Other Non-Fixed Object <input type="checkbox"/>		<b>Collision Fixed Object</b> 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"/>	
<b>Sequence of Events</b> 1st 10 <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		<b>Vehicle Maneuver Action</b> 1 Straight Ahead <input type="checkbox"/> 3 Turning Left <input type="checkbox"/> 4 Backing <input type="checkbox"/> 5 Turning Right <input type="checkbox"/> 6 Changing Lanes <input type="checkbox"/> 8 Parked <input type="checkbox"/> 10 Making U-Turn <input type="checkbox"/> 11 Overtaking/Passing <input type="checkbox"/> 13 Stopped in Traffic <input type="checkbox"/> 14 Slowing <input type="checkbox"/> 15 Negotiating a Curve <input type="checkbox"/> 16 Leaving Traffic Lane <input type="checkbox"/> 17 Entering Traffic Lane <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		<b>Traffic Control Device For This Vehicle</b> 1 No Controls <input type="checkbox"/> 4 School Zone Sign/Device <input type="checkbox"/> 5 Traffic Control Signal <input type="checkbox"/> 6 Stop Sign <input type="checkbox"/> 7 Yield Sign <input type="checkbox"/> 8 Flashing Signal <input type="checkbox"/> 9 Railway Crossing Device <input type="checkbox"/> 10 Person (including Flagman, Officer, Guard, etc.) <input type="checkbox"/> 13 Warning Sign <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		<b>Vehicle Defects</b> 1 None <input checked="" type="checkbox"/> 2 Brakes <input type="checkbox"/> 3 Tires <input type="checkbox"/> 4 Lights (head, signal, tail) <input type="checkbox"/> 6 Steering <input type="checkbox"/> 7 Wipers <input type="checkbox"/> 9 Exhaust System <input type="checkbox"/> 10 Body, Doors <input type="checkbox"/> 11 Power Train <input type="checkbox"/> 12 Suspension <input type="checkbox"/> 13 Wheels <input type="checkbox"/> 14 Windows/Windshield <input type="checkbox"/> 15 Mirrors <input type="checkbox"/> 16 Truck Coupling/Trailer Hitch/Safety Chains <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	
<b>Roadway Grade</b> 1 Level <input checked="" type="checkbox"/> 2 Hillcrest <input type="checkbox"/> 3 Uphill <input type="checkbox"/> 4 Downhill <input type="checkbox"/> 5 Sag (bottom) <input type="checkbox"/>		<b>Roadway Alignment</b> 1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left <input type="checkbox"/>		<b>Special Function of Motor Vehicle</b> 1 No Special Function <input checked="" type="checkbox"/> 2 Farm Vehicle <input type="checkbox"/> 3 Police <input type="checkbox"/> 7 Taxi <input type="checkbox"/> 8 Military <input type="checkbox"/> 9 Ambulance <input type="checkbox"/> 10 Fire Truck <input type="checkbox"/> 11 Farm Labor Transport <input type="checkbox"/> 12 School Bus <input type="checkbox"/> 13 Transit/Commuter Bus <input type="checkbox"/> 14 Intercity Bus <input type="checkbox"/> 15 Charter/Tour Bus <input type="checkbox"/> 16 Shuttle Bus <input type="checkbox"/> 17 Farm Labor Bus <input type="checkbox"/> 88 Unknown <input type="checkbox"/>			
<b>VIOLATIONS</b>							
<b>PERSON #</b> 1	<b>NAME OF VIOLATOR</b> Lou Ann Ross	<b>FL STATUTE NUMBER</b> 322.34(2)	<b>CHARGE</b> DWLS w/ Knowledge	<b>CITATION NUMBER</b> 1161-GMP			
<b>PERSON #</b> 1	<b>NAME OF VIOLATOR</b> Lou Ann Ross	<b>FL STATUTE NUMBER</b> 316.1925(1)	<b>CHARGE</b> Careless Driving	<b>CITATION NUMBER</b> 1160-GMR			
<b>PERSON #</b> 1	<b>NAME OF VIOLATOR</b> Lou Ann Ross	<b>FL STATUTE NUMBER</b> 316.027(1)	<b>CHARGE</b> Leaving scene w/injury	<b>CITATION NUMBER</b> 1159-GMR			

PERSON # <b>1</b>		REPORTING AGENCY CASE NUMBER <b>1201-1654</b>		HSMV CRASH REPORT NUMBER <b>10118913</b>	
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # <b>1</b>	NAME <b>Lou Ann Ross</b>		PHONE NUMBER <b>407-453-2626</b>
CURRENT ADDRESS (Number and Street) <b>14822 C.R. 48</b>		CITY & STATE <b>Astatula, FL</b>		ZIP CODE <b>34705</b>	
DATE OF BIRTH <b>08/13/67</b>		SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER <b>2200521677930</b>		STATE <b>FL</b>
		EXPIRES <b>2012</b>		INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	
<b>DRIVER</b>					
DL Type <b>5</b> 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		Required Endorsements <b>3</b> 1 Yes 2 No 3 No Req. Endorsement		Driver's Actions at Time of Crash <b>2</b> 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 Distracted By <b>1</b> 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		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	
Driver Vision Obstructions <b>1</b> 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	
<b>DRIVER OR PASSENGER</b>					
Motor Vehicle Seating Position: Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown		Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown		Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	
LOCATION: SEAT ROW OTHER (LOC) <b>1</b> <b>1</b> <b>1</b>		Ejection (EJECT) <b>1</b> 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		Helmet Use (HU) <b>3</b> 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
		Air Bag Deployed (ABD) <b>2</b> 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		Eye Protection (EP) <b>3</b> 1 Yes 2 No 3 Not Applicable	
				Restraint Systems (RS) <b>1</b> 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	
<b>NON-MOTORIST</b>					
Non-Motorist Description <b>1</b> 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 <b>1</b> 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 <b>1</b> 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 <b>1</b> 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)		Non-Motorist Actions/Circumstances <b>1</b> 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					
<b>ALCOHOL/DRUG/EMS</b>					
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 <b>1</b>		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 <b>1</b>		EMS RUN NUMBER	
				MEDICAL FACILITY TRANSPORTED TO	
<b>ADDITIONAL PASSENGERS</b>					
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 # <b>2</b>		REPORTING AGENCY CASE NUMBER <b>1201-1654</b>		HSMV CRASH REPORT NUMBER <b>10118913</b>	
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # <b>2</b>	NAME <b>Shelby Rene Pietrowski</b>		PHONE NUMBER <b>352-408-1447</b>
CURRENT ADDRESS (Number and Street) <b>460 Fern Ave.</b>		CITY & STATE <b>Tavares, FL</b>		ZIP CODE <b>32778</b>	
DATE OF BIRTH <b>10/14/95</b>	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER <b>2</b> <b>P362796958740</b>	STATE <b>FL</b>	EXPIRES <b>2019</b>	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
<b>DRIVER</b>					
<b>DL Type</b> 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		<b>Required Endorsements</b> 1 Yes 2 No 3 No Req. Endorsement		<b>Driver's Actions at Time of Crash</b>	
<b>Driver Distracted By</b> 1 Not Distracted 2 Electronic Communication 3 Other Electronic Device (navigation device, DVD player)		<b>Driver Vision Obstructions</b> 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		<b>Condition At Time of Crash</b> 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Emotional (depression, angry, disturbed, etc.) 6 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown	
<b>Driver's Actions at Time of Crash</b> 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 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane		<b>Driver's Actions at Time of Crash</b> 14 Ran off Roadway 15 Disregarded other Traffic Sign 16 Disregarded Other Road Markings 17 Over-Correcting/Over-Steering 18 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 19 Operated MV in Erratic, Reckless or Aggressive Manner 20 Other Contributing Action		<b>Driver or Passenger</b> <b>Helmet Use (HU)</b> 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet <b>Eye Protection (EP)</b> 1 Yes 2 No 3 Not Applicable <b>Restraint Systems (RS)</b> 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	
<b>DRIVER OR PASSENGER</b>					
<b>Motor Vehicle Seating Position:</b> Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		<b>LOCATION: SEAT ROW OTHER (LOC)</b> <b>1 2 3</b>		<b>Ejection (EJECT)</b> 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	
<b>NON-MOTORIST</b>					
<b>Non-Motorist Description</b> 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		<b>Non-Motorist Location At Time of Crash</b> 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		<b>Action Prior to Crash</b> 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	
<b>Safety Equipment</b> 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		<b>Non-Motorist Actions/Circumstances</b> 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			
<b>ALCOHOL/DRUG/EMS</b>					
<b>SUSPECTED ALCOHOL USE:</b> 1 No 2 Yes 88 Unknown		<b>ALCOHOL TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		<b>ALCOHOL TEST TYPE:</b> 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	
<b>SUSPECTED DRUG USE:</b> 1 No 2 Yes 88 Unknown		<b>DRUG TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		<b>DRUG TEST TYPE:</b> 1 Blood 2 Urine 77 Other, Explain in Narrative	
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		<b>EMS AGENCY NAME OR ID</b> <b>77</b>		<b>EMS RUN NUMBER</b> <b>Waterman</b>	
<b>ADDITIONAL PASSENGERS</b>					
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	
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	
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	

\* OTHER \*

VEHICLE #		Check if Commercial		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER							
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN						
Hit and Run 1 No 2 Yes 88 Unknown		YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	EST. AMOUNT					
INSURANCE COMPANY		INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes		VEHICLE REMOVED BY		1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative					
NAME OF VEHICLE OWNER (Check if Business)		CURRENT ADDRESS			CITY & STATE		ZIP CODE						
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES				
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES				
VEHICLE TRAVELING	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY		AT EST. SPEED	POSTED SPEED	TOTAL LANES		
HAZ. MAT. RELEASED	1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD	1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact		Most Damaged Area			
MOTOR CARRIER NAME				US DOT NUMBER				18 Undercarriage 19 Overturn 20 Windshield 21 Trailer		18 Undercarriage 19 Overturn 20 Windshield 21 Trailer			
MOTOR CARRIER ADDRESS				CITY & STATE				ZIP CODE		PHONE NUMBER			
Vehicle Body Type		Trafficway		Commercial Motor Vehicle Configuration		Trailer Type		Cargo Body Type		Emergency Vehicle Use			
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		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 77 Other, Explain in Narrative 88 Unknown		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		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		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		1 No Cargo 2 Bus		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown	
Comm/Non-Commercial		Comm GVWR/GCWR		Collision with Non-Fixed Object		Collision Fixed Object		Vehicle Maneuver Action		Traffic Control Device For This Vehicle		Vehicle Defects	
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		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		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		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		1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing		8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train	
Most Harmful Event		Non-Collision		Sequence of Events		Roadway Grade		Roadway Alignment		Special Function of Motor Vehicle		Violations	
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		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		1st 2nd 3rd 4th		1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		PERSON # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER	
Roadway Alignment		Special Function of Motor Vehicle		Violations		Violations		Violations		Violations		Violations	
1 Straight 2 Curve Right 3 Curve Left		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		1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown		PERSON # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER		PERSON # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER	

# NARRATIVE

REPORTING AGENCY CASE NUMBER

1201-1654

HSMV CRASH REPORT NUMBER

10118913

Pedestrian was crossing S.R. 19 heading toward Lake Harris Dr.

Vehicle 1 was turning left off of Lake Harris Dr. onto South State Road 19.

Vehicle 1 then struck pedestrian.

Driver of vehicle 1 was issued citation 1161-GMR for DWLS w/ knowledge.

Driver of vehicle 1 was issued citation 1160-GMR for Careless Driving.

Driver of vehicle 1 was issued citation 1159-GMR for Leaving scene of M/V crash w/ injury.

Pedestrian was transported to Waterman Hospital by her mother to be looked at for possible injuries.

## 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									

## ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

## REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
21	CPL GROGAN	Tavares	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

