

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

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

(Electronic Version)

Date of Crash 27/Oct/2011 04:54 PM	Time of Crash 27/Oct/2011 04:54 PM	Date of Report 27/Oct/2011 12:00 AM	Invest. Agency Report Number 11-02713	HSMV Crash Report Number 75151807
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CRASH IDENTIFIERS

County Code 12	City Code 54	County of Crash Lake	Place or City of Crash MOUNT DORA	Within City Limits Yes	Time Reported 27/Oct/2011 04:54 PM	Time Dispatched 27/Oct/2011 04:54 PM
Time on Scene 27/Oct/2011 04:57 PM	Time Cleared Scene 27/Oct/2011 05:48 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Motorist

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway US441			At Street Address# 17040	At Latitude and Longitude
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway	Or From Milepost #
Road System Identifier 3 State		Type Of Shoulder 1 Paved	Type Of Intersection 1 Not at Intersection	

CRASH INFORMATION (Check if Pictures Taken)

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Light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 77 Other, Explain in Narrative
First Harmful Event Type	First Harmful Event 10	First Harmful Event Location 2 Off Roadway	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road 1 None		Contributing Circumstances: Road 1 None
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment 1 None
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

VEHICLE (Check if Commercial)

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Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number TJ5QM	State FL	Reg. Expires 13/Mar/2012	Permanent Reg. No	VIN JM1BK12F871692457		
Year 2007	Make MAZD	Model	Style 4DR	Color GRY	Extent of Damage None	Est. Damage	Towed Due To Damage No	Vehicle Removed By M PAWLICKI	Rotation Driver
Insurance Company ESURANCE INSURANCE COMPANY				Insurance Policy Number PAFL 003626515 09497					
Name of Vehicle Owner (Check Box If Business) MATTHEW WILLIAM PAWLICKI			Current Address (Number and Street) 3606 WINDY MEADOW DRIVE			City and State TAVARES FL		Zip Code 32778	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling:	Direction East	On Street, Road, Highway US441				At Est. Speed	Posted Speed	Total Lanes 1	
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR			Trailer Type (trailer one)		Trailer Type (trailer two)				
Haz. Mat. Release 1	Haz Mat. Placard	Number		Class					
Motor Carrier Name			US DOT Number						
Motor Carrier Address			City and State			Zip Code		Phone Number	
Comm/Non-Commercial	Vehicle Body Type 1 Passenger Car	Vehicle Defects (one) 1 None		Vehicle Defects (two) 1 None		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 1 Two-Way, Not Divided	Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 10 Pedestrian	
Traffic Control Device For This Vehicle 1 No Controls		First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport		Second (2) Sequence of Events 10 Pedestrian		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name MATTHEW WILLIAM PAWLICKI	Date of Birth 20/Jul/1987	Sex 1 Male	Phone Number 3522236612	Re-Exam No
Address 3606 WINDY MEADOW DRIVE		City TAVARES		State FL		Zip Code 32778	
Driver License Number P420559872600		State FL	Expires 20/Jul/2013	DL Type 5 E/Operator	Req. End. 2 No	Injury Severity 1 None	Ejection 1 Not Ejected

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Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 2 Not Deployed		Helmet Use 3 No Helmet		Eye Protection		Seating Location Seat 1 Left		Seating Location Row 1 Front		Seating Location Other		
Drivers Actions at Time of Crash (first) 3 Failed to Yield Right.of.Way					Drivers Actions at Time of Crash (second)					Driver Distracted By 7 Inattentive			Vision Obstruction	
Drivers Actions at Time of Crash (third)					Drivers Actions at Time of Crash (fourth)					Drivers Condition at Time of Crash 1 Apparently Normal				
Suspected Alcohol Use 1 No		Alcohol Tested 1 Test Not Given	Alcohol Test Type		Alcohol Test Result		BAC	Suspected Drug Use 1 No		Drug Tested 1 Test Not Given		Drug Test Type		Drug Test Result
Source of Transport to Medical Facility 1 Not Transported			EMS Agency Name or ID					EMS Run Number			Medical Facility Transported To			

PERSON RECORD

Person# 2	Description 2 Non-Motorist	Name BRUCE LEE FULLER			Date of Birth 25/Jun/1981	Sex 1 Male	Injury Severity 3 Non-incapacitating	Phone Number 3524552110	
Address 2587 WESTLAND ROAD		City MOUNT DORA		State FL		Zip Code 32757			
Non-Motorist Description Detail 1 Pedestrian			Non-Motorist Action Prior to Crash 1 Crossing Roadway			Non-Motorist Location at Time of Crash 9 Median/Crossing Island			
Non-Motorist Actions/Circumstance (First) 1 No Improper Action		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two)			
Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result	
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			

WITNESSES

Name WILLIAM KELLEY J	Address 2401 MARY ROAD	City TAVARES	State FL	Zip Code 32778
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VIOLATIONS

Person# 1	Name MATTHEW WILLIAM PAWLICKI	Florida Statute Number 316 1925 1	Charge Empty	Citation 6444-GSQ
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NARRATIVE

Vehicle 1, being ope
The pedestrian, Bruce Fuller stated he had paid for his gas at Murphy Oil and was walking towards his vehicle. As Fuller was crossing the median from the attendant booth towards his vehicle, he was struck by vehicle 1 on his left foot. Fuller sustained injuries to his foot. Lake EMS arrived on scene and treated Fuller for his injuries. They advised Fuller to go to the hospital for further evaluation. Fuller refused transport by Lake EMS.
The driver of vehicle was was not injured. Pawlicki stated he was looking down and not paying attention to anything in front of his vehicle. I issued a citation to Pawlicki for failure to use due care towards a pedestrian (316.130 15). This citation is different from what is listed on the violation information due to this particular traffic citation not being listed. Digital photographs were taken of Fuller's injuries and will be attached to this report.

REPORTING OFFICER

ID/Badge # 0301	Rank and Name OFFICER B STRYKOWSKI	Department MOUNT DORA	Type of Department SO
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NOT TO SCALE

