

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 |
|---------------------------------------|---------------------------------------|--|--|--------------------------------------|

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 |
| Road System Identifier 3 State | Type Of Shoulder 1 Paved | Type Of Intersection 1 Not at Intersection | |

CRASH INFORMATION (Check if Pictures Taken)

| | | | | |
|---|------------------------------|---|----------------------------|--|
| 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)

| | | | | | | | | | | | |
|--|--|-----------------------------------|--|---|------------------------------|---|-------------------------------|---|--------------------|--------------|--|
| 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 <input type="checkbox"/> | | | 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 |
|--------------------------|---------------------------|-----------------|-------------|-------------------|

VIOLATIONS

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

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 |
|--------------------|---------------------------------------|--------------------------|--------------------------|



NOT TO SCALE

