

FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEK 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
	11/27/2009	02:31 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	3:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	FHPD09OFF105628	77685828
	COUNTY / CITY CODE	FEET or MILE(S)	CITY OR TOWN		COUNTY	
	07 / 00	1 <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W	WINDERMERE		Orange	
AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	ON STREET, ROAD OR HIGHWAY		
	50		2	1 DIVIDED <input type="checkbox"/> 2 UNDIVIDED <input checked="" type="checkbox"/>		
AT THE INTERSECTION OF (street, road or highway) or	FEET	MILE(S)	FROM INTERSECTION OF (street, road or highway)			

Section 1	DRIVER ACTION	1 Phantom 2 HI & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	
	TRAILER OR TOWED VEHICLE INFORMATION		03	CADI	01	01		FL		
TRAILER TYPE										

Section 2	VEHICLE TRAVELING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			30	25	\$ 8,000	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> 01
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other		
FEDERAL INSURANCE COMPANY	73548246		JOHNSON'S						

Section 3	NAME OF VEHICLE OWNER (Check Box If Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
	<input type="checkbox"/> GENERAL MOTORS COMPANY	2717 SCHUST RD	SAGINAW MI	48603
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 NUMBER	

Section 4	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIRTH									
	ELDRICK T WOODS			12/30/75									
DRIVER LICENSE NUMBER	STATE	DL TYPE	REC. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INI.	S. EQUIP.	EJECT.
	FL	5	3	1 Blood 3 Urine 5 None 2 Breath 4 Refused	05		1	1	1	2	1	4	1 5 1

HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.
<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	

Section 5	DRIVER ACTION	1 Phantom 2 HI & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	
	TRAILER OR TOWED VEHICLE INFORMATION									

Section 6	VEHICLE TRAVELING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W						<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other		

Section 7	NAME OF VEHICLE OWNER (Check Box If Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
	<input type="checkbox"/>			
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 NUMBER	

Section 8	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIRTH									
DRIVER LICENSE NUMBER	STATE	DL TYPE	REC. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INI.	S. EQUIP.	EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.
<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	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 - S. 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	5 Blindness	5 Had Been Drinking	5 Rear Center
06 Truck Tractor (Cab-Booth)	06 Private School Bus	06 Utility Trailer	1 A 2 B 3 C	6 Seizure, Epilepsy, Blackout	6 Pending ALC/DRUG Test Results	6 Rear Right
07 Motor Home (RV)	07 Ambulance	07 House Trailer	4 D / Chauffeur	7 Other Physical Defect		7 In Body of T
08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer	5 E / Operator	INJURY SEVERITY	SAFETY EQUIPMENT IN USE	8 Bus Passenger
09 Bus (driver + seats for over 15)	09 Fire/Rescue	09 Towed Vehicle	6 E / Oper-Rest	1 None	1 Not In Use	9 Other
10 Bicycle	10 Military	10 Auto Transport	7 Other	2 Possible	2 Seat Belt / Shoulder Harness	
11 Motorcycle	11 Other Government	77 Other	REQUIRED ENDORSEMENTS	3 Non-Incapacitating	3 Child Restraint	
12 Moped	12 Dump		1 Yes	4 Incapacitating	4 Air Bag - Deployed	
13 All Terrain Vehicle	13 Concrete Mixer		2 No	5 Fetal (Within 30 Days)	5 Air Bag - Not Deployed	
14 Train	14 Garbage or Refuse		3 No Endorsement Required	6 Non-Traffic Fatality	6 Safety Helmet	EJECTED
15 Low Speed Vehicle	15 Cargo Van				7 Eye Protection	1 No 2 Yes 3 Partial
77 - Other	77 Other					

DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	18 Undercarriage 19 Overturn 20 Windshield 22 Trailer						
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE					1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19						
VEHICLE TRAVELING	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	ON	AT	Est MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)						
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request	3 Driver 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) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH									
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALCO/DRUG TEST TYPE	RESULTS	ALCO/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 OF 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	FIRE HYDRANT	\$ 3,000	ORANGE CO UTIL	8100 PRESIDENTS	ORLANDO	FL	32809
#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
2	TREE AND SOD	\$ 200	JEROME ADAMS	6342 DEACON CIRC	WINDERMERE FL		34786

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN			VEHICLE DEFECTS			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS																																													
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	01 No Defects	02 Def. Brakes	03 Worn / Smooth Tires	04 Defective / Improper Lights	05 Puncture / Blowout	06 Steering Mech.	07 Windshield Wipers	08 Equipment / Vehicle Defect	09 On Road	10 Not On Road	01 Straight Ahead	02 Slowing / Stopped / Stalled	03 Making Left Turn	04 Backing	05 Making Right Turn	06 Changing Lanes	07 Entering / Leaving Parking Space	08 Properly Parked	09 Improperly Parked	10 Making U-Turn	11 None	12 Farm	13 Police Pursuit	14 Recreational	15 Emergency Operation	16 Construction / Maintenance											
19 Improper Load	20 Disregarded Other Traffic Control	21 Driving Wrong Side / Way	22 Fleeting Police	23 Vehicle Modified	24 Driver Distraction (Explain in Narrative)	27 All Other (Explain in Narrative)	01 None	02 Nearby	03 Entered	01 On Road	02 Not On Road	03 Shoulder	04 Median	05 Turn Lane	01 None	02 Farm	03 Police Pursuit	04 Recreational	05 Emergency Operation	06 Construction / Maintenance	07 Working In Road	08 Standing/Playing In Road	09 Standing In Pedestrian Island	77 All Other (Explain in Narrative)	88 Unknown	01 Not Applicable	02 Shipping Papers	03 Vehicle Side	04 Driver	05 Other	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	1 Not Applicable	2 Shipping Papers	3 Vehicle Side	4 Driver	5 Other								
FIRST / SUBSEQUENT HARMFUL EVENT(S)			POINT OF COLLISION			PEDESTRIAN ACTION			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION																																										
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 / 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 Hit Other Fixed Object	28 Collision with Moveable Object on Road	29 MV Ran Into Ditch / Culvert	30 Ran off Road Into Water	31 Oversaturned	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)	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)	01 Daylight	02 Dust	03 Dawn	04 Dark (Street Light)	05 Dark (No Street Light)	88 Unknown
ROAD CONDITIONS AT TIME OF CRASH			VISION OBSTRUCTED			TRAFFIC CONTROL			ROAD SURFACE / CONDITION			WEATHER			ROAD SURFACE TYPE																																							
01 No Defects	02 Obstruction With Warning	03 Obstruction Without Warning	04 Road Under Repair / Construction	05 Loose Surface Materials	06 Shoulders - Soft / Low / High	07 Holes / Ruts / Unsafe Paved Edge	08 Stading Water	09 Worn / Polished Road Surface	77 All Other (Explain in Narrative)	01 Vision Not Obscured	02 Inclement Weather	03 Parked / Stopped Vehicle	04 Trees / Crops / Bushes	05 Load on Vehicle	06 Building / Fixed Object	07 Signs / Billboards	08 Fog	09 Smoke	77 All Other (Explain in Narrative)	10 Glare	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 / Flagman	11 Posted No U-Turn	12 No Passing Zone	77 All Other (Explain in Narrative)	01 Dry	02 Wet	03 Slippery	04 Icy	77 All Other (Explain in Narrative)	01 Clear	02 Cloudy	03 Rain	04 Fog	77 All Other (Explain in Narrative)	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			VISION OBSTRUCTED			TRAFFIC CONTROL			SITE LOCATION			TRAFFICWAY CHARACTER																																										
01 No Defects	02 Obstruction With Warning	03 Obstruction Without Warning	04 Road Under Repair / Construction	05 Loose Surface Materials	06 Shoulders - Soft / Low / High	07 Holes / Ruts / Unsafe Paved Edge	08 Stading Water	09 Worn / Polished Road Surface	77 All Other (Explain in Narrative)	01 Not At Intersection / RR Xing / 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	10 Parking Lot - Private	11 Private Property	12 Toll Booth	13 Public Bus Stop Zone	77 All Other (Explain in Narrative)	1 Straight-Level	2 Straight-Upgrade / Downgrade	3 Curve-Level	4 Curve-Upgrade / Downgrade	TYPE SHOULDER	1 Paved	2 Unpaved	3 Curb																							

VIOLATOR(S)	SECTION #	NAME OF VIOLATOR (s)	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	1	ELDRICK WOODS	316.1925.1	CARELESS DRIVING	5839-STM
	SECTION #	NAME OF VIOLATOR (s)	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR (s)	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR (s)	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

DO NOT WRITE IN THIS SPACE

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

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 11/27/2009	COUNTY / CITY CODE 07 / 00	INVEST. AGENCY REPORT NUMBER FHPD09OFF105628	HSMV CRASH REPORT NUMBER 77685828
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(NARRATIVE)

Vehicle one was traveling in a southeasterly direction while exiting the driveway of 6348 Deacon Circle. Vehicle one entered onto Deacon Court and continued to travel southeasterly. Vehicle one crossed over the roadway (Deacon Court) and the concrete curb onto the grass median of Deacon Court. Vehicle one swerved to the left in an attempt to travel northbound on Deacon Circle. Subsequently, vehicle one crossed over Deacon Circle and the concrete curb onto the grass shoulder on the east side of the roadway. As a result, the right side of vehicle one collided with a row of hedges. Vehicle one then swerved back to the left (west) crossing back over Deacon Circle and the concrete curb onto the grass shoulder on the west side of the roadway. Vehicle one then traveled in a northerly direction and the front of vehicle one collided with a fire hydrant in the front lawn of 6348 Deacon Circle. Vehicle one continued to travel in a northerly direction crossing over the driveway of 6342 Deacon Circle and the front of vehicle one collided with a tree. Vehicle one came to a final rest facing northbound in the front of 6342 Deacon Circle. The driver of vehicle one received injuries and was transported to Health Central Hospital.

Photographs: On scene photographs were taking by Isleworth Security Officers and Jerome Adams Jr. by cell phone (resident of 6342 Deacon Circle). Post scene photographs were taking by the Florida Highway Patrol.

Subsequent harmful events: Code 77 - Final collision with a tree.

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

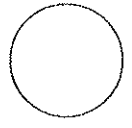
Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

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: OCFR	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified 1st Aider 5 Other	INJURED TAKEN TO: 02 HEALTH CENTRAL	BY - NAME: HEALTH CENTRAL
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WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO <input checked="" type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 YES 2 NO <input checked="" type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT 11/27/2009	PHOTOS TAKEN? 1 YES 2 NO <input checked="" type="checkbox"/>	IF YES, BY WHOM? 1 INVEST. AGENCY 2 OTHER <input checked="" type="checkbox"/>
INVESTIGATOR - RANK & SIGNATURE TPR. EVANS		ID / BADGE NUMBER 2791/1567	DEPARTMENT FHP # 407 737 2300 #3029	FHP <input checked="" type="checkbox"/>	SO <input type="checkbox"/>	CPD <input type="checkbox"/>

DIAGRAM



INDICATE NORTH WITH ARROW

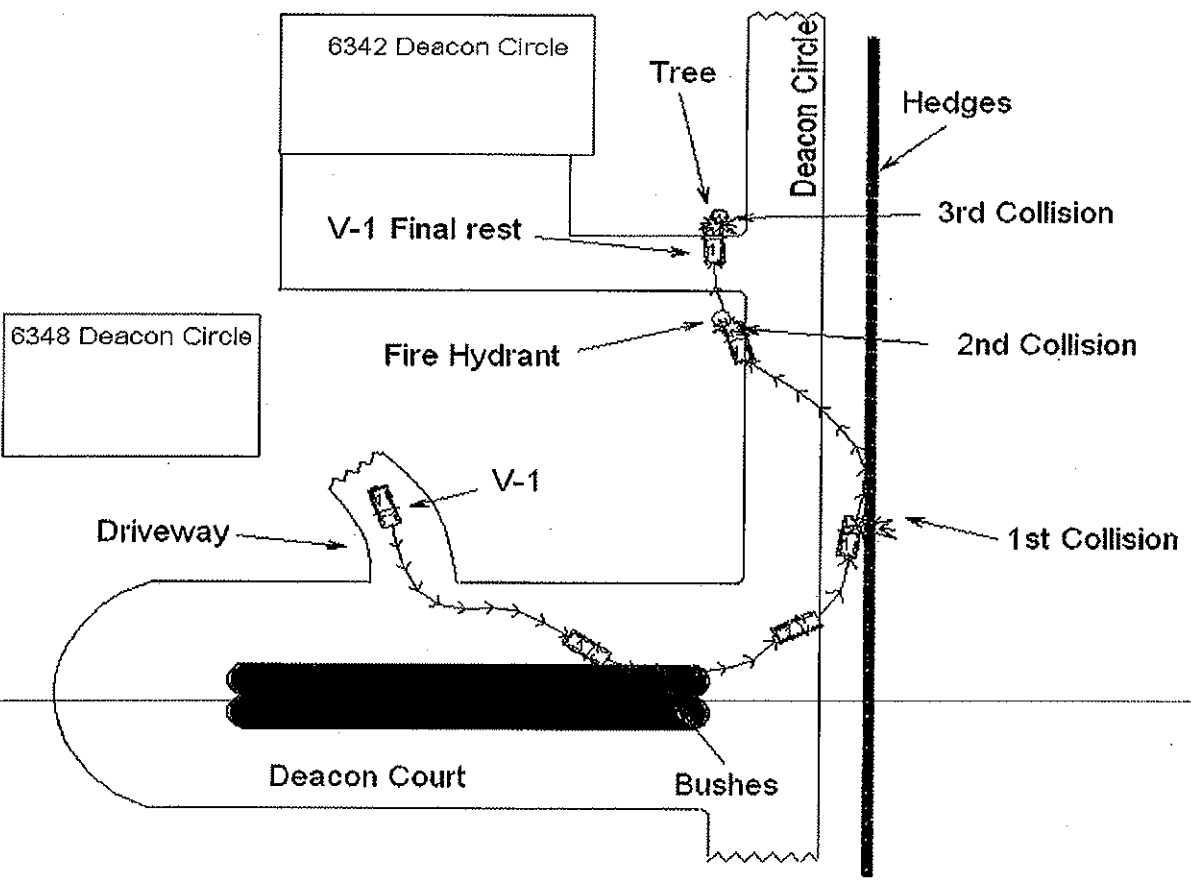
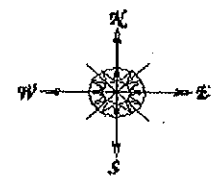


Diagram Not To Scale

FLORIDA TRAFFIC CRASH REPORT

UPDATE CONTINUATION

DO NOT WRITE IN THIS SPACE

MAIL TO: DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

		DATE OF CRASH 11/27/2009		COUNTY/CITY CODE 07 / 00		INVEST. AGENCY REPORT NUMBER FHPD09OFF105628		HSMV CRASH REPT NUMBER 77685828											
Section	DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER										
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE																
Vehicle	VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling <input type="checkbox"/> 2 Functional <input type="checkbox"/> 3 No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE <input type="checkbox"/>										
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List <input type="checkbox"/> 2 Tow Owner's Request <input type="checkbox"/> 3 Driver <input type="checkbox"/> 4 Other <input type="checkbox"/>														
Pedestrian	NAME OF VEHICLE OWNER (Check 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												
Vehicle	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) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH												
Pedestrian	DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	BAC TEST	3 Urine	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.			
	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>		PLACARDED 1 Yes 2 No <input type="checkbox"/>		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOTTOM OF DIAMOND. MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.										
Section	DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER										
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE																
Vehicle	VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling <input type="checkbox"/> 2 Functional <input type="checkbox"/> 3 No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE <input type="checkbox"/>										
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List <input type="checkbox"/> 2 Tow Owner's Request <input type="checkbox"/> 3 Driver <input type="checkbox"/> 4 Other <input type="checkbox"/>														
Pedestrian	NAME OF VEHICLE OWNER (Check 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												
Vehicle	NAME OF MOTOR CARRIER (Commercial vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS												
	DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH												
Pedestrian	DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	BAC TEST	3 Urine	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.			
	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>		PLACARDED 1 Yes 2 No <input type="checkbox"/>		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOTTOM OF DIAMOND. MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.										
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE									
HEDGES		\$ 100		ISLEWORTH HOA		DEACON CIRCLE		WINDERMERE FL		34									
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE									
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE									
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP							
WITNESS NAME (1)		CURRENT ADDRESS		CITY & STATE		ZIP CODE		WITNESS NAME (2)		CURRENT ADDRESS		CITY & STATE		ZIP CODE					
WAS INVESTIGATION MADE AT SCENE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>		IF NO, THEN WHY?		DATE OF REPORT 11/27/2009		PHOTOS TAKEN? 1 - Yes <input checked="" type="checkbox"/> 2 - No <input type="checkbox"/>		IF YES, BY WHOM? 1 Investigating Agency <input checked="" type="checkbox"/> 2 Other <input type="checkbox"/>							
INVESTIGATOR - RANK AND SIGNATURE TPR. EVANS		ID / BADGE NUMBER 2791/1567		DEPARTMENT FHP # 407 737 2300 #3029								FHP <input checked="" type="checkbox"/>		SO <input type="checkbox"/>		CPD <input type="checkbox"/>		OTHER <input type="checkbox"/>	

