

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

**HIGHWAY SAFETY & MOTOR VEHICLES,
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537**

(Electronic Version)

Date of Crash 30/Nov/2012 06:15 PM	Time of Crash 30/Nov/2012 06:15 PM	Date of Report 30/Nov/2012 07:28 PM	Invest Agency Report Number 0112011230	HSMV Crash Report Number 82603839
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CRASH IDENTIFIERS

County Code 26	City Code 40	County of Crash 26	Place or City of Crash 40	Within City Limits Yes	Time Reported 30/Nov/2012 06:21 PM	Time Dispatched 30/Nov/2012 06:38 PM
Time on Scene 30/Nov/2012 08:42 PM	Time Cleared Scene 30/Nov/2012 07:15 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occurred On Street, Road, Highway W VINE ST			At Street Address# 3040	At Latitude and Longitude
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway	Or From Milepost #
Road System Identifier 5 Local		Type Of Shoulder	Type Of Intersection	

CRASH INFORMATION (Check if Pictures Taken)

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner Of Collision
First Harmful Event Type	First Harmful Event	First Harmful Event Location	Within Interchange	First Harmful Event Relation to Junction
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

VEHICLE (Check if Commercial)

Vehicle 1	Motor Vehicle Type	Hit and Run 1 No	Veh License Number 7821BL	State FL	Reg. Expires	Permanent Reg.	VIN 1G2NE12M6TM570096				
Year 1996	Make PONTI	Model GRAND AM	Style 2 DOOR	Color TEA	Extent of Damage	Est. Damage 200	Towed Due To Damage	Vehicle Removed By	Rotation		
Insurance Company GENERAL				Insurance Policy Number FL1314415							
Name of Vehicle Owner (Check Box If Business) SAME AS DRIVER <input type="checkbox"/>			Current Address (Number and Street)			City and State		Zip Code			
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes		
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes		
Vehicle Traveling	Direction	On Street, Road, Highway				At Est. Speed	Posted Speed	Total Lanes			
GMV Configuration		Cargo Body Type		Area of Initial Impact			Most Damaged Area				
Comm GVWR/GCWR		Trailer Type (trailer one)		Trailer Type (trailer two)							
Haz. Mat. Release	Haz. Mat. Placard	Number		Class							
Motor Carrier Name				US DOT Number							
Motor Carrier Address				City and State FL		Zip Code		Phone Number			
Comm/Non-Commercial	Vehicle Body Type	Vehicle Defects (one)		Vehicle Defects (two)		Emergency Vehicle Use	Special Function of MV				
Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event		Most Harmful Event Detail					
Traffic Control Device For This Vehicle	First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events				

VEHICLE (Check if Commercial)

Vehicle 2	Motor Vehicle Type	Hit and Run 1 No	Veh License Number 846WKY	State FL	Reg. Expires	Permanent Reg.	VIN SAJJA42C6YNA04749		
Year 2000	Make JAGUA	Model XK8	Style 2 DOOR	Color BLUE	Extent of Damage	Est. Damage 400	Towed Due To Damage	Vehicle Removed By	Rotation
Insurance Company				Insurance Policy Number					

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Name of Vehicle Owner (Check Box if Business) <input type="checkbox"/>		Current Address (Number and Street) 26731 US HWY N 301		City and State LAWTEY FL		Zip Code 32058			
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Vehicle Traveling:	Direction	On Street, Road, Highway				At Est. Speed 0	Posted Speed	Total Lanes	
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR			Trailer Type (trailer one)		Trailer Type (trailer two)				
Haz. Mat. Release	Haz. Mat. Placard	Number		Class					
Motor Carrier Name				US DOT Number					
Motor Carrier Address				City and State FL		Zip Code		Phone Number	
Comm/Non-Commercial	Vehicle Body Type	Vehicle Defects (one)		Vehicle Defects (two)		Emergency Vehicle Use	Special Function of MV		
Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment		Most Harmful Event		Most Harmful Event Detail		
Traffic Control Device For This Vehicle	First (1) Sequence of Events 2 Collision with Non-Fixed Object 15 Parked Motor Vehicle		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name CASEY ALLEN MULLINS		Date of Birth 30/Mar/1990	Sex 1 Male	Phone Number 4076002105	Re-Exam
Address 923 WOODSIDE CIR H		City KISSIMMEE	State FL		Zip Code 34741			
Driver License Number M452101901100	State FL	Expires 30/Mar/2018	DL Type	Req. End.	Injury Severity	Ejection		
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other		
Drivers Actions at Time of Crash (first)			Drivers Actions at Time of Crash (second)		Driver Distracted By	Vision Obstruction		
Drivers Actions at Time of Crash (third)			Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash			
Suspected Alcohol Use	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility	EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			

PERSON RECORD

Person# 2	Description 3 Passenger	Vehicle # 1	Name WILLIAM AGOSTO		Date of Birth 07/Nov/1975	Sex 1 Male	Injury Severity	Ejection
Address		City	State		Zip Code			
Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other		
Source of Transport to Medical Facility	EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			

VIOLATIONS

Person# 1	Name CASEY ALLEN MULLINS	Florida Statute Number Chapter 316	Charge IMPROPER BACKING 316.1985	Citation
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NARRATIVE

Report Date: 2012-11-30 18:28:09
 Report Officer: 392 EDWARD MARTINEZ
 V2 was parked at the middle gas pump located at 3040 West Vine Street, Chevron.
 V1 was backing out of a parking space in front of the business.
 V1 did not see V2 and backed into the front left bumper cracking the turn signal.
 There were no injuries and both vehicles were removed by their respective drivers.
 V1 was found at fault for improper backing.
 No citations were issued.

REPORTING OFFICER

ID/Radge # 392	Rank and Name 15 Corporal EDWARD MARTINEZ	Department KISSIMMEE POLICE DEPARTMENT	Type of Department PD
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INDICATE NORTH
WITH ARROW
NOT TO SCALE
BEAT #.

