FLORIDA TRAFFIC CRASH REPORT
LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
1/6/02	1:30 ☒ AM ☐ PM	1:40 ☒ AM ☐ PM	2:00 ☒ AM ☐ PM	02-28-00054-12	70747737

COUNTY / CITY CODE	FEET or	MILE(S)	N S E W	CITY OR TOWN (Check if in City or Town)	COUNTY
12 00		1.3	☐ ☒ ☐ ☐ of	OKAHUMPKA ☐	LAKE

AT NODE NO. or	FEET or	MILE(S)	FROM NODE NO	NEXT NODE NO	NO. OF LANES	1. DIVIDED 2. UNDIVIDED	ON STREET, ROAD OR HIGHWAY
					2	1	CR33

AT THE INTERSECTION OF (street, road or highway)	or FEET	MILE(S)	N S E W	FROM INTERSECTION OF (street, road or highway)
		1.3	☐ ☒ ☐ ☐	CR48

Section 1 — Vehicle

DRIVER 1. Phantom ACTION 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3	96	FORD	03	01	D71 KXX	FL	1FTCR10A5TUA56000

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

2 3 4 5 6 7 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer 1 15 16 17 8 14 13 12 11 10 9 SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 12

VEHICLE TRAVELLING N S E W	ON	AT	Est MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE
☒ ☐ ☒ ☐ ☐	CR33		45-55	55	$4,000.00	1	N/A

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
SUPERIOR	099504637	ECONOMY	1

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☐ | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE
ISMAEL CERDA-RAMOS | 408 WINNERS CIRCLE | LADY LAKE, FL 32159

Pedestrian ☐

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) I PEDESTRIAN | CURRENT ADDRESS (Number and Street)) | CITY, STATE & ZIP CODE | DATE OF BIRTH
UNKNOWN

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/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.
2			2	2	( )

Section 2 — Vehicle

DRIVER 1. Phantom ACTION 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

2 3 4 5 6 7 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer 1 15 16 17 8 14 13 12 11 10 9 SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

VEHICLE TRAVELLING 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 AND STATE | ZIP CODE

Pedestrian ☐

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) I PEDESTRIAN | CURRENT ADDRESS (Number and Street)) | CITY, STATE & ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ END	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/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.
					( )

Code Information

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped.)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 County of Crash	1 No Defects Known	1 Not Drinking or Using Drugs	1 Front Left
02 Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center
03 Light Truck / P.U. - 2 or 4 rear tires	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident Out of State	3 Fatigue/ Asleep	3 Drugs -Under Influence	3 Front Right
04 Medium Truck - 4 rear tires	04 Public Transportation	04 Saddle Mount/ Flatbed	4 Foreign 5 Unknown	4 Hearing Defect	4 Alcohol & Drugs - Under Influence	4 Rear Left
05 Heavy Truck - 2 or more rear axles	05 Public School Bus	05 Boat Trailer	DL TYPE: 1 A 2 B 3 C	5 Illness	5 Had Been Drinking	5 Rear Center
06 Truck Tractor (Cab-Bobtail)	06 Private School Bus	06 Utility Trailer	4 D/ Chauffeur	6 Seizure, Epilepsy, Blackout	6 Pending ALC / DRUG Test Results	6 Rear Right
07 Motor Home (R.V.)	07 Ambulance	07 House Trailer	5 E/ Operator	7 Other Physical Defect		7 In Body Of Truck
08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer	6 E/ Oper.-Rest.	INJURY SEVERITY	SAFETY EQUIPMENT IN USE	8 Bus Passenger
09 Bus (driver + seats for over 15)	09 Fire/ Rescue	09 Towed Vehicle	7 None	1 None	1 Not in use	9 Other
10 Bicycle	10 Military	10 Auto Transport	RACE	2 Possible	2 Seat Belt /Shoulder Harness	EJECTED
11 Motorcycle	11 Other Government	77 Other	1 White	3 Non-Incapacitating	3 Child Restraint	1 No
12 Moped	12 Dump		2 Black	4 Incapacitating	4 Air Bag -Deployed	2 Yes
13 All Terrain Vehicle	13 Concrete Mixer		3 Hispanic	5 Fatal (Within 30 Days)	5 Air Bag -Not Deployed	3 Partial
14 Train	14 Garbage or Refuse		4 Other	6 Non-Traffic Fatality	6 Safety Helmet	
15 Low Speed Vehicle	15 Cargo Van		REQUIRED ENDORSEMENTS		7 Eye Protection	
77 Other	77 Other		1 Yes			
			2 No			
			3 No Endorsement Required			
			SEX			
			1 Male			
			2 Female			

G3009-C

G 3009-C

Section 3

Vehicle / Pedestrian

DRIVER 1. Phantom ACTION 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE				

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VEHICLE TRAVELLING 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 AND STATE | ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) I PEDESTRIAN | CURRENT ADDRESS (Number and Street)) | CITY, STATE& ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/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	GUARDRAIL	$ 500	LAKE COUNTY	123 N SINCLAIR	TAVARES	FL 32778
2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE ZIP
		$				

CONTRIBUTING CAUSES - DRIVER/ PEDESTRIAN (1 / 2 / 3: 02 / / / ; / / / ; / / /)

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
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified In Narrative)
24 Driver Distraction (Explain
77 All Other (Explain In Narrative)

VEHICLE DEFECT (1 / 2 / 3: 01 / / / ; / / /)

01 No Defects
02 Def. Brakes
03 Worn/ Smooth Tires
04 Defective I Improper Lights
05 Puncture / Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment/ Vehicle Defect
77 All Other (Explain In Narrative)

POINT OF COLLISION (1 / 2 / 3: 03 / / /)

01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane

WORK AREA (1 / 2 / 3: 01 / / /)

01 None
02 Nearby
03 Entered

VEHICLE MOVEMENT (1 / 2 / 3: 01 / / /)

01 Straight Ahead
02 Slowing I Stopped I Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering I Leaving I Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Vehicle
77 All Other (Explain In Narrative)

VEHICLE SPECIAL FUNCTIONS (1 / 2 / 3: 1 / / /)

1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance

SOURCE OF CARRIER INFORMATION (1 / 2 / 3: / / /)

2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

PEDESTRIAN ACTION (1 / 2 / 3: / / /)

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 (3)

1 Primarily Business
2 Primarily Residential
3 Open Country

FIRST / SUBSEQUENT HARMFUL EVENT(S) (1 / 2 / 3: 18 / / / ; 31 / / / ; / / / ; / / /)

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 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 I 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 I-fit Other Fixed Object
28 Collision With Moveable Object On Road
29 MV Ran Into Ditch/Culvert
30 Ran Off Road Into Water
31 Overturned
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 In Narrative)

ROAD SYSTEM IDENTIFIER (04)

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)

LIGHTING CONDITIONS (05)

01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Light)
05 Dark (No Street Light)
88 Unknown

ROAD SURFACE CONDITION (01)

01 Dry
02 Wet
03 Slippery
04 Icy
77 All Other (Explain In Narrative)

WEATHER (01)

01 Clear
02 Cloudy
03 Rain
04 Fog
77 All Other (Explain In Narrative)

ROAD SURFACE TYPE (02)

01 Slag/Gravel/Stone
02 Blacktop
03 Brick/Block
04 Concrete
05 Dirt
77 All Other (Explain In Narrative)

ROAD CONDITIONS AT TIME OF CRASH (01)

01 No Defects
02 Obstruction With Warning
03 Obstruction Without Warning
04 Road Under Repair I Construction
05 Loose Surface Materials
06 Shoulders - Soft I Low I High
07 Holes I Ruts / Unsafe Paved Edge
08 Standing Water
09 Worn / Polished Road Surface
77 All Other (Explain In Narrative)

VISION OBSTRUCTED (01 / /)

01 Vision Not Obscured
02 Inclement Weather
03 Parked / Stopped Vehicle
04 Trees / Crops / Bushes
05 Load On Vehicle
06 Building I Fixed Object
07 Signs / Billboards
08 Fog
09 Smoke
10 Glare
77 All Other (Explain In Narrative)

TRAFFIC CONTROL (01 / /)

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 / Flagperson
11 Posted No U-Turn
12 No Passing Zone
77 AR Other (Explain In Narrative)

SITE LOCATION (01)

01 Not At Intersection / RR X-ing / Bridge
02 At Intersection
03 Influenced By Intersection
04 Driveway Access
05 Railroad
06 Bridge
07 Entrance Ramp
08 Exit Ramp
09 Parking Lot -Public Narrative)
10 Parking Lot -Private
11 Private Property
12 Toll Booth
13 Public Bus Stop Zone
77 All Other (Explain In

TRAFFIC WAY CHARACTER (01)

01. Straight - Level
02. Straight - Upgrade / Downgrade
03. Curve - Level
04. Curve - Upgrade / Downgrade

TYPE SHOULDER (02)

01. Paved
02. Unpaved
03. Curb

Violator(s)

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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