

FLORIDA TRAFFIC CRASH REPORT LONG FORM

DO NOT WRITE IN THIS SPACE

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

TIME & LOCATION

Date of Crash 23/Sep/2010	Time of Crash 05: 57 PM	Time Officer Notified 06: 11 PM	Time Officer Arrived 06: 20 PM	Invest. Agency Report Number FHPD10OFF085307	HSMV Crash Report Number 80633435
County Code/ 12	City Code 00	Feet or Mile(s) 4	Direction of E	City or Town EUSTIS	(check if in City or Town) <input type="checkbox"/> County Lake
At Node No. or 1	Feet or Mile(s) 35	From Node No. 1	Next Node No. 2	No. of Lanes 2	1. Divided 2. Undivided 2 On Street, Road or Highway 19516 SR 44
At The Intersection Of (street, road or highway) or		Feet or Mile(s) 35	Direction E	From Intersection Of (street, road or highway) COUNTY ROAD 44B	

SECTION 1 Pedestrian Vehicle

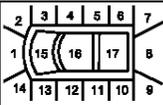
Driver Action 1. Phantom <input checked="" type="checkbox"/> 2. Hit and Run 3. N/A	Year 1997	Make FORD	Type 01	Use 01	Veh. License Number 939WVL	State FL	Vehicle Identification Number 1FALP51U5VA201729						
Trailer Or Towed Vehicle Information			Trailer Type										
Vehicle Traveling N	on 19516 SR 44	At 45	Est. MPH	Posted Speed 5	Est. Vehicle Damage \$1,000	1. Disabling 2. Functional 3. No Damage 1	Est. Trailer Damage	Show first point of vehicle damage and circle damaged areas 2					
Motor Vehicle Insurance Company (Liability or PIP) MGA			Policy Number 01MGFC1252010		Vehicle Removed By EUSTIS AMACO		1. Tow Rotation List 2. Tow Owner's Request	3. Driver 4. Other 1					
Name of Vehicle Owner (Check Box If Same As Driver) VERONICA R REYES			Current Address (Number and Street) 558 MAINLINE BLVD		City and State APOPKA FL		Zip Code 32712						
Name of Owner (Trailer or Towed Vehicle)			Current Address (Number and Street)		City and State		Zip Code						
Name of Motor Carrier (Commercial vehicle only)			Current Address (Number and Street)		City, State and Zip Code		US DOT or ICC MC Identification Numbers						
Name of Driver (Taken from Driver license)/ Pedestrian VERONICA R REYES			Current Address (Number and Street) 558 MAINLINE BLVD		City, State and Zip Code APOPKA FL 32712		Date Of Birth 03/Feb/1987						
Driver License Number 5477944	State FF	DL Type 5	Req. End 2	AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused 5	Results	Alc/Drug 1	Phys. Def 1	Res. 2	Race 3	Sex 2	Inj. 1	S. Equip. 2 5	Eject. 1
Hazardous Materials Being Transported 1 yes 2 No 2	Placarded 1 yes 2 No 2	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond			Was Hazardous Material Spilled? 1 yes 2 No 2	Recommend Driver Re-exam, if Yes Explain in Narrative 1 yes 2 No 2			Driver's Phone No.				

SECTION 2 Pedestrian Vehicle

Driver Action 1. Phantom <input checked="" type="checkbox"/> 2. Hit and Run 3. N/A	Year 2001	Make TOYT	Type 01	Use 01	Veh. License Number T758ME	State FL	Vehicle Identification Number JTEGF21A110020349						
Trailer Or Towed Vehicle Information			Trailer Type										
Vehicle Traveling S	on 19516 SR 44	At 0	Est. MPH	Posted Speed 5	Est. Vehicle Damage \$5,000	1. Disabling 2. Functional 3. No Damage 2	Est. Trailer Damage	Show first point of vehicle damage and circle damaged areas 7					
Motor Vehicle Insurance Company (Liability or PIP) STATE FARM			Policy Number 305565459		Vehicle Removed By OWNER		1. Tow Rotation List 2. Tow Owner's Request	3. Driver 4. Other 4					
Name of Vehicle Owner (Check Box If Same As Driver) GWINDA L MIXON			Current Address (Number and Street) 36353 GRAND ISL OAKS		City and State GRAND ISLAND FL		Zip Code 32735						
Name of Owner (Trailer or Towed Vehicle)			Current Address (Number and Street)		City and State		Zip Code						
Name of Motor Carrier (Commercial vehicle only)			Current Address (Number and Street)		City, State and Zip Code		US DOT or ICC MC Identification Numbers						
Name of Driver (Taken from Driver license)/ Pedestrian PROPERLY PARKED			Current Address (Number and Street)		City, State and Zip Code		Date Of Birth						
Driver License Number	State	DL Type	Req. End	AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused	Results	Alc/Drug	Phys. Def	Res.	Race	Sex	Inj.	S. Equip.	Eject.
Hazardous Materials Being Transported 1 yes 2 No 2	Placarded 1 yes 2 No 2	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond			Was Hazardous Material Spilled? 1 yes 2 No 2	Recommend Driver Re-exam, if Yes Explain in Narrative 1 yes 2 No 2			Driver's Phone No.				

CODE INFORMATION

Vehicle Type	Vehicle Use	Trailer Type	Residence (driver/Ped.)	Physical Defects	Alcohol/Drug Use	Location In Vehicle
01 Automobile 02 Van 03 Light Truck/P.U.-2 or 4 rear tires Automobile 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Bobtail) 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 Other	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount/Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	1 County Of Crash 2 Elsewhere In State 3 Non-Resident Out Of State 4 Foreign - 5 Unknown DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper.-Rest. 7 None Race 1 White 2 Black 3 Hispanic 4 Other Required Endorsements 1 Yes 2 No 3 No endorsement Required	1 No Defects Known 2 Eyesight Defect 3 Fatigue/Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect Injury Severity 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	1 Not Drinking or using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALC/DRUG Test Results Safety Equipment In Use 1 Not in use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air bag - Not Deployed 6 Safety Helmet 7 Eye Protection	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other Ejected 1 No 2 Yes 3 Partial

SECTION 3 Pedestrian <input checked="" type="checkbox"/> Vehicle <input type="checkbox"/>																
Driver Action 1. Phantom <input type="checkbox"/> 2. Hit and Run 3. N/A	Year	Make	Type	Use	Veh. License Number	State	Vehicle Identification Number					 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer				
Trailer Or Towed Vehicle Information			Trailer Type													
Vehicle Traveling on		At Est. MPH		Posted Speed	Est. Vehicle Damage		1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage		Est. Trailer Damage		Show first point of vehicle damage and circle damaged areas <input type="checkbox"/>					
Motor Vehicle Insurance Company (Liability or PIP)				Policy Number		Vehicle Removed By:			1. Tow Rotation List		3. Driver <input type="checkbox"/>					
Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/>				Current Address (Number and Street)				City and State		Zip Code						
Name of Owner (Trailer or Towed Vehicle)				Current Address (Number and Street)				City and State		Zip Code						
Name of Motor Carrier (Commercial vehicle only)				Current Address (Number and Street)				City, State and Zip Code		US DOT or ICC MC Identification Numbers						
Name of Driver (Taken from Driver license)/ Pedestrian GWINDA L MIXON				Current Address (Number and Street) 36353 GRAND ISL OAKS				City, State and Zip Code GRAND ISLAND FL 32735		Date Of Birth 21/Aug/1957						
Driver License Number		State	DL Type	Req. End	AIC/Drug Test Type <input checked="" type="checkbox"/> 5 1 Blood 3 Urine 5 None 2 Breath 4 Refused		Results	Alc/Drug 1	Phys. Def 1	Res. 2	Race 1 White	Sex 2	Inj. 3	S. Equip. 1	Eject.	
Hazardous Materials Being Transported <input type="checkbox"/>		Placarded <input type="checkbox"/>		If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond <input type="checkbox"/>			Was Hazardous Material Spilled? <input type="checkbox"/>		Recommend Driver Re-exam, if Yes Explain In Narrative <input type="checkbox"/>		Driver's Phone No.					
#	Property Damaged - Other Than Vehicles			Est. Amount	Owner's Name		Address		City		State	Zip				
1	SIGN			\$100	UNKNOWN UNKNOWN		STATE ROAD 44		EUSTIS		FL	32726				
#	Property Damaged - Other Than Vehicles			Est. Amount	Owner's Name		Address		City		State	Zip				

Contributing Causes - Driver/Pedestrian												Vehicle Defect						Vehicle Movement						Vehicle Special Functions											
01 No Improper Driving/Action <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Careless Driving (Explain in Narrative) <input type="checkbox"/> 02 <input type="checkbox"/> 01 <input type="checkbox"/> 01 <input type="checkbox"/> 03 Failure to Yield Right-Of-Way <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 04 Improper Backing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 05 Improper Lane Change <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 06 Improper Turn <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 07 Alcohol - Under Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 08 Drugs - Under Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 09 Alcohol & Drugs - Under Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 Followed Too Closely <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 Disregarded Traffic Signal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 Exceeded Safe Speed Limit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13 Disregarded Stop Sign <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14 Failed To Maintain Equip./ Vehicle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15 Improper Passing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16 Drove Left of Center <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17 Exceeded Stated Speed Limit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18 Obstructing Traffic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												19 Improper Load <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 Disregarded other Traffic Control <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21 Driving Wrong Side/Way <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22 Fleeing Police <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 23 Vehicle Modified <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 24 Driver Distraction (Explain in Narrative) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 27 All Other (Explain in Narrative) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						01 No Defects <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Def. Brakes <input type="checkbox"/> 01 <input type="checkbox"/> 01 <input type="checkbox"/> 03 Warn/ Smooth Tires <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 04 Defective/ Improper Lights <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 05 Puncture/Blowout <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 06 Steering Mech. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 07 Windshield Wipers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 08 Equipment/Vehicle Defect <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77 All Other (Explain in Narrative) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Point Of Collision 01 On Road 04 Median <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Not On Road 05 Turn Lane <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 03 Shoulder <input type="checkbox"/> 02 <input type="checkbox"/> 02 <input type="checkbox"/>						01 Straight Ahead <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Slowing/Stopping/ Stalled <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 03 Making Left Turn <input type="checkbox"/> 01 <input type="checkbox"/> 08 <input type="checkbox"/> 04 Backing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 05 Making Right Turn <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 06 Changing Lanes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 07 Entering/Leaving/ Parking Space Runaway <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 08 Properly Parked <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 09 Improperly Parked <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 Making U-Turn <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 Passing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pedestrian Action 01 Crossing Not At Intersection <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 02 Crossing At Mid-block Crosswalk in Road <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 04 Walking Along Road With Traffic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 05 Walking Along Road Against Traffic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 06 Working on Vehicle in Road <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 07 Working in Road <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 08 Standing/Playing in Road <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 09 Standing in Pedestrian Island <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77 All Other (Explain in Narrative) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 88 Unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						1 None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 2 Farm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 Police Pursuit <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 4 Recreational <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 Emergency Operation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 Construction/Maintenance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Source Of Carner Information 1 Not Applicable <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 2 Shipping Papers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 Vehicle Side <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 4 Driver 5 Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

First/Subsequent Harmful Event (s)												Road System Identifier						Lighting Condition																	
01 Collision With MV in Transport (Rear End) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 Collision With MV in Transport (Head On) <input type="checkbox"/> 08 <input type="checkbox"/> 08 <input type="checkbox"/> 03 Collision With MV in Transport (Angle) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 04 Collision With MV in Transport (Left Turn) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 05 Collision With MV in Transport (Right Turn) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 06 Collision With MV in Transport (Sideswipe) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 07 Collision With MV in Transport (Backed Into) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 08 Collision With Parked Car <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 09 Collision with MV on Roadway <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 Collision With Pedestrian <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 Collision With Bicycle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 Collision With Bicycle (Bike Lane) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13 Collision With Moped <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14 Collision With Train <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												15 Collision With Animal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16 MV Hit Sign / Sign Post <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17 MV Hit Utility Pole / Light Pole <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18 MV Hit Guardrail <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19 MV Hit Fence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 MV Hit Concrete Barrier Wall <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21 MV Hit Bridge/Pier/Abutment/Rail <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22 MV Hit Tree / Shrubbery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 23 Collision With Construction Barricade Sign <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 24 Collision With Traffic Gate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 25 Collision With Crash Attenuators <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 26 Collision With Fixed Object Above Road <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 27 MV Hit Other Fixed Object <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						28 Collision With Moveable Object on Road <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 29 MV Ran Into Ditch/Culvert <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 30 Ran Off Road Into Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 31 Overturned <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 32 Occupant Fell From Vehicle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 33 Tractor/Trailer Jackknifed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 34 Fire <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 35 Explosion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 36 Downhill Runaway <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 37 Cargo Loss or Shift <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 38 Separation of Units <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 39 Median Crossover <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77 All Other (Explain in Narrative) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						01 Interstate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 02 U.S. Roadway <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 03 State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 04 County <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 05 Local <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 06 Turnpike / Toll <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 07 Forest Road <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 08 Private Roadway <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77 All other (Explain In Narrative) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Weather 01 Clear <input type="checkbox"/> 01 <input type="checkbox"/> 02 Cloudy <input type="checkbox"/> 01 <input type="checkbox"/> 03 Rain <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 04 Fog <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77 All other (Explain in Narrative) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						01 Daylight <input type="checkbox"/> 01 <input type="checkbox"/> 02 Dusk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 03 Dawn <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 04 Dark (Street Light) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 05 Dark (No Street Light) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 88 Unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

Road Conditions At Time Of Crash				Vision Obstructed				Traffic Control				Site Location				Trafficway Character			
01 No Defects <input type="checkbox"/> 01 <input type="checkbox"/> 02 Obstruction With Warning <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 03 Obstruction Without Warning <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 04 Road under Repair/ Construction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 05 Loose Surface Materials <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 06 Shoulders - Soft/Low/High <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 07 Holes/Ruts/Unsafe Paved Edge <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 08 Standing Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 09 Worn/Polished Road Surface <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77 All other (Explain In Narrative) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				01 Vision Not Obstructed <input type="checkbox"/> 01 <input type="checkbox"/> 02 Inclement Weather <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 03 Parked/ Stopped Vehicle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 04 Trees/Crops/Bushes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 05 Load On Vehicle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 06 Building/Fixed Object <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 07 Signs/Billboards <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 08 Fog <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 09 Smoke <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 Glare <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77 All other (Explain In Narrative) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				01 No Control <input type="checkbox"/> 05 <input type="checkbox"/> 02 Special Speed Zone <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 03 Speed Control Sign <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 04 School Zone <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 05 Traffic Signal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 06 Stop Sign <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 07 Yield Sign <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 08 Flashing Light <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 09 Railroad Signal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 Officer/Guard/Flagperson <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 Posted No U-Turn <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				01 Not At Intersection/RR X-ing/Bridge <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 02 At Intersection <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 03 Influenced By Intersection <input type="checkbox"/> 01 <input type="checkbox"/> 04 Driveway Access <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 05 Railroad <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 06 Bridge <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 07 Entrance Ramp <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 08 Exit Ramp <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 09 Parking Lot - Public <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 Parking Lot - Private <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 Private Property <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 Toll Booth <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13 Public Bus Stop Zone <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77 All Other (Explain In Narrative) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				01 Straight - Level <input type="checkbox"/> 1 <input type="checkbox"/> 02 Straight - Upgrade/Downgrade <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 03 Curve - Level <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 04 Curve - Upgrade/Downgrade <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Type Shoulder 01 Paved <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 02 Unpaved <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 03 Curb <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Section #	Name Of Violator	FL Statute Number	Charge	Citation Number
1	VERONICA R REYES	316.1925.1	CARELESS DRIVING	6896-SRZ
1	VERONICA R REYES	322.031.1	VIOLATION-DL NONRESIDENT REQUIREMENTS	6897-SRZ
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number

**FLORIDA TRAFFIC CRASH REPORT
NARRATIVE/DIAGRAM**

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

DO NOT WRITE IN THIS SPACE

Time EMS Notified (Fatalities Only) :	Time EMS Arrived (Fatalities Only) :	Date Of Crash 23/Sep/2010	County/ 12	City Code 00	Invest. Agency Report Number FHPD10OFF085307	HSMV Crash Report Number 80633435
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(Narrative)

Vehicle One (V-1) was traveling in a northeasterly direction through the bp Gasoline Station on 19516 State Road 44. V-2 was properly parked in the bp Gasoline Station on 19516 State Road 44. Pedestrian One (P-1) was standing in the left side of V-2 in the bp Gasoline station on 19516 State Road 44. V-1 continued through the gasoline station in a high rate of speed and the right front of V-1 struck the right rear side of V-2. The force of the impact caused V-2 to moved and rotate in a clockwise motion and the left side of V-2 struck the right side of P-1. V-1 continued in a northeasterly direction, entering and crossing State Road 44. As V-1 entered the north shoulder of State Road 44 the left side of V-1 struck a sign. V-1 came to final rest in the north shoulder of State Road 44 facing northeast. V-2 came to final rest in the bp Gasoline Station facing south. P-1 was transported to Waterman Hospital by Lake/Sumter Ambulance prior to my arrival. Contributing Cause 02: Careless Driving, failure to (stop) control vehicle to avoid crash.

Latitude: 28.8510383333333 Longitude: -81.6333566666667

Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject
Sec#	Pass#	Passenger's Name	Current Address	City & State	Zip Code	Date Of Birth	Race	Sex	Loc	Inj	S. Equip.	Eject

Violator(s)

Section #	Name Of Violator	FL Statute Number	Charge	Citation Number
Section #	Name Of Violator	FL Statute Number	Charge	Citation Number

Witness Name	Current Address	City & State	Zip Code
Witness Name	Current Address	City & State	Zip Code

First Aid Given By - Name LCFR	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer	4 Certified 1st Aider <input checked="" type="checkbox"/> 5 Other	Injured Taken To: ORMC	By - Name AIR CARE
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Was Investigation Made At Scene? 1 Yes <input checked="" type="checkbox"/> 2 No	If No, Then Where?	Is Investigation Complete? 1 Yes <input checked="" type="checkbox"/> 2 No	If No, Then Why?	Date of Report 23/Sep/2010	Photos Taken? 1 Yes <input checked="" type="checkbox"/> 2 No	If Yes, By Whom? 1 Invest. Agency 2 Other
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Investigator - Rank & Signature TPR E. RODRIGUEZ	ID/Badge Number 2463	Department FHPD	FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> Other <input type="checkbox"/>
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