

# 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 1/6/02	COUNTY / CITY CODE 12 00	INVEST. AGENCY REPORT NUMBER 02-28-00054-12	HSMV CRASH REPORT NUMBER 70747737
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(NARRATIVE)

V#1 was traveling south on CR33. V#1 left the roadway on the west side of CR33 and continued to the south. The driver of V#1 drove V#1 to the left and V#1 returned to the roadway, slid to the east across both lanes of CR33, left the roadway on the east side of CR33 and the left side of V#1 struck a guardrail on the east side of the roadway where V#1 then overturned onto its roof and came to rest there facing to the south. Driver of V#1 operated V#1 in a careless manner in that he did not have regard for attendant circumstances and endangered life, limb and property of another. An unidentified male was located in the area of the traffic crash. This male subject spoke no english and did not possess any identification. This male subject was injured and the injuries could have been as a result of the traffic crash. There being no witnesses to the traffic crash and no way to interview this unknown male subject the driver of V#1 is shown as unknown. This male subject was transported to Orlando Regional Medical Center by air ambulance.

SEC#	PASSE#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S EQUIP.	EJECT

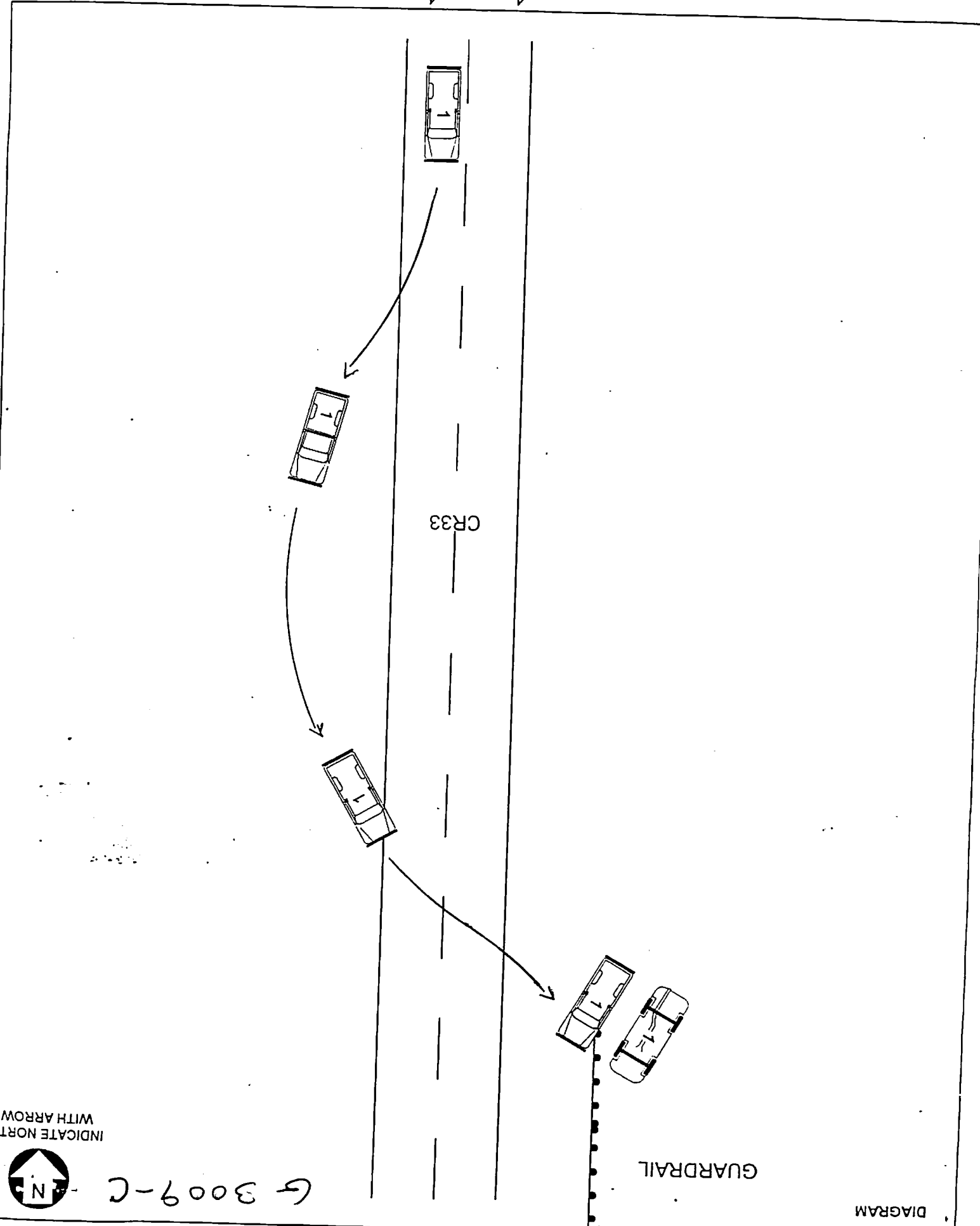
VIOLATOR(S)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
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FIRST AID GIVEN BY - NAME EMT	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	INJURED TAKEN TO: ORLANDO REGIONAL MEDICAL CENTER AIR AMBULANCE	BY - NAME
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WAS INVESTIGATION MADE AT SCENE? 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>	IF NO, THEN WHERE? <input type="checkbox"/>	IS INVESTIGATION COMPLETE? 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>	IF NO, THEN WHY? <input type="checkbox"/>	DATE OF REPORT 1/6/02	PHOTOS TAKEN 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>	IF YES BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER <input type="checkbox"/>
INVESTIGATOR - RANK & SIGNATURE W.G. PRINCE TPR I	IC/BADGE NUMBER 0689-0620	DEPARTMENT	<input checked="" type="checkbox"/> FIC <input type="checkbox"/> SO <input type="checkbox"/> PD <input type="checkbox"/> OTHER			

G3009-c



INDICATE NORTH WITH ARROW



G 3009-C

GUARDRAIL

DIAGRAM