

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 <u>9-11-2012</u>	TIME OF CRASH <u>6:53 AM</u>	DATE OF REPORT <u>9-11-2012</u>	REPORTING AGENCY CASE NUMBER <u>1209-0582</u>	HSMV CRASH REPORT NUMBER <u>1011 7955</u>
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CRASH IDENTIFIERS							
COUNTY CODE <u>12</u>	CITY CODE <u>66</u>	COUNTY OF CRASH <u>LALIE</u>	PLACE OR CITY OF CRASH <u>TAVARES</u>	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED <u>6:54 AM</u>	TIME DISPATCHED <u>6:55 AM</u>	
TIME ON SCENE <u>6:56 AM</u>		TIME CLEARED SCENE <u>7:58 AM</u>		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 <u>SR 19</u>		AT STREET ADDRESS # <u>21</u>	AT LATITUDE AND LONGITUDE <u>22</u>
FEET	MILES	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <u>LALASHUNE BLVD</u>	OR FROM MILEPOST # <u>33</u>

Road System Identifier	Type of Shoulder	Type of Intersection
<input type="checkbox"/> 1 Interstate <input type="checkbox"/> 2 U.S. <input type="checkbox"/> 3 State <input checked="" type="checkbox"/> 4 County <input type="checkbox"/> 5 Local <input type="checkbox"/> 6 Turnpike/Toll <input type="checkbox"/> 7 Forest Road <input type="checkbox"/> 8 Private Roadway <input type="checkbox"/> 9 Parking Lot <input type="checkbox"/> 77 Other, Explain in Narrative	<input type="checkbox"/> 1 Paved <input type="checkbox"/> 2 Unpaved <input type="checkbox"/> 3 Curb <input checked="" type="checkbox"/> 3	<input type="checkbox"/> 1 Not at Intersection <input type="checkbox"/> 2 Four-Way Intersection <input type="checkbox"/> 3 T-Intersection <input type="checkbox"/> 4 Y-Intersection <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 5 Traffic Circle <input type="checkbox"/> 6 Roundabout <input type="checkbox"/> 7 Five-Point, or More <input type="checkbox"/> 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
<input checked="" type="checkbox"/> 3 <input type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dusk <input type="checkbox"/> 3 Dawn <input type="checkbox"/> 4 Dark-Lighted <input type="checkbox"/> 5 Dark-Not Lighted <input type="checkbox"/> 6 Dark-Unknown <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 4 Fog, Smog, Smoke <input type="checkbox"/> 5 Sleet/Hail/ Freezing Rain <input type="checkbox"/> 6 Blowing Sand, Soil, Dirt <input type="checkbox"/> 7 Severe Crosswinds <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain	<input type="checkbox"/> 1 <input type="checkbox"/> 5 Oil <input type="checkbox"/> 6 Mud, Dirt, Gravel <input type="checkbox"/> 7 Sand <input type="checkbox"/> 8 Water (standing/ moving) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 4 Ice/Frost	<input type="checkbox"/> 1 <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, School Bus Directly Involved <input type="checkbox"/> 3 Yes, School Bus Indirectly Involved	<input checked="" type="checkbox"/> 77 <input type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle <input type="checkbox"/> 4 Sideswipe, Same Direction <input type="checkbox"/> 5 Sideswipe, Opposite Direction <input type="checkbox"/> 6 Rear to Side <input type="checkbox"/> 7 Rear to Rear <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown

First Harmful Event	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object	First Harmful Event Location
<input checked="" type="checkbox"/> 11 <input type="checkbox"/> 1 Overturn/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"/> 1 <input type="checkbox"/> 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 <input type="checkbox"/> 18 Other Non-Fixed Object	<input type="checkbox"/> 1 <input type="checkbox"/> 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"/> 29 Cable Barrier	<input type="checkbox"/> 1 <input type="checkbox"/> 30 Concrete Traffic Barrier <input type="checkbox"/> 31 Other Traffic Barrier <input type="checkbox"/> 32 Tree (standing) <input type="checkbox"/> 33 Utility Pole/Light Support <input type="checkbox"/> 34 Traffic Sign Support <input type="checkbox"/> 35 Traffic Signal Support <input type="checkbox"/> 36 Other Post, Pole or Support <input type="checkbox"/> 37 Fence <input type="checkbox"/> 38 Mailbox <input type="checkbox"/> 39 Other Fixed Object (wall, building, tunnel, etc.)	<input type="checkbox"/> 1 <input type="checkbox"/> 1 On Roadway <input type="checkbox"/> 2 Off Roadway <input type="checkbox"/> 3 Shoulder <input type="checkbox"/> 4 Median <input type="checkbox"/> 6 Gore <input type="checkbox"/> 7 Separator <input type="checkbox"/> 8 In Parking Lane or Zone <input type="checkbox"/> 9 Outside Right-of-way <input type="checkbox"/> 10 Roadside <input type="checkbox"/> 88 Unknown

First Harmful Event Relation to Junction	Contributing Circumstances: Road	Contributing Circumstances: Environment
<input type="checkbox"/> 1 <input type="checkbox"/> 5 Railway Grade Crossing <input type="checkbox"/> 14 Entrance/Exit Ramp <input type="checkbox"/> 15 Crossover - Related <input type="checkbox"/> 16 Shared-Use Path or Trail <input type="checkbox"/> 17 Acceleration/Deceleration Lane <input type="checkbox"/> 18 Through Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 1 Non-Junction <input type="checkbox"/> 2 Intersection <input type="checkbox"/> 3 Intersection-Related <input type="checkbox"/> 4 Driveway/Alley Access Related	<input type="checkbox"/> 1 <input type="checkbox"/> 9 Worn, Travel-Polished Surface <input type="checkbox"/> 10 Road Surface Condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 11 Obstruction in Roadway <input type="checkbox"/> 12 Debris <input type="checkbox"/> 13 Traffic Control Device Inoperative, Missing or Obscured <input type="checkbox"/> 14 Non-Highway Work <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 1 None <input type="checkbox"/> 4 Work Zone (construction/ maintenance/utility) <input type="checkbox"/> 6 Shoulders (none, low, soft, high) <input type="checkbox"/> 7 Rut, Holes, Bumps	<input type="checkbox"/> 1 <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Weather Conditions <input type="checkbox"/> 3 Physical Obstruction(s) <input type="checkbox"/> 4 Glare <input type="checkbox"/> 5 Animal(s) in Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown

Work Zone Related	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone
<input type="checkbox"/> 1 <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area	<input type="checkbox"/> 1 <input type="checkbox"/> 1 Lane Closure <input type="checkbox"/> 2 Lane Shift/Crossover <input type="checkbox"/> 3 Work on Shoulder or Median <input type="checkbox"/> 4 Intermittent or Moving Work <input type="checkbox"/> 77 Other, Explain in Narrative	<input type="checkbox"/> 1 <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 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

VEHICLE # 1 Check if Commercial REPORTING AGENCY CASE NUMBER 1209-0582 HSMV CRASH REPORT NUMBER 1011 7455

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle VEHICLE LICENSE NUMBER 877 NMD STATE FL REGISTRATION EXPIRES 12-29-2012 Check if Permanent Registration VIN 154G-25854TC302198

Hit and Run 1 No 2 Yes 88 Unknown YEAR 1 MAKE CAG MODEL JCRP STYLE JT COLOR MARON DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None 2 EST. AMOUNT 3,000

INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY NUMBER 44052358 Towed due to Damage: 1 No 2 Yes 1 VEHICLE REMOVED BY DAVID DIAZ 1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative 1

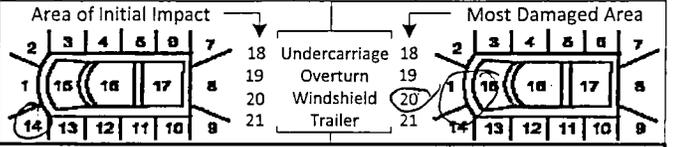
NAME OF VEHICLE OWNER (Check if Business) DAVID DIAZ CURRENT ADDRESS 345 PAUL AVE CITY & STATE CONROCK FL ZIP CODE 34736

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 SR 19 AT EST. SPEED 40 POSTED SPEED 35 TOTAL LANES 4

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown HAZ. MAT. NUMBER _____ HAZ. MAT. CLASS _____



MOTOR CARRIER NAME _____ US DOT NUMBER _____ CITY & STATE _____ ZIP CODE _____ PHONE NUMBER _____

MOTOR CARRIER ADDRESS _____ CITY & STATE _____ ZIP CODE _____ PHONE NUMBER _____

Vehicle Body Type 16

- 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 3

- 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

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/Triples
- 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

- 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 11

- 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 2nd 3rd 4th

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

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

Emergency Vehicle Use 1

- 1 No
- 2 Yes
- 88 Unknown

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.)

Roadway Grade 1

- 1 Level
- 2 Hillcrest
- 3 Uphill
- 4 Downhill
- 5 Sag (bottom)

Roadway Alignment 1

- 1 Straight
- 2 Curve Right
- 3 Curve Left

Vehicle Maneuver Action 1

- 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
- 17 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

VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
1	DAVID DIAZ	322.03(5)	EXPIRED DL (>6 mos)	0922-6MR
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON # 1	REPORTING AGENCY CASE NUMBER 1209-0582	HSMV CRASH REPORT NUMBER 10117455
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1 Driver 2 Non-Motorist 3 Passenger	<input type="checkbox"/>	VEHICLE # 1	NAME Pezzo Gomez	PHONE NUMBER 978-2712	Check if Recommended Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 1447 HOWARD ST			CITY & STATE GROVELAND FL		ZIP CODE 34736

DATE OF BIRTH 7-16-68	SEX: 1 Male 2 Female 88 Unknown	<input type="checkbox"/>	DRIVER LICENSE NUMBER 6520-610-65-090-0	STATE FL	EXPIRES 10-3-2011	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating	4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	<input type="checkbox"/>
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DL Type <input type="checkbox"/> 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	Required Endorsements <input type="checkbox"/> 3 1 Yes 2 No 3 No Req. Endorsement	Driver's Actions at Time of Crash			Condition At Time of Crash <input type="checkbox"/> 1 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
Driver Distracted By <input type="checkbox"/> 1 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		2nd <input type="checkbox"/> 1 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 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			3rd <input type="checkbox"/> 1 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 <input type="checkbox"/> 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		88 Unknown			

DRIVER OR PASSENGER <input type="checkbox"/> 3	Helmet Use (HU) <input type="checkbox"/> 3 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) <input type="checkbox"/> 3 1 Yes 2 No 3 Not Applicable	Restraint Systems (RS) <input type="checkbox"/> 3 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
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Motor Vehicle Seating Position:	LOCATION: SEAT (LOC) <input type="checkbox"/> 1	ROW <input type="checkbox"/> 1	OTHER <input type="checkbox"/>	Air Bag Deployed (ABD) <input type="checkbox"/> 2 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side	Ejection (EJECT) <input type="checkbox"/> 1 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown
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	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative	5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown

Non-Motorist Description <input type="checkbox"/> 1 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 <input type="checkbox"/> 1 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 <input type="checkbox"/> 1 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 <input type="checkbox"/> 1 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	Non-Motorist Actions/Circumstances <input type="checkbox"/> 1 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.)

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	<input type="checkbox"/> 1	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"/>	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	<input type="checkbox"/>	BAC	<input type="checkbox"/>	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	<input type="checkbox"/> 1	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<input type="checkbox"/>	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
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="checkbox"/> 1	EMS AGENCY NAME OR ID	<input type="checkbox"/>	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON # 2	VEHICLE # 1	NAME FILIPIZ Gomez	DATE OF BIRTH 5-1-1978	INI 1	SEX 1	LOC: S 3	R 1	O 1	EJECT 1	HU 3	EP 3	ABD 2	RS 3
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CURRENT ADDRESS (Number and Street) 1512 CAMDEN ST			CITY & STATE GROVELAND FL		ZIP CODE 34736
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="checkbox"/> 1	EMS AGENCY NAME OR ID	<input type="checkbox"/>	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

PERSON # 2	VEHICLE # 1	NAME FILIPIZ Gomez	DATE OF BIRTH 5-1-1978	INI 1	SEX 1	LOC: S 3	R 1	O 1	EJECT 1	HU 3	EP 3	ABD 2	RS 3
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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	<input type="checkbox"/>	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

PERSON # 3	REPORTING AGENCY CASE NUMBER 1209-0582	HSMV CRASH REPORT NUMBER 1011 7955
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1 Driver 2 Non-Motorist 3 Passenger	<input type="checkbox"/> 2	VEHICLE #	NAME TYLON AMMERMAN	PHONE NUMBER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CURRENT ADDRESS (Number and Street) 383 WINDMILL PL	CITY & STATE TAMPA FL	ZIP CODE 32278
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DATE OF BIRTH 12-9-1997	SEX: 1 Male 2 Female 88 Unknown	<input type="checkbox"/> 1	DRIVER LICENSE NUMBER	STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	<input type="checkbox"/> 4
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DL Type				Required Endorsements				Driver's Actions at Time of Crash				Condition At Time of Crash																																																			
<input type="checkbox"/> 1 A 2 B 3 C <input type="checkbox"/> 4 D/Chauffeur <input type="checkbox"/> 5 E/Operator <input type="checkbox"/> 6 E/Oper - Rest <input type="checkbox"/> 7 None				<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No Req. Endorsement				<input type="checkbox"/> 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 6 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				<input type="checkbox"/> 3rd 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				<input type="checkbox"/> 4th 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown																																															
Driver Distracted By				Other Inside the Vehicle				Driver Vision Obstructions				DRIVER OR PASSENGER:																																																			
<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)				<input type="checkbox"/> 4 Other Inside the Vehicle (explain in narrative) <input type="checkbox"/> 5 External Distraction (outside the vehicle, explain in narrative) <input type="checkbox"/> 6 Texting <input type="checkbox"/> 7 Inattentive <input type="checkbox"/> 88 Unknown				<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																																															
Motor Vehicle Seating Position:				Helmet Use (HU)				Eye Protection (EP)				Restraint Systems (RS)																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Seat</th> <th>Row</th> <th>Other</th> <th>LOCATION: SEAT</th> <th>ROW</th> <th>OTHER</th> </tr> <tr> <td>1 Left</td> <td>1 Front</td> <td>1 Not Applicable</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2 Middle</td> <td>2 Second</td> <td>2 Sleeper Section of Truck Cab</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3 Right</td> <td>3 Third</td> <td>3 Other Enclosed Cargo Area</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>77 Other (explain in narrative)</td> <td>4 Fourth</td> <td>4 Unenclosed Cargo Area</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>88 Unknown</td> <td>77 Other Row</td> <td>5 Trailing Unit</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>88 Unknown</td> <td>6 Riding on Motor Vehicle Exterior (non-trailing unit)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>88 Unknown</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				Seat	Row	Other	LOCATION: SEAT	ROW	OTHER	1 Left	1 Front	1 Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Middle	2 Second	2 Sleeper Section of Truck Cab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Right	3 Third	3 Other Enclosed Cargo Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77 Other (explain in narrative)	4 Fourth	4 Unenclosed Cargo Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88 Unknown	77 Other Row	5 Trailing Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		88 Unknown	6 Riding on Motor Vehicle Exterior (non-trailing unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			88 Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet <input type="checkbox"/> 2 Other Helmet <input type="checkbox"/> 3 No Helmet				<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not Applicable				<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	Row	Other	LOCATION: SEAT	ROW	OTHER																																																										
1 Left	1 Front	1 Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																										
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3 Right	3 Third	3 Other Enclosed Cargo Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																										
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		88 Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																										

NON-MOTORIST			
Non-Motorist Description	Non-Motorist Location at Time of Crash	Action Prior to Crash	
<input type="checkbox"/> 3 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	<input type="checkbox"/> 1 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	<input type="checkbox"/> 1 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)	
Safety Equipment	Non-Motorist Actions/Circumstances	7 Entering/Exiting Parked/Standing Vehicle	
<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"/> 1st 9 <input type="checkbox"/> 2nd 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)	<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:	ALCOHOL TESTED:	ALCOHOL TEST TYPE:	ALCOHOL TEST RESULT:	BAC	SUSPECTED DRUG USE:	DRUG TESTED:	DRUG TEST TYPE:	DRUG TEST RESULT:
<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested	<input type="checkbox"/> 1 Blood <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative	<input type="checkbox"/> 1 Pending <input type="checkbox"/> 2 Completed <input type="checkbox"/> 88 Unknown	<input type="checkbox"/>	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested	<input type="checkbox"/> 1 Blood <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative	<input type="checkbox"/> 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO		
<input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 2 LAICE EMS		29946		ORLANDO REGIONAL		

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						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	
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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						EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO		
<input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown														

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"/> 1 Passenger Car <input 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"/> 15 Low Speed Vehicle <input type="checkbox"/> 16 (Sport) Utility Vehicle <input type="checkbox"/> 17 Cargo Van (10,000 lbs (4,536 kg) or less) <input type="checkbox"/> 18 Motor Coach <input type="checkbox"/> 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) <input type="checkbox"/> 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 21 Farm Labor Vehicle <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 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"/> 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"/> 8 Tractor/Triple <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	
Comm/Non-Commercial		Trailer Type		Cargo Body Type			
<input type="checkbox"/> 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"/> TRAILER 1 <input type="checkbox"/> TRAILER 2 <input type="checkbox"/> 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"/> 8 Pole Trailer <input type="checkbox"/> 9 Towed Vehicle <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 No Cargo <input 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"/> 13 Intermodal Container Chassis <input type="checkbox"/> 14 Vehicle Towing Another Vehicle <input type="checkbox"/> 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			

Most Harmful Event		Collision with Non-Fixed Object		Collision Fixed Object		Emergency Vehicle Use	
<input type="checkbox"/> 1 Overturn/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"/> 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"/> 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"/> 29 Cable Barrier <input type="checkbox"/> 30 Concrete Traffic Barrier <input type="checkbox"/> 31 Other Traffic Barrier <input type="checkbox"/> 32 Tree (standing) <input type="checkbox"/> 33 Utility Pole/Light Support <input type="checkbox"/> 34 Traffic Sign Support <input type="checkbox"/> 35 Traffic Signal Support <input type="checkbox"/> 36 Other Post, Pole, or Support <input type="checkbox"/> 37 Fence <input type="checkbox"/> 38 Mailbox <input type="checkbox"/> 39 Other Fixed Object (wall, building, tunnel, etc.) <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	

Sequence of Events		Vehicle Maneuver Action		Traffic Control Device For This Vehicle		Vehicle Defects	
1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		<input type="checkbox"/> 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"/> 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"/> 1 None <input 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/Windshield <input type="checkbox"/> 14 Windows/Mirror <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	

Roadway Grade		Roadway Alignment		Special Function of Motor Vehicle	
<input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Hillcrest <input type="checkbox"/> 3 Uphill <input type="checkbox"/> 4 Downhill <input type="checkbox"/> 5 Sag (bottom)		<input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left		<input type="checkbox"/> 1 No Special Function <input 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	

VIOLATIONS	
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PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

NARRATIVE

REPORTING AGENCY CASE NUMBER

1209-0582

HSMV CRASH REPORT NUMBER

1011 7955

V1 WAS TRAVELING NORTHBOUND ON SR 19 IN THE RIGHT HAND LANE. P3 WAS CROSSING SR 19 ON A BICYCLE IN THE CROSSWALK ON THE NORTH SIDE OF THE INTERSECTION. P3 WAS CROSSING FROM WEST TO EAST. THE CRASH OCCURRED WHEN V1 STRUCK P3 IN THE CROSSWALK. P3 WAS THROWN ONTO THE HOOD OF V1 AND STRUCK THE WINDSHIELD. THE DRIVER OF V1 STATED HE WAS TRAVELING AT APPROXIMATELY 40 MPH AND HAD A GREEN LIGHT. HE WAS UNABLE TO STOP WHEN STRUCK BY P3, THERE WERE VISIBLE SKID MARKS ON THE ROADWAY FROM V1. IT WAS STILL DARK AT THE TIME OF THE CRASH AND P3'S BICYCLE DID NOT HAVE A LIGHT ON IT. THERE WERE NO WITNESSES TO THE CRASH. P3 WAS TRANSPORTED TO DAMEL. THE DRIVER OF V1 WAS LITED FOR HIS EXPOSED DRIVER'S LICENSE.

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
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EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

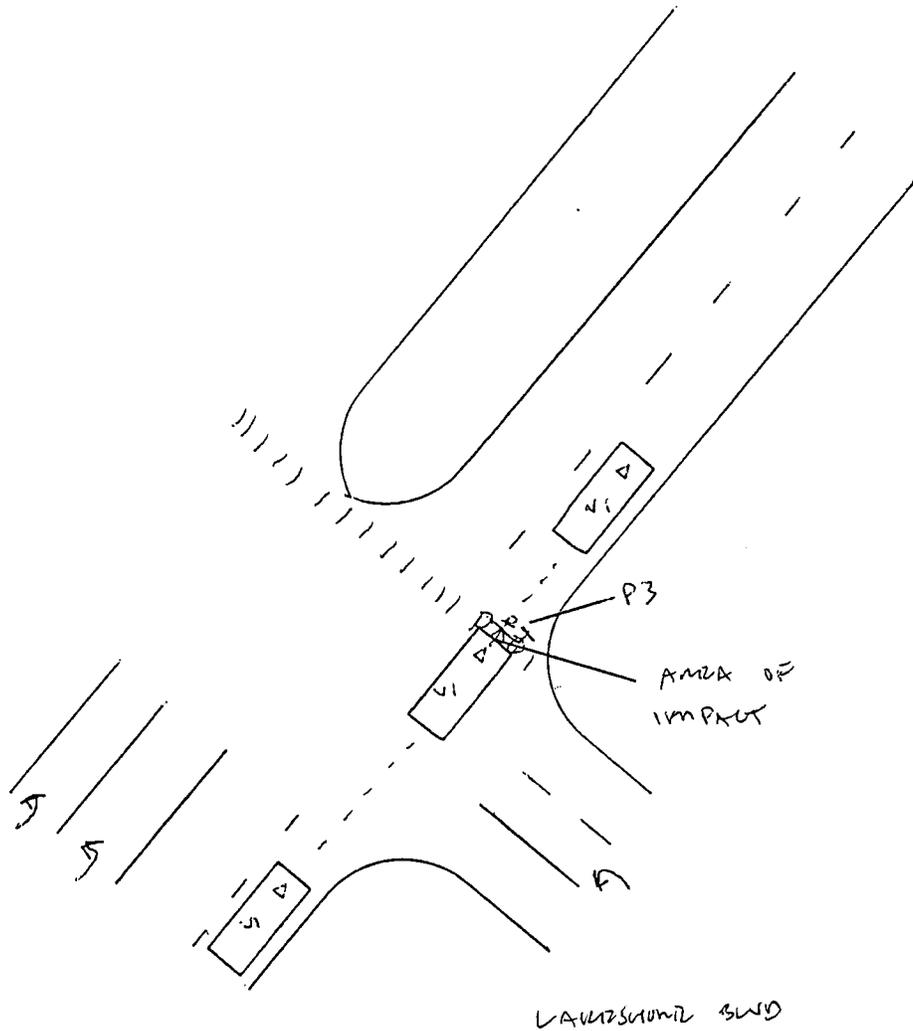
REPORTING OFFICER

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

DIAGRAM

10117955 ↑
N

NOT TO SCALE



SR 19
NORTHBOUND

LAURELWOOD BLVD