

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

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

## ROADWAY INFORMATION

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

## CRASH INFORMATION (Check if Pictures Taken)

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

## VEHICLE (Check if Commercial)

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

## PERSON RECORD

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

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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.			

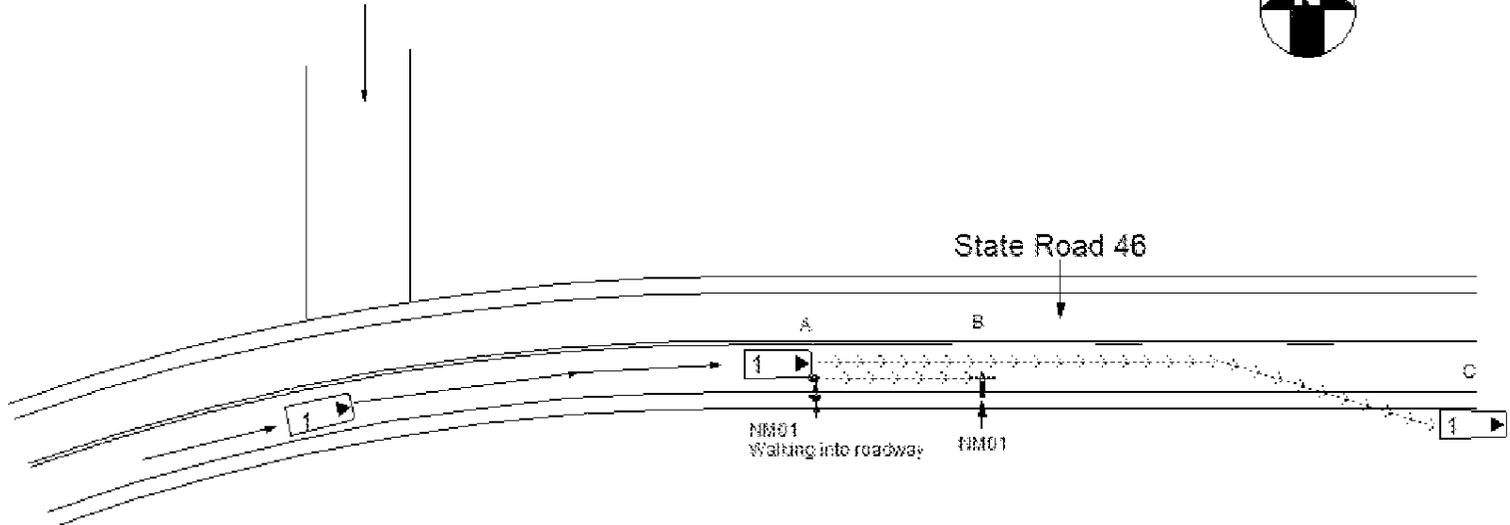
**NARRATIVE**

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
<p>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.</p>						

**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



A to B = 25 feet  
A to C = 0.1 mile