

## 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	
		AT NODE NO. or		FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES		1. DIVIDED 2. UNDIVIDED	
										2		17030 SR500 (PARKING LOT)	
		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		1. Phantom 2. Hit & Run 3. N/A		YEAR		MAKE		TYPE		USE	
		2								10		01	
c		TRAILER OR TOWED		VEHICLE INFORMATION		TRAILER TYPE		VEH. LICENSE NO.		STATE		VEHICLE IDENTIFICATION NUMBER	
t		VEHICLE TRAVELING		ON At		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage	
		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		17030 SR500 (PARKING LOT)		5				\$50		2	
i		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					
n		NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP			
1		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	
		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	
										1 Blood 3 Urine 5 None 2 Breath 4 Refused			
		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	
S		DRIVER ACTION		1. Phantom 2. Hit & Run 3. N/A		YEAR		MAKE		TYPE		USE	
		3		2007		BUICK		01		01			
c		TRAILER OR TOWED		VEHICLE INFORMATION		TRAILER TYPE		VEH. LICENSE NO.		STATE		VEHICLE IDENTIFICATION NUMBER	
t		VEHICLE TRAVELING		ON At		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage	
		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		17030 SR500 (PARKING LOT)		5				\$50		2	
i		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					
		ALLSTATE		0 41 158352		J. FAY							
n		NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP			
		<input checked="" type="checkbox"/>											
2		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	
		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	
		DRIVER LICENSE NUMBER		STATE		DL TYPE		REQ. END.		ALC/DRUG TEST TYPE		RESULTS	
		F000-462-28-716-0		FL		5		3		1 Blood 3 Urine 5 None 2 Breath 4 Refused		5	
		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	
		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. Motorcycle 11. Moped 12. All Terrain Vehicle 13. Train 14. Low Speed Vehicle 15. 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 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. Foreign 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		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	
		DL TYPE		RACE		INJURY SEVERITY		SAFETY EQUIPMENT IN USE					
		1. A 2. B 3. C 4. D / Chauffeur 5. E / Operator 6. E / Oper-Res 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					
		REQUIRED ENDORSEMENTS		SEX		EJECTED							
		1. Yes 2. No 3. No End. Req'd.		1. Male 2. Female		1. No 2. Yes 3. Partial							

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	<div><div>18 Undercarriage 19 Overtum 20 Windshield 21 Trailer</div><div>SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S)</div></div>									
	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	EST. TRAILER DAMAGE										
	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									
	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					
	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		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												
#	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 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 11. Passing 12. Driverless or Runaway Veh. 77. All Other (Explain in Narrative)		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		SOURCE OF CARRIER INFORMATION 1. Not Applicable 2. Shipping Papers 3. Vehicle Side 4. Driver 5. Other		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													
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 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											
Violator(s)	SEC #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER											

## 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	
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(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.

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"/>
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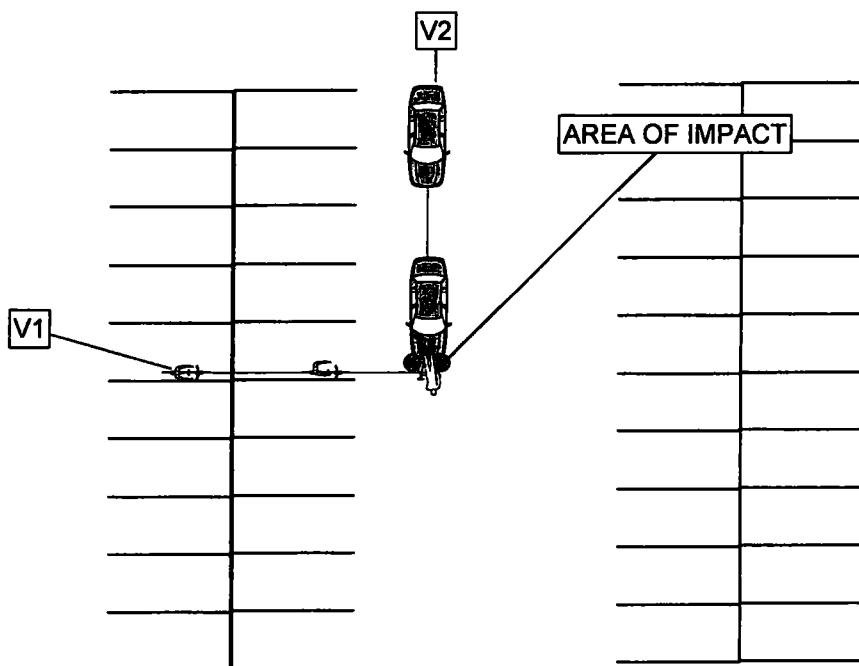
INVESTIGATOR - RANK AND SIGNATURE <b>OFFICER HELFANT</b>	I.D. / BADGE NO. <b>0269</b>	DEPARTMENT <b>MOUNT DORA POLICE DEPARTMENT</b>	FHP <input type="checkbox"/> SO <input type="checkbox"/> PD <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
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Case Number: 10-02092

Date: 08/16/10

Location: 17030 SR500

Description:



WALMART 17030 SR500



NOT TO SCALE