

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 2
 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 2/18/13	TIME OF CRASH 1448 HRS	DATE OF REPORT 2/18/13	REPORTING AGENCY CASE NUMBER 1302-0904	HSMV CRASH REPORT NUMBER 12492480
------------------------------	----------------------------------	----------------------------------	--	---

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 1448	TIME DISPATCHED 1449
TIME ON SCENE 1450	TIME CLEARED SCENE 1520	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)	Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>		

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)			
CRASH OCCURRED ON STREET, ROAD, HIGHWAY CR. SHORE BLVD.		AT STREET ADDRESS # 1	AT LATITUDE AND LONGITUDE 2
FEET 50	MILES	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY U.S. HWY 441	OR FROM MILEPOST # 4

Road System Identifier	Type of Shoulder	Type of Intersection
5 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	3 1 Paved 2 Unpaved 3 Curb	1 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

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision/Impact
1 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 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 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown	1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	3 1 Front to Rear 2 Front to Front 3 Angle 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown

First Harmful Event	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object	First Harmful Event Location
11 1 No 2 Yes 88 Unknown	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 End 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
1 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 JENNIFER MASON	ADDRESS 2989 W. BEAUMONT LN.	CITY & STATE EUSTIS, FL.	ZIP CODE 32726
NAME SEAN TOY	ADDRESS 405 N. NEW HAMPSHIRE AVE.	CITY & STATE TAVARES, FL.	ZIP CODE 32728

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 # <u>i</u>		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER <u>1302-0904</u>			HSMV CRASH REPORT NUMBER <u>12492480</u>												
1 Vehicle in Transport <input type="checkbox"/> 2 Parked Motor Vehicle <input type="checkbox"/> 3 Working Vehicle <input type="checkbox"/>		VEHICLE LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration <input type="checkbox"/>		VIN									
Hit and Run 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		YEAR		MAKE		MODEL		STYLE		COLOR									
INSURANCE COMPANY		INSURANCE POLICY NUMBER		Towed due to Damage: 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/>		VEHICLE REMOVED BY <u>DRIVER</u>		DAMAGE: 1 Disabling <input type="checkbox"/> 4 Minor <input type="checkbox"/> 2 Functional <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 3 None <input type="checkbox"/>		EST. AMOUNT <u>25.00</u>									
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>			CURRENT ADDRESS				CITY & STATE		ZIP CODE										
<u>DONALD A. GEORGE</u>			<u>2710 VINDALE RD.</u>				<u>TAVARES, FL.</u>		<u>32778</u>										
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration <input type="checkbox"/>		VIN									
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration <input type="checkbox"/>		VIN									
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		ON STREET, ROAD, HIGHWAY <u>CK. SHORE BLVD.</u>						AT EST. SPEED <u>5</u>		POSTED SPEED <u>45</u>		TOTAL LANES <u>1</u>							
HAZ. MAT. RELEASED 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		HAZ. MAT. PLACARD 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		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 <u>77</u>				Trafficway <u>5</u>				Commercial Motor Vehicle Configuration											
<ul style="list-style-type: none"> 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV) 				<ul style="list-style-type: none"> 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 				<ul style="list-style-type: none"> 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 						<ul style="list-style-type: none"> 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 					
Comm/Non-Commercial <input type="checkbox"/>				Trailer Type				Cargo Body Type <u>1</u>			Emergency Vehicle Use <u>1</u>								
<ul style="list-style-type: none"> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck 				<ul style="list-style-type: none"> 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 				<ul style="list-style-type: none"> 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 			<ul style="list-style-type: none"> 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 								
Most Harmful Event <u>11</u>				Collision with Non-Fixed Object				Collision Fixed Object				Emergency Vehicle Use							
<ul style="list-style-type: none"> 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 				<ul style="list-style-type: none"> 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 				<ul style="list-style-type: none"> 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 				<ul style="list-style-type: none"> 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Signal Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.) 				<ul style="list-style-type: none"> 1 No 2 Yes 88 Unknown 			
Sequence of Events				Vehicle Maneuver Action				Traffic Control Device For This Vehicle				Vehicle Defects							
<ul style="list-style-type: none"> 1st <u>41</u> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 				<ul style="list-style-type: none"> 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 				<ul style="list-style-type: none"> 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown 				<ul style="list-style-type: none"> 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 							
Roadway Grade <u>1</u>				Roadway Alignment <u>2</u>				Special Function of Motor Vehicle <u>1</u>											
<ul style="list-style-type: none"> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom) 				<ul style="list-style-type: none"> 1 Straight 2 Curve Right 3 Curve Left 				<ul style="list-style-type: none"> 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

PERSON # 1	REPORTING AGENCY CASE NUMBER 1302-0904	HSMV CRASH REPORT NUMBER 12492480
-------------------	--	---

1 Driver 2 Non-Motorist 3 Passenger	<input type="checkbox"/>	VEHICLE # 1	NAME DONALD A. GEORGE	PHONE NUMBER 343-8418	<input type="checkbox"/>	Check if Recommend Driver Re-exam
---	--------------------------	-----------------------	---------------------------------	---------------------------------	--------------------------	--

CURRENT ADDRESS (Number and Street) 2710 VINDALE RD.	CITY & STATE TAUVALES, FL.	ZIP CODE 32778
--	--	--------------------------

DATE OF BIRTH 7/16/34	SEX: 1 Male 2 Female 88 Unknown	<input type="checkbox"/>	DRIVER LICENSE NUMBER G620-181-34-256-0	STATE FL	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"/>	3
---------------------------------	---	--------------------------	---	--------------------	----------------	--	--------------------------	----------

DRIVER						
DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	Required Endorsements 1 Yes 2 No 3 No Req. Endorsement	1st <input type="checkbox"/>	3rd <input type="checkbox"/>	Condition At Time of Crash 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 88 Unknown	<input type="checkbox"/>	1
Driver Distacted By 1 Not Distacted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		Driver's Actions at Time of Crash 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 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane 14 Ran off Roadway 15 Disregarded other Traffic Sign 16 Disregarded Other Road Markings 17 Over-Correcting/Over-Steering 18 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 19 Operated MV in Erratic, Reckless or Aggressive Manner 20 Other Contributing Action		
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		9 Smoke 10 Glare 11 All Other, Explain in Narrative		

DRIVER OR PASSENGER					
Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) 1 Yes 2 No 3 Not Applicable	1	Restraint Systems (RS) 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	<input type="checkbox"/>	1

DRIVER OR PASSENGER				
Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown	LOCATION: SEAT ROW OTHER (LOC) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	Air Bag Deployed (ABD) 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side	5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown

NON-MOTORIST			
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 77 Other, Explain in Narrative 88 Unknown	Action Prior to Crash 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) 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	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
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	1	1st <input type="checkbox"/>	2nd <input type="checkbox"/>

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	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown

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 1302-0904	HSMV CRASH REPORT NUMBER 12492480
-------------------	--	---

1 Driver 2 Non-Motorist 3 Passenger	<input type="checkbox"/> 1	VEHICLE # 2	NAME CRAIG D. MILLER	PHONE NUMBER 874-0088	<input type="checkbox"/>	Check if Recommend Driver Re-exam
---	----------------------------	-----------------------	--------------------------------	---------------------------------	--------------------------	--

CURRENT ADDRESS (Number and Street) 1280 CEDAR AVE.	CITY & STATE TAVARES, FL.	ZIP CODE 32778
---	---	--------------------------

DATE OF BIRTH 10/18/70	SEX: 1 Male 2 Female 88 Unknown	<input type="checkbox"/> 1	DRIVER LICENSE NUMBER M460-104-70-378-0	STATE FL	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating	<input type="checkbox"/> 1	4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
----------------------------------	---	----------------------------	---	--------------------	----------------	--	----------------------------	---

DRIVER			
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	
		1st <input type="checkbox"/> 1	3rd <input type="checkbox"/>
		2nd <input type="checkbox"/>	4th <input type="checkbox"/>
Driver Distracted By <input type="checkbox"/> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		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 Vision Obstructions <input type="checkbox"/> 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 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	

DRIVER OR PASSENGER			
Motor Vehicle Seating Position:	LOCATION: SEAT ROW OTHER (LOC) <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	Helmet Use (HU) <input type="checkbox"/> 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
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	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
Air Bag Deployed (ABD) <input type="checkbox"/> 2 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	
NON-MOTORIST			

Non-Motorist Description <input type="checkbox"/> 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 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 77 Other, Explain in Narrative 88 Unknown	Action Prior to Crash <input type="checkbox"/> 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) 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 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	Non-Motorist Actions/Circumstances <input type="checkbox"/> 1st <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) 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: <input type="checkbox"/> 1 No <input type="checkbox"/> 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	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC	SUSPECTED DRUG USE: <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 2 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown

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 <input type="checkbox"/> 1	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 <input type="checkbox"/>	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 <input type="checkbox"/>	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
---	--	-----------------------	--

VEHICLE # 2 **Check if Commercial** **REPORTING AGENCY CASE NUMBER** 1302-0904 **HSMV CRASH REPORT NUMBER** 12492480

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle **VEHICLE LICENSE NUMBER** L201MK **STATE** FL **REGISTRATION EXPIRES** 9/02/13 **Check if Permanent Registration** **VIN** KNADE123286407081

Hit and Run 1 No 2 Yes 88 Unknown **YEAR** 2008 **MAKE** KIA **MODEL** CAR **STYLE** 4DR **COLOR** BLUE **DAMAGE:** 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None **EST. AMOUNT** 400.00

INSURANCE COMPANY PROPERTY AND CASUALTY **INSURANCE POLICY NUMBER** SSSHIF20970002983A **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) JOYCE MILLER **CURRENT ADDRESS** 1280 CEDAR AVE. **CITY & STATE** TAVARES, FL. **ZIP CODE** 32778

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** LK. SHORE BLVD. **AT EST. SPEED** 30 **POSTED SPEED** 45 **TOTAL LANES** 1

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 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV) 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** 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

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

Most Harmful Event 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 **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 No 2 Yes 88 Unknown

Sequence of Events 1st 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 **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** 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 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

Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom) **Roadway Alignment** 1 Straight 2 Curve Right 3 Curve Left **Special Function of Motor Vehicle** 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

NARRATIVE

REPORTING AGENCY CASE NUMBER

HSMV CRASH REPORT NUMBER

1302-0964

12492480

V-1 WAS CROSSING EAST ON LK. SHORE BLVD., V-2 WAS TRAVELING SOUTH ON LK. SHORE BLVD. THE DRIVER OF V-1, RODE HIS BICYCLE DIRECTLY INTO THE PATH OF V-2. THE DRIVER OF V-1 STATED HE NEVER SAW V-2 COMING, AND THAT IT WAS SAFE TO CROSS. THE DRIVER OF V-2 ADVISED HE SAW V-1 ON THE SIDEWALK, AND THOUGHT HE WAS GOING TO STOP. WITNESSES ON SCENE STATED THEY OBSERVED V-1 FAIL TO STOP, AND TRAVEL DIRECTLY IN FRONT OF V-2. THE DRIVER OF V-1 STATED THAT HE WAS AT FAULT FOR THE ACCIDENT. THE DRIVER OF V-1 SUSTAINED SMALL ABRASIONS TO HIS LEFT HAND, AND SORENESS FROM BEING KNOCKED OFF HIS BICYCLE. V-2 SUSTAINED A SMALL DENT ON THE HOOD, AS WELL AS SCRATCHES TO THE FRONT. THE DRIVER OF V-1 REFUSED ANY FURTHER MEDICAL, AND WAS MEDICALLY CLEARED ON SCENE.

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
--	--------------------------	-----------------------	----------------	---------------------------------

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
--	--------------------------	-----------------------	----------------	---------------------------------

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
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12492480

DIAGRAM NOT TO SCALE

