

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 20/Sep/2014 11:53 PM	Time of Crash 20/Sep/2014 11:53 PM	Date of Report 19/Sep/2014 12:00 AM	Invest. Agency Report Number 140137288	HSMV Crash Report Number 83586889
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CRASH IDENTIFIERS

County Code 12	City Code 52	County of Crash LAKE	Place or City of Crash MINNEOLA	Within City Limits Yes	Time Reported 20/Sep/2014 11:53 PM	Time Dispatched 20/Sep/2014 12:16 AM
Time on Scene 20/Sep/2014 12:28 AM	Time Cleared Scene 20/Sep/2014 01:00 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway CR 455		At Street Address# 15518	At Latitude and Longitude
At Feet 300	Or Miles	Direction North	From Intersection With Street, Road, Highway WILLO PINES LN
Road System Identifier 4 County		Type Of Shoulder 2 Unpaved	Type Of Intersection 1 Not at Intersection

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 5 Dark-Not Lighted	Weather Condition 3 Rain	Roadway Surface Condition 2 Wet	School Bus Related 1 No	Manner Of Collision 1 Front to Rear
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 3 Shoulder	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction
Contributing Circumstances: Road 10 Road Surface Condition (wet, icy, snow, slush, etc.)		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment
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)

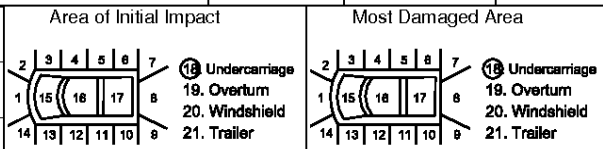
Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number W220AL	State FL	Reg. Expires 05/Oct/2014	Permanent Reg.	VIN 1FAFP36NX7W162158		
Year 2007	Make FORD	Model FOCUS	Style 4D	Color GRN	Extent of Damage Disabling	Est. Damage 5000	Towed Due To Damage Yes	Vehicle Removed By BARTOS WRECKER	Rotation Driver

Insurance Company	Insurance Policy Number		
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> JOHN CROSSON TAYLOR	Current Address (Number and Street) 11717 STARWOOD LN	City and State CLERMONT FL	Zip Code 34715

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: North	On Street, Road, Highway CR 455	At Est. Speed 45	Posted Speed 45	Total Lanes 2
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CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
Comm GVWR/GCWR 4 Not Applicable	Trailer Type (trailer one)	Trailer Type (trailer two)	
Haz. Mat. Release	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)	Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function
Vehicle Maneuver Action 15 Negotiating a Curve	Trafficway 1 Two-Way, Not Divided	Roadway Grade 1 Level	Roadway Alignment 3 Curve Left	Most Harmful Event 2 Collision with Non-Fixed Object	Most Harmful Event Detail 14 Motor Vehicle in Transport
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	Third (3) Sequence of Events	Fourth (4) Sequence of Events	

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name VICTOR ISMAE CONTRERAS FLORES	Date of Birth 26/Jun/1992	Sex 1 Male	Phone Number	Re-Exam No
Address 11717 STARWOOD LN		City CLERMONT	State FL	Zip Code 34715			
Driver License Number C536869922260	State FL	Expires 13/Aug/2016	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	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 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other		
Drivers Actions at Time of Crash (first) 1 No Contributing Action		Drivers Actions at Time of Crash (second)		Driver Distracted By 1 Not Distracted	Vision Obstruction 1 Vision Not Obscured			
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 2 Yes	Alcohol Tested 3 Test Given	Alcohol Test Type 2 Breath	Alcohol Test Result 2 Completed	BAC 0.143	Suspected Drug Use 1 No	Drug Tested	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			

NON VEHICLE PROPERTY DAMAGE

Vehicle# 1	Person#	Property Damage - Other Than Vehicle CULVERT	Est. Amount 500	Business Yes	Owner's Name FL DEPT. OF TRANSPORTATION	Address 605 SUWANNEE ST, MS 52	City & State TALLAHASSEE FL	Zip Code 32399
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NARRATIVE

DRIVER WAS NORTHBOUND ON CR 455 WHEN HE CAME AROUND THE CORNER AND BEGAN LOOSING CONTROL. THE DRIVER STATED THE VEHICLE HYDRO PLANED AND HE SHOT ACROSS THE ROAD ONTO THE OPPOSITE SHOULDER DRIVING OVER A CONCRETE DRAINAGE CULVERT.

REPORTING OFFICER

ID/Badge # 1422	Rank and Name MASTER DEPUTY S LUKENS	Department LAKE COUNTY SHERIFFS OFFICE	Type of Department SO
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Not for Commercial Use Only

