

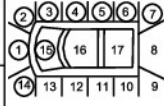
**FLORIDA TRAFFIC CRASH REPORT
LONG FORM**MAIL TO DEPT. HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

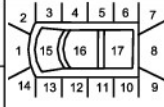
TIME & LOCATION

Date of Crash 27/Nov/2009	Time of Crash 02: 31 AM	Time Officer Notified 02: 35 AM	Time Officer Arrived 03: 01 AM	Invest. Agency Report Number FHPD09OFF105628	HSMV Crash Report Number 77685828
County Code/ 07	City Code 00	Feet or Mile(s) 1	Direction of E	City or Town WINDERMERE	(check if in City or Town) <input type="checkbox"/> County Orange
At Node No. or 1	Feet or Mile(s) 1	From Node No. 1	Next Node No. 2	No. of Lanes 2	1. Divided 2. Undivided 2
At The Intersection Of (street, road or highway) or 1		Feet or Mile(s) 50	Direction N	From Intersection Of (street, road or highway) 1	

SECTION 1 Pedestrian ☐ Vehicle ☒

Driver Action 1. Phantom <input checked="" type="checkbox"/> 2. Hit and Run 3. N/A	Year 2009	Make CADI	Type 01	Use 01	State FL	Vehicle Identification Number 1			13. Undercarriage 19. Overturn 20. Windshield 21. Trailer				
Trailer Or Towed Vehicle Information		Trailer Type											
Vehicle Traveling N	on 1	At 1	Est. MPH 30	Posted Speed 25	Est. Vehicle Damage \$8,000	1. Disabling 2. Functional 3. No Damage 1	Est. Trailer Damage	Show first point of vehicle damage and circle damaged areas 2					
Motor Vehicle Insurance Company (Liability or PIP) FEDERAL INSURANCE COMPANY			Policy Number 1		Vehicle Removed By: JOHNSON'S		1. Tow Rotation List 2. Tow Owner's Request		3. Driver 4. Other 1				
Name of Vehicle Owner (Check Box If Same As Driver) GENERAL MOTORS COMPANY			Current Address (Number and Street) 1			City and State SAGINAW MI		Zip Code 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 Numbers					
Name of Driver (Taken from Driver license)/ Pedestrian ELDRICK T WOODS			Current Address (Number and Street) 1			City, State and Zip Code 1		Date Of Birth 30/Dec/1975					
Driver License Number 1	State FL	DL Type 5	Req. End 3	AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused 5	Results 1	Alc/Drug 1	Phys. Def 1	Res. 1	Race 2	Sex 1	Inj. 4	S. Equip. 1 5	Eject. 1
Hazardous Materials Being Transported 1 yes 2 No 2	Placarded 1 yes 2 No 2	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond			Was Hazardous Material Spilled? 1 yes 2 No 2	Recommend Driver Re-exam, if Yes Explain In Narrative 1 yes 2 No 2			Driver's Phone No.				

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Name of Vehicle Owner (Check Box If Same As Driver) <input type="checkbox"/>			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 (Taken from Driver license)/ Pedestrian			Current Address (Number and Street)			City, State and Zip Code		Date Of Birth					
Driver License Number	State	DL Type	Req. End	AIC/Drug Test Type 1 Blood 3 Urine 5 None 2 Breath 4 Refused <input type="checkbox"/>	Results	Alc/Drug	Phys. Def	Res.	Race	Sex	Inj.	S. Equip. 1	Eject.
Hazardous Materials Being Transported 1 yes 2 No <input type="checkbox"/>	Placarded 1 yes 2 No <input type="checkbox"/>	If Yes, Indicate Name or 4 Digit Number From diamond Box on Placard, and 1 Digit Number From Bottom of Diamond			Was Hazardous Material Spilled? 1 yes 2 No <input type="checkbox"/>	Recommend Driver Re-exam, if Yes Explain In Narrative 1 yes 2 No <input type="checkbox"/>			Driver's Phone No.				

CODE INFORMATION

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