

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

HIGHWAY SAFETY & MOTOR VEHICLES,
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

(Electronic Version)

Date of Crash 23/Nov/2011 06:40 PM	Time of Crash 23/Nov/2011 06:40 PM	Date of Report 23/Nov/2011 07:58 PM	Invest. Agency Report Number FHPD11OFF097334	HSMV Crash Report Number 82271040
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CRASH IDENTIFIERS

County Code 12	City Code 54	County of Crash LAKE	Place or City of Crash MOUNT DORA	Within City Limits No	Time Reported 23/Nov/2011 06:45 PM	Time Dispatched 23/Nov/2011 06:47 PM
Time on Scene 23/Nov/2011 07:28 PM	Time Cleared Scene 23/Nov/2011 08:59 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway STATE ROAD 46			At Street Address#		At Latitude 28.8184532057494 and Longitude -81.489320369437294	
At Feet	Or Miles 1.80	Direction West	From Intersection With Street, Road, Highway COUNTY ROAD 46A			Or From Milepost #
Road System Identifier 3 State		Type Of Shoulder 1 Paved		Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 5 Dark-Not Lighted	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 77 Other, Explain in Narrative
First Harmful Event Type	First Harmful Event 10	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

VEHICLE (Check if Commercial) ☐

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number L946FJ	State FL	Reg. Expires 17/Jun/2012	Permanent Reg. No	VIN WVWSL61J14W173832
Year 2004	Make VOLK	Model JETTA	Style SW	Color BLU	Extent of Damage Minor	Est. Damage 4000	Towed Due To Damage No
Insurance Company GEICO				Insurance Policy Number 4150524983			
Name of Vehicle Owner (Check Box If Business) STEPHANIE STONE HART			Current Address (Number and Street) 1345 SELBYDON WAY			City and State WINTER GARDEN FL	
Zip Code 34787							
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Vehicle Traveling:	Direction East	On Street, Road, Highway STATE ROAD 46				At Est. Speed 55	Posted Speed 55
Total Lanes 2							
CMV Configuration			Cargo Body Type			Area of Initial Impact	
Comm GVWR/GCWR			Trailer Type (trailer one)			Trailer Type (trailer two)	
Haz. Mat. Release			Haz Mat. Placard			Number	
Class							
Motor Carrier Name			US DOT Number				
Motor Carrier Address			City and State			Zip Code	
Phone Number							
Comm/Non-Commercial	Vehicle Body Type 1 Passenger Car	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 1 Two-Way, Not Divided	Roadway Grade 1 Level	Roadway Alignment 1 Straight	Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 10 Pedestrian	
Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object 10 Pedestrian		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events

PERSON RECORD

Person# 2	Description 1 Driver	Vehicle # 1	Name MELISSA VERA JOHNSON	Date of Birth 19/Apr/1973	Sex 2 Female	Phone Number	Re-Exam No
Address 645 WHITTINGHAM PL		City LAKE MARY		State FL		Zip Code 32746	
Driver License Number J525558736390	State FL	Expires 19/Apr/2013	DL Type 5 E/Operator	Req. End.	Injury Severity 1 None	Ejection 1 Not Ejected	

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Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other		
Drivers Actions at Time of Crash (first) 1 No Contributing Action			Drivers Actions at Time of Crash (second)			Driver Distracted By 1 Not Distracted	Vision Obstruction 1 Vision Not Obscured	
Drivers Actions at Time of Crash (third)			Drivers Actions at Time of Crash (fourth)			Drivers Condition at Time of Crash 1 Apparently Normal		
Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To	

PERSON RECORD

Person# 3	Description 3 Passenger	Vehicle # 1	Name TAYLOR JOHNSON	Date of Birth 06/May/1997	Sex 2 Female	Injury Severity 2 Possible	Ejection 1 Not Ejected
Address 645 WHITTINGHAM PL			City LAKE MARY			State FL	Zip Code 32746
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 3	Seating Location Row 1	Seating Location Other	
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	

PERSON RECORD

Person# 1	Description 2 Non-Motorist	Name WOLODYMYR SACHNO		Date of Birth 25/Feb/1964	Sex 1 Male	Injury Severity 4 Incapacitating	Phone Number 3525525485	
Address 28320 STATE ROAD 46		City SORRENTO		State FL		Zip Code 32776		
Non-Motorist Description Detail 1 Pedestrian		Non-Motorist Action Prior to Crash 6 In Roadway --Other (working, playing, etc.)			Non-Motorist Location at Time of Crash 5 Travel Lane - Other Location			
Non-Motorist Actions/Circumstance (First) 5 In Roadway Improperly (standing, lying, working, playing)		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two)		
Suspected Alcohol Use 2 Yes	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 88 Unknown	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID LAKE CO EMS		EMS Run Number		Medical Facility Transported To O.R.M.C.		

NARRATIVE

ID Number 1139	Rank CORPORAL	Name J.C. HELMS	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Nov 23, 2011
V01 was traveling eastbound on State Road 46. NM01 was attempting to cross State Road 46 from the south shoulder to the north shoulder. NM01 walked out in front of V01. V01 struck NM01 with the right front of V01. NM01's head struck the windshield of V01 and NM01 then rolled off of V01 into the eastbound lane and came to rest. D-1 drove approximately 0.1 miles and pulled off road onto the south shoulder and called 911. D-1 stated NM01 walked right out in front of her vehicle.						

REPORTING OFFICER

ID/Badge # 1139	Rank and Name CORPORAL J.C. HELMS	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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Private Road
Old McDonald Road

