

FEB 06 2012

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 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
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CRASH IDENTIFIERS						
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 REPORTED 7:06 AM	TIME DISPATCHED 7:06 AM
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"/>		

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)						
CRASH OCCURRED ON STREET, ROAD, HIGHWAY State Road 19			AT STREET ADDRESS # 1	AT LATITUDE 2	AND	LONGITUDE
FEET	MILES	N S E W	AD/ FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 Dead River Rd.			OR FROM MILEPOST # 4

Road System Identifier	Type of Shoulder	Type of Intersection
3 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 1 Paved 2 Unpaved 3 Curb	2 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

CRASH INFORMATION (CHECK IF PICTURES TAKEN)				
Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision/Impact
3 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown 77 Other, Explain in Narrative 88 Unknown	1 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	1 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 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	77 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	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object	First Harmful Event Location
10 1 No 2 Yes 88 Unknown	1 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 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	Contributing Circumstances: Road	Contributing Circumstances: Environment
2 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 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 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	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone
1 1 No 2 Yes 88 Unknown	1 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	1 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	1 1 No 2 Yes 88 Unknown	1 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present

WITNESSES			
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE

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

1 Vehicle in Transport VEHICLE LICENSE NUMBER **YQ6YB** STATE **FL** REGISTRATION EXPIRES **07/22/2012** Check if Permanent VIN **4T1ZGB1E1SU003540**
 2 Parked Motor Vehicle
 3 Working Vehicle

Hit and Run YEAR **1995** MAKE **Toyota** MODEL **4D** STYLE **car** COLOR **white** DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 88 EST. AMOUNT **0**
 1 No
 2 Yes
 88 Unknown

INSURANCE COMPANY **Direct General** INSURANCE POLICY NUMBER **FLAD138811717** Towed due to Damage: 1 No 2 Yes VEHICLE REMOVED BY **Driver** 1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative **3**

NAME OF VEHICLE OWNER (Check if Business) **Mary A. Garland** CURRENT ADDRESS **14822 CR 48** CITY & STATE **Astatula, FL** ZIP CODE **34705**

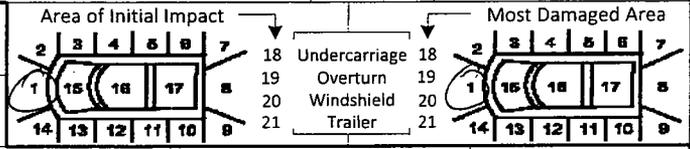
TRAILER # LICENSE NUMBER STATE REGISTRATION EXPIRES Check if Permanent Registration VIN YEAR MAKE LENGTH AXLES

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 **S.R. 19** AT EST. SPEED **15** POSTED SPEED **45** TOTAL LANES **4**

HAZ. MAT. RELEASED HAZ. MAT. PLACARD HAZ. MAT. NUMBER HAZ. MAT. CLASS

MOTOR CARRIER NAME US DOT NUMBER



MOTOR CARRIER ADDRESS CITY & STATE ZIP CODE PHONE NUMBER

Vehicle Body Type **1** 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

Trafficway **4** 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted 24 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown

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

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

Cargo Body Type 1 No Cargo 2 Bus 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 (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown

Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck

Comm GVWR/GCWR **4** 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

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

Sequence of Events 1st **10** 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

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 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Other Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)

Emergency Vehicle Use **1** 1 No 2 Yes 88 Unknown

Roadway Grade **1** 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)

Roadway Alignment **3** 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 **5** 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** 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** 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

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
1	Lou Ann Ross	322.34(2)	DWLS w/ Knowledge	1161-GMP
1	Lou Ann Ross	316.1925(1)	Careless Driving	1160-GMR
1	Lou Ann Ross	316.027(1)	Leaving scene w/injury	1159-GMR

PERSON # 1 REPORTING AGENCY CASE NUMBER 1201-1654 HSMV CRASH REPORT NUMBER 10118913

1 Driver 2 Non-Motorist 3 Passenger VEHICLE # 1 NAME Lou Ann Ross PHONE NUMBER 407-453-2628 Check if Recommend Driver Re-exam

CURRENT ADDRESS (Number and Street) 14822 C.R. 48 CITY & STATE Astatula, FL ZIP CODE 34705

DATE OF BIRTH 08/13/67 SEX: 1 Male 2 Female 88 Unknown DRIVER LICENSE NUMBER 2 R200521677930 STATE FL EXPIRES 2012 INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality 1

DRIVER DL Type 5 Required Endorsements 3 Driver's Actions at Time of Crash 1st 2 2nd 3rd 4th Condition At Time of Crash 1

DRIVER OR PASSENGER Vision Vision Obstructions 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Motor Vehicle Seating Position: LOCATION: SEAT ROW OTHER (LOC) 1 1 1

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 17 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

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

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 # 2	REPORTING AGENCY CASE NUMBER 1201-1654	HSMV CRASH REPORT NUMBER 10118913
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1 Driver 2 Non-Motorist 3 Passenger	<input type="checkbox"/> 2	VEHICLE #	NAME Shelby Rene Pietrowski	PHONE NUMBER 352-408-1447	<input type="checkbox"/>	Check if Recommend	<input type="checkbox"/>
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CURRENT ADDRESS (Number and Street) 460 Fern Ave.	CITY & STATE Tavares, FL	ZIP CODE 32778
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DATE OF BIRTH 10/14/95	SEX: 1 Male 2 Female 88 Unknown	<input type="checkbox"/> 2	DRIVER LICENSE NUMBER P362796958740	STATE FL	EXPIRES 2019	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	<input type="checkbox"/> 2
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DRIVER			
DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	Required Endorsements <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No Req. Endorsement	Driver's Actions at Time of Crash	
Driver Distracted By <input type="checkbox"/> 1 Not Distracted <input type="checkbox"/> 2 Electronic Communication Devices (cell phone, etc.) <input type="checkbox"/> 3 Other Electronic Device (navigation device, DVD player)		1st <input type="checkbox"/> 1 No Contributing Action <input type="checkbox"/> 2 Operated MV in Careless or Negligent Manner <input type="checkbox"/> 3 Failed to Yield Right-of-Way <input type="checkbox"/> 4 Improper Backing <input type="checkbox"/> 6 Improper Turn <input type="checkbox"/> 10 Followed too Closely <input type="checkbox"/> 11 Ran Red Light <input type="checkbox"/> 12 Drove too Fast for Conditions <input type="checkbox"/> 13 Ran Stop Sign <input type="checkbox"/> 15 Improper Passing <input type="checkbox"/> 17 Exceeded Posted Speed <input type="checkbox"/> 21 Wrong Side of Wrong Way <input type="checkbox"/> 25 Failed to Keep in Proper Lane	3rd <input type="checkbox"/> 26 Ran off Roadway <input type="checkbox"/> 27 Disregarded other Traffic Sign <input type="checkbox"/> 28 Disregarded Other Road Markings <input type="checkbox"/> 29 Over-Correcting/Over-Steering <input type="checkbox"/> 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. <input type="checkbox"/> 31 Operated MV in Erratic, Reckless or Aggressive Manner <input type="checkbox"/> 77 Other Contributing Action
		4th <input type="checkbox"/>	Condition At Time of Crash <input type="checkbox"/> 1 Apparently Normal <input type="checkbox"/> 3 Asleep or Fatigued <input type="checkbox"/> 5 Ill (sick) or Fainted <input type="checkbox"/> 6 Seizure, Epilepsy, Blackout <input type="checkbox"/> 7 Physically Impaired <input type="checkbox"/> 8 Emotional (depression, angry, disturbed, etc.) <input type="checkbox"/> 9 Under the Influence of Medications/Drugs/Alcohol <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
Driver Vision Obstructions <input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inclement Weather <input type="checkbox"/> 3 Parked/Stopped Vehicle <input type="checkbox"/> 4 Trees/Crops/Bushes		<input type="checkbox"/> 5 Load on Vehicle <input type="checkbox"/> 6 Building/Fixed Object <input type="checkbox"/> 7 Signs/Billboards <input type="checkbox"/> 8 Fog	<input type="checkbox"/> 9 Smoke <input type="checkbox"/> 10 Glare <input type="checkbox"/> 77 All Other, Explain in Narrative

DRIVER OR PASSENGER			
<input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inclement Weather <input type="checkbox"/> 3 Parked/Stopped Vehicle <input type="checkbox"/> 4 Trees/Crops/Bushes	<input type="checkbox"/> 5 Load on Vehicle <input type="checkbox"/> 6 Building/Fixed Object <input type="checkbox"/> 7 Signs/Billboards <input type="checkbox"/> 8 Fog	<input type="checkbox"/> 9 Smoke <input type="checkbox"/> 10 Glare <input type="checkbox"/> 77 All Other, Explain in Narrative	Helmet Use (HU) <input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet <input type="checkbox"/> 2 Other Helmet <input type="checkbox"/> 3 No Helmet
Motor Vehicle Seating Position:		Eye Protection (EP) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not Applicable	Restraint Systems (RS) <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 None Used - Motor Vehicle Occupant <input type="checkbox"/> 3 Shoulder and Lap Belt Used <input type="checkbox"/> 4 Shoulder Belt Only Used <input type="checkbox"/> 5 Lap Belt Only Used <input type="checkbox"/> 6 Restraint Used - Type Unknown <input type="checkbox"/> 7 Child Restraint System - Forward Facing <input type="checkbox"/> 8 Child Restraint System - Rear Facing <input type="checkbox"/> 9 Booster Seat <input type="checkbox"/> 10 Child Restraint Type Unknown <input type="checkbox"/> 77 Other, Explain in Narrative
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) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Driver Vision Obstructions		Air Bag Deployed (ABD) <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Deployed <input type="checkbox"/> 3 Deployed-Front <input type="checkbox"/> 4 Deployed-Side	<input type="checkbox"/> 5 Deployed-Other (knee, air belt, etc.) <input type="checkbox"/> 6 Deployed-Combination <input type="checkbox"/> 7 Deployed-Curtain <input type="checkbox"/> 88 Deployment Unknown

NON-MOTORIST			
Non-Motorist Description <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) <input type="checkbox"/> 3 Bicyclist <input type="checkbox"/> 4 Other Cyclist <input type="checkbox"/> 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transportation Device <input type="checkbox"/> 7 Unknown Type of Non-Motorist	Non-Motorist Location At Time of Crash <input type="checkbox"/> 1 Intersection - Marked Crosswalk <input type="checkbox"/> 2 Intersection - Unmarked Crosswalk <input type="checkbox"/> 3 Intersection - Other <input type="checkbox"/> 4 Midblock - Marked Crosswalk <input type="checkbox"/> 5 Travel Lane - Other Location <input type="checkbox"/> 6 Bicycle Lane <input type="checkbox"/> 7 Shoulder/Roadside <input type="checkbox"/> 8 Sidewalk <input type="checkbox"/> 9 Median/Crossing Island <input type="checkbox"/> 10 Driveway Access <input type="checkbox"/> 11 Shared-Use Path or Trail <input type="checkbox"/> 12 Non-Trafficway Area <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Action Prior to Crash <input type="checkbox"/> 1 Crossing Roadway <input type="checkbox"/> 2 Waiting to Cross Roadway <input type="checkbox"/> 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) <input type="checkbox"/> 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) <input type="checkbox"/> 5 Walking/Cycling on Sidewalk <input type="checkbox"/> 6 In Roadway -- Other (working, playing, etc.) <input type="checkbox"/> 7 Adjacent to Roadway (e.g., shoulder, median) <input type="checkbox"/> 8 Going to or from School (K-12) <input type="checkbox"/> 9 Working in Trafficway (incident response) <input type="checkbox"/> 10 None <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	
Safety Equipment <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Helmet <input type="checkbox"/> 3 Protective Pads Used (elbows, knees, shins, etc.) <input type="checkbox"/> 4 Reflective Clothing (jacket, backpack, etc.) <input type="checkbox"/> 5 Lighting <input type="checkbox"/> 6 Not Applicable <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		Non-Motorist Actions/Circumstances 1st <input type="checkbox"/> 1 No Improper Action <input type="checkbox"/> 2 Dart/Dash <input type="checkbox"/> 3 Failure to Yield Right-of-Way <input type="checkbox"/> 4 Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 5 In Roadway Improperly (standing, lying, working, playing) <input type="checkbox"/> 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 2nd <input type="checkbox"/> 7 Entering/Exiting Parked/Standing Vehicle <input type="checkbox"/> 8 Inattentive (talking, eating, etc.) <input type="checkbox"/> 9 Not Visible (dark clothing, no lighting, etc.) <input type="checkbox"/> 10 Improper Turn/Merge <input type="checkbox"/> 11 Improper Passing <input type="checkbox"/> 12 Wrong-Way Riding or Walking <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	

ALCOHOL/DRUG/EMS														
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	<input type="checkbox"/> 88	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<input type="checkbox"/> 1	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	<input type="checkbox"/>	BAC <input type="checkbox"/>	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	<input type="checkbox"/> 88	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<input type="checkbox"/> 1	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	<input type="checkbox"/>	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	<input type="checkbox"/>

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="checkbox"/> 77	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO Waterman
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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	<input type="checkbox"/>	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	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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* OTHER *

VEHICLE # <input type="checkbox"/>		Check if Commercial <input type="checkbox"/>		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 <input type="checkbox"/>	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) <input type="checkbox"/>			CURRENT ADDRESS			CITY & STATE		ZIP CODE					
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR	MAKE	LENGTH	AXLES			
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	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									
MOTOR CARRIER ADDRESS				CITY & STATE				ZIP CODE			PHONE NUMBER		

Vehicle Body Type		Trafficway		Commercial Motor Vehicle Configuration	
<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		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/Non-Commercial		Trailer Type		Cargo Body Type	
<input type="checkbox"/>	1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck	<input type="checkbox"/>	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	<input type="checkbox"/>	1 No Cargo 2 Bus
Most Harmful Event		Collision with Non-Fixed Object		Collision Fixed Object	
<input type="checkbox"/>	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	<input type="checkbox"/>	10 Pedestrian 11 Pedalcyclist 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	<input type="checkbox"/>	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
Sequence of Events		Vehicle Maneuver Action		Traffic Control Device For This Vehicle	
1st <input type="checkbox"/>	2nd <input type="checkbox"/>	<input type="checkbox"/>	1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing	<input type="checkbox"/>	8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown
3rd <input type="checkbox"/>	4th <input type="checkbox"/>	Roadway Alignment		Vehicle Defects	
[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		<input type="checkbox"/>	1 Straight 2 Curve Right 3 Curve Left	<input type="checkbox"/>	1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train
Roadway Grade		Special Function of Motor Vehicle		Emergency Vehicle Use	
<input type="checkbox"/>	1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	<input type="checkbox"/>	1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military	<input type="checkbox"/>	12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown
Roadway Alignment		Special Function of Motor Vehicle		Emergency Vehicle Use	
<input type="checkbox"/>	1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military	<input type="checkbox"/>	9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transt/Commuter Bus	<input type="checkbox"/>	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		Special Function of Motor Vehicle		Special Function of Motor Vehicle	
<input type="checkbox"/>	1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military	<input type="checkbox"/>	9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transt/Commuter Bus	<input type="checkbox"/>	14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown

VIOLATIONS	
PERSON #	NAME OF VIOLATOR
PERSON #	NAME OF VIOLATOR
PERSON #	NAME OF VIOLATOR

FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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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	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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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	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

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"/>

