

STATE OF FLORIDA TRAFFIC CRASH

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

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

TOTAL # OF VEHICLE SECTION(S) 2
 TOTAL # OF PERSON SECTION(S) 1
 TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 12/21/2016		TIME OF CRASH 7:25 PM		DATE OF REPORT 12/21/2016		REPORTING AGENCY CASE NUMBER 2016TA015699		HSMV CRASH REPORT NUMBER 83577103					
CRASH IDENTIFIERS													
COUNTY CODE 07		CITY CODE 54		COUNTY OF CRASH Orange			PLACE OR CITY OF CRASH Winter Park			CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED 7:49 PM	TIME DISPATCHED 7:50 PM	
TIME ON SCENE 7:30 PM		TIME CLEARED SCENE 9:30 PM		CHECK IF COMPLETED <input type="checkbox"/>		REASON (If Investigation NOT Complete)				Notified By: 1 Motorist 2 Law Enforcement 2			
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)													
CRASH OCCURRED ON STREET, ROAD, HIGHWAY S. PARK AVE						AT STREET ADDRESS # 1		AT LATITUDE AND LONGITUDE 2					
AT FEET 30		OR MILES		N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 MORSE BLVD				OR FROM MILEPOST # 4			
Road System Identifier 5 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/ Toll			Type of Shoulder 3 7 Forest Road 8 Private Roadway 9 Parking Lot 77 All other, Explain in Narrative			Type of Intersection 1 1 Paved 2 Unpaved 3 Curb			Type of Intersection 1 1 Not at Intersection 2 Four Way Intersection 3 T Intersection 4 Y Intersection			5 Traffic Circle 6 Roundabout 7 Five Point, or More 77 Other, Explain in Narrative	
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/>													
Light Condition 4 1 Daylight 2 Dusk 3 Dawn 4 Dark Lighted 5 Dark Not Lighted 6 Dark Unknown 77 Other, Explain in Narrative 88 Unknown			Weather Condition 1 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 1 Clear 2 Cloudy 3 Rain			Roadway Surface Condition 1 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown			School Bus Related 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		Manner of Collision/Impact 4 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown 1 Front to Rear 2 Front to Front 3 Angle		
First Harmful Event 14		Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non Collision			Collision-non Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone / Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non Fixed Object			Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier			First Harmful Event Location 1 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right of way 10 Roadside 88 Unknown		
First Harmful Event within Interchange 1 1 No 2 Yes 88 Unknown		First Harmful Event Relation to Junction 1 1 Non Junction 2 Intersection 3 Intersection Related 4 Driveway/ Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover Related 16 Shared Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other Location 88 Unknown			Contributing Circumstances: Road 1 1 None 4 Work Zone (construction/ maintenance/ utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worn, Travel Polished Surface 10 Road Surface Condition(wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non Highway Work 77 Other, Explain in Narrative 88 Unknown			Contributing Circumstances: Environment 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown					
Work Zone related 1 1 No 2 Yes 88 Unknown		Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area			Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative			Workers in Work Zone <input type="checkbox"/> 1 No 2 Yes 88 Unknown		Law Enforcement in Work Zone <input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present			
WITNESSES													
NAME NATASHA GANARQURAY			ADDRESS 111 C WASHINGTON ST # 2017			CITY & STATE ORLANDO FL		ZIP CODE 32801		TELEPHONE 407-271-6924			
NAME			ADDRESS			CITY & STATE		ZIP CODE		TELEPHONE			
NAME			ADDRESS			CITY & STATE		ZIP CODE		TELEPHONE			
NON VEHICLE PROPERTY DAMAGE													
VEHICLE #	PERSON #	PROPERTY DAMAGE -OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business) <input type="checkbox"/>	ADDRESS	CITY & STATE	ZIP CODE						
VEHICLE #	PERSON #	PROPERTY DAMAGE -OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business) <input type="checkbox"/>	ADDRESS	CITY & STATE	ZIP CODE						

VEHICLE # 1	Check if Commercial <input type="checkbox"/>	REPORTING AGENCY CASE NUMBER 2016TA015699	HSMV CRASH REPORT NUMBER 83577103
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1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	1	VEHICLE LICENSE NUMBER GYSH70	STATE FL	REGISTRATION EXPIRES 09/2018	Check if Permanent Registration <input type="checkbox"/>	VIN WA1LGAFEXFD031950		
Hit and Run 1 No 2 Yes 88 Unknown	1	YEAR 2015	MAKE AUDI	MODEL	STYLE UT	COLOR White	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	EST. DAMAGE 88

INSURANCE COMPANY (Driver) AMICA MUTUAL INSURANCE COMPANY	INSURANCE POLICY NUMBER 97060926SD20160624	Towed due to Damage: 1 No 2 Yes	1	VEHICLE REMOVED BY DRIVER	1. Rotation 2. Owner Request 3. Driver 77. Other, Explain in Narrative	3
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NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>	CURRENT ADDRESS JESSICA JOYCE RECKSIDLER PO BOX 47699	CITY & STATE LAKE MONROE, FL	ZIP CODE 32747
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TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES

VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/> ON STREET, ROAD, HIGHWAY S PARK AVE	AT EST. SPEED	POSTED SPEED	TOTAL LANES
		25	2

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT NUMBER	HAZ. MAT CLASS	Area of Initial Impact	Most Damaged Area

MOTOR CARRIER NAME	US DOT NUMBER	CITY & STATE	ZIP CODE	PHONE NUMBER

Vehicle Body Type 16	Trafficway 1	Commercial Motor Vehicle Configuration
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13 All Terrain Vehicle (ATV) 15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs or less) 20 Medium / Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown	1 Two Way, Not Divided 2 Two Way, Not Divided, with a Continuous Left Turn Lane 3 Two Way, Divided, Unprotected (painted >4 feet) Median 4 Two Way, Divided, Positive Median Barrier 5 One Way Trafficway 88 Unknown	1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single Unit Truck (2 axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi Trailer 7 Truck Tractor/Double Truck 8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9 15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown
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Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck	Trailer Type	Cargo Body Type
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Most Harmful Event 14	Collision with Non-Fixed Object	Collision Fixed Object	Emergency Vehicle Use 1
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Sequence of Events 1st 14 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>	Vehicle Maneuver Action 1	Traffic Control Device For This Vehicle 1	Vehicle Defects 1
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VIOLATIONS

PERSON # 1	NAME OF VIOLATOR JESSICA J RECKSIDLER	FL STATUTE NUMBER 316.1925(1)	CHARGE CARELESS DRIVING	CITATION NUMBER A258SMP
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON 1	REPORTING AGENCY CASE NUMBER 2016TA015699	HSMV CRASH REPORT NUMBER 83577103
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1 Driver 2 Non Motorist 3 Passenger	1	VEHICLE # 1	NAME JESSICA J RECKSIDLER	PHONE NUMBER 407-497-2976		Check if Recommend Driver Re exam <input type="checkbox"/>
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CURRENT ADDRESS (Number and Street) POBOX 47699	CITY & STATE LAKE MONROE, FL	ZIP CODE 32747
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DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER 88	DRIVER LICENSE NUMBER R234430728461	STATE FL	EXPIRES 09/2018	INJURY SEVERITY 1 None 2 Possible 3 Non incapacitating	4 Incapacitating 5 Fatal (within 30 days) 6 Non Traffic Fatality	1
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DRIVER							
DL Type 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper -Rest 7 None	Required Endorsements 3 1 Yes 2 No 3 No Req. Endorsement	1st 2	Drivers Actions at Time of Crash 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right of Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to keepin Proper Lane 14 No Contributing Action 15 Ran off Roadway 16 Disregarded other Traffic Sign 17 Disregarded Other Road Markings 18 Over Correcting/Over Steering 19 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non Motorist in Roadway, etc. 20 Operated MV in Erratic, Reckless or Aggressive Manner 21 Other Contributing Action	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	Condition At Time of Crash 88 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 8 Other, Explain in Narrative 9 Unknown	
Driver Distracted By 2 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 8 Unknown		2nd <input type="checkbox"/>			
Driver Vision Obstructions 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked / Stopped Vehicle 4 Trees / Crops / Bushes		5 Load on Vehicle 6 Building / Fixed Object 7 Signs / Billboards 8 Fog		9 Smoke 10 Glare 11 All Other, Explain in Narrative			

DRIVER OR PASSENGER			
Helmet Use (HU) 3 1 DOT Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) 3 1 Yes 2 No 3 Not Applicable	Restraint Systems (RS) 3 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Read Facing 9 Booster Seat 10 Child Restraint Type Unknown 11 Other, Explain in Narrative	
Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown		Ejection (EJECT) 1 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	
Air Bag Deployed (ABD) 2 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	

NON-MOTORIST		
Non-Motorist Description <input type="checkbox"/> 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non Motor Vehicle Transportation Device 7 Unknown Type of Non Motorist	Non-Motorist Location At Time of Crash <input type="checkbox"/> 1 Intersection Marked Crosswalk 2 Intersection Unmarked Crosswalk 3 Intersection -Other 4 Midblock Marked Crosswalk 5 Travel Lane Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared Use Path or Trail 12 Non Trafficway Area 77 Other, Explain in Narrative 88 Unknown	Action Prior to Crash <input type="checkbox"/> 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K 12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
Safety Equipment <input type="checkbox"/> 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		Non-Motorist Actions/Circumstances 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right of Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown

ALCOHOL/DRUG/EMS								
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC <input type="checkbox"/>	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID 1	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL PASSENGERS														
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS	
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE								
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS	
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE								
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO					

VEHICLE # 2		Check if Commercial <input type="checkbox"/>			REPORTING AGENCY CASE NUMBER 2016TA015699		HSMV CRASH REPORT NUMBER 83577103		
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER BTZE02		STATE FL	REGISTRATION EXPIRES 05/2017	Check if Permanent Registration <input type="checkbox"/>	VIN JN1CV6AP7DM301542		
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 2013	MAKE INFI	MODEL	STYLE 4D	COLOR Gray	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None		
INSURANCE COMPANY (Driver) NATIONWIDE INSURANCE COMPANY OF AMERICA		INSURANCE POLICY NUMBER PPNM0058879753		Towed due to Damage: 1 No 2 Yes	1		VEHICLE REMOVED BY DRIVER		
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>		CURRENT ADDRESS JEFFREY DAVID BODDIFORD 3504 WILD EAGLE RUN			CITY & STATE OVIEDO, FL		ZIP CODE 32766		
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR	MAKE	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR	MAKE	
VEHICLE TRAVELING		N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S PARK AVE	
HAZ. MAT. RELEASED		HAZ. MAT PLACARD		HAZ. MAT NUMBER		HAZ. MAT CLASS		Area of Initial Impact	
1 No 2 Yes 88 Unknown		1 No 2 Yes 88 Unknown							
MOTOR CARRIER NAME		US DOT NUMBER		CITY & STATE		ZIP CODE		PHONE NUMBER	
Vehicle Body Type		Trafficway		Commercial Motor Vehicle Configuration		Trailer Type		Cargo Body Type	
1 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped		1 13 All Terrain Vehicle (ATV) 15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs or less) 20 Medium / Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single Unit Truck (2 axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi Trailer 7 Truck Tractor/Double Truck		8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9 15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown		1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log	
Comm/Non-Commercial		Collision with Non-Fixed Object		Collision Fixed Object		Emergency Vehicle Use			
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone / Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non Fixed Object		19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		1 1 No 2 Yes 88 Unknown	
Most Harmful Event		Vehicle Maneuver Action		Traffic Control Device For This Vehicle		Vehicle Defects			
15 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non Collision		8 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U Turn 11 Overtaking/ Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		1 1 No Controls 4 School Zone Sign/ Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		1 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train			
Sequence of Events		Roadway Grade		Roadway Alignment		Special Function of Motor Vehicle			
1st 15 2nd 3rd 4th		1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 1 Straight 2 Curve Right 3 Curve Left		1 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military			
Roadway Alignment		Special Function of Motor Vehicle		VIOLATIONS					
1 1 Straight 2 Curve Right 3 Curve Left		1 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/ Commuter Bus		1 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown					
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER					
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER					
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER					

NARRATIVE

REPORTING AGENCY CASE NUMBER

2016TA015699

HSMV CRASH REPORT NUMBER

83577103

Veh #1 was traveling north on S. Park Ave approaching Morse Blvd. Wit #1 was standing on the sidewalk in front of 108 S. Park Ave facing the street. Wit #1 stated veh #1 driver was looking down at her cellular phone while driving. Wit #1 stated that veh #1 then veered off the northbound lane and struck her front right bumper area to veh #2 driver's side rear bumper. Veh #2 was unoccupied and legally parked on S. Park Ave facing northbound. Veh #2 left rear corner panel as damaged along with the rear bumper and the trunk (\$5000.00). Veh #1 driver then got out of her vehicle and was seen leaving a note on veh #2 windshield. Veh #1 driver then got back into her vehicle and drove away.

The note veh #1 driver left contained her name and phone number along with a PO Box address in Lake Monroe. I used the provided phone number to contact the driver and asked her to respond back to the scene so I could observe her damage and get her vehicle information. Veh #1 driver refused to return to the scene stating she was no longer in Winter Park. After several attempts to have her return were failed, I was able to obtain from her the remainder of the needed information on her vehicle, and she was asked to email me photographs of the damage to her vehicle. She was mailed a citation for Careless Driving. It is unknown the extent of veh #1 damage at this time.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY
 1 Not Transported
 2 EMS 3 Law Enforcement
 77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY
 1 Not Transported
 2 EMS 3 Law Enforcement
 77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER wp136	RANK & NAME Off. Veronica Collinet	DEPARTMENT Winter Park PD	FHP <input type="checkbox"/>	SO <input type="checkbox"/>	PD <input type="checkbox"/>	OTHER <input type="checkbox"/>
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