

Bicycle and Pedestrian School Safety Review Study: Assessment & Implementation Report



DeLand Middle School

DeLand, FL



May 4, 2011



**Volusia County Transportation Planning Organization
Bicycle and Pedestrian School Safety Review Study**

**Assessment & Implementation Report
DeLand Middle School
DeLand, Florida**

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Acknowledgements

Lassiter Transportation Group, Inc. would like to thank the following people for their help and contribution in developing this Bicycle and Pedestrian School Safety Review Study for DeLand Middle School. The information and advice they have given, as well as the connections they shared was invaluable.

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EXECUTIVE SUMMARY

Lassiter Transportation Group, Inc. (LTG) was contracted by the Volusia County Transportation Planning Organization (TPO) to prepare an Assessment Report for the Bicycle and Pedestrian School Safety Review Study for 17 Volusia County schools. The Assessment Report for the Bicycle and Pedestrian School Safety Review Study will aid the Volusia County TPO in making recommendations for projects that will improve conditions within the walk zones for these schools, and potentially make walking and biking to school a more attractive mode of transportation for students. The subject of this Assessment Report is DeLand Middle School. Evaluation of the walk zone for DeLand Middle School has resulted in recommendations for sidewalk improvements as follows:

- Install sidewalk on the western side of Garfield Avenue from Beresford Avenue to New Hampshire Avenue (2,750 ft.)
- Install sidewalk on northern side of New Hampshire Avenue from Aquarius Avenue to Garfield Avenue (650 ft.), with simultaneous crosswalk installation in south and east quadrant of intersection at Aquarius Avenue
- Install sidewalk on northern side of Taylor Avenue from US 17/92 to Aquarius Avenue (1,850 ft.).

Purpose

The purpose of this study is to improve the environment for students to walk or bicycle to school. The goal for the assessment phase of the Bicycle and Pedestrian School Safety Review Study is to provide the Volusia County TPO with a comprehensive study that will delineate each of the listed school's concerns, document the observed pedestrian and bicycle circulation routes adjacent to the school sites, and then make recommendations for improvements. The assessment examines the walk zone surrounding the school to evaluate safety issues that may affect students walking or bicycling to school.

The U.S. Department of Health and Human Services Center for Disease Control (CDC) and Prevention has determined that students are not as active as they were 10 years ago when physical activity was incorporated into each student's schedule (KidsWalk-to-School, CDC). This has caused the percentage of overweight students from ages six to eleven years to double over the past 30 years. The CDC has determined that the following are benefits associated with students who walk or ride their bicycle to school.

- Increased practice of safe bicycle, pedestrian, and traffic skills
- Knowledge of their environment
- Improved childhood health
- Improved sense of self-image and autonomy
- Reduced childhood obesity
- Conducive to a healthy social and emotional development
- More alert students who do better in school
- Increased likelihood that students will grow up to lead a healthy lifestyle

The Safe Routes to School (SRTS) program and the CDC went on to say that not only does a safe walking and bicycling environment benefit students, but it also benefits the community in the following ways:

- Decline in the congestion on the roads
- Decreased opportunities for traffic accidents
- Improved air quality
- Improved community security
- Reduced fuel consumption
- Enhanced community accessibility
- Increased community involvement
- Improved partnerships among schools, parents, community groups, and the local government leaders

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INTRODUCTION

LTG has been retained to conduct an Assessment Report for DeLand Middle School as part of a Bicycle and Pedestrian School Safety Review Study for the Volusia County TPO. DeLand Middle School is located at 1400 S Aquarius Avenue, in the City of DeLand, Florida. A school location map, that also illustrates the walk zone of the school, is presented as Figure 1.

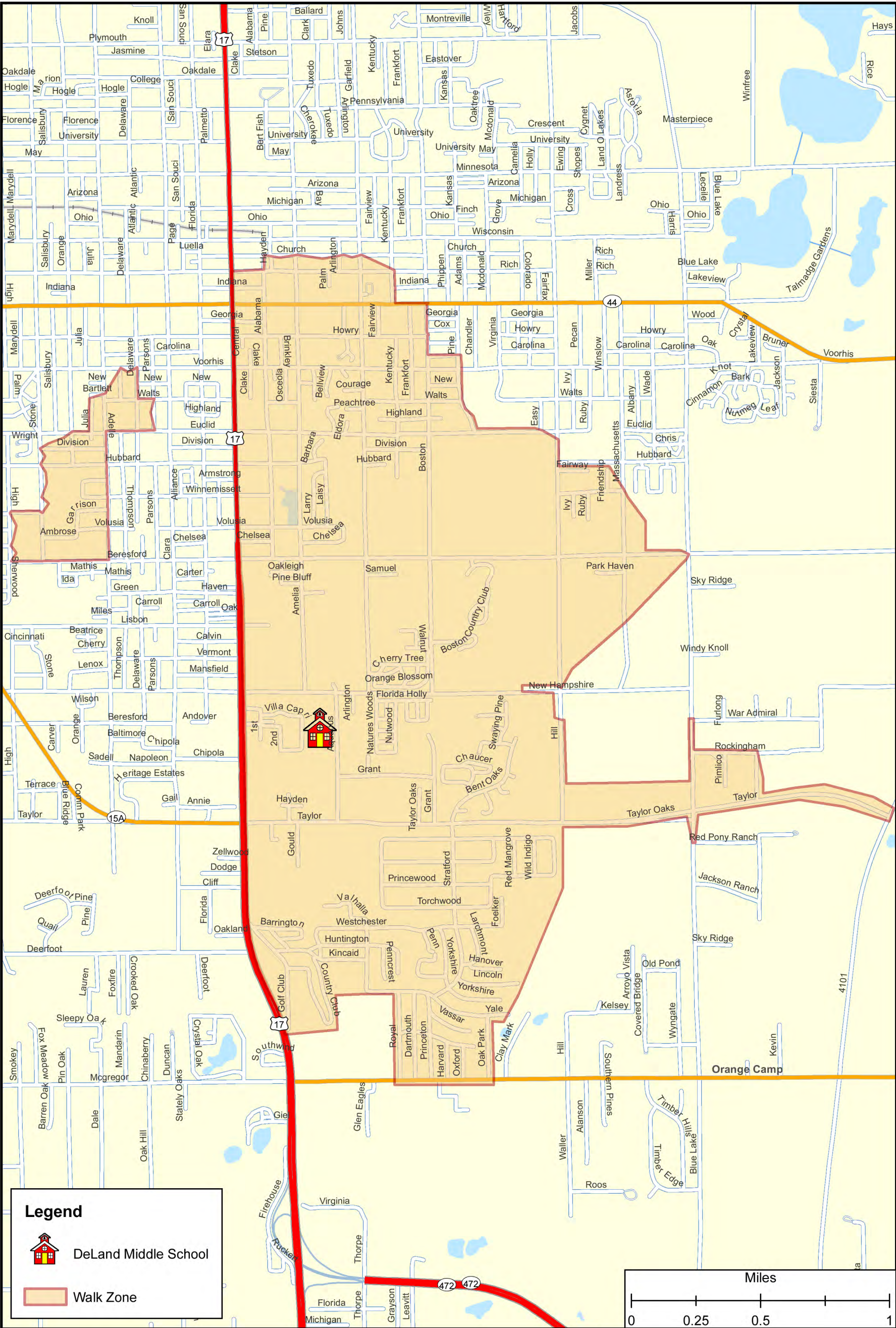
Background on DeLand Middle School

The following information on DeLand Middle has been provided by Principal Krajewski:

- **Number of Volusia County Buses in Use:** 23
- **Percentage of Walkers:** Approximately 21%
- **Student Population:** 1,185 Students



Illustration 1: Buses stacked in bus loop



<p>DeLand Middle School Bicycle and Pedestrian School Safety Review Study DeLand, Florida</p>	<p>Figure: 1</p>	
<p>School Location and Walk Zone</p>		

- **Location and Description of Access Points** (an aerial of the school with these locations highlighted has been attached as Figure 2):
 - Entrance to bus loop on Aquarius Avenue/New Hampshire Avenue, adjacent to walker's gate.



Illustration 2: Bus loop entrance, adjacent to walker's gate

- Bus loop exit on Aquarius Avenue.



Illustration 3: Bus loop exit

- Parent-loop driveway on Aquarius Avenue, which provides access to Visitor and Staff Parking Lot, and parent-loop.



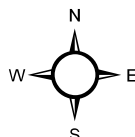
- Parent-loop exit on Aquarius Avenue



Illustration 5: Parent-loop exit



DeLand Middle School
 Bicycle and Pedestrian School Safety Review Study
 DeLand, Florida



Aerial of School

Figure: 2



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EXISTING CONDITIONS

DeLand Middle School is located at 1400 South Aquarius Avenue in the City of DeLand. The adjacent New Hampshire Avenue segment is a local collector with a posted speed limit of 30 mph (except during the school arrival and dismissal time through the school zone, when the speed limit is 20 mph) throughout the DeLand Middle School walk zone.

School Walk Zone

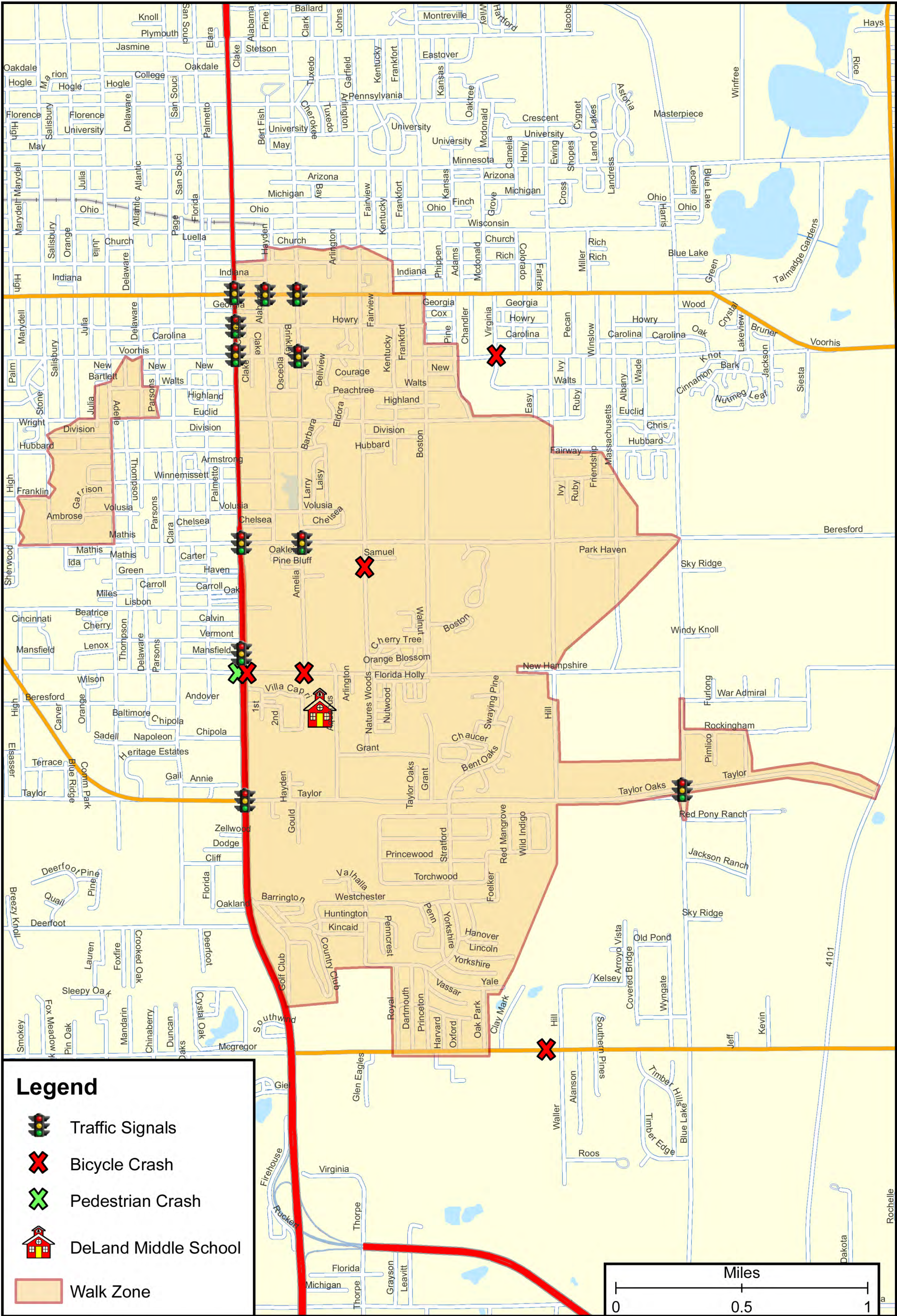
The DeLand Middle School walk zone is (loosely) bounded by Church Street (north of SR 44) to the north, US 17/92 to the west, South Kepler Road to the east, and Orange Camp Road at its southernmost point.

The school is located within a predominantly residential area and the zone is served by a network of local streets. The zone is not served by transit since the closest Volusia County transit route is along Woodland Boulevard (the western limit of the attendance zone). There is one retention pond located within the zone to the east of Amelia Avenue, north of Beresford Avenue. Figure 3 shows the approximate locations of the other school, retention pond, as well as the crash locations to be discussed below. The locations of traffic signals are also indicated.

Crash Data

Pedestrian and bicycle crash data for DeLand Middle School's walk zone was obtained from Volusia County and is presented in Table 1. The data in Table 1 was generated based on the following guidelines:

- Data was collected during the timeframes of 8:15 a.m.- 9:15 a.m. and 3:15 p.m.- 4:15 p.m. on Mondays, Tuesdays, Thursdays, and Fridays
- Data was collected during the timeframes of 8:15 a.m.- 9:15 a.m. and 2:15 p.m.- 3:15 p.m. on Wednesdays
- Data was collected within the walk zone of the school
- Crashes occurring within the last three years



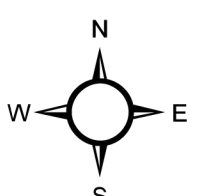


<p>DeLand Middle School Bicycle and Pedestrian School Safety Review Study DeLand, Florida</p>		 <p>VOLUSIA TPO TRANSPORTATION PLANNING ORGANIZATION VISION · PLAN · IMPLEMENT</p>
<p>Existing Conditions</p>	<p>Figure: 3</p>	 <p>Lassiter Transportation Group, Inc. Engineering and Planning</p>

Table 1
Bicycle and Pedestrian Crash Data for DeLand Middle School
DeLand Middle School Assessment Study

DATE	ACCIDENT INTERSECTION	BICYCLE/PEDESTRIAN INVOLVMENT	DAY/NIGHT	AGE OF CYCLIST/PEDESTRIAN
10/18/2006	South Amelia Avenue at New Hampshire Avenue	COLL. W/ BICYCLE	DAYLIGHT	12
12/26/2006	US 17-92/Woodland Boulevard at New Hampshire Avenue	COLL. W/ BICYCLE	DAYLIGHT	12
6/28/2007	West Howry Avenue at South Adelle Avenue	COLL. W/ BICYCLE	DAYLIGHT	12
10/9/2007	South Garfield Avenue at Samuel Street	COLL. W/ BICYCLE	DAYLIGHT	14
10/31/2007	US 17-92/Woodland Boulevard at New Hampshire Avenue	COLL. W/ PEDESTRIAN	DAYLIGHT	13
11/5/2007	East Taylor Avenue at Aquarius Avenue	COLL. W/ BICYCLE	DAYLIGHT	12
8/26/2009	East Voorhis Avenue at South Virginia Avenue	COLL. W/ BICYCLE	DAYLIGHT	10

Data collected for this table is attached as Appendix A. The crash data shows that within the walk zone, there were six bicycle related accidents and one pedestrian collision. All of the accidents listed above except one involve middle-school aged children and it should be noted that the accident involving the pedestrian resulted in a fatality. The details of this accident, which state that two students attempted to run across Woodland Boulevard against the signal, indicate that some form of pedestrian control at this location via a Crossing Guard or a pedestrian signal as well as increased Bicycle and Pedestrian safety education may prevent similar occurrences. It should be noted that a pedestrian signal is present at the Woodland Boulevard/New Hampshire Boulevard intersection, where the fatality occurred, under existing conditions. Additionally, the collision that occurred near the East Taylor Avenue/Aquarius Avenue intersection reportedly involved the bicyclist moving from the sidewalk into the travelled way to avoid debris on the sidewalk. Accidents such as this emphasize the importance of sidewalk maintenance for walk zone safety.

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MEETINGS

A meeting was held at DeLand Middle School on January 5, 2011. In attendance were members of LTG staff, Stephan Harris of the Volusia TPO, Principal Matt Krajewski, and Assistant Principal Terry Calk of DeLand Middle School. This meeting, along with questionnaires which were produced by LTG and completed by Principal Krajewski, assisted in identifying matters of concern within the school walk zone (see completed questionnaires as well as initial letters sent to establish this meeting in Appendix B).

Meeting Summary

Most prevalent among the concerns discussed in the meeting, as expressed by the Principal, is the absence of a sidewalk on Garfield Avenue.



Illustration 6: Looking north along Garfield Avenue from Aquarius Avenue

Other concerns highlighted in the meeting are as follows:

- There are no sidewalks present in the southwest quadrant of the Taylor Road/Aquarius Avenue intersection.
- Reported bad behavior by persons on Amelia Avenue is perceived to create a hazard to students walking along Amelia Avenue.

- Parents will often park along the shoulders of Aquarius Avenue instead of using the parent-loop. This has been observed to create a safety concern only when parent vehicles are parked in the northbound direction, thereby forcing students to cross the road in order to gain access to these vehicles.



Illustration 7: Parent vehicles parked northbound on Aquarius Avenue during dismissal period

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FINDINGS AND RECOMMENDATIONS

This section of the report includes data collected during the on-site and off-site investigative observations of DeLand Middle School and its walk zone. Areas of interest identified in the meeting with and completed questionnaires from Principal Krajewski were investigated, along with a thorough field review of conditions within the walk zone.

For the subject middle school, LTG has evaluated the safety of sidewalk features based on conditions that are deemed hazardous in the *Americans with Disabilities Act (ADA) of 1990 Guidelines*, the *Manual on Uniform Traffic Control Devices (MUTCD)*, the *Florida Department of Transportation (FDOT)*, and the *Federal Highway Administration (FHWA)*. The relevant excerpts are included in Appendices C and D.

On-Site Investigation - A.M. Observations

LTG visited DeLand Middle School on Wednesday, January 19, 2011 during school arrival and dismissal time. Both periods were observed for an interval of 25 minutes before and after the bell for a comprehensive view of all queuing, entering, and exiting patterns at different entry/exit points around the school as well as student walking and cycling practices at the supervised crosswalk and along the adjacent roadways. The following general information was gathered:

- Bicycles parked in bicycle rack: 10 (approximate)

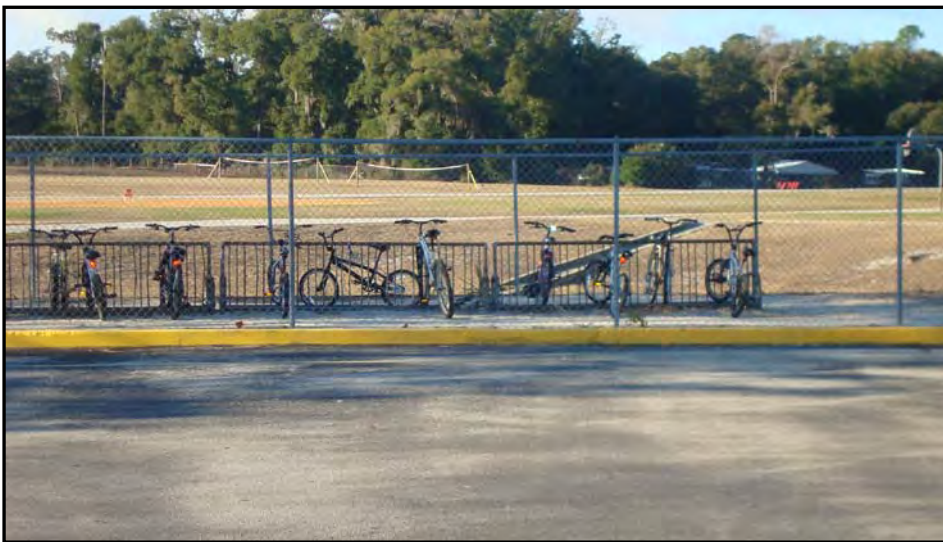


Illustration 8: Bike Rack

- Number of skateboards: 0
- Number of helmets: 0
- Four school-related flashing signals located on Aquarius Avenue/New Hampshire Avenue and on Aquarius Avenue to the east and west and north and south of the school, respectively.



Illustration 9: Flashing beacon north of school driveway on Aquarius Avenue

Observation: Parents were observed to use the parent loop correctly for student drop-off. It was noted that the curb ramp serving the main drop-off point at the parent-loop did not end in crosswalk striping, but crosswalk striping was located elsewhere.

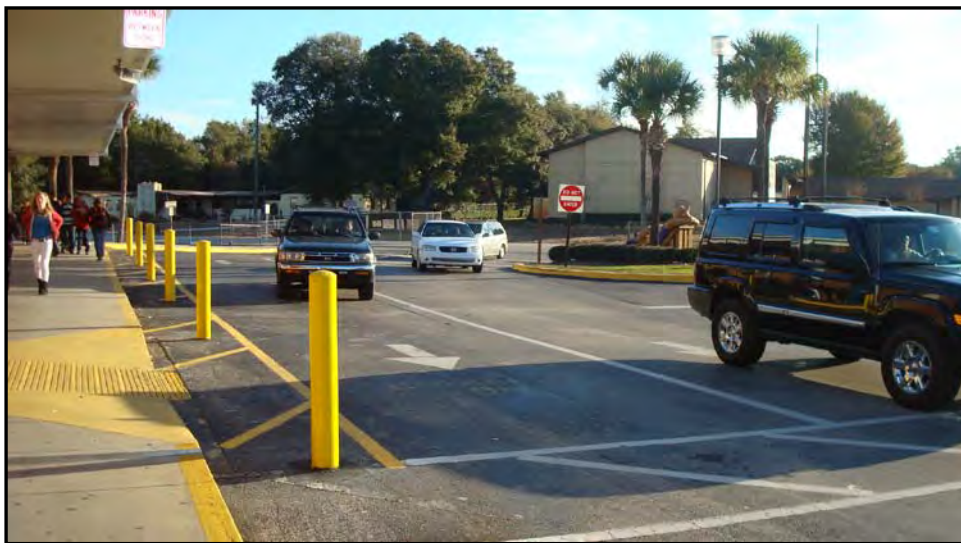


Illustration 10: Parent-loop during student arrival period

Recommendations: No safety issues were observed relative to the misaligned curb ramp and crosswalk. However, consideration should be given to relocating the crosswalk striping such that it serves the existing curb ramp at the main drop-off point.

Observation: As stated by the school Principal, biking is not a highly used transportation mode at this school. However, none of the observed bikers were wearing helmets.

Recommendations: DeLand Middle School can coordinate with programs headed by the Department of Health or the Sheriff's Office in order to obtain free bicycle helmets for students.

On-Site Investigations - P.M. Observations

Observation: Parent vehicles were observed to back-up from the parent-loop into the southbound through lane of Aquarius Avenue. These stacked vehicles forced southbound through vehicles into the lane of oncoming northbound traffic.



Illustration 11: Parent-vehicles backed up on to Aquarius Avenue from the parent loop

Recommendation: Due to the presence of the bi-directional turn-lane which serves as a buffer between northbound and southbound traffic at this location, no conflicts were observed between the overflow of parent-loop vehicles and adjacent street traffic. Nevertheless, parents should be encouraged to pull forward to the furthest point within the parent loop in order to achieve the maximum stacking capacity and minimize the overflow into the adjacent lane.

Off-Site Investigation

Observations: Parent vehicles were observed to park along the shoulder of Aquarius Avenue and in a vacant lot across New Hampshire Avenue from the school in order to pick up students.



Illustration 12: Parent-vehicles parked across the street from walker's gate on New Hampshire Avenue

Recommendations: The school Principal and staff have stated that the vehicles which park along the shoulders in order to avoid the queue in the parent loop do not create any issues, except when parents park southbound (on Aquarius Avenue) which forces students to cross the road. It should be noted that there are presently no signs in place which prohibit parking and standing at these locations. Therefore it is recommended that NO PARKING signs be established where this behavior is to be disallowed.



Illustration 13: Western shoulder of Aquarius Avenue

Observations: There is no sidewalk in place on either side of New Hampshire Avenue, between Garfield Avenue and Aquarius Avenue. Additionally, there is no sidewalk coverage on Garfield Avenue.

Recommendations: Sidewalk should be installed between Aquarius Avenue and Garfield Avenue, along the south side of New Hampshire Avenue. This and other sidewalk connections are further examined in the following section on sidewalk inventory.

Sidewalk Inventory

An inventory of sidewalk coverage within the walk zone was taken. The focus of this inventory was the east/west and north/south urban collectors within the walk-zone, shown in Tables 2 and 3, respectively. This was to verify whether there are routes of continuous sidewalk coverage that can be taken to and from the school and whether or not any of these routes are considered hazardous.

The potential need for sidewalk improvements was examined in particular along routes which would provide the shortest and safest routes to the school. There are several portions of the walk zone that are very rural in nature, with little development and mostly forestry. Therefore, the walkers exist in clusters and will access the school via certain practical routes. In particular, the walkers from the north should use Amelia Avenue or Garfield Avenue and the walkers to the south that ultimately access Taylor Avenue should travel to and from school via Aquarius Avenue. In examining the existence of sidewalks and need for improved connectivity, segments of these collector roads along which no developments are located and which do not serve as a necessary and practical route, are not being recommended for improvement. The following sidewalk improvements are recommended to improve connectivity within the walk zone (note that lengths are approximate):

- Install sidewalk on the western side of Garfield Avenue from Beresford Avenue to New Hampshire Avenue (2,750 ft.)
- Install sidewalk on northern side of New Hampshire Avenue from Aquarius Avenue to Garfield Avenue (650 ft.), with simultaneous crosswalk installation in south and east quadrant of intersection at Aquarius Avenue
- Install sidewalk on northern side of Taylor Avenue from US 17/92 to Aquarius Avenue (1,850 ft.)



Illustration 14: Looking east on Taylor Avenue between US 17/92 and Aquarius Avenue

Table 2
East/West Urban Collector Sidewalk Inventory
DeLand Middle School Assessment

East/West Roadway	Segment	Sidewalk Coverage	Sidewalk Details		
			Side of Road		
			North	South	Exceptions
SR 44	US 17-92 to Amelia Avenue	✓	✓	✓	
	Amelia Avenue to Garfield Avenue	✓	✓	✓	
	Garfield Avenue to Boston Avenue	✓	✓	✓	
Howry Avenue	US 17-92 to Amelia Avenue	✓	✓		also on south side between US 17/92 and Amelia Avenue
	Amelia Avenue to Garfield Avenue	✓	✓		
	Garfield Avenue to Boston Avenue	✓	✓		also on south side for approximately 460 ft. west of Frankfort Avenue
Voorhis Avenue	US 17-92 to Amelia Avenue	✓	✓	✓	
	Amelia Avenue to Garfield Avenue	✓	✓		
	Garfield Avenue to Boston Avenue	✓	✓		
Euclid Avenue	US 17-92 to Amelia Avenue	✓		✓	
	Amelia Avenue to Garfield Avenue	✓	✓		
	Garfield Avenue to Boston Avenue	✓	✓		
	Boston Avenue to Hill Avenue	No			
Beresford Avenue	US 17-92 to Amelia Avenue	✓	✓	✓	
	Amelia Avenue to Garfield Avenue	✓	✓	✓	
	Garfield Avenue to Boston Avenue	✓	✓	✓	Not present on south side for approximately 500 ft. west of Boston Avenue
	Boston Avenue to Hill Avenue	✓		✓	No coverage for approximately 830 ft. east of Boston Avenue
	Hill Avenue to Blue Lake Avenue	No			Sidewalk coverage present for approximately 630 ft. on north side just east of Hill Avenue
New Hampshire Boulevard	US 17-92 to Amelia Avenue	✓		✓	Also on north side for approximately 290 ft. just east of US 17/92
	Amelia Avenue to Garfield Avenue	✓		✓	No sidewalk coverage on south side for approximately 640 ft. east of Aquarius Avenue
Taylor Avenue	US 17-92 to Aquarius Avenue	No			
	Aquarius Avenue to Bent Oaks Boulevard	✓	✓		
	Bent Oaks Boulevard to Hill Avenue	✓		✓	
	Hill Avenue to Blue Lake Avenue	✓		✓	

Table 3
North/South Urban Collector Sidewalk Inventory
DeLand Middle School Assessment Study

North/South Roadway	Segment	Sidewalk Details			
		Sidewalk Coverage	Side of Road		
			West	East	Exceptions
Amelia Avenue	Church Street to SR 44	✓	✓	✓	
	SR 44 to Howry Avenue	✓		✓	
	Howry Avenue to Voorhis Avenue	✓		✓	
	Voorhis Avenue to Euclid Avenue	✓	✓		
	Euclid Avenue to Hubbard Avenue	✓	✓	✓	
	Hubbard Avenue to Beresford Avenue	✓	✓	✓	
	Beresford Avenue to New Hampshire Avenue	✓	✓	✓	
Garfield Avenue	Church Street to SR 44	✓	✓	✓	
	SR 44 to Howry Avenue	✓		✓	
	Howry Avenue to Voorhis Avenue	✓	✓		
	Voorhis Avenue to Euclid Avenue	✓	✓		
	Euclid Avenue to Hubbard Avenue	✓	✓	✓	
	Hubbard Avenue to Beresford Avenue	✓	✓	✓	No sidewalk coverage on west side for 1,100 ft. north of New Hampshire Avenue
	Beresford Avenue to New Hampshire Avenue	No			
Boston Avenue	SR 44 to Howry Avenue	No			
	Howry Avenue to Voorhis Avenue	No			
	Voorhis Avenue to Euclid Avenue	No			
	Euclid Avenue to Division Street	No			
	Division Street to Beresford Avenue	✓	✓	✓	
	Beresford Avenue to New Hampshire Avenue	No			
Hill Avenue	Euclid Avenue to Hubbard Avenue	No			
	Hubbard Avenue to Beresford Avenue	No			600 ft. of coverage present on east side, north of Beresford Avenue

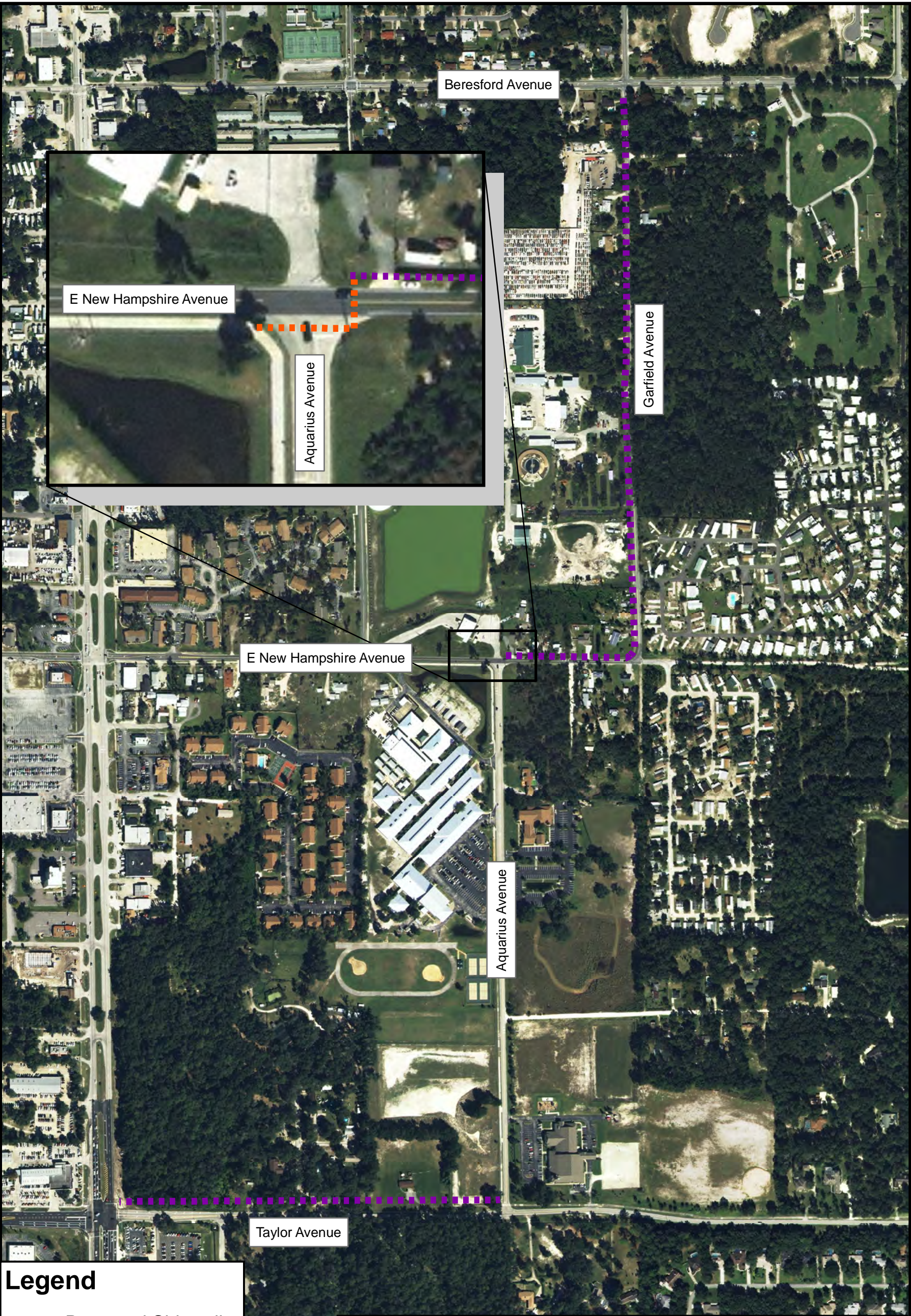
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SUMMARY

Table 4 summarizes all recommendations that have been made within this report. These recommendations and existing conditions are also illustrated on Figure 4. It should be noted that Volusia County has identified \$1,000,000 for the purpose of constructing sidewalks at not-yet determined locations in its 2010/2011-2014/2015 Transportation Improvement Program. Therefore, it is recommended that the City of DeLand and the County collaborate to implement the recommendations of highest priority.

Table 4
Summary of Recommended Improvements
DeLand Middle School Assessment Study

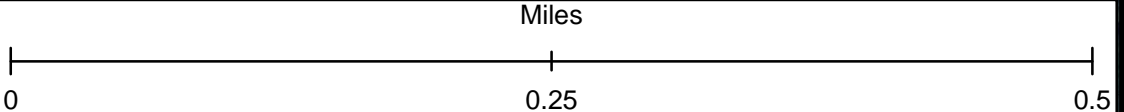
Location	Observations	Recommendations
On-Campus		
Parent-loop main drop-off point	The curb ramp and nearest crosswalk striping is not aligned	The existing crosswalk striping should be removed and restriped such that it serves the curb-ramp at the main drop-off point
General	Poor helmet usage	Although bike use at this school is low, free helmets may be obtained through programs offered by the Sheriff's office and Department of Health for those students that do wish to bike to school
Parent-loop	Overflow from parent-loop into adjacent through lane on Aquarius Avenue	Parents should be encouraged, through the school newsletter and the administrator on duty at the parent-loop during dismissal time, to pull forward to the furthest point within the parent-loop to await students. This should minimize the overflow onto Aquarius Avenue
Off-Campus		
On the east shoulder of Aquarius Avenue	Parents stop and stand in their vehicles to pick up kids instead of using the parent loop	NO PARKING signs should be installed at this location to prohibit this practice
Various sidewalk locations in walk zone	There are gaps in sidewalk connectivity along major walk-zone routes	Recommend that sidewalk be installed or continued on the relevant side of the roadway to increase connectivity in the walk zone. See Section 5 for detailed segments



Legend

Proposed Sidewalk

Proposed Crosswalk



DeLand Middle School
Bicycle and Pedestrian School Safety Review Study
DeLand, Florida

Proposed Improvements

Figure: 4

7

EXECUTIVE SUMMARY – IMPLEMENTATION REPORT

Lassiter Transportation Group, Inc. (LTG) was retained by the Volusia Transportation Planning Organization (TPO) to prepare an Implementation Report for the Bicycle and Pedestrian School Safety Review Study for 17 Volusia County schools. The Implementation Report for the Pedestrian and Bicycle School Safety Review Study is based on observations and recommendations of the Assessment Report and includes cost data, ranking criterion for the recommended improvements, and the best practices to follow on old and new developments. The subject of this Implementation Report is DeLand Middle School. Recommendations for sidewalk improvements within this report have an associated total cost of \$182,489.51.

Assessment of Existing Conditions

Conditions within the walk zone of DeLand Middle School have been presented and assessed within the Assessment Report contained in the previous sections. Recommendations were also made within those sections to improve observed conditions. These recommendations are evaluated within the following sections, based on these factors:

- Safety severity
 - Distance from the school
 - Crashes
 - Traffic flow (how it affects walkers and bicyclists)
- Benefits associated with improvement
 - Walker and bicyclist traffic
 - Walking and bicycling network/connectivity
- Constructability
- Cost

Each safety issue was rated, ranked, and placed on a prioritized list. A preliminary cost estimate was completed using the FDOT's *2010 Basis of Estimates Manual*. Actual construction costs may vary based on detailed engineering. It is noted that an in-depth engineering constructability analysis of the project should be conducted to determine if the recommendation can be constructed at the suggested estimated cost since recommendations are based on field observations.

8

BEST PRACTICES

This section of the report will address the best practices which make walking and bicycling a safer mode of transportation for students. These practices are not only applicable to the walk zone but to any new or old development that supports walking and bicycling. The data gathered for this section of the report comes from the Federal Highway Administration (FHWA), Americans with Disabilities Act of 1990 (ADA), and other documents that are supported by the FDOT and the Volusia County School District.

Sidewalk Design for New Roadways and Developments

Findings

Sidewalk design for new roadways and developments are usually based on anticipated pedestrian demand, the type of development, whether residential, industrial, or commercial, and the jurisdiction. Developers may not want to construct sidewalks because the adjoining properties may not have sidewalks. In some cases, development requirements did not address sidewalk construction or connectivity. These conditions have led to developments that do not include sidewalk connectivity.

Best Practices

When planning a development which is located within the walk zone of a school, safe, connected networks of sidewalks that can be easily navigated by students should be required. If it is not possible to have safe sidewalks then multi-use trails should be considered.

All sidewalks should provide for disabled pedestrians and ought to be incorporated into the planning process for all new roadways and developments. The FHWA has established the following guidelines to assist local jurisdiction with determining when and where pedestrian facilities are needed.

- Develop sidewalks as integral parts of all city streets
- If land use plans anticipate pedestrian activity then sidewalks should be constructed as part of the street development
- Sidewalks should connect nearby urban communities
- Provide sidewalks in rural and suburban areas at schools, local businesses, and industrial plants that result in pedestrian concentrations
- Provide sidewalks whenever the roadside and land development conditions are such that pedestrians regularly move along a main or high-speed highway
- Incorporate sidewalks in rural areas with higher traffic speeds and the general absence of lighting
- Construct sidewalks along any street or highway without shoulders, even if there is light pedestrian traffic

The FHWA went on to say that to initiate the sidewalk installation guidelines above and to promote accessible sidewalk facilities, municipalities should consider the following recommendations:

- Agencies should accept bids from contractors who understand and construct accessible facilities
- Require employees and contractors to demonstrate their knowledge of accessibility topics. If, at any stage of the development process (i.e., planning, design, or installation) accessibility is not addressed, hold the responsible party accountable and make improvements.

- Engineering, transportation, and public policy decision makers should partner with transit providers on projects and programs, and require that transit systems include accessible pedestrian facilities
- Consult with representatives from disability agencies and organizations during all phases of project development
- Include persons with disabilities in the first phases of programming, planning, designing, operating, and constructing pedestrian facilities
- Agencies should ensure that accessibility guidelines are followed throughout planning, project development, and construction of pedestrian facilities

Other local agencies, such as the school board within which the development falls, and the city or county planner, should make sure that the sidewalks are within the minimum set requirements, have good connectivity between residential and commercial developments, increase the allowable densities near major intersections (wider sidewalks), are near major shopping areas and transit lines, and ensure pedestrian-friendly sidewalk designs. However, specific design principles must be in place before these options can be exercised. Planning for pedestrian sidewalk usage should be one of the primary goals for developers and should be an integral part of planning for walkable communities.

Appendix D presents the FHWA's guidelines of best practices for the installation of new sidewalks. New developments should consider the following sidewalk safety features to plan for walkers and bicyclists:

- Sidewalks should be constructed on both sides of the road
- Wide pathways
- Acceptable lighting
- No obstacles within walkway
- Sidewalk connectivity
- Sidewalk network
- ADA compliant
- Pedestrian facilities (e.g., shaded benches)
- Changes in grade and slope should be moderate

Sidewalk Retrofit

Findings

Cities, counties, and states have codes and regulations that determine how wide a sidewalk must be and how much shoulder should exist between the sidewalk and pavement. The cities and counties must also follow regulations, set by the ADA, to aid disabled pedestrians. These codes have changed as a result of society working towards consuming less energy and promoting safety and healthier lifestyles. In some older neighborhoods, sidewalks are not up to standards since ADA guidelines were not developed and implemented until the 1990s. If the roadway is retrofitted in the future, then existing sidewalks must be brought into compliance with current ADA standards.

Issues with retrofitting sidewalks may include right-of-way costs, conflicting drainage features or swales in the right-of-way, and steep grades. Some sidewalks may have all the aforementioned issues but insufficient right-of-way for retrofitting.

Best Practices

It is best to create developments with school routes, pedestrian transit routes, and amenities within close walking distances. However, retrofitting sidewalks should be considered in older, noncompliant developments. Additional right-of-way may be required to implement retrofit recommendations.

Projects aimed at retrofitting older sidewalks should research data pertaining to what type of right-of-way exists, a cost analysis of the right-of-way purchase, cost of construction, the condition of existing sidewalks, and the benefits associated with the project. The right-of-way acquisitions process is detailed in *The Real Estate Acquisition Handbook* and is produced by the FDOT.

Existing Substandard Sidewalk

Findings

Older neighborhoods and developments that did not plan for pedestrians may have existing substandard sidewalks. Substandard sidewalk issues include the following (Pedestrian and Bicycle Information Center):

- Sidewalks are buckled, lifted, or cracked due to tree roots or other causes
- Sidewalks are blocked due to the placement of utility poles, sign posts, potholes, fire hydrants, bus benches, newspaper racks, parked cars, or other obstructions
- Sidewalks are blocked by bushes or low tree branches
- Sidewalks lack curb ramps at street corners, crosswalks, and driveways
- The driveway side slopes are steep and hard to cross
- Sidewalk shoulders and adjacent drop-offs are excessive

Any of these existing conditions may make walking and bicycling difficult. When sidewalks are obstructed or do not have curb ramps, it is difficult for walkers and bicyclists to get off the sidewalk and on to the pavement to walk around the obstruction. Driveways with steep side slopes may cause walkers to trip or bicyclists to lose balance.

Best Practices

It is important to determine what sidewalks are substandard and those sidewalks should be placed on a prioritized list to be repaired or brought up to current standards. Maintaining existing sidewalks is paramount to providing a safe walking and bicycling environment.

The restriction of heavy vehicles on the sidewalk, installing root barriers if trees are planted too close to a sidewalk, and removing obstacles will keep sidewalks safe for students who are walking or bicycling to school. Depending on the average width of tree root spread, there should be rules that determine what species, and how far, trees must be planted from the sidewalk to prevent cracks and buckling. Trees and bushes should be kept trimmed to avoid blocking the sidewalk and to maximize the mobility of pedestrians. For obstacles that cannot be moved, regulations should be developed that prevent future installations affecting the sidewalk.

Driveways that have steep slopes should be re-graded to conform to ADA approved practices. This will allow for an easy transition between the sidewalk and the driveway for all pedestrians and bicyclists.

Curb ramps should be installed at all crossings, wherever applicable, such as at an intersection or at a mid-block crossing. Sidewalks should end at a detectable warning strip or whenever the sidewalk changes, such as at a mid-block crossing, and should conform to standards approved by the ADA. Standards set by the ADA include the width, length, slope, and texture of curb ramps and the width and length of landings, if they are needed.

Sidewalk Maintenance

Findings

A sidewalk that clearly has maintenance issues may inhibit pedestrian and bicyclist usage. Existing sidewalks may be hazardous to pedestrians and bicyclists if the following issues exist (FHWA):

- Step separation - a vertical displacement of 13 mm (0.5 in) or greater that could cause pedestrians to trip or prevent the wheels of a wheelchair or stroller from rolling smoothly
- Badly cracked concrete - holes and rough spots ranging from hairline cracks to indentations wider than 13 mm (0.5 in)
- Spalled areas - fragments of concrete or other building material detached from larger structures
- Settled areas that trap water - sidewalk segments with depressions, reverse cross slopes, or other indentations that make the sidewalk path lower than the curb; these depressions trap silt and water on the sidewalk and reduce the slip resistant nature of the surface.
- Tree root damage - roots from trees growing in adjacent landscaping that cause the walkway surface to buckle and crack
- Vegetation overgrowth - ground cover, trees, or shrubs on properties or setbacks adjacent to the path that have not been pruned can encroach onto the path and create obstacles
- Obstacles - objects located on the sidewalk, in setbacks, or on properties adjacent to the sidewalk that obstruct the passage space or the visibility of sidewalk users; obstacles commonly include trash receptacles, utility poles, newspaper vending machines, and mailboxes
- Blocked or inadequately protected drainage inlets and inadequate flow planning
- Temporary construction interruptions
- Inadequate patching after utility installation

Sidewalks are typically in the public right-of-ways and are the sole responsibility of the city or county, depending on who has jurisdiction over that roadway. In some cases, sidewalks are provided along privately maintained roads and common spaces and are the responsibility of a Homeowners Association (HOA) or other property management entity.

Best Practices

- A division of the city or county should be solely dedicated to sidewalk maintenance or, if in the case of privately maintained sidewalks, should be addressed through code enforcement procedures.
- Sidewalk maintenance issues should be placed on a prioritized list of sidewalk projects to be completed.
- Maintenance issues should be solved by using strategies standard to road maintenance. This will minimize the risk of walkers and bicyclists on their way to and from school; and all maintenance issues should be handled consistently throughout the jurisdiction.

Improving Existing Roadway Conditions

Findings

Existing roadway conditions may not offer enough safety for walkers and bicyclists. Motorists may speed within school walk zones and not pay attention to their surroundings. Motorists pulling out of driveways may look for oncoming vehicles but may not look for walkers and bicyclists crossing the driveway.

Best Practices

Roadway conditions can be improved to maintain safety and accessibility for walkers and students who may want to ride their bicycles to school. The following are best practices that improve existing roadway conditions for walkers and students who choose to ride their bicycles to school.

- Signage and pavement markings should be highly visible and current
- Traffic calming devices should be considered to reduce speeds
- Speed studies should be conducted to lower speed limits year-round
- ADA standards should be adhered to
- Consider one-way streets if traffic is too congested during the arrival and dismissal times
- Strict police enforcement should be imposed to deter illegal and unsafe parking practices as well as moving violations within the school zone

Pavement Markings

Findings

Pavement markings are essential to the transportation system to communicate and enhance the messages of roadway operational conditions by augmenting other traffic control devices. SCHOOL pavement markings and crosswalk markings are especially important since they alert the motorist of walkers and bicyclists entering the pavement at crosswalks and intersections. Pavement markings can easily fade or become obliterated over time. It was observed that SCHOOL markings which warn motorists that they will soon enter into a school zone are often faded, cracked, or chipped.

Best Practices

The following best practices are recommended to improve the safety, life, and effectiveness of pavement markings.

- SCHOOL pavement markings and crosswalk markings should be clear and visible in order to warn motorists that they are entering a school zone and/or children are crossing.
- The FDOT's current standard (Index No. 17346) uses a special emphasis crosswalk that lengthens the life of the crosswalk marking.
- Thermoplastic paint should be used for all pavement and SCHOOL markings to enhance the visibility of walkers and bicyclists. Thermoplastic paint should be used since it is durable, and retro-reflective.
- The crosswalk should align with the sidewalk ramps.
- Crosswalks should be installed where walkers and bicyclists are in the pavement for the shortest distance and time possible.
- Pavement markings should be accompanied by the proper signage.
- Pedestrian median refuges should be installed for long crosswalks with interim medians.
- Walkers and bicyclists should be dissuaded from crossing at intersections or mid-block crossings where heavy traffic exists unless accompanied by crossing guards.

Traffic Signal Control

Findings

Traffic signalization has an important role in promoting safety for students who walk or bicycle to school. Drivers at busy intersections can easily overlook students trying to cross a street; consequently, signals allow students the necessary time to safely cross busy intersections.

SCHOOL flashing beacons (Illustration 15) also play an important role in safety. Flashing beacons alert drivers that they are entering a school zone and indicate that the displayed speed limit is in effect. It was observed that SCHOOL flashing beacons can be operated manually or can be pre-set to turn off/on during pre-programmed timeframes. Manually run SCHOOL flashing beacons are usually operated by school crossing guards, who are primarily assigned to cross elementary school students. Unfortunately, this does not address the needs of middle school students.

Best Practices

- Pedestrian signal heads should be considered at all intersections that utilize traffic control signals for motor vehicles within the SCHOOL walk zones.
- Pedestrian signal buttons should be placed such that it is obvious to elementary and middle school students which buttons to press to access the desired sidewalk.
- Pedestrian signal heads should employ the countdown display which exhibits the symbols of the WALKING MAN beside the numerical countdown. This will help students to decide if they have enough time to cross or if they should wait for the next pedestrian signal phase.
- Students should be educated on the proper ways to cross an intersection when using a pedestrian signal head.
- For students who must cross more than two lanes of traffic, the assignment of crossing guards or overhead pedestrian bridges should be considered.
- U-turns and right-on-reds should be prohibited at intersections where students utilize pedestrian crossings.
- School attendance zones that have crossings at heavily congested intersections should have their walk zones re-evaluated so that students can either walk to another school or transportation could be provided.



Illustration 15: Flashing beacon traffic signal control

Enforcement and Education

Findings

Walkers and bicyclists do not always follow proper crossing procedures. Students may dart through traffic to access the school in the mornings or access a vehicle parked across the road from the school in the afternoons. Students may also cross streets at mid-block without the aid of a crosswalk or an adult. When crosswalks do exist, students do not always follow proper crossing procedures.

Regulations are not always followed by adults dropping off/picking up students (Illustration 16).

Motorists were observed to park in No Parking areas and make prohibited vehicular movements, including u-turns. Some motorists were observed to be speeding within the reduced-speed zone.

Students who choose to ride their bicycles to school do not always wear helmets.



Illustration 16: Parent Vehicle parked on shoulder of Aquarius Avenue

Best Practices

- Students and parents should be educated on proper crossing procedures. Parents, crossing guards, and School Resource Officers (SRO) should be the main resources for safety.
- Parents should receive flyers or recorded messages on a school-wide basis to inform them of the proper drop-off/pick-up procedures. Strict enforcement of these procedures should eventually deter parents from practicing unsafe drop-off/pick-up actions.
- Prohibited vehicular movements should be strictly handled and higher fines could be considered, where allowable by law, during the arrival and dismissal times of school.
- Helmets should always be worn by bicycling students. Parents, school staff, crossing guards, and school resource officers should encourage helmet usage. Non-compliant helmet users should be dealt with consistently and strictly.
- Encourage walking and bicycling by providing free helmets, stickers, reflective gear, or create an incentive program.
- Schools should provide a safe and secure bicycle storage facility for students who choose to ride their bicycles to school.
- Parents should be informed about the different walking and bicycling programs available and the school and its volunteers should assist in planning and implementing those programs.

- Students who are regular walkers and bicyclists should be paired with other walkers and bicyclists who live in the same area.
- Crossing guards should be involved in the re-zoning of walk zones since they have a better understanding of the distribution of the walker and bicyclist population.

School Board Considerations

Findings

School districts generally employ the two-mile walk route to determine the walk zone. This is not always the best option to promote safety. Students may have to cross congested intersections, too many intersections, and/or busy driveways.

Sidewalks are not always located on both sides of the road. This may encourage unsafe crossings where no crosswalks exist. Walk zones can also include sidewalks that end at an unsignalized intersection with no safe alternative to gain access to the sidewalk on the opposite side of the roadway.

It was noted that schools prefer to have one controlled point of entry that is monitored by school staff. In these cases, students who walk or ride their bicycles to school may have to cross busy driveways including drop-off/pick-up loops, bus loops, and even parent and teacher parking lots, to enter/exit the controlled point of entry.

Best Practices

- As defined in F.S. 1006.23, the School District staff collaborates with the Sheriff's crossing guards, City and County Public Works and FDOT to evaluate a school's walk zone and its hazardous walking conditions as defined.
- In effort to avoid the inter-mingling of elementary, middle, and high school traffic, school arrival and dismissal, Volusia County School District has a three-tiered bell schedule. Further, each school separates bus traffic from parent pick-up drop-off traffic.
- It is necessary to review all new development plans within the school walk zone to ensure that developers are providing sidewalks on either side of the road and maintaining sidewalk connectivity and networking to the school. Volusia County School District is a member of city and county development review teams and reviews new site plans and subdivisions to ensure adequate area is designated for school bus stops and sidewalks. City and County land development regulations require sidewalks.
- All new schools should be planned with good sidewalk connectivity/network to all neighborhoods and developments within its walk zone.
- As required by F.S. 1006.23, Volusia County School District provides bus service to students who do not have access to safe routes to school.
- There are certain programs which promote walking and bicycling to school. Volusia County School District currently participates in such programs (e.g. Walking School Bus, SAFE KIDS Walk This Way, and International Walk to School Day). Bicycle and pedestrian safety is part of the existing elementary physical education curriculum.
- A No Backpack policy should be considered to encourage walking and bicycling to school and consideration to the following is recommended:
 - All textbooks should be accessible on-line
 - A set of textbooks should be available at the local library
 - Provide students with a set of textbooks to keep at home
- Each school should enforce bicycle safety, helmet usage should be closely monitored for compliance, and PTA meetings to ensure parent support and compliance with these policies should be promoted.
- All teachers assisting during arrival/dismissal should wear safety vests when they are crossing students or interacting with vehicular traffic.

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MASTER IMPROVEMENT PLAN

Refer to Figure 4 of the Assessment Section for the recommendations. It highlights the locations of existing conditions as well as the proposed improvements. The following sections will provide more details on the recommendations shown in Figure 4.

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CONSTRUCTABILITY MATRIX

The matrix in Table 5 shows the estimated cost of sidewalk-related projects that are recommended for improvement. FDOT's *2010 Basis of Estimates* manual was used to develop the constructability matrix. The estimated construction costs for these recommendations are \$132,601.09. The costs shown in the constructability matrix includes material and labor fees. As mentioned before, these improvements are based on field observations and should be verified by a contractor prior to construction.

Table 5
Constructability Matrix
DeLand Middle School Implementation Report

PRIORITY #	PROJECT NAME	DESCRIPTION		PAY ITEM NUMBER	PAY ITEM DESCRIPTION	PLAN QTY	UNIT MEASURE	UNIT PRICE	CONTRACT AMOUNT
		LOCATION	RECOMMENDATION						
1	Sidewalk Extension	northern side of New Hampshire Avenue from Aquarius Avenue to Garfield Avenue	Sidewalk should be installed	522-1	SIDEWALK CONC, 4" THICK	361.00	SY	\$45.22	\$16,324.42
		intersection of New Hampshire Avenue/Aquarius Avenue	Special emphasis crosswalk should be installed across south leg	711-11-125	THERMOPLASTIC, STD, WHITE, SOLID, 24"	60.00	LF	\$4.51	\$270.60
				711-11-123	THERMOPLASTIC, STD, WHITE, SOLID, 12"	60.00	LF	\$1.84	\$110.40
		intersection of New Hampshire Avenue/Aquarius Avenue	Special emphasis crosswalk should be installed across east leg	711-11-125	THERMOPLASTIC, STD, WHITE, SOLID, 24"	45.00	LF	\$4.51	\$202.95
				711-11-123	THERMOPLASTIC, STD, WHITE, SOLID, 12"	60.00	LF	\$1.84	\$110.40
	SUBTOTAL:								\$17,018.77
	2	Sidewalk Extension	western side of Garfield Avenue from Beresford Avenue to New Hampshire Avenue	Sidewalk should be installed	522-1	SIDEWALK CONC, 4" THICK	1,528.00	SY	\$45.22
SUBTOTAL:								\$86,114.93	
3	Sidewalk Extension	northern side of Taylor Avenue from US 17/92 to Aquarius Avenue	Sidewalk should be installed	522-1	SIDEWALK CONC, 4" THICK	1,028.00	SY	\$45.22	\$46,486.16
		TOTAL: \$132,601.09							

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RECOMMENDED PRIORITY PROJECTS

This section of the report provides additional information about each project in ranking order.

Background: The Volusia TPO is continuing in its capacity to improve the safety of the school walk zone for walkers and bicyclists who live within the school walk zone. The safety issues addressed within this report will be reviewed by the TPO for potential funding to implement the recommended changes and, thereby, improve the safety of the school walk zone, where possible. The safety issues which produce the following five sidewalk recommendations are that gaps in sidewalk coverage along major school routes may force students to walk or bicycle within the travelled way. Provision of well connected sidewalks dictates exactly where students should walk

Project No. 1: Installation of sidewalk on the northern side of New Hampshire Avenue

Submitting Agency: City of DeLand
Project Location: New Hampshire Avenue
School Served: DeLand Middle School
Project Description: Installation of Sidewalk
LAP Coordinator: City of DeLand
Maintaining Agency: City of DeLand

Project Description: This project will include the installation of five-foot sidewalks on the northern side of New Hampshire Avenue from Aquarius Avenue to Garfield Avenue (650 ft.). Also included will be the installation of special emphasis crosswalk markings across the south and east legs of the intersection at Aquarius Avenue.

Estimated Cost: The estimated cost for this project is \$17,018.77.

Project No. 2: Installation of sidewalk on western side of Garfield Avenue

Submitting Agency: Volusia County
Project Location: Garfield Avenue
School Served: DeLand Middle School
Project Description: Installation of Sidewalk
LAP Coordinator: Volusia County
Maintaining Agency: Volusia County

Project Description: This project will include the installation of five-foot sidewalks on the western side of Garfield Avenue from Beresford Avenue to New Hampshire Avenue (2,750 ft.).

Estimated Cost: The estimated cost for this project is \$69,096.16.

Project No. 3: Installation of sidewalk on the northern side of Taylor Avenue

Submitting Agency: Volusia County
Project Location: Taylor Avenue
School Served: DeLand Middle School
Project Description: Installation of Sidewalk
LAP Coordinator: Volusia County
Maintaining Agency: Volusia County

Project Description: This project will include the installation of five-foot sidewalks on the northern side of Taylor Avenue from US 17/92 to Aquarius Avenue (1,850 ft.).

Estimated Cost: The estimated cost for this project is \$46,486.16.

WORKS CITED

"2010 Basis of Estimates Manual." < <http://www.dot.state.fl.us/Specificationsoffice/Estimates/BasisofEstimates/BOEManual/BOEOnline.shtm>>.

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"Curb Ramps." ADA Accessibility Guidelines for Buildings and Facilities (ADAAG). < <http://www.access-board.gov/adaag/html/adaag.htm>>.

"Florida School Crossing Guard Training Guidelines." Florida Department of Transportation Safety Offices. <http://www.dot.state.fl.us/safety/ped_bike/brochures/pdf/SCG%20Training%20Guidelines2009.pdf>.

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"Manual on Uniform Traffic Control Devices." < http://mutcd.fhwa.dot.gov/html/2009/part7/part7_toc.htm>.

"Safe Routes to School Guideline." < http://www.saferoutesinfo.org/guide/pdf/SRTS-Guide_full.pdf>.

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APPENDICES

APPENDICES

APPENDIX A

Crash Reports

FLORIDA TRAFFIC CRASH REPORT

LONG FORM

MAIL TO: DEPT OF 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 06/28/07		TIME OF CRASH 7:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		TIME OFFICER NOTIFIED 7:31 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		TIME OFFICER ARRIVED 7:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		INVEST AGENCY REPORT NUMBER 06070004475		HSMV CRASH REPORT NUMBER 73482978	
	COUNTY / CITY CODE 08/36		FEET or MILE(S) 0		N S E W 0 0 0 0		CITY OR TOWN DeLand		(Check if in City or Town) <input checked="" type="checkbox"/>		COUNTY Volusia	
	AT NODE NO 10212A		FEET or MILE(S) 0		FROM NODE NO 0		NEXT NODE NO 0		NO OF LANES 2		ON STREET, ROAD OR HIGHWAY W. Honey	
S e c t i o n 1	DRIVER ACTION 3		YEAR 00		MAKE monroese		TYPE 10		USE 01		VEH LICENSE NUMBER 01	
	TRAILER OR TOWED VEHICLE INFORMATION		YEAR		MAKE		TYPE		USE		VEH LICENSE NUMBER	
	VEHICLE TRAVELLING N S E W <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		ON AT		Est MPH 2		Posted Speed 30		EST VEHICLE DAMAGE 150		EST TRAILER DAMAGE 1	
P e d e s t r i a n	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street) Michael Dixon		CITY AND STATE DeLand, FL		ZIP CODE 32720		NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)	
	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)	
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH 7-6-95		DRIVER LICENSE NUMBER		STATE FL	
S e c t i o n 2	DRIVER ACTION 3		YEAR 00		MAKE Audi		TYPE 01		USE 01		VEH LICENSE NUMBER FL	
	TRAILER OR TOWED VEHICLE INFORMATION		YEAR		MAKE		TYPE		USE		VEH LICENSE NUMBER	
	VEHICLE TRAVELLING N S E W <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		ON AT		Est MPH 30		Posted Speed 30		EST VEHICLE DAMAGE 15,000		EST TRAILER DAMAGE 2	
P e d e s t r i a n	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street) Palmer Barton		CITY AND STATE DeLand, FL		ZIP CODE 32720		NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)	
	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)	
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH 7-18-55		DRIVER LICENSE NUMBER RS35-673-55-2580		STATE FL	
C o d e I n f o r m a t i o n	VEHICLE TYPE		VEHICLE USE		TRAILER TYPE		RESIDENCE (Driver / Ped.)		PHYSICAL DEFECTS		ALCOHOL / DRUG USE	
	LOCATION IN VEHICLE		EJECTED		INJURY SEVERITY		SAFETY EQUIPMENT IN USE		EJECTED		EJECTED	
	1 No 2 Yes 3 Partial		1 No 2 Yes 3 Partial		1 No 2 Yes 3 Partial		1 No 2 Yes 3 Partial		1 No 2 Yes 3 Partial		1 No 2 Yes 3 Partial	

Section 3

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 18 Undercarriage 15 16 17 8 9 19 Overturn 14 13 12 11 10 20 Windshield SHOW FIRST POINT OF DAMAGE AND CIRCLE DAMAGED AREA(S)
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST MPH		Posted Speed	EST VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage
VEHICLE TRAVELLING N S E W		ON	AT	Est MPH		Posted Speed	EST VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage
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 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALCO/DRUG	PHYS DEF
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES INDICATE NAME OR 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	

#1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
#2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT		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 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) 77 All Other (Explain In Narrative)		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 77 All Other (Explain In Narrative)		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 Property Parked 09 Improperly Parked 10 Making U-Turn 11 Passing 12 Driverless or Runaway Vehicle 77 All Other (Explain In Narrative)		1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance SOURCE OF CARRIER INFORMATION 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other	
POINT OF COLLISION		WORK AREA		PEDESTRIAN ACTION		LOCATION TYPE	
01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane 01 None 02 Nearby 03 Entered		01 None 02 Nearby 03 Entered		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 Primary Business 2 Primary Residential 3 Open Country	

FIRST / SUBSEQUENT HARMFUL EVENT(S)		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 Overturned 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 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown	
ROAD CONDITIONS AT TIME OF CRASH		VISION OBSTRUCTED		TRAFFIC CONTROL	
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 Standing 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 10 Glare 77 All Other (Explain In Narrative)		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 / Flagperson 11 Posted No U-Turn 12 No Passing Zone 77 All Other (Explain In Narrative)	
SITE LOCATION		TRAFFICWAY CHARACTER		TYPE SHOULDER	
01 Not At Intersection / RR X-ing / 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)		01 Straight - Level 02 Straight - Upgrade / Downgrade 03 Curve - Level 04 Curve - Upgrade / Downgrade		01 Paved 02 Unpaved 03 Curb	

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

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 06/28/07	COUNTY / CITY CODE 08/36	INVEST AGENCY REPORT NUMBER 06070004475	HSMV CRASH REPORT NUMBER 73487978
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(NARRATIVE)

V-2 was traveling east on W. Howey approaching the intersection of S. Aselle. V-1 was traveling south on Aselle approaching the intersection of Howey where V-1 failed to stop for the stop sign. In doing so V-1 impacted the driver's side of V-2. V-1 reported that "A dog was chasing him and he didn't see the stop sign." V-2 reported "he didn't see V-1 until the crash." V-1 sustained damage to the front wheel. V-2 sustained damage to the driver's side fender, door and hood area. While inspecting V-1 I found that there was no brake cables on the brakes (no brakes). V-1 sustained scrapes to his right arm and a cut to his right knee. V-2 did not claim any injuries as a result of this crash.

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) Margaret Benn	CURRENT ADDRESS 1555 Greens Dairy Rd	CITY & STATE DeLand, FL	ZIP CODE 32720	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
FIRST AID GIVEN BY - NAME	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified 1st Aider 5 Other	INJURED TAKEN TO	BY - NAME				

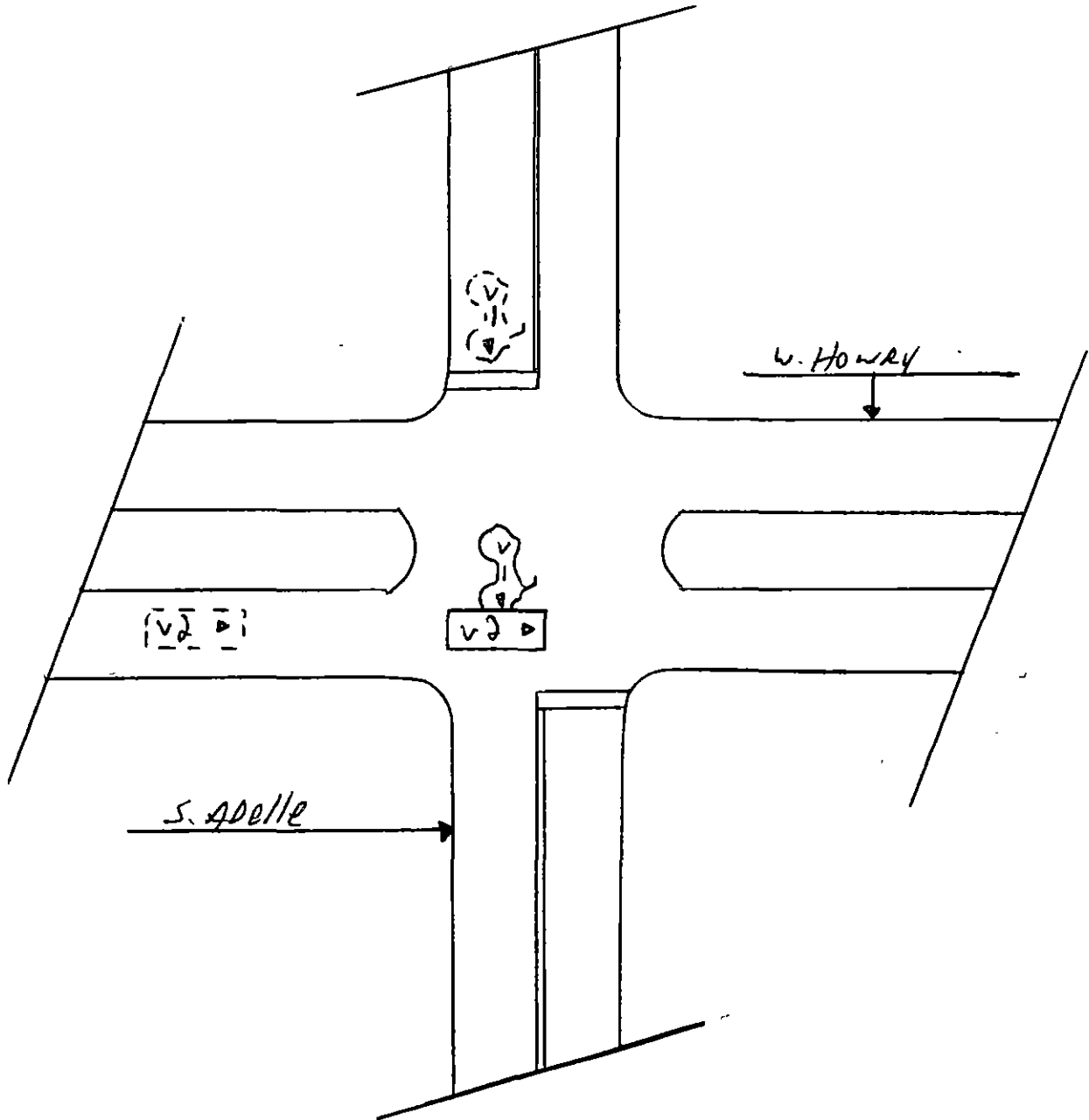
WAS INVESTIGATION MADE AT SCENE? 1 YES <input checked="" type="checkbox"/> 2 NO <input type="checkbox"/>	IF NO, THEN WHERE? <input type="checkbox"/>	IS INVESTIGATION COMPLETE? 1 YES <input checked="" type="checkbox"/> 2 NO <input type="checkbox"/>	IF NO, THEN WHY? <input type="checkbox"/>	DATE OF REPORT 06/28/07	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 Off. Pulino	ID/BADGE NUMBER 28	DEPARTMENT DeLand Police Dept.				

DIAGRAM



INDICATE NORTH
WITH ARROW

Front of vehicle



* not drawn to scale

FLORIDA TRAFFIC CRASH REPORT

LONG-FORM

MAIL TO: DEPT. OF 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	10/18/06	TIME OF CRASH	146 AM	TIME OFFICER NOTIFIED	147 AM	TIME OFFICER ARRIVED	153 AM	INVEST. AGENCY REPORT NUMBER	DL060008496	HSMV CRASH REPORT NUMBER	74668043																
	COUNTY / CITY CODE	08/36	FEET or MILE(S)		N S E W		CITY OR TOWN	DeLand	(Check if in City or Town)		COUNTY	Volusia																
	AT NODE NO.		FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES		1. DIVIDED	ON STREET, ROAD OR HIGHWAY																
	AT THE INTERSECTION OF (street, road or highway)		FEET		MILE(S)	N S E W		FROM INTERSECTION OF (street, road or highway)		2. UNDIVIDED	1200 Block S. Amelia																	
Vehicle 1	DRIVER ACTION	1. Phantom 2. Hit & Run 3. N/A	YEAR	06	MAKE	Chevy	TYPE	01	USE	01	VEH. LICENSE NUMBER	XS6 SVR	STATE	FL	VEHICLE IDENTIFICATION NUMBER	16INDS235Y6140589	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)	8									
	TRAILER OR TOWED VEHICLE INFORMATION																											
	VEHICLE TRAVELLING	N S E W	ON	AT	Est. MPH	5	Posted Speed	20	EST. VEHICLE DAMAGE	50.00	1. Disabling 2. Functional 3. No Damage	2	EST. TRAILER DAMAGE		1. Tow Rotation List 2. Tow Owner's Request	3. Driver 4. Other	3											
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	ALLSTATE	POLICY NUMBER	961-317033	VEHICLE REMOVED BY:																							
Vehicle 2	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																							
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE																							
Vehicle 3	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE																							
	DRIVER LICENSE NUMBER	LS63877797890	STATE	FL	DL TYPE	5	REQ. END.	2	ALC/DRUG TEST TYPE	1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	1	ALC/DRUG	1	PHYS. DEF.	1	RES.	2	RACE	2	SEX	2	INJ.	1	S. EQUIP.	2	EJECT.	1
	HAZARDOUS MATERIALS BEING TRANSPORTED	1 Yes 2 No	PLACARDED	1 Yes 2 No	IF YES, INDICATE NAME OR 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.	386 758-0053																
	VEHICLE TYPE	01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Boat)	VEHICLE USE	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Private School Bus 06 Public 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	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	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	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														
Code Information	VEHICLE TYPE	01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Boat)	VEHICLE USE	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Private School Bus 06 Public 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	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	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	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														
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DRIVER		1. Phantom	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)																																																																															
ACTION		2. Hit & Run 3. N/A								15 16 17 14 13 12 11 10																																																																															
Section 3	VEHICLE TRAVELLING		ON		AT		Est MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE		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, 4. Other		3. Driver																																																																																
	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																																																																																		
Pedestrian	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	RED. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.																																																																										
	HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 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.																																																																															
1 Yes 2 No		1 Yes 2 No			1 Yes 2 No		1 Yes 2 No																																																																																		
#1	PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP																																																																												
#2	PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP																																																																												
CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN															VEHICLE DEFECT															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 77 All Other (Explain In Narrative)															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 Passing 12 Driverless or Runaway Vehicle 77 All Other (Explain In Narrative)															1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance SOURCE OF CARRIER INFORMATION 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other																																												
19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distraction (Explain In Narrative) 77 All Other (Explain In Narrative)															01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane POINT OF COLLISION 01 None 02 Nearby 03 Entered															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 Primary Business 2 Primary Residential 3 Open Country																																												
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ROAD CONDITIONS AT TIME OF CRASH															VISION OBSTRUCTED															TRAFFIC CONTROL															SITE LOCATION															TRAFFICWAY CHARACTER																													
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Violator(s)															SECTION #															NAME OF VIOLATOR															FL STATUTE NUMBER															CHARGE															CITATION NUMBER														
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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 10/18/06	COUNTY / CITY CODE 08/36	INVEST. AGENCY REPORT NUMBER DL060008496	HSMV CRASH REPORT NUMBER 74668043
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(NARRATIVE)

V-1 WAS TRAVELING NORTH ON AMELIA AND TURNED INTO THE DRIVEWAY OF Applewood APTS IN ORDER TO BACK UP AND TRAVEL SOUTH. DRV-1 FAILED TO OBSERVE Bicyclist-1 TO HER REAR, WHO WAS TRAVELING NORTH ON THE SIDEWALK. AS A RESULT, THE REAR OF V-1 STRUCK THE REAR TIRE OF Bicycle-1. DRV-1 FLEW SCENE IN V-1.

DRV-1 WAS LOCATED BY OFFICER QUINN AT 2060 2ND AVENUE IN DELAND.

DRV-1 STATED TO OFFICER QUINN THAT SHE HAD MADE THE TURN INTO THE DRIVEWAY, BUT DID NOT REALIZE SHE HAD STRUCK A BICYCLIST.

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
1	1	VALERIE LEONARD	316.1925	CARELESS DRIVING	8498 EMT
1	1	" "	316.061	LEAVING SCENE OF CRASH	8499 EMT

WITNESS NAME (1) DONNA REYNOLDS 566 HARRISON PLACE # 520 DELAND FL 32724		WITNESS NAME (2) HEIDI MIDDLEMANN 226 S. HILL AVE. DELAND FL 32720	
FIRST AID GIVEN BY - NAME 1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other		INJURED TAKEN TO: N/A	
WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO <input checked="" type="checkbox"/> 2		IF NO, THEN WHY? <input type="checkbox"/> 1	
IF NO, THEN WHERE? 2060 2ND AVE.		DATE OF REPORT 10/18/06	
INVESTIGATOR - RANK & SIGNATURE B. DOLPHIN		DEPARTMENT DELAND P.D.	
ID/BADGE NUMBER 27		PHOTOS TAKEN 1. YES 2. NO <input checked="" type="checkbox"/> 2	
IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER		FHP SO PD OTHER <input checked="" type="checkbox"/>	

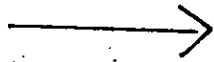
AMELIA AVE



INDICATE NORTH
WITH ARROW

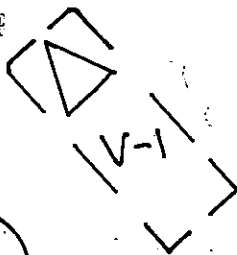
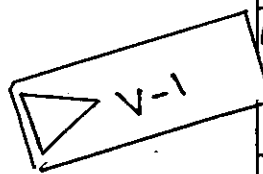
NOT TO SCALE

SIDEWALK.

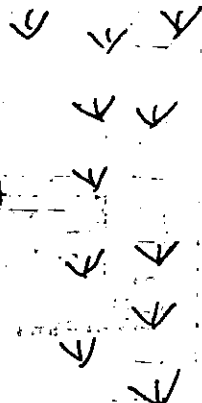


APPLEWOOD APTS.

DRIVEWAY



GRASSY AREA



FLORIDA TRAFFIC CRASH REPORT

☒ UPDATE

☐ CONTINUATION

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

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 10/18/06	COUNTY / CITY CODE 08/36	INVEST. AGENCY REPORT NUMBER DL660008496	HSMV CRASH REPORT NUMBER 74668043
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S e c t i o n Vehicle Pedestrian	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	2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)								
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		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								
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)						POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other							
	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 (Take From Driver License) / PEDESTRIAN						CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH							
	DRIVER LICENSE NUMBER F626012746400						STATE FL	DL TYPE AD 2	REQ. END. 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS 5	ALCO/DRUG 1	PHYS. DEF. 1	RES. 1	RACE 2	SEX 2	INJ. 1	S. EQUIP. 2	EJECT. 2
	HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 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.						
	1 Yes 2 No <input checked="" type="checkbox"/>		1 Yes 2 No <input checked="" type="checkbox"/>					1 Yes 2 No <input checked="" type="checkbox"/>		1 Yes 2 No <input checked="" type="checkbox"/>		386 785-0055						

S e c t i o n Vehicle Pedestrian	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	2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)									
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		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									
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)						POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other								
	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 (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		PLACARDED	IF YES, INDICATE NAME OR 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.							
	1 Yes 2 No <input type="checkbox"/>		1 Yes 2 No <input type="checkbox"/>					1 Yes 2 No <input type="checkbox"/>		1 Yes 2 No <input type="checkbox"/>		()							

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
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? DPO		IS INVESTIGATION COMPLETE? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>		DATE OF REPORT 10/18/06		PHOTOS TAKEN 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>	
INVESTIGATOR - RANK & SIGNATURE P. Dolphin				ID/BADGE NUMBER 27	DEPARTMENT DELANO P.P.		FHP SO PD OTHER <input checked="" type="checkbox"/>		

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT		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 77 All Other (Explain In Narrative)		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		1 None 2 Fault 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance SOURCE OF CARRIER INFORMATION 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other	
19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distraction (Explain In Narrative) 77 All Other (Explain In Narrative)		POINT OF COLLISION 01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane WORK AREA 01 None 02 Nearby 03 Entered		PEDESTRIAN ACTION 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			

FIRST / SUBSEQUENT HARMFUL EVENT(S)			
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 Overturned 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)			

(ADDITIONAL NARRATIVE)

ON 10-26-06 FRAZIER Came to DPD WITH LEONARD FRAZIER ADMITTED TO ME THAT SHE HAD LICO TO OFFICER QUINN, PRODUCING THE DRIVER'S LICENSE OF LEONARD BECAUSE SHE WAS "SCARED".

THE TWO CITATIONS ISSUED TO LEONARD WILL BE VOIDED AND APPROPRIATE CITATIONS OF D.W.L.S., CARELESS DRIVING AND LEAVING THE SCENE WILL BE ISSUED TO FRAZIER. OFF QUINN HAS PENDING CHARGES OF OBSTRUCTION PENDING ON BOTH LEONARD AND FRAZIER.

ADDITIONAL PASSENGERS

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
1	1	ANGEL FRAZIER	316.1925	Careless Driving	
1	1	ANGEL FRAZIER	316.061	LEAVING THE SCENE	

FLORIDA TRAFFIC CRASH REPORT

LONG FORM

MAIL TO: DEPT. OF 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 08 26 09		TIME OF CRASH 2:51 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER NOTIFIED 2:53 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER ARRIVED 3:02 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		INVEST. AGENCY REPORT NUMBER DL090005727		HSMV CRASH REPORT NUMBER 75507422			
	COUNTY / CITY CODE 08/36		FEET or MILE(S) 200		N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		CITY OR TOWN DELAND		(Check if in City or Town) <input checked="" type="checkbox"/>		COUNTY VOLUSIA			
	AT NODE NO. or FEET or MILE(S) 200		FROM NODE NO. 10183		NEXT NODE NO. 10185		NO. OF LANES 2		1. DIVIDED 2. UNDIVIDED 2		ON STREET, ROAD OR HIGHWAY E. VOORHIS AVE			
Vehicle	AT THE INTERSECTION OF (street, road or highway) or FEET or MILE(S) 200		N S E W <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		FROM INTERSECTION OF (street, road or highway) VIRGINIA AVE									
	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A 3		YEAR 04		MAKE HYUNDAI		TYPE 01		USE 01		VEH. LICENSE NUMBER T968NJ			
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		STATE FL		VEHICLE IDENTIFICATION NUMBER KMHWF35HX4A005047							
Vehicle	1. Disabling 2. Functional 3. No Damage 1		EST. VEHICLE DAMAGE \$40.00		1. Disabling 2. Functional 3. No Damage 1		EST. TRAILER DAMAGE 1		SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 1					
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) GEICO		POLICY NUMBER 4002-81-41-45		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request 4. Other 3							
	NAME OF VEHICLE OWNER (Check Box if SAME AS DRIVER) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street) 1323 NATURES WOODS BLVD		CITY AND STATE DELAND FL		ZIP CODE 32724							
Pedestrian	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 ANGELA TILLINGHAST		CURRENT ADDRESS (Number and Street) 1323 NATURES WOODS BLVD		CITY, STATE & ZIP CODE DELAND FL 32724		DATE OF BIRTH 01/12/1972							
Vehicle	DRIVER LICENSE NUMBER T452-004-72-512-0		STATE FL		DL TYPE 5		REQ. END. 3		ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused 5		RESULTS 1 1 1 1 2 2 1 1			
	WAS HAZARDOUS MATERIAL BEING TRANSPORTED 2		PLACARDED 2		IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND		WAS HAZARDOUS MATERIAL SPILLED? 2		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 2		DRIVER'S PHONE NO. (386) 7482849			
	1 Yes 2 No		1 Yes 2 No				1 Yes 2 No		1 Yes 2 No					
Vehicle	VEHICLE TRAVELLING N S E W <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		ON AT E. VOORHIS AVE		Est. MPH 30		Posted Speed 30		EST. VEHICLE DAMAGE \$50.00		1. Disabling 2. Functional 3. No Damage 2			
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) GEICO		POLICY NUMBER 4002-81-41-45		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request 4. Other 3							
	NAME OF VEHICLE OWNER (Check Box if SAME AS DRIVER) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street) 1323 NATURES WOODS BLVD		CITY AND STATE DELAND FL		ZIP CODE 32724							
Pedestrian	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 ANGELA TILLINGHAST		CURRENT ADDRESS (Number and Street) 1323 NATURES WOODS BLVD		CITY, STATE & ZIP CODE DELAND FL 32724		DATE OF BIRTH 01/12/1972							
Vehicle	DRIVER LICENSE NUMBER T452-004-72-512-0		STATE FL		DL TYPE 5		REQ. END. 3		ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused 5		RESULTS 1 1 1 1 2 2 1 1			
	WAS HAZARDOUS MATERIAL BEING TRANSPORTED 2		PLACARDED 2		IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND		WAS HAZARDOUS MATERIAL SPILLED? 2		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 2		DRIVER'S PHONE NO. (386) 7482849			
	1 Yes 2 No		1 Yes 2 No				1 Yes 2 No		1 Yes 2 No					
Code Information	VEHICLE TYPE 01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 reartires 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 DL TYPE 1 A 2 B 3 C 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		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	

DRIVER ACTION 1. Pantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100							
	TRAILER OR TOWED VEHICLE INFORMATION								15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100						
VEHICLE TRAVELLING N S E W		ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	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.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 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.						
1 Yes 2 No		1 Yes 2 No				1 Yes 2 No	1 Yes 2 No		()						
# 1	PROPERTY DAMAGED - OTHER THAN VEHICLES				EST. AMOUNT	OWNER'S NAME		ADDRESS		CITY		STATE		ZIP	
# 2	PROPERTY DAMAGED - OTHER THAN VEHICLES				EST. AMOUNT	OWNER'S NAME		ADDRESS		CITY		STATE		ZIP	

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN			VEHICLE DEFECT			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 77 All Other (Explain In Narrative)			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 Property Parked 09 Improperly Parked 10 Making U-Turn			1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance 77 All Other (Explain In Narrative)		
19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distracted (Explain In Narrative) 77 All Other (Explain In Narrative)			01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane 77 All Other (Explain In Narrative)			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		
POINT OF COLLISION			WORK AREA			PEDESTRIAN ACTION			LOCATION TYPE		
01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane 77 All Other (Explain In Narrative)			01 None 02 Nearby 03 Entered 77 All Other (Explain In Narrative)			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 Primarily Business 2 Primarily Residential 3 Open Country		

FIRST / SUBSEQUENT HARMFUL EVENT(S)			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 Overturned 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 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown								
ROAD SURFACE CONDITION			WEATHER			ROAD SURFACE TYPE								
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 Standing 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 10 Glare 77 All Other (Explain In Narrative)			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 / Flagperson 11 Posted No U-Turn 12 No Passing Zone 77 All Other (Explain In Narrative)			01 Not At Intersection / RR X-ing / 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)			01 Straight - Level 02 Straight - Upgrade / Downgrade 03 Curve - Level 04 Curve - Upgrade / Downgrade TYPE SHOULDER 01 Paved 02 Unpaved 03 Curb		

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

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 08 26 09	COUNTY / CITY CODE 08/36	INVEST. AGENCY REPORT NUMBER DL090005727	HSMV CRASH REPORT NUMBER 75507422
--	---	--	------------------------------------	--	---

(NARRATIVE)

V1, a 10 yoa male bicycle rider, was riding westbound on the sidewalk adjacent to the westbound traffic on E. Voorhis Ave. V2 was westbound on Voorhis Ave approaching the bicyclist's location. The bicycle made a sudden left turn towards the roadway. V2 started emergency braking. The bicyclist seen the vehicle and began pushing the bicycle away from him. V2 struck V1 on the front tire of the bicycle with the right front of the vehicle. The steering wheel on the bicycle twisted quickly striking the boy's left knee causing a minor abrasion. The parent of the juvenile was in the area and responded to the scene, at which time he took charge of the juvenile. The child was treated by EVAC and release to parent. The child is at fault for the collision for pulling out into on coming traffic. No citation has been issued to the child. V2 has minor damage to the vehicle and V1 had a bent front tire. No other injuries report on scene. N.F.I.

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
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

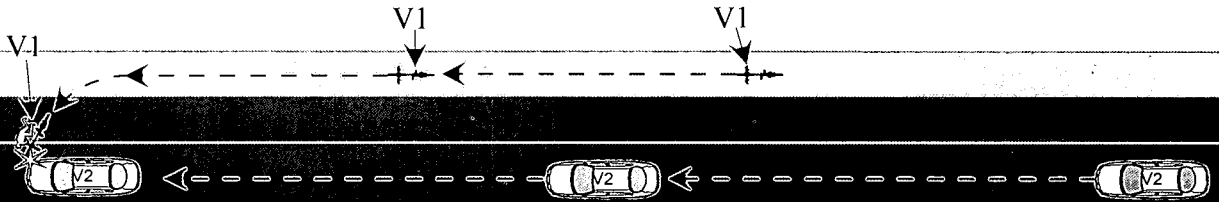
WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
Debbie Eckert	247 Vermont st	Lake Helen	FL 32744				

FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	INJURED TAKEN TO:	BY - NAME
	2	released to parent	EVAC #46

WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES 2. NO	IF NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN	IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER
1		1		08 27 09	1	1

INVESTIGATOR - RANK & SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	FHP SO PD OTHER
OFC T.J. PETRELLA	31	DELAND P.D.	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

E. VOORHIS AVE



FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT. OF 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 12/26/06		TIME OF CRASH 1541 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		TIME OFFICER NOTIFIED 1543 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		TIME OFFICER ARRIVED 1547 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		INVEST. AGENCY REPORT NUMBER D060010417		HSMV CRASH REPORT NUMBER 75508319			
	COUNTY / CITY CODE 08 / 36		FEET or MILE(S) 		N S E W 		CITY OR TOWN Deland		(Check if in City or Town)		COUNTY <input checked="" type="checkbox"/> Volusia			
	AT NODE NO. or FEET or MILE(S) 		FROM NODE NO. 		NEXT NODE NO. 		NO. OF LANES 2		1. DIVIDED <input type="checkbox"/> 2. UNDIVIDED <input checked="" type="checkbox"/>		ON STREET, ROAD OR HIGHWAY S. Woodland Blvd			
	AT THE INTERSECTION OF (street, road or highway) New Hampshire/Woodland		FEET 		MILE(S) 		N S E W 		FROM INTERSECTION OF (street, road or highway) 					
Section 1	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input checked="" type="checkbox"/> 3. N/A <input type="checkbox"/>		YEAR 01		MAKE Chev		TYPE 01		USE 01		VEH. LICENSE NUMBER 348H1D			
	STATE FL		VEHICLE IDENTIFICATION NUMBER 2C1MK522816708411		TRAILER OR TOWED VEHICLE INFORMATION 		TRAILER TYPE 		18. Undercarriage <input type="checkbox"/> 19. Overturn <input type="checkbox"/> 20. Windshield <input type="checkbox"/> 21. Trailer <input type="checkbox"/>		SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 			
	VEHICLE TRAVELLING N S E W New Hampshire Ave		ON AT 		Est. MPH 		Posted Speed 		EST. VEHICLE DAMAGE 1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE 			
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) State Farm Mutual		POLICY NUMBER 3001496594		VEHICLE REMOVED BY: 		1. Tow Rotation List <input type="checkbox"/> 3. Driver <input checked="" type="checkbox"/>		2. Tow Owner's Request <input type="checkbox"/> 4. Other <input type="checkbox"/>					
Section 2	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street) Darlene M. Santillo 109 D E Villa Capri Cir		CITY AND STATE Deland, FL		ZIP CODE 32724		NAME OF OWNER (Trailer or Towed Vehicle) 		CURRENT ADDRESS (Number and Street) 			
	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 Michelle Lynn Vansickle		CURRENT ADDRESS (Number and Street) 109 D E Villa Capri Circle			
	CITY, STATE AND ZIP CODE Deland, FL 32724		DATE OF BIRTH 07-24-81		DRIVER LICENSE NUMBER V522552817640		STATE FL		DL TYPE 5		REQ. ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused			
	RESULTS 		ALC/DRUG 		PHYS. DEF. 		RES. 		RACE 		SEX 			
Section 3	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input checked="" type="checkbox"/>		PLACARDED 1 Yes 2 No <input checked="" type="checkbox"/>		IF YES, INDICATE NAME OR 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 <input checked="" type="checkbox"/>		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 		DRIVER'S PHONE NO. 386 6216-2297			
	DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input checked="" 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 		18. Undercarriage <input type="checkbox"/> 19. Overturn <input type="checkbox"/> 20. Windshield <input type="checkbox"/> 21. Trailer <input type="checkbox"/>		SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 			
	VEHICLE TRAVELLING N S E W Woodland Blvd		ON AT 		Est. MPH 5		Posted Speed 30		EST. VEHICLE DAMAGE 1. Disabling <input type="checkbox"/> 2. Functional <input checked="" type="checkbox"/> 3. No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE 			
Section 4	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) 		POLICY NUMBER 		VEHICLE REMOVED BY: 		1. Tow Rotation List <input type="checkbox"/> 3. Driver <input type="checkbox"/>		2. Tow Owner's Request <input type="checkbox"/> 4. Other <input type="checkbox"/>					
	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) 			
	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 Zachary Lonergan		CURRENT ADDRESS (Number and Street) 645 N. Stone Street			
	CITY, STATE AND ZIP CODE 		DATE OF BIRTH 11-01-94		DRIVER LICENSE NUMBER 		STATE 		DL TYPE 		REQ. ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused			
Section 5	RESULTS 		ALC/DRUG 		PHYS. DEF. 		RES. 		RACE 		SEX 			
	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input checked="" type="checkbox"/>		PLACARDED 1 Yes 2 No <input checked="" type="checkbox"/>		IF YES, INDICATE NAME OR 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 <input checked="" type="checkbox"/>		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 		DRIVER'S PHONE NO. 386 6216-2297			
	VEHICLE TYPE 01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Boat) 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 17 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 17 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 17 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 1 White 2 Black 3 Hispanic 4 Other RACE 1 Male 2 Female 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		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	

DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 18. Undercarriage 15 16 17 8 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)							
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		ON AT		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other							
VEHICLE TRAVELLING N S E W		ON AT		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE		EST. TRAILER DAMAGE		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.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.		
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 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.							
1 Yes 2 No		1 Yes 2 No			1 Yes 2 No		1 Yes 2 No									
#1 PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP				
#2 PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP				
CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS		SOURCE OF CARRIER INFORMATION		LOCATION TYPE						
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 77 All Other (Explain in Narrative)		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		1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance 7 Not Applicable 8 Shipping Papers 9 Vehicle Side 4 Driver 5 Other		1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other		1 Primary Business 2 Primary Residential 3 Open Country						
FIRST / SUBSEQUENT HARMFUL EVENT(S)		ROAD SYSTEM IDENTIFIER		LIGHTING CONDITION		ROAD SURFACE CONDITION		WEATHER		ROAD SURFACE TYPE						
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		01 Collision With Animal 15 MV Hit Sign / Sign Post 16 MV Hit Utility Pole / Light Pole 17 MV Hit Guardrail 18 MV Hit Fence 19 MV Hit Concrete Barrier Wall 20 MV Hit Bridge/Pier/Abutment/Rail 21 MV Hit Tree/Shrubbery 22 Collision With Construction Barricade Sign 23 Collision With Traffic Gate 24 Collision With Crash Attenuators 25 Collision With Fixed Object Above Road 26 MV Hit Other Fixed Object 27 Collision With Moveable Object On Road		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 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 68 Unknown		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		TYPE SHOULDER						
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 Standing 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 10 Glare 77 All Other (Explain in Narrative)		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 / Flagperson 11 Posted No U-Turn 12 No Passing Zone 77 All Other (Explain in Narrative)		01 Not At Intersection / RR X-ing / 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)		01. Straight - Level 02. Straight - Upgrade / Downgrade 03. Curve - Level 04. Curve - Upgrade / Downgrade 01. Paved 02. Unpaved 03. Curb								
Violator(s)		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER								
SECTION #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER								
SECTION #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER								
SECTION #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER								

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 12/26/06	COUNTY / CITY CODE 08/36	INVEST. AGENCY REPORT NUMBER 1000010417	HSMV CRASH REPORT NUMBER 75508319
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(NARRATIVE)
V-1 was travelling eastbound on New Hampshire Ave. V-2 was travelling southbound on Woodland Blvd on a bicycle. V-1 was stopped at a traffic signal. V-2 was riding into the intersection and was struck by V-1. The driver of V-1 pulled on Woodland Blvd continuing southbound on the Blvd. V-2 was knocked off his bicycle and injured his left foot. V-2 was treated by EMT and later released to his Mother, Stephanie Loneragan. Later the vehicle was located at 1090 E. Villa Capri Circle. V-2 information was provided and documented.

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

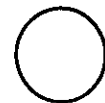
Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE

FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	INJURED TAKEN TO: 2. NONE	BY - NAME
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WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES 2. NO	IF NO, THEN WHY?	DATE OF REPORT 12/26/06	PHOTOS TAKEN 1. YES 2. NO	IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER
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INVESTIGATOR - RANK & SIGNATURE Off. B. Hayden	ID/BADGE NUMBER 48	DEPARTMENT Deland Police Depr.	FHP SO PD OTHER <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
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INDICATE NORTH
WITH ARROW

NO Diagram
Provided

FLORIDA TRAFFIC CRASH REPORT

LONG FORM

MAIL TO: DEPT. OF 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	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	11 05 07	1548 AM <input checked="" type="checkbox"/> PM	1548 AM <input checked="" type="checkbox"/> PM	1552 AM <input checked="" type="checkbox"/> PM	DL070007791	75509242
	COUNTY / CITY CODE	FEET or MILE(S)	N S E W	CITY OR TOWN	(Check if in City or Town)	COUNTY
	08/36			DELAND		VALUSIA
Time & Location	AT NODE NO	FEET or MILE(S)	FROM NODE NO	NEXT NODE NO	NO OF LANES	1 DIVIDED 2 UNDIVIDED
					2	2
Time & Location	AT THE INTERSECTION OF (street, road or highway)			FROM INTERSECTION OF (street, road or highway)		
	200			E TAYLOR RD		

Driver Action	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
	3	84	OLDS	01	01	H34-QQU	FL	1G3AM47A9EM401366	
TRAILER OR TOWED VEHICLE INFORMATION		POLICY NUMBER		VEHICLE REMOVED BY		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other	
				RICHARD'S		2		2	

Vehicle Information	NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
	<input checked="" type="checkbox"/>		RICHARD BOWEN (FAMILY)		513 PRINCEWOOD AVE		DELAND, FL 32724							
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
Pedestrian	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							
	AARON SPENCER BOWEN		513 PRINCEWOOD AVE.		DELAND, FL 32724		03 05 94							
Vehicle Information	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ END	ALCO/DRUG TEST TYPE	RESULTS	ALCO/DRUG	PHYS DEF	RES	RACE	SEX	INJ	S EQUIP	EJECT
	NONE	FL	5	3	1 Blood 3 Urine 5 None 2 Breath 4 Refused	5	1	1	1	1	1	3	06	2
	HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 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					
	2		2			2	2							

Vehicle Information	DRIVER ACTION	YEAR	MAKE	TYPE	USE	VEH LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)					
	3	84	OLDS	01	01	H34-QQU	FL	1G3AM47A9EM401366						
	TRAILER OR TOWED VEHICLE INFORMATION		POLICY NUMBER		VEHICLE REMOVED BY		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other					
					RICHARD'S		2		2					
Pedestrian	NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
	<input checked="" type="checkbox"/>		STATE FARM		2327043-592		RICHARD'S							
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
Pedestrian	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							
	CHESTER LLOYD ANDERSON		2185 MERGERS FERNERY RD		DELAND, FL 32720		02 26 35							
Vehicle Information	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ END	ALCO/DRUG TEST TYPE	RESULTS	ALCO/DRUG	PHYS DEF	RES	RACE	SEX	INJ	S EQUIP	EJECT
	AS36 112 35 0660	FL	5	3	1 Blood 3 Urine 5 None 2 Breath 4 Refused	5	1	1	1	1	1	1	02	1
	HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 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					
	2		2			2	2							

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped.)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Boat) 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	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	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	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	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	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 ALCO/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	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

Section 3103	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer SHOW FIRST POINT OF DAMAGE AND CIRCLE DAMAGED AREA(S)					
	TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE					14 13 12 11 10 9					
	VEHICLE TRAVELLING	N S E W	ON	AT	Est MPH	Posted Speed	EST VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST TRAILER DAMAGE						
	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	ALC/DRUG TEST TYPE	RESULTS	ALC/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 OR 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		DRIVER'S PHONE NO				
# 1	PROPERTY DAMAGED - OTHER THAN VEHICLES		EST AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP		
# 2	PROPERTY DAMAGED - OTHER THAN VEHICLES		EST AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP		

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS						
01 No Improper Driving / Action	1	2	3	01 No Defects	1	2	3	01 Straight Ahead	1	2	3	1 None	1	2	3
02 Careless Driving (Explain In Narrative)				02 Def Brakes				02 Slowing / Stopped / Stalled				2 Farm			
03 Failed To Yield Right - of - Way	03	01		03 Worn / Smooth Tires	01	01		03 Making Left Turn	01	01		3 Police Pursuit	1	1	
04 Improper Backing				04 Defective / Improper Lights				04 Backing				4 Recreational			
05 Improper Lane Change				05 Puncture / Blowout				05 Making Right Turn				5 Emergency Operation			
06 Improper Turn				06 Steering Mech				06 Changing Lanes				6 Construction / Maintenance			
07 Alcohol - Under Influence				07 Windshield Wipers				07 Entering / Leaving / Parking Space				SOURCE OF CARRIER INFORMATION			
08 Drugs - Under Influence				08 Equipment / Vehicle Defect				08 Properly Parked				1 Not Applicable	1	2	3
09 Alcohol & Drugs - Under Influence								09 Improperly Parked				2 Shipping Papers			
10 Followed Too Closely								10 Making U-Turn				3 Vehicle Side	1	1	
11 Disregarded Traffic Signal												4 Driver			
12 Exceeded Safe Speed Limit												5 Other			
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															
19 Improper Load															
20 Disregarded Other Traffic Control															
21 Driving Wrong Side / Way															
22 Fleeing Police															
23 Vehicle Modified															
24 Driver Distraction (Explain In Narrative)															
77 All Other (Explain In Narrative)															

FIRST / SUBSEQUENT HARMFUL EVENT(S)			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION		
01 Collision With MV in Transport(Rear End)	15 Collision With Animal	29 MV Ran Into Ditch/Culvert	01 Interstate	07 Forest Road	01	01 Daylight		
02 Collision With MV in Transport(Head On)	16 MV Hit Sign / Sign Post	30 Ran Off Road Into Water	02 U.S.	08 Private Roadway	04	02 Dusk	01	
03 Collision With MV in Transport(Angle)	17 MV Hit Utility Pole / Light Pole	31 Overturned	03 State	77 All Other (Explain In Narrative)		03 Dawn		
04 Collision With MV in Transport(Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle	04 County			04 Dark (Street Light)		
05 Collision With MV in Transport(Right Turn)	19 MV Hit Fence	33 Tractor/Trailer Jackknifed	05 Local			05 Dark (No Street Light)		
06 Collision With MV in Transport(Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire	06 Turnpike / Toll			88 Unknown		
07 Collision With MV in Transport(Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	35 Explosion						
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	36 Downhill Runaway						
09 Collision With MV On Roadway	23 Collision With Construction Barricade Sign	37 Cargo Loss or Shift						
10 Collision With Pedestrian	24 Collision With Traffic Gate	38 Separation of Units						
11 Collision With Bicycle	25 Collision With Crash Attenuators	39 Median Crossover						
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	77 All Other (Explain In Narrative)						
13 Collision With Moped	27 MV Hit Other Fixed Object							
14 Collision With Train	28 Collision With Moveable Object On Road							
ROAD CONDITIONS AT TIME OF CRASH			TRAFFIC CONTROL			SITE LOCATION		
01 No Defects	01 Vision Not Obscured	01 No Control	01 Not At Intersection / RR X-ing / Bridge					
02 Obstruction With Warning	02 Inclement Weather	02 Special Speed Zone	02 At Intersection					
03 Obstruction Without Warning	03 Parked / Stopped Vehicle	03 Speed Control Sign	03 Influenced By Intersection					
04 Road Under Repair / Construction	04 Trees / Crops / Bushes	04 School Zone	04 Driveway Access					
05 Loose Surface Materials	05 Load On Vehicle	05 Traffic Signal	05 Railroad					
06 Shoulders - Soft / Low / High	06 Building / Fixed Object	06 Stop Sign	06 Bridge					
07 Holes / Ruts / Unsafe Paved Edge	07 Signs / Billboards	07 Yield Sign	07 Entrance Ramp					
08 Standing Water	08 Fog	08 Flashing Light	08 Exit Ramp					
09 Worn / Polished Road Surface	09 Smoke	09 Railroad Signal	09 Parking Lot - Public					
77 All Other (Explain In Narrative)	10 Glare	10 Officer / Guard / Flagperson	10 Parking Lot - Private					

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

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 11/05/07	COUNTY / CITY CODE 09/36	INVEST AGENCY REPORT NUMBER DL070007791	HSMV CRASH REPORT NUMBER 75509242
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(NARRATIVE)

V1 WAS ORIGINALLY SOUTH BOUND ON THE SIDEWALK ON THE WEST SIDE OF THE ROAD IN THE 1300 BLK OF SOUTH AQUARIUS AVE. V2 WAS NORTH BOUND FROM TAYLOR RD IN THE 1500 BLK OF SOUTH AQUARIUS AVE. V1 CROSSED FROM THE SIDEWALK INTO THE ROADWAY IN THE 1400 BLK OF S. AQUARIUS AVE IN AN EFFORT TO AVOID SAND AND DEBRIS ON THE SIDEWALK ON THE WEST SIDE OF AQUARIUS AVE. V1 FAILED TO YIELD TO V2 WHICH RESULTED IN THE FRONT BUMPER AREA OF V2 STRIKING V1'S RIGHT SIDE. THE COLLISION CAUSED RIDER OF V1 TO BE EJECTED FROM HIS BICYCLE AND COLLIDE WITH THE WINDSHIELD OF V2. RIDER OF V1 WAS WEARING A BICYCLE HELMET AND WAS ALERT. RIDER OF V1 WAS TRANSPORTED BY EMS TO FL HOSPITAL IN DELAND FOR PRECAUTIONARY OBSERVATION. NEITHER PARTY HAS ISSUED A CITATION.

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S EQUIP	EJECT
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
	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	1. Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified 1st Aider 5 Other	INJURED TAKEN TO	BY - NAME
	93 2	FL HOSPITAL	EMS + 93

WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 YES 2 NO	IF NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN	IF YES BY WHOM? 1 INVESTIGATING AGENCY 2 OTHER
1		1		11/05/07	2	

INVESTIGATOR - RANK & SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	FHP SO PD OTHER
OFF. M. WHITTIER	52	DELAND POLICE DEPT	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

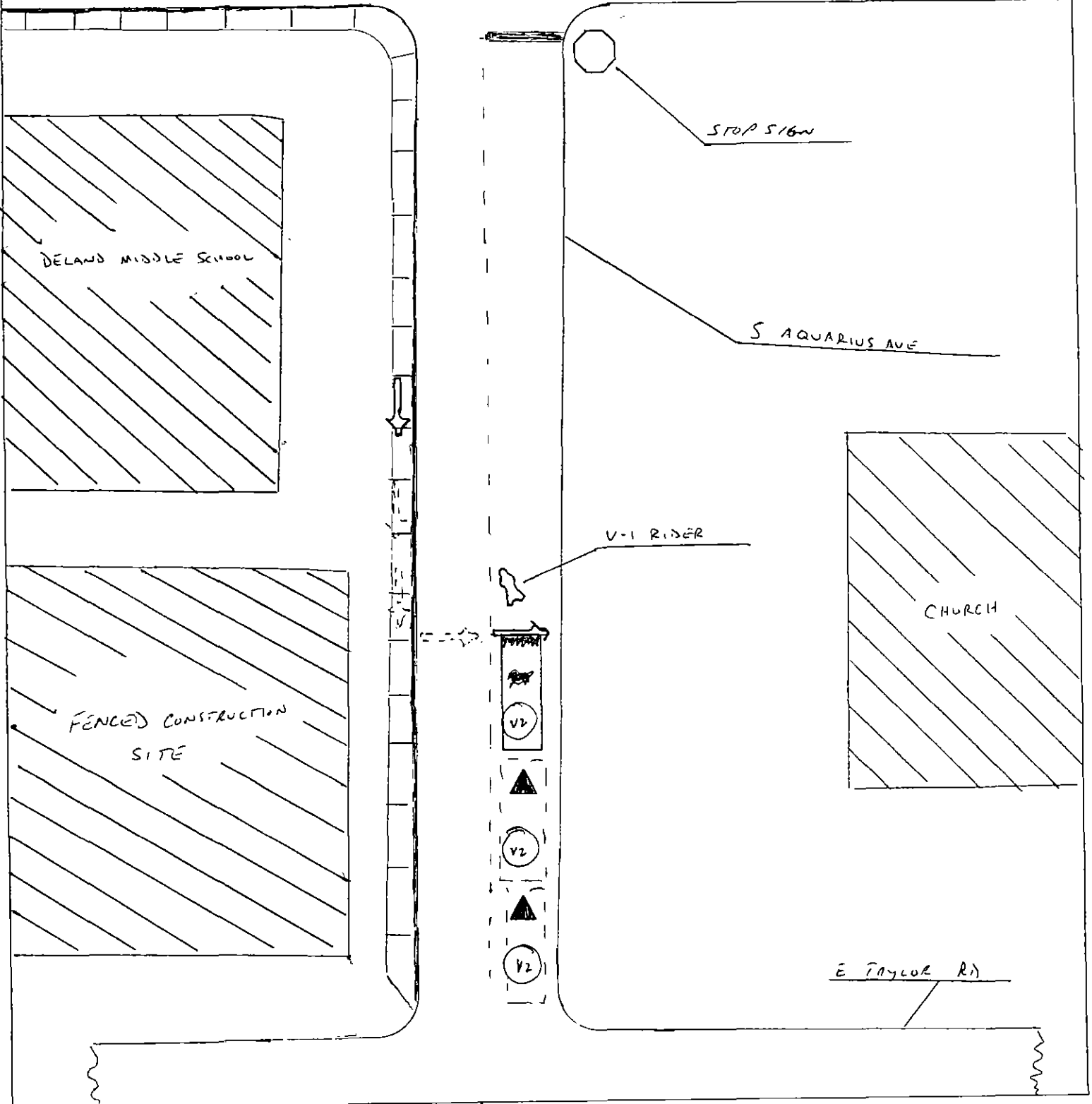
DIAGRAM

NOT TO SCALE



INDICATE NORTH
WITH ARROW

E NEW HAMPSHIRE AVE



FLORIDA TRAFFIC CRASH REPORT

LONG FORM

MAIL TO DEPT OF 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 10 / 31 / 07		TIME OF CRASH 1455 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER NOTIFIED 1456 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER ARRIVED 1458 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		INVEST AGENCY REPORT NUMBER DL070007670		HSMV CRASH REPORT NUMBER 75509288	
	COUNTY / CITY CODE 08 / 36		FEET or MILE(S) N S E W		CITY OR TOWN DELAND		(Check if in City or Town)		COUNTY VOLUSIA			
	AT NODE NO.		FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO OF LANES		1 DIVIDED 2 UNDIVIDED	
Vehicle	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A		YEAR 99		MAKE FRGT		TYPE 04		USE 03		VEH LICENSE NUMBER NBB-12A	
	TRAILER OR TOWED VEHICLE INFORMATION		YEAR 99		MAKE FRGT		TYPE 77		USE NBB-12A		VEH LICENSE NUMBER FL	
	VEHICLE TRAVELLING N S E W		ON AT		Est MPH 40		Posted Speed 40		EST VEHICLE DAMAGE 800		1 Disabling 2 Functional 3 No Damage	
Pedestrian	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)	
	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)	
	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	
Vehicle	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)	
	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)	
	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	
Code Information	VEHICLE TYPE		VEHICLE USE		TRAILER TYPE		RESIDENCE (Driver / Ped.)		PHYSICAL DEFECTS		ALCOHOL / DRUG USE	
	LOCATION IN VEHICLE		EJECTED		REQUIRED ENDORSEMENTS		SEX		SAFETY EQUIPMENT IN USE			

Section 3

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR 3	MAKE	TYPE	USE	VEH LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	<table border="1" style="border-collapse: collapse;"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>8</td><td>9</td><td></td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table>	2	3	4	5	6	7	15	16	17	8	9		14	13	12	11	10	9
2	3	4	5	6	7																					
15	16	17	8	9																						
14	13	12	11	10	9																					
TRAILER OR TOWED VEHICLE INFORMATION					TRAILER TYPE																					
VEHICLE TRAVELLING N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					ON AT		Est. MPH	Posted Speed	EST VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST TRAILER DAMAGE 1 Disabling 2 Functional 3 No 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 3 Driver 2 Tow Owner's Request 4 Other																	
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 (Take From Driver License) / PEDESTRIAN					CURRENT ADDRESS (Number and Street)		CITY STATE & ZIP CODE		DATE OF BIRTH																	
SHAWN MICHAEL DAVIS 15 LENNOX CT DELAND, FL 32720 08 28 95																										
DRIVER LICENSE NUMBER NONE					STATE	DL TYPE	REQ END	ALCOHOL TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALCOHOL/DRUG	PHYS DEF	RES	RACE	SEX	INJ	S EQUIP	EJECT									
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 OR 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	DRIVER'S PHONE NO 1229 1269-1283															

# 1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
# 2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN 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 19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distraction (Explain In Narrative) 77 All Other (Explain In Narrative)	VEHICLE DEFECT 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 77 All Other (Explain In Narrative) POINT OF COLLISION 01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane WORK AREA 01 None 02 Nearby 03 Entered	VEHICLE MOVEMENT 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 Passing 12 Driveways or Runaway Vehicle 77 All Other (Explain In Narrative) PEDESTRIAN ACTION 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	VEHICLE SPECIAL FUNCTIONS 1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance SOURCE OF CARRIER INFORMATION 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other LOCATION TYPE 1 Primarily Business 2 Primarily Residential 3 Open Country
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FIRST / SUBSEQUENT HARMFUL EVENT(S) 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 Overturned 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)	ROAD SYSTEM IDENTIFIER 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) ROAD SURFACE CONDITION 01 Dry 02 Wet 03 Slippery 04 Icy 77 All Other (Explain In Narrative) WEATHER 01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain In Narrative) ROAD SURFACE TYPE 01 Slag/Gravel/Stone 02 Blacktop 03 Brick/Block 04 Concrete 05 Dirt 77 All Other (Explain In Narrative)	LIGHTING CONDITION 01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown
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ROAD CONDITIONS AT TIME OF CRASH 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 Standing Water 09 Worn / Polished Road Surface 77 All Other (Explain In Narrative)	VISION OBSTRUCTED 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 10 Glare 77 All Other (Explain In Narrative)	TRAFFIC CONTROL 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 / Flagperson 11 Posted No U-Turn 12 No Passing Zone 77 All Other (Explain In Narrative)	SITE LOCATION 01 Not At Intersection / RR X-ing / 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)	TRAFFICWAY CHARACTER 01 Straight - Level 02 Straight - Upgrade / Downgrade 03 Curve - Level 04 Curve - Upgrade / Downgrade TYPE SHOULDER 01 Paved 02 Unpaved 03 Curb
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Violator(s)	SECTION #	NAME OF VIOLATOR PENDING	FL STATUTE NUMBER PENDING	CHARGE PENDING	CITATION NUMBER N/A
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

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) 1455 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) 1455 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	DATE OF CRASH 10/31/07	COUNTY / CITY CODE 08/36	INVEST AGENCY REPORT NUMBER DL070007670	HSMV CRASH REPORT NUMBER 75509288
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(NARRATIVE)

V-1 WAS NORTHBOUND IN THE INSIDE LINE OF THE 1300 BLK OF S. WOODLAND BLVD. P-1 AND P-2 WERE ON THE S.E. CORNER OF THE INTERSECTION AT NEW HAMPSHIRE AVE AND S. WOODLAND BLVD. TRYING TO CROSS S WOODLAND BLVD IN THE CROSSWALK IN A WEST BOUND DIRECTION. VEHICLE 1 PROCEEDED NORTHBOUND INTO THE CROSSWALK AT THE INTERSECTION OF NEW HAMPSHIRE AVE AND S. WOODLAND BLVD. STRIKING P-1 AND P-2 WITH THE FRONT BUMPER, AND GRILL AREA OF V-1. FORCE OF THE IMPACT CAUSED P-1 AND P-2 TO BE THROWN APPROX 50' NORTH OF THE POINT OF IMPACT. EMS STAFF WAS ONSCENE AT TIME OF POLICE ARRIVAL. BOTH P-1, AND P-2 WERE TRANSPORTED TO THE HOSPITAL FOR TREATMENT. P-1 LATER EXPIRED. WITNESS DIANE CALDERON ADVISED THAT SHE WAS DRIVING NORTHBOUND ON S. WOODLAND BLVD, IN THE OUTSIDE LINE APPROACHING NEW HAMPSHIRE AVE PREPARING TO TURN RT (EAST) ONTO NEW HAMPSHIRE AVE. CALDERON ADVISED THAT NORTH/SOUTH BOUND TRAFFIC HAD A GREEN LIGHT, AND THAT P-1 AND P-2 WALKED IN FRONT OF HER CAR AND INTO THE PATH OF THE ONCOMING V-1 WHICH ALSO HAD A GREEN LIGHT. WITNESS HELMS ADVISED HE WAS STOPPED FOR A RED LIGHT AT NEW HAMPSHIRE AVE (S. WOODLAND BLVD GOING WEST ON NEW HAMPSHIRE AVE. HELMS ADVISED THAT HE OBSERVED P-1, P-2 RUN ACROSS S. WOODLAND AGAINST THE SIGNAL.

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) DAIL HELMS 1459 CINDY DR DELIND,	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2) DIANE CALDERON 1328 TILAPIA TR DELIND, FL 32724	CURRENT ADDRESS	CITY & STATE	ZIP CODE
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FIRST AID GIVEN BY - NAME	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified 1st Aider 5 Other	INJURED TAKEN TO FL HOSPITAL	BY - NAME E.M.S.
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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 10/31/07	PHOTOS TAKEN 1 YES 2 NO <input checked="" type="checkbox"/>	IF YES, BY WHOM? 1 INVESTIGATING AGENCY 2 OTHER <input checked="" type="checkbox"/>
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INVESTIGATOR - RANK & SIGNATURE OFC M. WHITTIER	ID/BADGE NUMBER 52	DEPARTMENT DELIND POLICE DEPT.	FHP SO PD OTHER <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
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DIAGRAM NOT TO SCALE



INDICATE NORTH
WITH ARROW

P_1 & P_2 FINAL REST

NEW HAMPSHIRE AVE

TRAFFIC LIGHT

S. WOODLAND BLVD.

FLORIDA TRAFFIC CRASH REPORT

☒ UPDATE

☐ CONTINUATION

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

DO NOT WRITE IN THIS SPACE

FATAL

DATE OF CRASH 10/31/07	COUNTY / CITY CODE 08/36	INVEST AGENCY REPORT NUMBER DL070071610	HSMV CRASH REPORT NUMBER 7558288
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S e c t i o n	Vehicle	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer					
		TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE						14 13 12 11 10 9 SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)				
Pedestrian	Vehicle	VEHICLE TRAVELLING N S E W	ON	AT	Est MPH	Posted Speed	EST VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage		EST TRAILER DAMAGE	1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other					
		MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY									
Pedestrian	Vehicle	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							
Pedestrian	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	Vehicle	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ END	ALCO/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	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 OR 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						

S e c t i o n	Vehicle	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer					
		TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE						14 13 12 11 10 9 SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)				
Pedestrian	Vehicle	VEHICLE TRAVELLING N S E W	ON	AT	Est MPH	Posted Speed	EST VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage		EST TRAILER DAMAGE	1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other					
		MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY									
Pedestrian	Vehicle	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							
Pedestrian	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	Vehicle	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ END	ALCO/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	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 OR 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
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
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 2 NO		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? 1 YES 2 NO		IF NO, THEN WHY?	
INVESTIGATOR - RANK & SIGNATURE Sgt. McWhorter		ID/BADGE NUMBER 14		DEPARTMENT Deland P.D.		PHOTOS TAKEN 1 YES 2 NO	
						IF YES, BY WHOM? 1 INVESTIGATING AGENCY 2 OTHER	
						FHP SO PD OTHER	

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01 No Improper Driving / Action	<input type="checkbox"/>	01 No Defects	<input type="checkbox"/>	01 Straight Ahead	<input type="checkbox"/>	1 None	<input type="checkbox"/>
02 Careless Driving (Explain In Narrative)	<input type="checkbox"/>	02 Def Brakes	<input type="checkbox"/>	02 Slowing / Stopped / Stalled	<input type="checkbox"/>	2 Farm	<input type="checkbox"/>
03 Failed To Yield Right - of - Way	<input type="checkbox"/>	03 Worn / Smooth Tires	<input type="checkbox"/>	03 Making Left Turn	<input type="checkbox"/>	3 Police Pursuit	<input type="checkbox"/>
04 Improper Backing	<input type="checkbox"/>	04 Defective / Improper Lights	<input type="checkbox"/>	04 Backing	<input type="checkbox"/>	4 Recreational	<input type="checkbox"/>
05 Improper Lane Change	<input type="checkbox"/>	05 Puncture / Blowout	<input type="checkbox"/>	05 Making Right Turn	<input type="checkbox"/>	5 Emergency Operation	<input type="checkbox"/>
06 Improper Turn	<input type="checkbox"/>	06 Steering Mech.	<input type="checkbox"/>	06 Changing Lanes	<input type="checkbox"/>	6 Construction / Maintenance	<input type="checkbox"/>
07 Alcohol - Under Influence	<input type="checkbox"/>	07 Windshield Wipers	<input type="checkbox"/>	07 Entering / Leaving / Parking Space	<input type="checkbox"/>	SOURCE OF CARRIER INFORMATION	
08 Drugs - Under Influence	<input type="checkbox"/>	08 Equipment / Vehicle Defect	<input type="checkbox"/>	08 Properly Parked	<input type="checkbox"/>	1 Not Applicable	<input type="checkbox"/>
09 Alcohol & Drugs - Under Influence	<input type="checkbox"/>	77 All Other (Explain In Narrative)	<input type="checkbox"/>	09 Improperly Parked	<input type="checkbox"/>	2 Shipping Papers	<input type="checkbox"/>
10 Followed Too Closely	<input type="checkbox"/>	POINT OF COLLISION		10 Making U-Turn	<input type="checkbox"/>	3 Vehicle Side	<input type="checkbox"/>
11 Disregarded Traffic Signal	<input type="checkbox"/>	01 On Road	<input type="checkbox"/>	PEDESTRIAN ACTION		4 Driver	<input type="checkbox"/>
12 Exceeded Safe Speed Limit	<input type="checkbox"/>	02 Not On Road	<input type="checkbox"/>	01 Crossing Not at Intersection	<input type="checkbox"/>	5 Other	<input type="checkbox"/>
13 Disregarded Stop Sign	<input type="checkbox"/>	03 Shoulder	<input type="checkbox"/>	02 Crossing at Mid-block Crosswalk	<input type="checkbox"/>		
14 Failed To Maintain Equip / Vehicle	<input type="checkbox"/>	04 Median	<input type="checkbox"/>	03 Crossing at Intersection	<input type="checkbox"/>		
15 Improper Passing	<input type="checkbox"/>	05 Turn Lane	<input type="checkbox"/>	04 Walking Along Road With Traffic	<input type="checkbox"/>		
16 Drove Left of Center	<input type="checkbox"/>	WORK AREA		05 Walking Along Road Against Traffic	<input type="checkbox"/>		
17 Exceeded Stated Speed Limit	<input type="checkbox"/>	01 None	<input type="checkbox"/>	06 Working on Vehicle In Road	<input type="checkbox"/>		
18 Obstructing Traffic	<input type="checkbox"/>	02 Nearby	<input type="checkbox"/>	07 Working in Road	<input type="checkbox"/>		
		03 Entered	<input type="checkbox"/>	08 Standing/Playing In Road	<input type="checkbox"/>		
				09 Standing In Pedestrian Island	<input type="checkbox"/>		
				77 All Other (Explain In Narrative)	<input type="checkbox"/>		
				88 Unknown	<input type="checkbox"/>		

FIRST / SUBSEQUENT HARMFUL EVENT(S)			
01 Collision With MV in Transport (Rear End)	15 Collision With Animal	29 MV Ran Into Ditch/Culvert	<input type="checkbox"/>
02 Collision With MV in Transport (Head On)	16 MV Hit Sign / Sign Post	30 Ran Off Road Into Water	<input type="checkbox"/>
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole / Light Pole	31 Overturned	<input type="checkbox"/>
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle	<input type="checkbox"/>
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor/Trailer Jackknifed	<input type="checkbox"/>
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire	<input type="checkbox"/>
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	35 Explosion	<input type="checkbox"/>
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	36 Downhill Runaway	<input type="checkbox"/>
09 Collision With MV on Roadway	23 Collision With Construction Barricade Sign	37 Cargo Loss or Shift	<input type="checkbox"/>
10 Collision With Pedestrian	24 Collision With Traffic Gate	38 Separation of Units	<input type="checkbox"/>
11 Collision With Bicycle	25 Collision With Crash Attenuators	39 Median Crossover	<input type="checkbox"/>
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	77 All Other (Explain In Narrative)	<input type="checkbox"/>
13 Collision With Moped	27 MV Hit Other Fixed Object		<input type="checkbox"/>
14 Collision With Train	28 Collision With Moveable Object On Road		<input type="checkbox"/>

(ADDITIONAL NARRATIVE)

AFTER COMPLETING MY INVESTIGATION, I HAVE DETERMINED THAT
 PED. #1 AND #2 VIOLATED 316.130 AND ARE AT FAULT IN THE
 CRASH.

REFER TO THE TRAFFIC HOMELEND INVESTIGATION FOR FURTHER
 DETAILS.

CASE CLOSED!

ADDITIONAL PASSENGERS												
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
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC-CRASH REPORT LONG FORM

MAIL TO: DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS, NEIL KIRKMAN BLDG, TALLAHASSEE, FL 32309-0537

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
	10/09/2007	09:08 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	9:12 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	9:28 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	FHPD07OFF104420	77182294
	COUNTY / CITY CODE	FEET	MILE(S)	CITY OR TOWN		COUNTY
	08 / 00		0.2	DELAND		Volusia
Vehicle	AT NODE NO	FEET	MILE(S)	FROM NODE NO	NEXT NODE NO	NO OF LANES
						2
	AT THE INTERSECTION OF (street, road or highway)			FEET	MILE(S)	FROM INTERSECTION OF (street, road or highway)
					0.1	SAMUEL STREET
Vehicle	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE
		03		UNKNOWN	10	01
	VEHICLE LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER			
			UNKNOWN			
Vehicle	TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE				
	VEHICLE TRAVELING		ON	AT	Est MPH	Posted Speed
	SOUTH GARFIELD AVENUE				5	30
	EST VEHICLE DAMAGE		EST TRAILER DAMAGE			
Vehicle	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PP)		POLICY NUMBER	VEHICLE REMOVED BY	1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other	
	UNKNOWN			UNKNOWN	04	
	NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
	SAME AS DRIVER					
Pedestrian	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	
Pedestrian	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIRTH	
	HUGO MALDONADO		929 EAST VOORHIS	DELAND FL 32720	05/17/93	
	DRIVER LICENSE NUMBER	STATE	DL TYPE	ALCOHOL TEST TYPE	RESULTS	ALCOHOL / DRUG
				05		1
Vehicle	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
	1 Yes 2 No	1 Yes 2 No			1 Yes 2 No	1 Yes 2 No
Vehicle	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE
		03	93	TOYT	01	01
	VEHICLE LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER			
			T247XZ FL	2T1AE09E0PC003906		
Vehicle	TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE				
	VEHICLE TRAVELING		ON	AT	Est MPH	Posted Speed
	SOUTH GARFIELD AVE				24	30
	EST VEHICLE DAMAGE		EST TRAILER DAMAGE			
Vehicle	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PP)		POLICY NUMBER	VEHICLE REMOVED BY	1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other	
	NONE			DRIVER	03	
	NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
	SAME AS DRIVER					
Pedestrian	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	
Pedestrian	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIRTH	
	LEWANDA A GILCHRIST		972 CHIPPENDALE ST	DELTONA FL 32725	10/04/79	
	DRIVER LICENSE NUMBER	STATE	DL TYPE	ALCOHOL TEST TYPE	RESULTS	ALCOHOL / DRUG
				05		1
Vehicle	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
	1 Yes 2 No	1 Yes 2 No			1 Yes 2 No	1 Yes 2 No
Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Other than)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE
	01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 Country of Crash	1 No Defects Known	1 Not Drinking or Using Drugs
	02 Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence
	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
04 Medium Truck - 4 rear tires	04 Public Transportation	04 Flatbed	4 Foreign - 5 Unknown	4 Hearing Defect	4 Alcohol & Drugs - Under Influence	
05 Heavy Truck - 2 or more rear axles	05 Public School Bus	05 Semi Mount / Flatbed	DL TYPE	5 Choke	5 Had Been Drinking	
06 Truck Tractor (Cab-Engine)	06 Private School Bus	06 Boat Trailer	1 A 2 B 3 C	6 Suture, Epilepsy, Blackout	6 Pending ALCOHOL Test Result	
07 Motor Home (RV)	07 Ambulance	07 Utility Trailer	1 White	7 Other Physical Defect		
08 Bus (driver + seats for 8-15)	08 Law Enforcement	08 House Trailer	2 Black	HAZARD SEVERITY	SAFETY EQUIPMENT IN USE	
09 Bus (driver + seats for over 15)	09 Fire/Rescue	09 Pole Trailer	3 Hispanic	1 None	1 Not in Use	
10 Bicycle	10 Military	09 Towed Vehicle	4 Other	2 Possible	2 Seat Belt / Shoulder Harness	
11 Motorcycle	11 Other Government	10 Auto Transport	REQUIREMENTS	3 Non-Incapacitating	3 Child Restraint	
12 Moped	12 Dump	77 Other	1 Yes	4 Incapacitating	4 Air Bag - Deployed	
13 All Terrain Vehicle	13 Concrete Mixer		2 No	5 Fatal (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	
15 Low Speed Vehicle	15 Cargo Van				7 Eye Protection	
77 - Other	77 Other					

S e c t i o n	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 </div>	18 Undercarriage 19 Overturn 20 Windshield 22 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND ORIGIN DAMAGED AREAS	
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST MPH		Posted Speed	EST VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST TRAILER DAMAGE	
V e h i c l e	VEHICLE TRAVELING N S E W		ON AT		Est MPH		Posted Speed	EST VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST TRAILER DAMAGE	
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PP)						POLICY NUMBER		VEHICLE REMOVED BY		1 Tow Rotation Let 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
P e d e s t r i a n	NAME OF MOTOR CARRIER (Commercial vehicle Only)				CURRENT ADDRESS (Number and Street)				CITY STATE AND ZIP CODE		US DOT or KC 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	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused		RESULTS	ALC/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

# 1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
# 2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

CONTINUING CAUSES - DRIVER / PEDESTRIAN 01 No Improper Owing / 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 19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distraction (Explain in Narrative) 27 All Other (Explain in Narrative)	VEHICLE DEFECTS 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 All Other (Explain in Narrative)	VEHICLE MOVEMENT 01 Straight Ahead 02 Stopping / 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 Passing 12 Driveway or Runaway Vehicle 17 All Other (Explain in Narrative)	VEHICLE SPECIAL FUNCTIONS 1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance SOURCE OF CARRIER INFORMATION 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other
POINT OF COLLISION 01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane 06 None 07 Nearby 08 Entered 09 All Other (Explain in Narrative)		PEDESTRIAN ACTION 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 10 Unknown 11 Primarily Business 12 Primarily Residential 13 Open Country	

FIRST / SUBSEQUENT HARMFUL EVENT(S) 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 Other 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 / Ret 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 Movable Object on Road 29 MV Ran Into Ditch / Culvert 30 Ran Off Road / Into Water 31 Overturned 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 40 All Other (Explain in Narrative)	ROAD SYSTEM IDENTIFIER 01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike / Toll 07 Forest Road 08 Private Roadway 17 All Other (Explain in Narrative)	WEATHER 01 Clear 02 Cloudy 03 Rain 04 Fog 17 All Other (Explain in Narrative)	LIGHTING CONDITION 01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 06 Unknown 07 Slag / Gravel / Stone 08 Blacktop 09 Brick / Block 10 Concrete 11 Dirt 12 All Other (Explain in Narrative)
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ROAD CONDITIONS AT TIME OF CRASH 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 Standing Water 09 Worn / Polished Road Surface 10 All Other (Explain in Narrative)	VISION OBSTRUCTED 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 10 Glare 11 All Other (Explain in Narrative)	TRAFFIC CONTROL 01 No Control 02 Speed Control 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 17 All Other (Explain in Narrative)	SITE LOCATION 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 17 All Other (Explain in Narrative)	TRAFFICWAY CHARACTER 1 Straight Level 2 Straight-Upgrade / Downgrade 3 Curve-Level 4 Curve-Upgrade / Downgrade TYPE SHOULDER 1 Paved 2 Unpaved 3 Curb
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V i o l a t o r (s)	SECTION #	NAME OF VIOLATOR (s)	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	2	LEWANDA GILCHRIST	320.07.3a	TAG- EXPIRED 6 MONTHS OR LESS	4789-SJH
	2	LEWANDA GILCHRIST	316.066.3c	CRASH-FAILURE TO PROVIDE PROOF OF I	4790-SJH

NARRATIVE / DIAGRAM

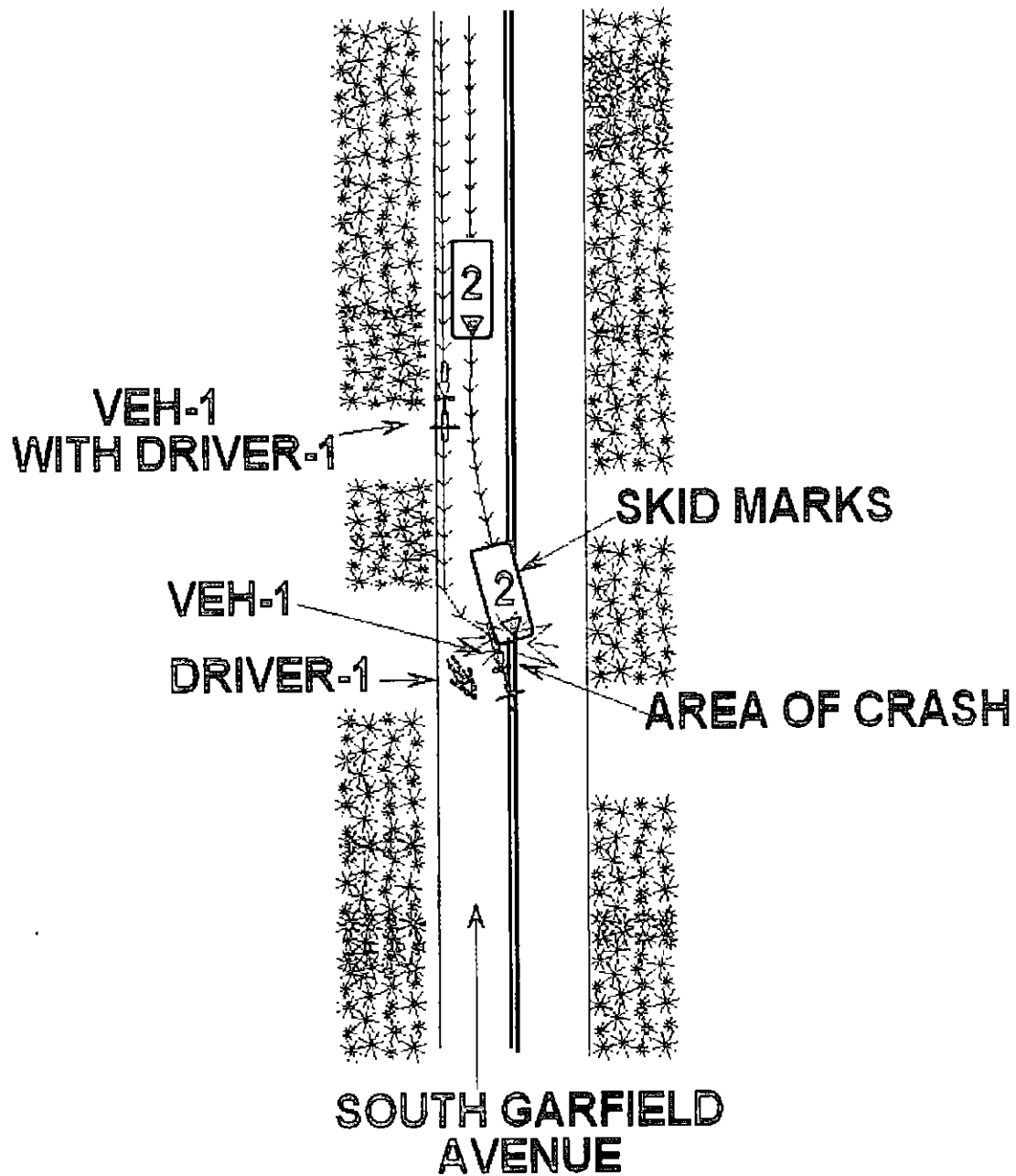
MAIL TO DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

WITNESS NAME (1)		CURRENT ADDRESS		CITY & STATE		ZIP CODE		WITNESS NAME (2)		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
FIRST AID GIVEN BY - NAME VOLUSIA COUNTY EVAC				1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified first Aider 5 Other				INJURED TAKEN TO VOLUSIA COUNTY EVAC				BY - NAME VOLUSIA COUNTY EVAC			
WAS INVESTIGATION 1 YES 2 NO MADE AT SCENE? 1 YES 2 NO				IF NO, THEN WHERE?				IS INVESTIGATION COMPLETE? 1 YES 2 NO				IF NO THEN WHY?			
DATE OF REPORT 10/09/2007				PHOTOS TAKEN? 1 YES 2 NO				IF YES BY WHOM? 1 INVEST AGENCY 2 OTHER							
INVESTIGATOR - RANK & SIGNATURE TPR R. NAUGHER				ID / BADGE NUMBER 2540/2921				DEPARTMENT FLORIDA HIGHWAY PATROL				FHP SO CPD OTHER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

DIAGRAM

INDICATE NORTH
WITH ARROW

NOT TO SCALE



APPENDIX B

Letter to Principal and Completed
Principal Questionnaire



Via Email (mkrajews@volusia.k12.fl.us)

Ref: 3706.11

November 30, 2010

Principal Matt Krajewski
DeLand Middle School
1400 S Aquarius Ave
DeLand, FL 32724

Re: Volusia County Transportation Planning Organization (VCTPO) Bike and Pedestrian Safety Review

Dear Mr. Krajewski:

The VCMPO has been awarded a Florida Department of Transportation (FDOT) safety grant to study bicycle and pedestrian safety as it relates to schools, such as DeLand Middle School, in the VCTPO planning area. Lassiter Transportation Group, Inc. has been retained to conduct these studies on the VCTPO's behalf.

We would like input from you to identify any bicycle and pedestrian safety-related issues or concerns that the school may be experiencing. Enclosed with this letter is a questionnaire form detailing the information that we are requesting. We would like to arrange a meeting with you, at your convenience, to discuss these items and will contact you in the near future to this end.

If you should have any questions or comments regarding this letter, please feel free to contact me at (386) 257-2571.

Sincerely,

LASSITER TRANSPORTATION GROUP, INC.



R. Sans Lassiter, PE
President

- c: Stephan C. Harris, Bicycle & Pedestrian Coordinator, VCTPO
- Saralee Morrissey, AICP, Director of Site Acquisitions & Intergovernmental Coordinator, Volusia County Schools
- Jon Cheney, PE, Volusia County Traffic Engineering
- Lt. Bobby Lambert, Volusia County Sheriff's Office
- Mike Holmes, Planning Director, City of Port DeLand
- Joan Carter, M.A., Bicycle & Pedestrian Coordinator, FDOT D-5



PRINCIPAL
QUESTIONNAIRE

TO: DeLand Middle School
Principal Matt Krajewski
1400 S Aquarius Ave
DeLand, FL 32724

(filled out by Crystal)

FROM: Stephan Harris
Volusia County Transportation Planning Organization (VCTPO)
2570 W. International Speedway Blvd, Suite 120
Daytona Beach, FL 32114-8145

RE: MEETING DATE (TBD)
SCHOOL WALK ZONE SAFETY ANALYSIS

The Volusia County Transportation Planning Organization (VCTPO) is conducting assessments aimed at improving the safety conditions for students who bicycle or walk to and from school. DeLand Middle School has been chosen as one of the schools to be studied during this study phase. The following questionnaire will aid us in this effort. Your participation is key to the success of this analysis and is greatly appreciated.

You will be meeting with our traffic engineering consultants who will be conducting this study, Lassiter Transportation Group. Each staff member responsible for conducting the on-site analysis has gone through the appropriate back-ground check. Should you have any questions, please do not hesitate to contact them directly. Mr. Sans Lassiter or Ms. Crystal Mercedes PH: (386) 257-2571 or by E-mail: rlassiter@lassitertransportation.com or cmercedes@lassitertransportation.com.

1. Number of students currently enrolled: 1185

Comments: _____

2. Number of students (or approximate percentage) who walk/bicycle to/from school: bus ≈ 75%; ≈ 200-250 walkers, few bikes

Comments: 2 separate entrances to two bike racks, 23 buses

3. Are you aware of any facility (sidewalk, crosswalk, etc.) maintenance issues? If yes, please explain.

Sidewalks have been recently redone → NO

4. Are you aware of any parents who stop and/or park along the walk zone route to drop-off/pick-up their students to avoid the regular school pick-up lines? If yes, does this cause a safety issue with the students who walk/bicycle?

Parents park along bike path to avoid pick up lines → not a huge issue but present.

They sit in field behind FDOT abandoned building to wait for kids → MOST parents park SB but some park NB, which forces students to cross the road
→ or at church parking lot.

5. Are you aware of any safety hazards or issues along the school's walk zone?

Amelia Avenue → issues with parents and students having fights. MOST children walk along Amelia Avenue

6. Please list all known crash incidents within the walk zone. Did any of the crashes cause an issue for walkers/bikers? If yes, please explain.

Crash @ New Hampshire/Woodland (see Southwestern; same crash)

7. What is your biggest concern relative to the conditions faced by the students who walk/bicycle to/from school?

Speed @ New Hampshire/Amelia; concern for children who walk that way out of the back gate

8. What changes/improvements would you like to see relative to the conditions faced by the students who walk/bicycle to/from school?

Sideview installation on Garfield, Taylor Road

COMMENTS:

Parents enter campus at loop exit gate
Crossing:

Woodland / N. Hamp

N. Hamp / Amelia

Amelia / Beresford

Beresford / Garfield

Taylor / Ben Oaks / Aquarius

Principal does not believe more students would walk if facilities improves

APPENDIX C

2009 Florida Statute Excerpts

The 2009 Florida Statutes

[Title XLVIII](#)

K-20 EDUCATION CODE

[Chapter 1006](#)

SUPPORT FOR LEARNING

[View Entire Chapter](#)

(1) DEFINITION.--As used in this section, "student" means any public elementary school student whose grade level does not exceed grade 6.

(2) TRANSPORTATION; CORRECTION OF HAZARDS.--

(a) It is intended that district school boards and other governmental entities work cooperatively to identify conditions that are hazardous along student walking routes to school and that district school boards provide transportation to students who would be subjected to such conditions. It is further intended that state or local governmental entities having jurisdiction correct such hazardous conditions within a reasonable period of time.

(b) Upon a determination pursuant to this section that a condition is hazardous to students, the district school board shall request a determination from the state or local governmental entity having jurisdiction regarding whether the hazard will be corrected and, if so, regarding a projected completion date. State funds shall be allocated for the transportation of students subjected to such hazards, provided that such funding shall cease upon correction of the hazard or upon the projected completion date, whichever occurs first.

(3) IDENTIFICATION OF HAZARDOUS CONDITIONS.--When a request for review is made to the district school superintendent or the district school superintendent's designee concerning a condition perceived to be hazardous to students in that district who live within the 2-mile limit and who walk to school, such condition shall be inspected by a representative of the school district and a representative of the state or local governmental entity that has jurisdiction over the perceived hazardous location. The district school superintendent or his or her designee and the state or local governmental entity or its representative shall then make a final determination that is mutually agreed upon regarding whether the hazardous condition meets the state criteria pursuant to this section. The district school superintendent or his or her designee shall report this final determination to the department.

(4) STATE CRITERIA FOR DETERMINING HAZARDOUS WALKING CONDITIONS.--

(a) *Walkways parallel to the road.*--

1. It shall be considered a hazardous walking condition with respect to any road along which students must walk in order to walk to and from school if there is not an area at least 4 feet wide adjacent to the road, having a surface upon which students may walk without being required to walk on the road surface. In addition, whenever the road along which students must walk is uncurbed and has a posted speed limit of 55 miles per hour, the area as described above for students to walk upon shall be set off the road by no less than 3 feet from the edge of the road.

2. The provisions of subparagraph 1. do not apply when the road along which students must walk:

a. Is in a residential area which has little or no transient traffic;

- b. Is a road on which the volume of traffic is less than 180 vehicles per hour, per direction, during the time students walk to and from school; or
- c. Is located in a residential area and has a posted speed limit of 30 miles per hour or less.

(b) *Walkways perpendicular to the road.*--It shall be considered a hazardous walking condition with respect to any road across which students must walk in order to walk to and from school:

1. If the traffic volume on the road exceeds the rate of 360 vehicles per hour, per direction (including all lanes), during the time students walk to and from school and if the crossing site is uncontrolled. For purposes of this subsection, an "uncontrolled crossing site" is an intersection or other designated crossing site where no crossing guard, traffic enforcement officer, or stop sign or other traffic control signal is present during the times students walk to and from school.
2. If the total traffic volume on the road exceeds 4,000 vehicles per hour through an intersection or other crossing site controlled by a stop sign or other traffic control signal, unless crossing guards or other traffic enforcement officers are also present during the times students walk to and from school.

Traffic volume shall be determined by the most current traffic engineering study conducted by a state or local governmental agency.

History.--s. 297, ch. 2002-387.

Title XXIII

Chapter 316

[View Entire Chapter](#)

MOTOR VEHICLES STATE UNIFORM TRAFFIC CONTROL

316.75 School crossing guards.--The Department of Transportation shall adopt uniform guidelines for the training of school crossing guards. Each local governmental entity administering a school crossing guard program shall provide a training program for school crossing guards according to the uniform guidelines. Successful completion of the training program shall be required of each school guard except:

- (1) A person who received equivalent training during employment as a law enforcement officer.
- (2) A person who receives less than \$5,000 in annual compensation in a county with a population of less than 75,000.
- (3) A student who serves in a school patrol.

School crossing guard training programs may be made available to nonpublic schools upon contract.

History.--s. 2, ch. 92-194; s. 42, ch. 97-190.

Note.--Former s. 234.302.

Title XXIII**Chapter 316****[View Entire Chapter](#)****MOTOR VEHICLES STATE UNIFORM TRAFFIC CONTROL****316.2065 Bicycle regulations.--**

(1) Every person propelling a vehicle by human power has all of the rights and all of the duties applicable to the driver of any other vehicle under this chapter, except as to special regulations in this chapter, and except as to provisions of this chapter which by their nature can have no application.

(2) A person operating a bicycle may not ride other than upon or astride a permanent and regular seat attached thereto.

(3)(a) A bicycle may not be used to carry more persons at one time than the number for which it is designed or equipped, except that an adult rider may carry a child securely attached to his or her person in a backpack or sling.

(b) Except as provided in paragraph (a), a bicycle rider must carry any passenger who is a child under 4 years of age, or who weighs 40 pounds or less, in a seat or carrier that is designed to carry a child of that age or size and that secures and protects the child from the moving parts of the bicycle.

(c) A bicycle rider may not allow a passenger to remain in a child seat or carrier on a bicycle when the rider is not in immediate control of the bicycle.

(d) A bicycle rider or passenger who is under 16 years of age must wear a bicycle helmet that is properly fitted and is fastened securely upon the passenger's head by a strap, and that meets the standards of the American National Standards Institute (ANSI Z 90.4 Bicycle Helmet Standards), the standards of the Snell Memorial Foundation (1984 Standard for Protective Headgear for Use in Bicycling), or any other nationally recognized standards for bicycle helmets adopted by the department. As used in this subsection, the term "passenger" includes a child who is riding in a trailer or semitrailer attached to a bicycle.

(e) Law enforcement officers and school crossing guards may issue a bicycle safety brochure and a verbal warning to a bicycle rider or passenger who violates this subsection. A bicycle rider or passenger who violates this subsection may be issued a citation by a law enforcement officer and assessed a fine for a pedestrian violation, as provided in s. 318.18. The court shall dismiss the charge against a bicycle rider or passenger for a first violation of paragraph (d) upon proof of purchase of a bicycle helmet that complies with this subsection.

(4) No person riding upon any bicycle, coaster, roller skates, sled, or toy vehicle may attach the same or himself or herself to any vehicle upon a roadway. This subsection does not prohibit attaching a bicycle trailer or bicycle semitrailer to a bicycle if that trailer or semitrailer is commercially available and has been designed for such attachment.

(5)(a) Any person operating a bicycle upon a roadway at less than the normal speed of traffic at the time and place and under the conditions then existing shall ride as close as practicable to the right-hand curb or edge of the roadway except under any of the following situations:

1. When overtaking and passing another bicycle or vehicle proceeding in the same direction.
2. When preparing for a left turn at an intersection or into a private road or driveway.

3. When reasonably necessary to avoid any condition, including, but not limited to, a fixed or moving object, parked or moving vehicle, bicycle, pedestrian, animal, surface hazard, or substandard-width lane, that makes it unsafe to continue along the right-hand curb or edge. For the purposes of this subsection, a "substandard-width lane" is a lane that is too narrow for a bicycle and another vehicle to travel safely side by side within the lane.

(b) Any person operating a bicycle upon a one-way highway with two or more marked traffic lanes may ride as near the left-hand curb or edge of such roadway as practicable.

(6) Persons riding bicycles upon a roadway may not ride more than two abreast except on paths or parts of roadways set aside for the exclusive use of bicycles. Persons riding two abreast may not impede traffic when traveling at less than the normal speed of traffic at the time and place and under the conditions then existing and shall ride within a single lane.

(7) Any person operating a bicycle shall keep at least one hand upon the handlebars.

(8) Every bicycle in use between sunset and sunrise shall be equipped with a lamp on the front exhibiting a white light visible from a distance of at least 500 feet to the front and a lamp and reflector on the rear each exhibiting a red light visible from a distance of 600 feet to the rear. A bicycle or its rider may be equipped with lights or reflectors in addition to those required by this section.

(9) No parent of any minor child and no guardian of any minor ward may authorize or knowingly permit any such minor child or ward to violate any of the provisions of this section.

(10) A person propelling a vehicle by human power upon and along a sidewalk, or across a roadway upon and along a crosswalk, has all the rights and duties applicable to a pedestrian under the same circumstances.

(11) A person propelling a bicycle upon and along a sidewalk, or across a roadway upon and along a crosswalk, shall yield the right-of-way to any pedestrian and shall give an audible signal before overtaking and passing such pedestrian.

(12) No person upon roller skates, or riding in or by means of any coaster, toy vehicle, or similar device, may go upon any roadway except while crossing a street on a crosswalk; and, when so crossing, such person shall be granted all rights and shall be subject to all of the duties applicable to pedestrians.

(13) This section shall not apply upon any street while set aside as a play street authorized herein or as designated by state, county, or municipal authority.

(14) Every bicycle shall be equipped with a brake or brakes which will enable its rider to stop the bicycle within 25 feet from a speed of 10 miles per hour on dry, level, clean pavement.

(15) A person engaged in the business of selling bicycles at retail shall not sell any bicycle unless the bicycle has an identifying number permanently stamped or cast on its frame.

(16)(a) A person may not knowingly rent or lease any bicycle to be ridden by a child who is under the age of 16 years unless:

1. The child possesses a bicycle helmet; or

2. The lessor provides a bicycle helmet for the child to wear.

(b) A violation of this subsection is a nonmoving violation, punishable as provided in s. 318.18.

(17) The court may waive, reduce, or suspend payment of any fine imposed under subsection (3) or subsection (16) and may impose any other conditions on the waiver, reduction, or suspension. If the court finds that a person does not have sufficient funds to pay the fine, the court may require the performance of a specified number of hours of community service or attendance at a safety seminar.

(18) Notwithstanding s. 318.21, all proceeds collected pursuant to s. 318.18 for violations under paragraphs (3)(e) and (16)(b) shall be deposited into the State Transportation Trust Fund.

(19) The failure of a person to wear a bicycle helmet or the failure of a parent or guardian to prevent a child from riding a bicycle without a bicycle helmet may not be considered evidence of negligence or contributory negligence.

(20) Except as otherwise provided in this section, a violation of this section is a noncriminal traffic infraction, punishable as a pedestrian violation as provided in chapter 318. A law enforcement officer may issue traffic citations for a violation of subsection (3) or subsection (16) only if the violation occurs on a bicycle path or road, as defined in s. 334.03. However, they may not issue citations to persons on private property, except any part thereof which is open to the use of the public for purposes of vehicular traffic.

History.--s. 1, ch. 71-135; s. 1, ch. 76-31; s. 2, ch. 76-286; s. 1, ch. 78-353; s. 8, ch. 83-68; s. 5, ch. 85-309; s. 1, ch. 86-23; s. 7, ch. 87-161; s. 21, ch. 94-306; s. 899, ch. 95-148; s. 1, ch. 96-185; s. 2, ch. 97-300; s. 161, ch. 99-248.

Note.--Former s. 316.111.

APPENDIX D

Americans with Disabilities Accessibility Guidelines Excerpts

4.7 Curb Ramps.

4.7.1 Location. Curb ramps complying with 4.7 shall be provided wherever an accessible route crosses a curb.

4.7.2 Slope. Slopes of curb ramps shall comply with [4.8.2](#). The slope shall be measured as shown in [Fig. 11](#). Transitions from ramps to walks, gutters, or streets shall be flush and free of abrupt changes. Maximum slopes of adjoining gutters, road surface immediately adjacent to the curb ramp, or accessible route shall not exceed 1:20.

4.7.3 Width. The minimum width of a curb ramp shall be 36 in (915 mm), exclusive of flared sides.

4.7.4 Surface. Surfaces of curb ramps shall comply with [4.5](#).

4.7.5 Sides of Curb Ramps. If a curb ramp is located where pedestrians must walk across the ramp, or where it is not protected by handrails or guardrails, it shall have flared sides; the maximum slope of the flare shall be 1:10 (see [Fig. 12\(a\)](#)). Curb ramps with returned curbs may be used where pedestrians would not normally walk across the ramp (see [Fig. 12\(b\)](#)).

4.7.6 Built-up Curb Ramps. Built-up curb ramps shall be located so that they do not project into vehicular traffic lanes (see [Fig. 13](#)).

4.7.7 Detectable Warnings. A curb ramp shall have a detectable warning complying with [4.29.2](#). The detectable warning shall extend the full width and depth of the curb ramp.

4.7.8 Obstructions. Curb ramps shall be located or protected to prevent their obstruction by parked vehicles.

4.7.9 Location at Marked Crossings. Curb ramps at marked crossings shall be wholly contained within the markings, excluding any flared sides (see [Fig. 15](#)).

4.7.10 Diagonal Curb Ramps. If diagonal (or corner type) curb ramps have returned curbs or other well-defined edges, such edges shall be parallel to the direction of pedestrian flow. The bottom of diagonal curb ramps shall have 48 in (1220 mm) minimum clear space as shown in [Fig. 15\(c\)](#) and [\(d\)](#). If diagonal curb ramps are provided at marked crossings, the 48 in (1220 mm) clear space shall be within the markings (see [Fig. 15\(c\)](#) and [\(d\)](#)). If diagonal curb ramps have flared sides, they shall also have at least a 24 in (610 mm) long segment of straight curb located on each side of the curb ramp and within the marked crossing (see [Fig. 15\(c\)](#)).

4.7.11 Islands. Any raised islands in crossings shall be cut through level with the street or have curb ramps at both sides and a level area at least 48 in (1220 mm) long between the curb ramps in the part of the island intersected by the crossings (see [Fig. 15\(a\)](#) and [\(b\)](#)).

4.8 Ramps.

4.8.1* General. Any part of an accessible route with a slope greater than 1:20 shall be considered a ramp and shall comply with 4.8. [Appendix Note](#)

4.8.2* Slope and Rise. The least possible slope shall be used for any ramp. The maximum slope of a ramp in new construction shall be 1:12. The maximum rise for any run shall be 30 in (760 mm) (see [Fig. 16](#)). Curb ramps and ramps to be constructed on existing sites or in existing buildings or facilities may have slopes and rises as allowed in [4.1.6\(3\)\(a\)](#) if space limitations prohibit the use of a 1:12 slope or less. [Appendix Note](#)

4.8.3 Clear Width. The minimum clear width of a ramp shall be 36 in (915 mm).

4.8.4* Landings. Ramps shall have level landings at bottom and top of each ramp and each ramp run. Landings shall have the following features:

(1) The landing shall be at least as wide as the ramp run leading to it.

(2) The landing length shall be a minimum of 60 in (1525 mm) clear.

(3) If ramps change direction at landings, the minimum landing size shall be 60 in by 60 in (1525 mm by 1525 mm).

(4) If a doorway is located at a landing, then the area in front of the doorway shall comply with [4.13.6](#). [Appendix Note](#)

4.8.5* Handrails. If a ramp run has a rise greater than 6 in (150 mm) or a horizontal projection greater than 72 in (1830 mm), then it shall have handrails on both sides. Handrails are not required on curb ramps or adjacent to seating in assembly areas. Handrails shall comply with [4.26](#) and shall have the following features:

(1) Handrails shall be provided along both sides of ramp segments. The inside handrail on switchback or dogleg ramps shall always be continuous.

(2) If handrails are not continuous, they shall extend at least 12 in (305 mm) beyond the top and bottom of the ramp segment and shall be parallel with the floor or ground surface (see [Fig. 17](#)).

(3) The clear space between the handrail and the wall shall be 1 - 1/2 in (38 mm).

(4) Gripping surfaces shall be continuous.

(5) Top of handrail gripping surfaces shall be mounted between 34 in and 38 in (865 mm and 965 mm) above ramp surfaces.

(6) Ends of handrails shall be either rounded or returned smoothly to floor, wall, or post.

(7) Handrails shall not rotate within their fittings. [Appendix Note](#)

4.8.6 Cross Slope and Surfaces. The cross slope of ramp surfaces shall be no greater than 1:50. Ramp surfaces shall comply with [4.5](#).