

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 | DATE OF CRASH | TIME OF CRASH | TIME OFFICER NOTIFIED | | TIME OFFICER ARRIVED | | INVEST. AGENCY REPORT NO. | HSMV CRASH REPORT NUMBER | | | | | | |
| | 08/16/2010 | 252 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | 252 | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | 301 | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | 10-02092 | 75150746 | | | | | | |
| | COUNTY / CITY CODE | FEET or MILE(S) | N S E W | | CITY OR TOWN | | (Check If in City or Town) | COUNTY | | | | | | |
| | 12/54 | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | MOUNT DORA | | <input checked="" type="checkbox"/> | LAKE COUNTY | | | | | | |
| Time & Location | AT NODE NO. or FEET or MILE(S) | FROM NODE NO. | NEXT NODE NO. | NO. OF LANES | | 1. DIVIDED | | ON STREET, ROAD OR HIGHWAY | | | | | | |
| | | | | | 2 | 2. UNDIVIDED | | 17030 SR500 (PARKING LOT) | | | | | | |
| Time & Location | AT INTERSECTION OF (street, road or highway) or FEET or MILE(S) | N S E W | | OF INTERSECTION OF (street, road, highway) | | | | | | | | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | |
| S | DRIVER ACTION | YEAR | MAKE | TYPE | USE | VEH. LICENSE NO. | STATE | VEHICLE IDENTIFICATION NUMBER | <input type="checkbox"/> 18 Undercarriage <input type="checkbox"/> 19 Overtum <input type="checkbox"/> 20 Windshield <input type="checkbox"/> 21 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S) | | | | | |
| | 1. Phantom 2. Hit & Run 3. N/A | 2 | | 10 | 01 | | | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 14 | | | | |
| Vehicle | TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Vehicle | VEHICLE TRAVELING | ON At | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1. Disabling 2. Functional 3. No Damage | | EST. TRAILER DAMAGE | SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S) | | | | | |
| | <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W | | 5 | | \$50 | 2 | | \$ | | 14 | | | | |
| Vehicle | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: | | | | | | | | | | | |
| | | | 1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other | | | | | | | | | | | |
| Vehicle | NAME OF VEHICLE OWNER (Check Box If Same As Driver) | CURRENT ADDRESS (Number and Street) CITY STATE ZIP | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Pedestrian | NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) CITY STATE ZIP | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Pedestrian | NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY | STATE | ZIP | US DOT or ICC MC IDENTIFICATION NUMBERS | | | | | | | | |
| | | | | | | | | | | | | | | |
| Pedestrian | NAME OF DRIVER (Take From Driver License) / Pedestrian | CURRENT ADDRESS (Number and Street) CITY STATE ZIP | | | | | | | DATE OF BIRTH | | | | | |
| | | | | | | | | | | | | | | |
| Pedestrian | DRIVER LICENSE NUMBER | STATE | DL TYPE | REQ. END. | ALC/DRUG TEST TYPE | RESULTS | AL/DRUG | PHYS. DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| | | | | | 1 Blood 3 Urine 5 None 2 Breath 4 Refused | | | | | | 2 | 1 | 3 | 1 |
| Pedestrian | HAZARDOUS MATERIALS BEING TRANSPORTED | PLACARDED | 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? | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE | | DRIVER'S PHONE NO. | | | | | |
| | 1 Yes 2 No | 1 Yes 2 No | | | | 1 Yes 2 No | 1 Yes 2 No | | | | | | | |
| S | DRIVER ACTION | YEAR | MAKE | TYPE | USE | VEH. LICENSE NO. | STATE | VEHICLE IDENTIFICATION NUMBER | <input type="checkbox"/> 18 Undercarriage <input type="checkbox"/> 19 Overtum <input type="checkbox"/> 20 Windshield <input type="checkbox"/> 21 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S) | | | | | |
| | 1. Phantom 2. Hit & Run 3. N/A | 3 | 2007 | BUICK | 01 | 01 | B399YH | FL | | 2G4WD582571164131 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 18 | | | |
| S | TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Vehicle | VEHICLE TRAVELING | ON At | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1. Disabling 2. Functional 3. No Damage | | EST. TRAILER DAMAGE | SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S) | | | | | |
| | <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | | 5 | | \$50 | 2 | | \$ | | 1 | | | | |
| Vehicle | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: | | | | | | | | | | | |
| | ALLSTATE | 0 41 158352 | J. FAY | | | | | | | | | | | |
| Vehicle | NAME OF VEHICLE OWNER (Check Box If Same As Driver) | CURRENT ADDRESS (Number and Street) CITY STATE ZIP | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Pedestrian | NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) CITY STATE ZIP | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Pedestrian | NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY | STATE | ZIP | US DOT or ICC MC IDENTIFICATION NUMBERS | | | | | | | | |
| | | | | | | | | | | | | | | |
| Pedestrian | NAME OF DRIVER (Take From Driver License) / Pedestrian | CURRENT ADDRESS (Number and Street) CITY STATE ZIP | | | | | | | DATE OF BIRTH | | | | | |
| | JEAN BERGER FAY | 2940 OAKHILL LANE MOUNT DORA FL 32757 | | | | | | | 06/16/1928 | | | | | |
| Pedestrian | DRIVER LICENSE NUMBER | STATE | DL TYPE | REQ. END. | ALC/DRUG TEST TYPE | RESULTS | AL/DRUG | PHYS. DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| | F000-462-28-716-0 | FL | 5 | 3 | 1 Blood 3 Urine 5 None 2 Breath 4 Refused | 5 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 5 |
| Pedestrian | HAZARDOUS MATERIALS BEING TRANSPORTED | PLACARDED | 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? | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE | | DRIVER'S PHONE NO. | | | | | |
| | 1 Yes 2 No | 1 Yes 2 No | | | | 1 Yes 2 No | 1 Yes 2 No | | 352 7353473 | | | | | |
| Code Information | VEHICLE TYPE | VEHICLE USE | TRAILER TYPE | RESIDENCE (Driver Only) | | PHYSICAL DEFECTS | | ALCOHOL / DRUG ABUSE | | LOCATION (in vehicle) | | | | |
| | 01. Automobile 02. Passenger Van 03. Pickup/Light Truck - 2 rear tires 04. Medium Truck (4 rearwheels) 05. Heavy Truck (2 or more rearaxles) 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 77. Other | 01. Private Transportation 02. Comm 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 SemiTrailer 02. Tandem SemiTrailer(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 77. Other | 1. County of Crash 2. Elsewhere in State 3. Non-Resident of State 4. Foreign 5. Unknown | DL TYPE | RACE | 1. No Defects Known 2. Eyesight Defect 3. Fatigue/Asleep 4. Hearing Defect 5. Illness 6. Seizure/Epilepsy/Blackout 7. Other Physical Defect | 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 BAC Test Result | 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 | | | | | |
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| | 01. Automobile 02. Passenger Van 03. Pickup/Light Truck - 2 rear tires 04. Medium Truck (4 rearwheels) 05. Heavy Truck (2 or more rearaxles) 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 77. Other | | 01. Private Transportation 02. Comm 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 SemiTrailer 02. Tandem SemiTrailer(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 77. Other | 1. County of Crash 2. Elsewhere in State 3. Non-Resident of State 4. Foreign 5. Unknown | DL TYPE | RACE | 1. No Defects Known 2. Eyesight Defect 3. Fatigue/Asleep 4. Hearing Defect 5. Illness 6. Seizure/Epilepsy/Blackout 7. Other Physical Defect | 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 BAC Test Result | 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 | | | | |
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| | 1 Yes 2 No | | 1 Yes 2 No | | | | 1 Yes 2 No | 1 Yes 2 No | | | | | | |
| Code Information | VEHICLE TYPE | | VEHICLE USE | TRAILER TYPE | RESIDENCE (Driver Only) | | PHYSICAL DEFECTS | | ALCOHOL / DRUG ABUSE | | LOCATION (in vehicle) | | | |
| | 01. Automobile 02. Passenger Van 03. Pickup/Light Truck - 2 rear tires 04. Medium Truck (4 rearwheels) 05. Heavy Truck (2 or more rearaxles) 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 77. Other | | 01. Private Transportation 02. Comm 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 SemiTrailer 02. Tandem SemiTrailer(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 77. Other | 1. County of Crash 2. Elsewhere in State 3. Non-Resident of State 4. | | | | | | | | | |

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|---|--|-------------------------|--|------------------------|-------------------------------------|---|---|---|--|---|---|---|-----------|--------|
| S e c t i o n 3 | DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NO. | STATE | VEHICLE IDENTIFICATION NUMBER |  | | <input type="checkbox"/> 18 Undercarriage <input type="checkbox"/> 19 Overtum <input type="checkbox"/> 20 Windshield <input type="checkbox"/> 21 Trailer | | | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | TRAILER TYPE | | EST. MPH | | Posted Speed | EST. VEHICLE DAMAGE \$ | 1. Disabling 2. Functional 3. No Damage | EST. TRAILER DAMAGE \$ | SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S) | | | |
| | VEHICLE TRAVELING N S E W | ON | At | EST. VEHICLE DAMAGE \$ | | 1. Disabling 2. Functional 3. No Damage | | EST. TRAILER DAMAGE \$ | | 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other | | | | |
| P e d e s t r i a n | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | | | | POLICY NUMBER | | | | VEHICLE REMOVED BY: | | | | | |
| | 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 | 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 | | | | DRIVER'S PHONE NO. | | |

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

| | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|
| CONTRIBUTING CAUSES - DRIVER /PED | | | | VEHICLE DEFECT | | | | VEHICLE MOVEMENT | | | | VEHICLE SPECIAL FUNCTIONS | | | |
| 01. No Improper Driving/Action 02. Careless Driving (Explain in Narrative) 03. Failed to Yield Right-of-Way 04. Improper Backing 05. Improper Lane Change 06. Improper Turn 07. Alcohol-Under Influence 08. Drugs-Under Influence 09. Alcohol & Drugs-Under Influence 10. Followed Too Closely 11. Disregarded Traffic Signal 12. Exceeded Safe Speed Limit 13. Disregarded Stop Sign 14. Failed to Maintain Equip./Vehicle 15. Improper Passing 16. Drove Left of Center 17. Exceeded Stated Speed Limit 18. Obstructing Traffic | | | | 01. No Defects 02. Def. Brakes 03. Worn/Smooth Tires 04. Defective/Improper Lights 05. Puncture/Blowout 06. Steering Mech. 07. Windshield Wipers 08. Equipment/Vehicle Defect (Explain in Narrative) 77. All Other Defects (Explain in Narrative) | | | | 01. Straight Ahead 02. Slowing/Stopped/Stalled 03. Making Left Turn 04. Backing 05. Making Right Turn 06. Changing Lanes 07. Entering/Leaving Parking Space 08. Properly Parked 09. Improperly Parked 10. Making U-Turn | | | | 1. None 2. Farm 3. Police Pursuit 4. Recreational 5. Emergency Operation 6. Construction / Maintenance | | | |
| 19. Improper Load 20. Disregarded Other Traffic Control 21. Driving Wrong Side/Way 22. Fleeing Police 23. Vehicle Modified 24. Driver Distraction (Explain in Narrative) 77. All Other (Explain) | | | | POINT OF COLLISION 01. On Road 02. Not On Road 03. Shoulder 04. Median 05. Turn Lane | | | | 11. Passing 12. Driverless or Runaway Veh. 77. All Other (Explain in Narrative) | | | | SOURCE OF CARRIER INFORMATION 1. Not Applicable 2. Shipping Papers 3. Vehicle Side 4. Driver 5. Other | | | |
| | | | | WORK AREA 01. None 02. Nearby 03. Entered | | | | PEDESTRIAN ACTION 01. Crossing Not at Intersection 02. Crossing at Mid-block Crosswalk 03. Crossing at Intersection 04. Walking Along Road With Traffic 05. Walking Along Road Against Traffic 06. Working on Vehicle in Road 07. Working in Road 08. Standing/Playing in Road 09. Standing in Pedestrian Island 77. All Other (Explain in Narrative) 88. Unknown | | | | LOCATION TYPE 1. Primarily Business 2. Primarily Residential 3. Open Country | | | |

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|---|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|
| FIRST / SUBSEQUENT HARMFUL EVENT(S) | | | | ROAD SYSTEM IDENTIFIER | | | | LIGHTING CONDITION | | | | | | | |
| 01. Collision With MV in Transport (Rear-end) 02. Collision with MV in Transport (Head-on) 03. Collision with MV in Transport (Angle) 04. Collision With MV in Transport (Left Turn) 05. Collision With MV in Transport (Right Turn) 06. Collision With MV in Transport (Sideswipe) 07. Collision With MV in Transport (Backed into) 08. Collision With Parked Car 09. Collision With MV on Other Roadway 10. Collision With Pedestrian 11. Collision With Bicycle 12. Collision With Bicycle (Bike Lane) 13. Collision With Moped 14. Collision With Train 15. Collision With Animal 16. MV Hit Sign/Sign Post 17. MV Hit Utility Pole/Light Pole 18. MV Hit Guardrail 19. MV Hit Fence 20. MV Hit Concrete Barrier Wall 21. MV Hit Bridge/Pier/Abutment/Rail 22. MV Hit Tree/Shrubbery 23. Collision With Construction Barricade/Sign 24. Collision With Traffic Gate 25. Collision With Crash Attenuators 26. Collision With Fixed Object Above Road 27. MV Hit Other Fixed object 28. Collision With Movable Object On Road 29. MV Ran Into Ditch / Culvert 30. Ran Off Road Into Water 31. Overtumed 32. Occupant Fell From Vehicle 33. Tractor / Trailer Jackknifed 34. Fire 35. Explosion 36. Downhill Runaway 37. Cargo Loss or Shift 38. Separation of Units 39. Median Crossover 77. All Other (Explain) | | | | 01. Interstate 02. U.S. 03. State 04. County 05. Local 06. Turnpike / Toll 07. Forest Road 08. Private Roadway 77. All Other (Explain in Narrative) | | | | 01. Daylight 02. Dusk 03. Dawn 04. Dark (Street Light) 05. Dark (No Street Light) 88. Unknown | | | | | | | |
| | | | | ROAD SURFACE CONDITION 01. Dry 02. Wet 03. Slippery 04. Icy 77. All Other (Explain in Narrative) | | | | WEATHER 01. Clear 02. Cloudy 03. Rain 04. Fog 77. All Other (Explain in Narrative) | | | | ROAD SURFACE TYPE 01. Slag/Gravel/Stone 02. Blacktop 03. Bitch/Block 04. Concrete 05. Dirt 77. All Other (Explain in Narrative) | | | |

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|--|--|---|--|--|--|---|--|--|--|
| ROAD CONDITIONS AT TIME OF CRASH | | VISION OBSTRUCTED | | TRAFFIC CONTROL | | SITE LOCATION | | TRAFFICWAY CHARACTER | |
| 01. No Defects 02. Obstruction With Warning 03. Obstruction Without Warning 04. Road Under Repair / Construction 05. Loose Surface Materials 06. Shoulders - Soft / Low / High 07. Holes / Ruts / Unsafe Paved Edge 08. Standing Water 09. Worn / Polished Road Surface 77. All Other (Explain) | | 01. Vision Not Obscured 02. Inclement Weather 03. Parked / Stopped Vehicle 04. Trees / Crops / Bushes 05. Load on Vehicle 06. Building / Fixed Object 07. Signs / Billboards 08. Fog 09. Smoke 10. Glare 77. All Other (Explain in Narrative) | | 01. No control 02. Special Speed Zone 03. Speed Control Sign 04. School Zone 05. Traffic Signal 06. Stop Sign 07. Yield Sign 08. Flashing Light 09. Railroad Signal 10. Officer / Guard / Flagman 11. Posted No U-Turn 12. No Passing Zone 77. All Other (Explain) | | 01. Not At Intersection / RR Xing / Bridge 02. At Intersection 03. Influenced By Intersection 04. Driveway Access 05. Railroad Crossing 06. Bridge 07. Entrance Ramp 08. Exit Ramp 09. Parking Lot - Public 10. Parking Lot - Private 11. Private Property 12. Toll Booth 13. Public Bus Stop Zone 77. All Other (Explain) | | 01. Straight-Level 02. Straight-Upgrade/Downgrade 03. Curve-Level 4. Curve-Upgrade/Downgrade TYPE SHOULDER 01. Paved 02. Unpaved 03. Curb | |

| SEC # | NAME OF VIOLATOR | FL STATUTE NUMBER | CHARGE | CITATION NUMBER |
|-------|------------------|-------------------|--------|-----------------|
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**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 08/16/2010 | COUNTY / CITY CODE 12/54 | INVEST. AGENCY REPORT NUMBER 10-02092 | HSMV CRASH REPORT NUMBER 75150746 |
|--|---|-----------------------------|-----------------------------|--|--------------------------------------|

(NARRATIVE)

Vehicle 2 was traveling south in the parking lot of 17030 SR500. Vehicle 1 was traveling east in the parking lot of 17030 SR500, crossing over the solid white lane dividers. Vehicle 1 entered into the path of vehicle 2, violating vehicle 2's right-of-way. Vehicle 2's front bumper made contact with the left side of vehicle 1.

Vehicle 1 was pushed under the front bumper of vehicle 2, with the driver. The driver of vehicle 2 stopped and exited vehicle 2. The driver of vehicle 1 stated he was ok and did not want law enforcement. The driver of vehicle 2 watched while the driver of vehicle 1 quickly left the area, visibly injured.

The driver of vehicle 1 was described as a black male, approximately 11-years-old.

Vehicle 2 received approximately \$50.00 in damage to the front bumper. The damage to vehicle 1 was not determined, due to not being present during this investigation.

| SEC# | PASS# | PASSENGER'S NAME | ADDRESS | CITY | ST. | ZIPCODE | DATE OF BIRTH | RACE | SEX | LOC | INJ | S. EQUIP. | EJCT. |
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|-------------|-------|------------------|-------------------|--------|-----------------|
| 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 2. Paramedic or EMT 3. Police Officer | 4. Certified 1st Aider 5. Other <input type="checkbox"/> | INJURED TAKEN TO: | BY - NAME: |
|----------------------------|---|---|-------------------|------------|

| | | | | | | |
|--|---|--|---|------------------------------|---|---|
| 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 08/16/2010 | 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"/> |
|--|---|--|---|------------------------------|---|---|

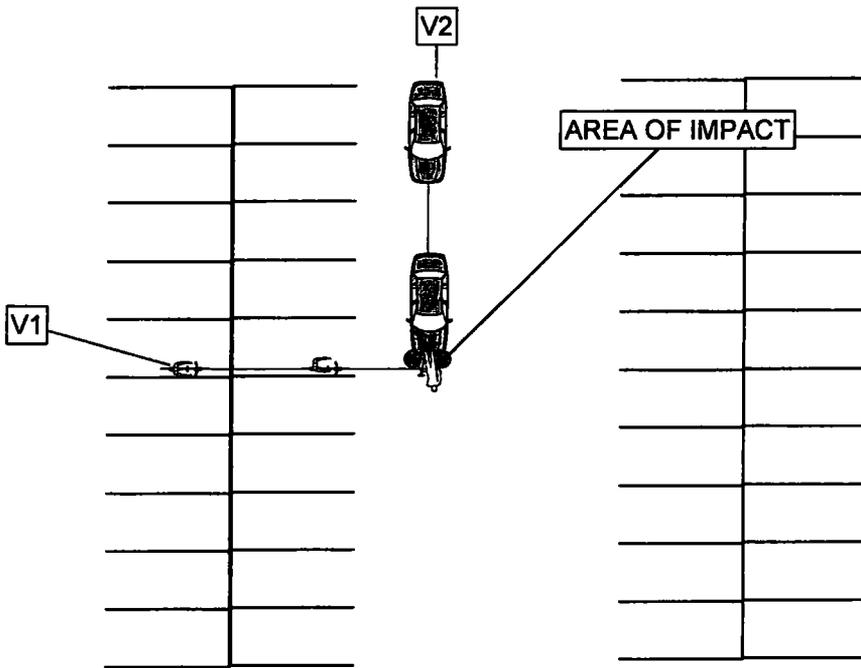
| | | | |
|---|---------------------------------|---|--|
| INVESTIGATOR - RANK AND SIGNATURE OFFICER HELFANT | I.D. / BADGE NO. 0269 | DEPARTMENT MOUNT DORA POLICE DEPARTMENT | FHP <input type="checkbox"/> SO <input type="checkbox"/> PD <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> |
|---|---------------------------------|---|--|

Case Number: 10-02092

Date: 08/16/10

Location: 17030 SR500

Description:



WALMART 17030 SR500



NOT TO SCALE