

FLORIDA TRAFFIC CRASH REPORT

LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

Time & Location		TIME OFFICER NOTIFIED		TIME OFFICER ARRIVED		INVEST. AGENCY REPORT NO.		HSMV CRASH REPORT NUMBER	
02/14/2010 0810		0826 AM PM		0829 AM PM		10-00382		74658829	
COUNTY / CITY CODE 12/54		FEET or MILE(S)		N S E W of MOUNT DORA		CITY OR TOWN (Check if in City or Town)		COUNTY LAKE COUNTY	
AT NODE NO. or FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES 2		1. DIVIDED 2. UNDIVIDED ON STREET, ROAD OR HIGHWAY PK LOT 17030 US HWY441	
AT INTERSECTION OF (street, road or highway) or FEET or MILE(S)		N S E W		OF INTERSECTION OF (street, road, highway)					
DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A		YEAR 2000		MAKE DODGE		TYPE 03		USE 01	
VEH. LICENSE NO. 279JZJ		STATE FL		VEHICLE IDENTIFICATION NUMBER 1B7GL2AN2YS709511					
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE							
VEHICLE TRAVELING N S E W ON At		Est. MPH 10		Posted Speed 10		EST. VEHICLE DAMAGE \$		1. Disabling 2. Functional 3. No Damage	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) UNKNOWN		POLICY NUMBER		VEHICLE REMOVED BY: DRIVER		1. Tow Rotation List 2. Tow Owner's Request		3. Driver 4. Other	
NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP	
GINGER LYNN GUIFFRE		211 S. LAKE AVE.		TAVARES		FL		32778	
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP	
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP	
NAME OF DRIVER (Take From Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP	
UNKNOWN									
DRIVER LICENSE NUMBER		STATE		DL TYPE		REQ. END.		ALC/DRUG TEST TYPE	
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED 1 Yes 2 No		IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No	
DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A		YEAR		MAKE		TYPE		USE	
VEH. LICENSE NO.		STATE		VEHICLE IDENTIFICATION NUMBER					
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE							
VEHICLE TRAVELING N S E W ON At		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE \$		1. Disabling 2. Functional 3. No Damage	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request		3. Driver 4. Other	
NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP	
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP	
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP	
NAME OF DRIVER (Take From Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP	
MARVIN WALTER JACKSON		41746 LAWRENCE ST.		SORRENTO		FL		32776	
DRIVER LICENSE NUMBER		STATE		DL TYPE		REQ. END.		ALC/DRUG TEST TYPE	
J250599700880		FL		1		3		5	
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED 1 Yes 2 No		IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No	
2		2				2		2	
VEHICLE TYPE		VEHICLE USE		TRAILER TYPE		RESIDENCE (Driver Only)		PHYSICAL DEFECTS	
01. Automobile 02. Passenger Van 03. Pickup/Light Truck - 2 rear tires 04. Medium Truck (4 rear tires) 05. Heavy Truck (2 or more rear axles) 06. Truck Tractor (Cab) 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 16. Other		01. Private Transportation 02. Comm'l 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 16. Other		01. Single Semi/Trailer 02. Tandem Semi/Trailer(s) 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 11. Other		1. County of Crash 2. Elsewhere in State 3. Non-Resident of State 4. Foreign 5. Unknown		1. No Defects Known 2. Eyesight Defect 3. Fatigue/Asleep 4. Hearing Defect 5. Illness 6. Seizure/Epilepsy/Blackout 7. Other Physical Defect	
DL TYPE		RACE		INJURY SEVERITY		SAFETY EQUIPMENT IN USE		LOCATION (in vehicle)	
1. A 2. B 3. C 4. D / Chauffeur 5. E / Operator 6. E / Oper-Rest 7. None		1. White 2. Black 3. Hispanic 4. Other		1. None 2. Possible 3. Non-Incapacitating 4. Incapacitating 5. Fatal (Within 30 Days) 6. Non-Traffic Fatality		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	
REQUIRED ENDORSEMENTS		SEX							
1. Yes 2. No 3. No End. Req'd.		1. Male 2. Female							

FLORIDA TRAFFIC CRASH REPORT NARRATIVE / DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM		TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM		DATE OF CRASH 02/14/2010	COUNTY / CITY CODE 12/54	INVEST. AGENCY REPORT NUMBER 10-00382	HSMV CRASH REPORT NUMBER 74658829	
--	--	---	--	-----------------------------	-----------------------------	--	--------------------------------------	--

(NARRATIVE)

Vehicle 1 was a silver and gold two-tone Dodge pickup operated by an unknown driver. V-1 was traveling North through the parking lot of 17030 US HWY441 (WalMart), then turned left (West) at which point the front end of V-1 struck a pedestrian.

I made contact with the pedestrian, Marvin Jackson, who contacted police approximately ten minutes after the crash took place. Marvin provided me with a sworn written affidavit, in which he advised the following:

Marvin was walking South from his vehicle, which was parked in the area of Row 5, towards th WalMart entrance. As he was approaching the building, Marvin observed V-1 as it traveled East through the parking lot, then turned North onto Row 5. V-1 then abruptly turned left through a series of empty parking spaces, and struck Marvin. Marvin advised his body rolled over the hood of the pickup, and he then landed on the ground near the passenger side door. Marvin advised he kicked the passenger side door after he landed on the ground, possibly leaving a dent or foot print. Marvin advised V-1 continued driving West, then parked. Marvin advised he later made contact with the driver, wh advis d "I didn't see you. You were in my way,"and then left the area without providing any vehicle r driver information to Marvin.

Marvin provided me with the Florida tag number 279JZJ, which is registered through DHSMV to a bronze colored Dodge pickup truck to a subject in Tavares. Marvin also described the driver of the vehicle as a white male, approximately sixteen or seventeen years of age, with eye glasses, short hair, and a thin build. Marvin advised he had not sustained any injuries as a result of the crash.

I later made contact with WalMart management for the purpose of obtaining any available surveillance video from the parking lot. I was advised no current management members were capable of reviewing surveillance, but that video may be available at a later date. I was unable to locate any phone number or contact information for the registered owner, Ginger Guiffre. Future attempts to contact the registered owner and to obtain surveillance will be made.

SEC#	PASS#	PASSENGER'S NAME	ADDRESS	CITY	ST.	ZIPCODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJCT.

Violator(s)	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS FIRST NAME	MIDDLE	LAST	CURRENT ADDRESS	CITY	STATE	ZIP
1						
2						

FIRST AID GIVEN BY - NAME:			1. Physician or Nurse		4. Certified 1st Aider		INJURED TAKEN TO:		BY - NAME:	
			2. Paramedic or EMT		5. Other					
			3. Police Officer							

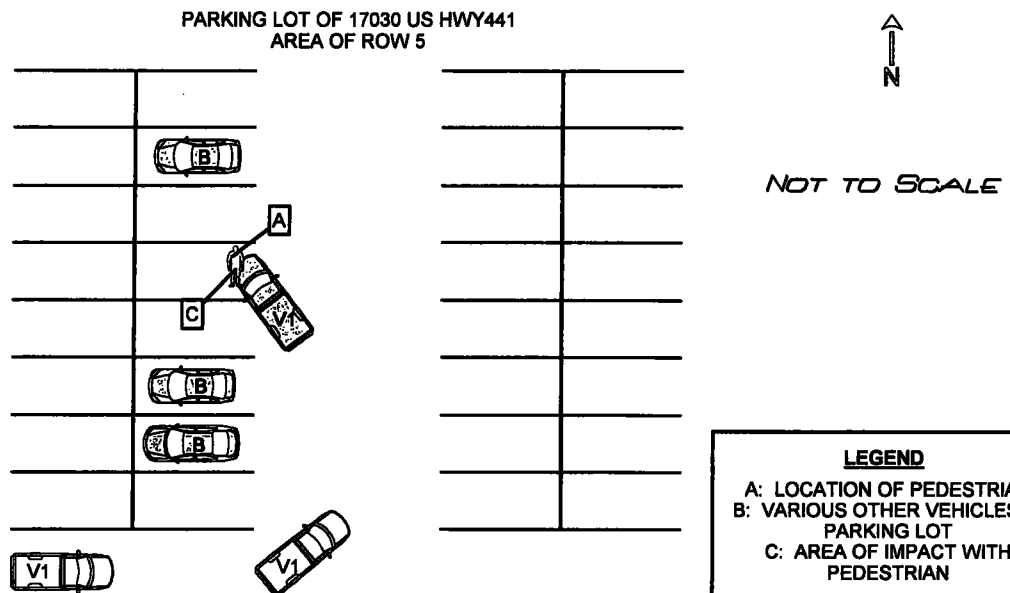
WAS INVESTIGATION MADE AT SCENE? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>		IF NO, THEN WHERE? <input type="checkbox"/>		IS INVESTIGATION COMPLETE? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>		IF NO, THEN WHY? <input type="checkbox"/>		DATE OF REPORT 02/14/2010		PHOTOS TAKEN? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>		IF YES, BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER <input type="checkbox"/>	
INVESTIGATOR - RANK AND SIGNATURE OFC. J. STREENZ				I.D. / BADGE NO. 0277		DEPARTMENT MOUNT DORA POLICE DEPARTMENT				FHP <input type="checkbox"/> SO <input type="checkbox"/> PD <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			

Case Number: 10-00382

Date: 02/14/10

Location: PARKING LOT OF 17030 US HWY441

Description:



WALMART BUILDING

FLORIDA TRAFFIC CRASH REPORT

☒ UPDATE ☐ CONTINUATION

DO NOT WRITE IN THIS SPACE

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

		DATE OF CRASH 02/14/2010		COUNTY / CITY CODE 12/54		INVEST. AGENCY REPORT 10-00382		HSMV CRASH REPORT NUMBER 74658829	
--	--	------------------------------------	--	------------------------------------	--	--	--	---	--

S e c t i o n	Vehicle	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NO.	STATE	VEHICLE IDENTIFICATION NUMBER		<input type="checkbox"/> 18 Undercarriage <input type="checkbox"/> 19 Overturn <input type="checkbox"/> 20 Windshield <input type="checkbox"/> 21 Trailer
		TRAILER OR TOWED VEHICLE INFORMATION TRAILER TYPE: _____									

S e c t i o n	Vehicle	VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON		At		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE \$	1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input type="checkbox"/>	EST. TRAILER DAMAGE \$	SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S) <input type="checkbox"/>				
		MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)						POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List <input type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/>		3. Driver <input type="checkbox"/> 4. Other <input type="checkbox"/>			
		NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>						CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP			
		NAME OF OWNER (Trailer or Towed Vehicle)						CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP			
		NAME OF MOTOR CARRIER (Commercial Vehicle Only)						CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP			
		NAME OF DRIVER (Take From Driver License) / Pedestrian						CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP			
		DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	AL/DRUG	PHYS. DEF.	RES.	RACE		SEX	INJ.	S. EQUIP.	EJECT.
		HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes; 2 No		PLACARDED 1 Yes; 2 No		IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.				WAS HAZARDOUS MATERIAL SPILLED? 1 Yes; 2 No		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes; 2 No		DRIVER'S PHONE NO.			

S e c t i o n	Vehicle	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NO.	STATE	VEHICLE IDENTIFICATION NUMBER		<input type="checkbox"/> 18 Undercarriage <input type="checkbox"/> 19 Overturn <input type="checkbox"/> 20 Windshield <input type="checkbox"/> 21 Trailer			
		TRAILER OR TOWED VEHICLE INFORMATION TRAILER TYPE: _____										SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S) <input type="checkbox"/>		
		VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON		At		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE \$	1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input type="checkbox"/>	EST. TRAILER DAMAGE \$		
		MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)						POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List <input type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/>	3. Driver <input type="checkbox"/> 4. Other <input type="checkbox"/>	
		NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>						CURRENT ADDRESS (Number and Street)		CITY		STATE	ZIP	
		NAME OF OWNER (Trailer or Towed Vehicle)						CURRENT ADDRESS (Number and Street)		CITY		STATE	ZIP	
		NAME OF MOTOR CARRIER (Commercial Vehicle Only)						CURRENT ADDRESS (Number and Street)		CITY		STATE	ZIP	
		NAME OF DRIVER (Take From Driver License) / Pedestrian						CURRENT ADDRESS (Number and Street)		CITY		STATE	ZIP	
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	AL/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes; 2 No		PLACARDED 1 Yes; 2 No		IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.				WAS HAZARDOUS MATERIAL SPILLED? 1 Yes; 2 No		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes; 2 No		DRIVER'S PHONE NO.		

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT \$	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
# 1							
# 2							
# 3							
# 4							

WITNESS LAST NAME	CURRENT ADDRESS	CITY	STATE	ZIP
1				
2				

WAS INVESTIGATION MADE AT SCENE? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	IF YES, BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER <input type="checkbox"/>
INVESTIGATOR - RANK AND SIGNATURE OFFICER KAREN DANCEL			I.D. / BADGE NO. 0276	DEPARTMENT MOUNT DORA POLICE DEPARTMENT		1 <input type="checkbox"/> FHP 3 <input checked="" type="checkbox"/> PD 2 <input type="checkbox"/> SO 4 <input type="checkbox"/> OTHER

CONTRIBUTING CAUSES - DRIVER /PED		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01. No Improper Driving/Action	<input type="checkbox"/>	01. No Defects	<input type="checkbox"/>	01. Straight Ahead	<input type="checkbox"/>	1. None	<input type="checkbox"/>
02. Careless Driving (Explain in Narrative)	<input type="checkbox"/>	02. Def. Brakes	<input type="checkbox"/>	02. Slowing/Stopped/Stalled	<input type="checkbox"/>	2. Farm	<input type="checkbox"/>
03. Failed to Yield Right-of-Way	<input type="checkbox"/>	03. Worn/Smooth Tires	<input type="checkbox"/>	03. Making Left Turn	<input type="checkbox"/>	3. Police Pursuit	<input type="checkbox"/>
04. Improper Backing	<input type="checkbox"/>	04. Defective/Improper Lights	<input type="checkbox"/>	04. Backing	<input type="checkbox"/>	4. Recreational	<input type="checkbox"/>
05. Improper Lane Change	<input type="checkbox"/>	05. Puncture/Blowout	<input type="checkbox"/>	05. Making Right Turn	<input type="checkbox"/>	5. Emergency Operation	<input type="checkbox"/>
06. Improper Turn	<input type="checkbox"/>	06. Steering Mech.	<input type="checkbox"/>	06. Changing Lanes	<input type="checkbox"/>	6. Construction / Maintenance	<input type="checkbox"/>
07. Alcohol-Under Influence	<input type="checkbox"/>	07. Windshield Wipers	<input type="checkbox"/>	07. Entering/Leaving Parking Space	<input type="checkbox"/>	SOURCE OF CARRIER INFORMATION	
08. Drugs-Under Influence	<input type="checkbox"/>	08. Equipment/Vehicle Defect	<input type="checkbox"/>	08. Properly Parked	<input type="checkbox"/>	1. Not Applicable	<input type="checkbox"/>
09. Alcohol & Drugs-Under Influence	<input type="checkbox"/>	77. All Other Defects (Explain in Narrative)	<input type="checkbox"/>	09. Improperly Parked	<input type="checkbox"/>	2. Shipping Papers	<input type="checkbox"/>
10. Followed Too Closely	<input type="checkbox"/>	POINT OF COLLISION		11. Passing	<input type="checkbox"/>	3. Vehicle Side	<input type="checkbox"/>
11. Disregarded Traffic Signal	<input type="checkbox"/>	01. On Road	<input type="checkbox"/>	12. Driverless or Runaway Veh.	<input type="checkbox"/>	4. Driver	<input type="checkbox"/>
12. Exceeded Safe Speed Limit	<input type="checkbox"/>	02. Not On Road	<input type="checkbox"/>	77. All Other (Explain in Narrative)	<input type="checkbox"/>	5. Other	<input type="checkbox"/>
13. Disregarded Stop Sign	<input type="checkbox"/>	03. Shoulder	<input type="checkbox"/>	PEDESTRIAN ACTION			
14. Failed to Maintain Equip./Vehicle	<input type="checkbox"/>	04. Median	<input type="checkbox"/>	01. Crossing Not at Intersection	<input type="checkbox"/>	07. Working in Road	<input type="checkbox"/>
15. Improper Passing	<input type="checkbox"/>	05. Turn Lane	<input type="checkbox"/>	02. Crossing at Mid-block Crosswalk	<input type="checkbox"/>	08. Standing/Playing in Road	<input type="checkbox"/>
16. Drove Left of Center	<input type="checkbox"/>	WORK AREA		03. Crossing at Intersection	<input type="checkbox"/>	09. Standing in Pedestrian Island	<input type="checkbox"/>
17. Exceeded Stated Speed Limit	<input type="checkbox"/>	01. None	<input type="checkbox"/>	04. Walking Along Road With Traffic	<input type="checkbox"/>	77. All Other (Explain in Narrative)	<input type="checkbox"/>
18. Obstructing Traffic	<input type="checkbox"/>	02. Nearby	<input type="checkbox"/>	05. Walking Along Road Against Traffic	<input type="checkbox"/>	88. Unknown	<input type="checkbox"/>
		03. Entered	<input type="checkbox"/>	06. Working on Vehicle in Road	<input type="checkbox"/>		

FIRST / SUBSEQUENT HARMFUL EVENT(S)

01. Collision With MV in Transport (Rear-end)	15. Collision With Animal	29. MV Ran Into Ditch / Culvert	<input type="checkbox"/>
02. Collision with MV in Transport (Head-on)	16. MV Hit Sign/Sign Post	30. Ran Off Road Into Water	<input type="checkbox"/>
03. Collision with MV in Transport (Angle)	17. MV Hit Utility Pole/Light Pole	31. Overturned	<input type="checkbox"/>
04. Collision With MV in Transport (Left Turn)	18. MV Hit Guardrail	32. Occupant Fell From Vehicle	<input type="checkbox"/>
05. Collision With MV in Transport (Right Turn)	19. MV Hit Fence	33. Tractor / Trailer Jackknifed	<input type="checkbox"/>
06. Collision With MV in Transport (Sideswipe)	20. MV Hit Concrete Barrier Wall	34. Fire	<input type="checkbox"/>
07. Collision With MV in Transport (Backed into)	21. MV Hit Bridge/Pier/Abutment/Rail	35. Explosion	<input type="checkbox"/>
08. Collision With Parked Car	22. MV Hit Tree/Shrubbery	36. Downhill Runaway	<input type="checkbox"/>
09. Collision With MV on Other Roadway	23. Collision With Construction Barricade/Sign	37. Cargo Loss or Shift	<input type="checkbox"/>
10. Collision With Pedestrian	24. Collision With Traffic Gate	38. Separation of Units	<input type="checkbox"/>
11. Collision With Bicycle	25. Collision With Crash Attenuators	39. Median Crossover	<input type="checkbox"/>
12. Collision With Bicycle (Bike Lane)	26. Collision With Fixed Object Above Road	77. All Other (Explain)	<input type="checkbox"/>
13. Collision With Moped	27. MV Hit Other Fixed object		<input type="checkbox"/>
14. Collision With Train	28. Collision With Moveable Object On Road		<input type="checkbox"/>

(NARRATIVE)

On Wednesday, February 17, 2010 at about 0938 hours, I responded to Lowe's in reference to a follow-up. Upon arrival, I made contact with Marvin, who stated that on February 14, 2010, he was involved in a verbal altercation with a young white male which turned physical. He stated that while he was walking in the parking lot of Walmart on February 14, 2010, he was "bumped" by another vehicle driven by the young white male. When he confronted the subject, the white male stated "you're in my way!" The young white male then exited his vehicle and "got in his face" and slammed him on the hood of the truck. Marvin stated that responding officers were unable to located the suspect due to him leaving the scene prior to their arrival. He stated that while shopping at Lowe's, he observed the suspect vehicle parked in the parking lot. The Florida tag of 79-JZJ matched the same tag that he had provided on Sunday. Marvin stated that it was only a physical altercation that took place between him and the white male and that no vehicles were involved. I made contact with Paul Guiffre (352-551-8822) who stated that his son Austin Guiffre (352-551-6002) was driving the vehicle at the time of the incident. I advised Paul to have Austin contact me as soon as possible. Moments later, I received a phone call from Austin. He verbally stated the following. Austin stated that he did not "lay a hand" on Marvin. He was pulling into a parking space at Walmart when Marvin walked right in front of his vehicle and lightly made contact with the front of his bumper. Realizing that Marvin was in front of his vehicle, he slammed on his breaks and continuously apologized. Marvin in rage, violently slammed both of his hands on the hood of Austin's vehicle continuously yelling and screaming. In hopes to prevent an altercation Austin exited the parking space to leave Walmart. Marvin still in rage, kicked his vehicle as it was leaving and placed a dent on the body of the truck. Austin left the scene because he was in fear for his safety not knowing what Marvin would do.

ADDITIONAL PASSENGERS

SEC#	PASS#	PASSENGER'S NAME	ADDRESS	CITY	STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJCT.

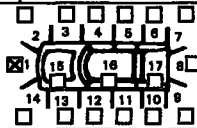

Violator(s)	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REPORT

☒ UPDATE ☐ CONTINUATION

DO NOT WRITE IN THIS SPACE

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DATE OF CRASH 02/14/2010				COUNTY / CITY CODE 12/54				INVEST. AGENCY REPORT 10-00382				HSMV CRASH REPORT NUMBER 74658829			
DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A <input checked="" type="checkbox"/>		YEAR 2000	MAKE DODGE	TYPE 03	USE 01	VEH. LICENSE NO. 279JZJ	STATE FL	VEHICLE IDENTIFICATION NUMBER 1B7GL2AN2YS709511				 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer			
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed		EST. VEHICLE DAMAGE \$		1. Disabling 2. Functional 3. No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE \$		SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S) 1	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER VEHICLE REMOVED BY: NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/> CURRENT ADDRESS (Number and Street) CITY STATE ZIP NAME OF OWNER (Trailer or Towed Vehicle) CURRENT ADDRESS (Number and Street) CITY STATE ZIP NAME OF MOTOR CARRIER (Commercial Vehicle Only) CURRENT ADDRESS (Number and Street) CITY STATE ZIP US DOT or ICC MC IDENTIFICATION NUMBERS NAME OF DRIVER (Take From Driver License) / Pedestrian CURRENT ADDRESS (Number and Street) CITY STATE ZIP DATE OF BIRTH															
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	AL/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes; 2 No		PLACARDED 1 Yes; 2 No	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.				WAS HAZARDOUS MATERIAL SPILLED? 1 Yes; 2 No		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes; 2 No		DRIVER'S PHONE NO.				
DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NO.	STATE	VEHICLE IDENTIFICATION NUMBER				 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer			
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed		EST. VEHICLE DAMAGE \$		1. Disabling 2. Functional 3. No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE \$		SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S)	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER VEHICLE REMOVED BY: NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/> CURRENT ADDRESS (Number and Street) CITY STATE ZIP NAME OF OWNER (Trailer or Towed Vehicle) CURRENT ADDRESS (Number and Street) CITY STATE ZIP NAME OF MOTOR CARRIER (Commercial Vehicle Only) CURRENT ADDRESS (Number and Street) CITY STATE ZIP US DOT or ICC MC IDENTIFICATION NUMBERS NAME OF DRIVER (Take From Driver License) / Pedestrian CURRENT ADDRESS (Number and Street) CITY STATE ZIP DATE OF BIRTH															
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	AL/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes; 2 No		PLACARDED 1 Yes; 2 No	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.				WAS HAZARDOUS MATERIAL SPILLED? 1 Yes; 2 No		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes; 2 No		DRIVER'S PHONE NO.				
#	PROPERTY DAMAGED - OTHER THAN VEHICLES					EST. AMOUNT	OWNER'S NAME		ADDRESS		CITY		STATE	ZIP	
#	PROPERTY DAMAGED - OTHER THAN VEHICLES					EST. AMOUNT	OWNER'S NAME		ADDRESS		CITY		STATE	ZIP	
#	PROPERTY DAMAGED - OTHER THAN VEHICLES					EST. AMOUNT	OWNER'S NAME		ADDRESS		CITY		STATE	ZIP	
#	PROPERTY DAMAGED - OTHER THAN VEHICLES					EST. AMOUNT	OWNER'S NAME		ADDRESS		CITY		STATE	ZIP	
WITNESS LAST NAME		CURRENT ADDRESS				CITY		STATE		ZIP					
WAS INVESTIGATION MADE AT SCENE? 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>		IF NO, THEN WHY?		DATE OF REPORT 04/09/2010		PHOTOS TAKEN? 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>		IF YES, BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER <input type="checkbox"/>			
INVESTIGATOR - RANK AND SIGNATURE OFC. J. STREENZ						I.D. / BADGE NO. 0277		DEPARTMENT MOUNT DORA POLICE DEPARTMENT				1 <input type="checkbox"/> FHP 3 <input checked="" type="checkbox"/> PD 2 <input type="checkbox"/> SO 4 <input type="checkbox"/> OTHER			

CONTRIBUTING CAUSES - DRIVER /PED		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01. No Improper Driving/Action	<input type="checkbox"/> 1 <input type="checkbox"/> 2	01. No Defects	<input type="checkbox"/> 1 <input type="checkbox"/> 2	01. Straight Ahead	<input type="checkbox"/> 1 <input type="checkbox"/> 2	1. None	<input type="checkbox"/> 1 <input type="checkbox"/> 2
02. Careless Driving (Explain in Narrative)	<input type="checkbox"/> <input type="checkbox"/>	02. Def. Brakes	<input type="checkbox"/> <input type="checkbox"/>	02. Slowing/Stopped/Stalled	<input type="checkbox"/> <input type="checkbox"/>	2. Farm	<input type="checkbox"/> <input type="checkbox"/>
03. Failed to Yield Right-of-Way	<input type="checkbox"/> <input type="checkbox"/>	03. Worn/Smooth Tires	<input type="checkbox"/> <input type="checkbox"/>	03. Making Left Turn	<input type="checkbox"/> <input type="checkbox"/>	3. Police Pursuit	<input type="checkbox"/> <input type="checkbox"/>
04. Improper Backing	<input type="checkbox"/> <input type="checkbox"/>	04. Defective/Improper Lights	<input type="checkbox"/> <input type="checkbox"/>	04. Backing	<input type="checkbox"/> <input type="checkbox"/>	4. Recreational	<input type="checkbox"/> <input type="checkbox"/>
05. Improper Lane Change	<input type="checkbox"/> <input type="checkbox"/>	05. Puncture/Blowout	<input type="checkbox"/> <input type="checkbox"/>	05. Making Right Turn	<input type="checkbox"/> <input type="checkbox"/>	5. Emergency Operation	<input type="checkbox"/> <input type="checkbox"/>
06. Improper Turn	<input type="checkbox"/> <input type="checkbox"/>	06. Steering Mech.	<input type="checkbox"/> <input type="checkbox"/>	06. Changing Lanes	<input type="checkbox"/> <input type="checkbox"/>	6. Construction / Maintenance	<input type="checkbox"/> <input type="checkbox"/>
07. Alcohol-Under Influence	<input type="checkbox"/> <input type="checkbox"/>	07. Windshield Wipers	<input type="checkbox"/> <input type="checkbox"/>	07. Entering/Leaving Parking Space	<input type="checkbox"/> <input type="checkbox"/>	SOURCE OF CARRIER INFORMATION	
08. Drugs-Under Influence	<input type="checkbox"/> <input type="checkbox"/>	08. Equipment/Vehicle Defect	<input type="checkbox"/> <input type="checkbox"/>	08. Properly Parked	<input type="checkbox"/> <input type="checkbox"/>	1. Not Applicable	<input type="checkbox"/> <input type="checkbox"/>
09. Alcohol & Drugs-Under Influence	<input type="checkbox"/> <input type="checkbox"/>	77. All Other Defects (Explain in Narrative)	<input type="checkbox"/> <input type="checkbox"/>	09. Improperly Parked	<input type="checkbox"/> <input type="checkbox"/>	2. Shipping Papers	<input type="checkbox"/> <input type="checkbox"/>
10. Followed Too Closely	<input type="checkbox"/> <input type="checkbox"/>	POINT OF COLLISION		10. Making U-Turn	<input type="checkbox"/> <input type="checkbox"/>	3. Vehicle Side	<input type="checkbox"/> <input type="checkbox"/>
11. Disregarded Traffic Signal	<input type="checkbox"/> <input type="checkbox"/>	01. On Road	<input type="checkbox"/> <input type="checkbox"/>	11. Passing	<input type="checkbox"/> <input type="checkbox"/>	4. Driver	<input type="checkbox"/> <input type="checkbox"/>
12. Exceeded Safe Speed Limit	<input type="checkbox"/> <input type="checkbox"/>	02. Not On Road	<input type="checkbox"/> <input type="checkbox"/>	12. Driverless or Runaway Veh.	<input type="checkbox"/> <input type="checkbox"/>	5. Other	<input type="checkbox"/> <input type="checkbox"/>
13. Disregarded Stop Sign	<input type="checkbox"/> <input type="checkbox"/>	03. Shoulder	<input type="checkbox"/> <input type="checkbox"/>	77. All Other (Explain in Narrative)	<input type="checkbox"/> <input type="checkbox"/>		
14. Failed to Maintain Equip./Vehicle	<input type="checkbox"/> <input type="checkbox"/>	04. Median	<input type="checkbox"/> <input type="checkbox"/>	PEDESTRIAN ACTION			
15. Improper Passing	<input type="checkbox"/> <input type="checkbox"/>	05. Turn Lane	<input type="checkbox"/> <input type="checkbox"/>	01. Crossing Not at Intersection	<input type="checkbox"/> <input type="checkbox"/>	07. Working in Road	<input type="checkbox"/> <input type="checkbox"/>
16. Drove Left of Center	<input type="checkbox"/> <input type="checkbox"/>	WORK AREA		02. Crossing at Mid-block Crosswalk	<input type="checkbox"/> <input type="checkbox"/>	08. Standing/Playing in Road	<input type="checkbox"/> <input type="checkbox"/>
17. Exceeded Stated Speed Limit	<input type="checkbox"/> <input type="checkbox"/>	01. None	<input type="checkbox"/> <input type="checkbox"/>	03. Crossing at Intersection	<input type="checkbox"/> <input type="checkbox"/>	09. Standing in Pedestrian Island	<input type="checkbox"/> <input type="checkbox"/>
18. Obstructing Traffic	<input type="checkbox"/> <input type="checkbox"/>	02. Nearby	<input type="checkbox"/> <input type="checkbox"/>	04. Walking Along Road With Traffic	<input type="checkbox"/> <input type="checkbox"/>	77. All Other (Explain in Narrative)	<input type="checkbox"/> <input type="checkbox"/>
		03. Entered	<input type="checkbox"/> <input type="checkbox"/>	05. Walking Along Road Against Traffic	<input type="checkbox"/> <input type="checkbox"/>	88. Unknown	<input type="checkbox"/> <input type="checkbox"/>
				06. Working on Vehicle in Road	<input type="checkbox"/> <input type="checkbox"/>		

FIRST / SUBSEQUENT HARMFUL EVENT(S)			
01. Collision With MV in Transport (Rear-end)	15. Collision With Animal	29. MV Ran Into Ditch / Culvert	<input type="checkbox"/> 1 <input type="checkbox"/> 2
02. Collision with MV in Transport (Head-on)	16. MV Hit Sign/Sign Post	30. Ran Off Road Into Water	<input type="checkbox"/> <input type="checkbox"/>
03. Collision with MV in Transport (Angle)	17. MV Hit Utility Pole/Light Pole	31. Overtuned	<input type="checkbox"/> <input type="checkbox"/>
04. Collision With MV in Transport (Left Turn)	18. MV Hit Guardrail	32. Occupant Fell From Vehicle	<input type="checkbox"/> <input type="checkbox"/>
05. Collision With MV in Transport (Right Turn)	19. MV Hit Fence	33. Tractor / Trailer Jackknifed	<input type="checkbox"/> <input type="checkbox"/>
06. Collision With MV in Transport (Sideswipe)	20. MV Hit Concrete Barrier Wall	34. Fire	<input type="checkbox"/> <input type="checkbox"/>
07. Collision With MV in Transport (Backed into)	21. MV Hit Bridge/Pier/Abutment/Rail	35. Explosion	<input type="checkbox"/> <input type="checkbox"/>
08. Collision With Parked Car	22. MV Hit Tree/Shrubbery	36. Downhill Runaway	<input type="checkbox"/> <input type="checkbox"/>
09. Collision With MV on Other Roadway	23. Collision With Construction Barricade/Sign	37. Cargo Loss or Shift	<input type="checkbox"/> <input type="checkbox"/>
10. Collision With Pedestrian	24. Collision With Traffic Gate	38. Separation of Units	<input type="checkbox"/> <input type="checkbox"/>
11. Collision With Bicycle	25. Collision With Crash Attenuators	39. Median Crossover	<input type="checkbox"/> <input type="checkbox"/>
12. Collision With Bicycle (Bike Lane)	26. Collision With Fixed Object Above Road	77. All Other (Explain)	<input type="checkbox"/> <input type="checkbox"/>
13. Collision With Moped	27. MV Hit Other Fixed object		
14. Collision With Train	28. Collision With Moveable Object On Road		

(NARRATIVE)

No injuries or vehicle damage was reported by either party during this investigation. Due to inconsistent testimony from Marvin and conflicting testimony from Austin, the crash is considered to be unfounded and the investigation is closed.

ADDITIONAL PASSENGERS													
SEC#	PASS#	PASSENGER'S NAME	ADDRESS	CITY	STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJCT.
SEC#	PASS#	PASSENGER'S NAME	ADDRESS	CITY	STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJCT.
SEC#	PASS#	PASSENGER'S NAME	ADDRESS	CITY	STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJCT.
SEC#	PASS#	PASSENGER'S NAME	ADDRESS	CITY	STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJCT.
SEC#	PASS#	PASSENGER'S NAME	ADDRESS	CITY	STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJCT.
SEC#	PASS#	PASSENGER'S NAME	ADDRESS	CITY	STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJCT.

Violator(s)	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER