

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 13/Jan/2013 11:21 PM	Time of Crash 13/Jan/2013 11:21 PM	Date of Report 14/Jan/2013 01:01 AM	Invest. Agency Report Number FHPD13OFF003702	HSMV Crash Report Number 83182119
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CRASH IDENTIFIERS

County Code 12	City Code	County of Crash LAKE	Place or City of Crash	Within City Limits No	Time Reported 13/Jan/2013 11:21 PM	Time Dispatched 13/Jan/2013 11:22 PM
Time on Scene 13/Jan/2013 11:36 PM	Time Cleared Scene 14/Jan/2013 01:57 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway COUNTY ROAD 46A			At Street Address#	At Latitude 28.816651556017899	and Longitude -81.470998303395106
At Feet	Or Miles .80	Direction North	From Intersection With Street, Road, Highway SR 46	Or From Milepost #	
Road System Identifier 4 County		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 2 Front to Front
First Harmful Event Type	First Harmful Event 11	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 004NIR	State FL	Reg. Expires 31/Dec/2013	Permanent Reg. No	VIN 1FTRX14W18FA01917		
Year 2008	Make FORD	Model F150 PICKUP	Style TK	Color MAR	Extent of Damage Disabling	Est. Damage 6000	Towed Due To Damage Yes	Vehicle Removed By HURLEYS	Rotation Rotation
Insurance Company STATE FARM				Insurance Policy Number 8236683592					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>			Current Address (Number and Street) 2110 JUDITH PL			City and State LONGWOOD FL		Zip Code 32779	

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: South	Direction	On Street, Road, Highway COUNTY ROAD 46A	At Est. Speed 55	Posted Speed 55	Total Lanes 2
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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 3 Pickup	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 11 Pedalcycle
Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object 11 Pedalcycle	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events	

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name JOSHUA PETER DSOUZA	Date of Birth 01/May/1989	Sex 1 Male	Phone Number	Re-Exam No
Address 2110 JUDITH PL		City LONGWOOD	State FL	Zip Code 32779			
Driver License Number D220435891610	State FL	Expires 01/May/2019	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 1 Not Applicable		
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# 2	Description 3 Passenger	Vehicle # 1	Name KATHY ELIZABETH HALL	Date of Birth 25/Mar/1987	Sex 2 Female	Injury Severity 1 None	Ejection 1 Not Ejected
Address 432 S GILBERT ST APT A			City CASTLE ROCK			State CO	Zip Code 80104
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection	Seating Location Seat 3	Seating Location Row 1	Seating Location Other 1	
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 2 Non-Motorist	Name DALLAS ROBERT SCHULTZ	Date of Birth 27/Oct/1992	Sex 1 Male	Injury Severity 5 Fatal (within 30 days)	Phone Number		
Address 2633 E DORCHESTER DR		City DELTONA	State FL		Zip Code 32738			
Non-Motorist Description Detail 3 Bicyclist		Non-Motorist Action Prior to Crash 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)		Non-Motorist Location at Time of Crash 5 Travel Lane - Other Location				
Non-Motorist Actions/Circumstance (First) 12 Wrong-Way Riding or Walking		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 5 Lighting		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 1 No	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 EMS		EMS Run Number 212971	Medical Facility Transported To ORMC			

NARRATIVE

ID Number 2553	Rank TROOPER	Name C.L. THOMPSON	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Jan 14, 2013
<p>V01 was southbound on County Road 46a north of State Road 46. NM01 was northbound on CR 46a north of State Road 46. NM01 entered the southbound lane in the direct path of V01. The front of V01 struck NM01. V01 attempted to take evasive action and swerved into the northbound lane. NM01 came to rest on the east shoulder. V01 came to rest on the west shoulder.</p> <p>Dallas Robert Schultz, DOB 10/27/1992 was pronounced deceased on 1/14/13 at 7:08 P.M. by Dr. Rodrigo Alvin at Orlando Regional Medical Center.</p> <p>Traffic Homicide Investigator: Master Corporal Albert Pratts, ID 2024-827 Traffic Homicide Case Number: FHP713-12-003</p>						

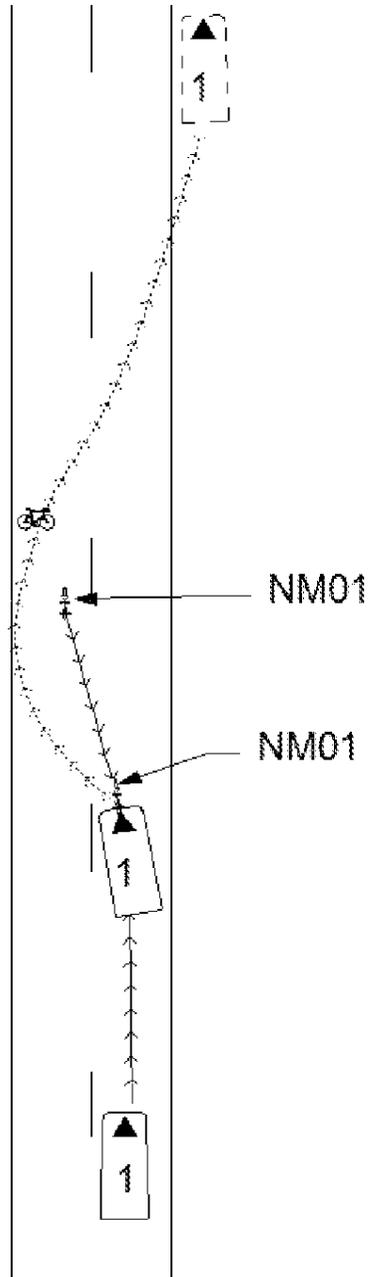
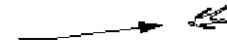
REPORTING OFFICER

ID/Badge # 2553	Rank and Name TROOPER C.L. THOMPSON	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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NOT TO SCALE

Final Rest of NM01



State Road 46