1. ☐ DRIVER EXCHANGE OF INFORMATION
2. ☐ DRIVER'S REPORT OF TRAFFIC CRASH

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

11:08 11:21

DO NOT WRITE IN THIS SPACE

DATE OF CRASH	TIME OF CRASH AM PM	INVEST. AGENCY REPORT NO. (if applicable)	HSMV CRASH REPORT NUMBER
06/09/96	10:30 ☒ ☐	9628-53571.87	88984064

Time & Location

CITY	COUNTY	ON STREET, ROAD OR HIGHWAY
Pine Hills	Orange	Clarcona Ocoee RD

AT INTERSECTION OF: Tyree's DR — 1 ☐ 2 ☐ OR — FEET/MILES — N ☐ S ☐ E ☐ W ☐ — OF INTERSECTION OF:

Section 1 — PEDESTRIAN ☒ VEHICLE ☐

YEAR	MAKE	TYPE (Car, Truck, Bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR
94	Ford	Van	K82-LTS	FL	96

INSURANCE COMPANY: Mid-Century Ins. — POLICY NO.: [redacted]9026

OWNER'S FULL NAME (Check if Same as Driver)	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
☐ Gaither Furniture	320 Cumberland Rd	Kissimmee FL	34743

DRIVER (Exactly as on Driver's License)/PEDESTRIAN	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
Kami Michael Sowers	1576 Bridgeway St	Orlando FL	32820

DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	RACE	SEX
[redacted]	FL	01/22/72	W	F

DRIVER/PEDESTRIAN BUSINESS PHONE: AREA CODE (407) 891-4212 — DRIVER/PEDESTRIAN HOME PHONE: AREA CODE (407) 886-5035

Section 2 — PEDESTRIAN ☐ VEHICLE ☒

YEAR	MAKE	TYPE (Car, Truck, Bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR
88	Olds	Car	T25-69N	FL	97

INSURANCE COMPANY: Nationwide — POLICY NO.: 21PH652295-09268

OWNER'S FULL NAME (Check if Same as Driver)	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
☒			

DRIVER (Exactly as on Driver's License)/PEDESTRIAN	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
Steve A. Bergseth	[redacted]	Winter Park FL	32792

DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	RACE	SEX
[redacted]	FL	[redacted]	W	M

DRIVER/PEDESTRIAN BUSINESS PHONE: AREA CODE (407) 629-3263 — DRIVER/PEDESTRIAN HOME PHONE: AREA CODE ( )

Section 3 — PEDESTRIAN ☐ VEHICLE ☐

YEAR	MAKE	TYPE (Car, Truck, Bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR

INSURANCE COMPANY — POLICY NO.

OWNER'S FULL NAME (Check if Same as Driver)	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
☐			

DRIVER (Exactly as on Driver's License)/PEDESTRIAN	ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	RACE	SEX

DRIVER/PEDESTRIAN BUSINESS PHONE: AREA CODE ( ) — DRIVER/PEDESTRIAN HOME PHONE: AREA CODE ( )

PROPERTY DAMAGED - Other than vehicles	OWNER - Name	ADDRESS - Number and Street	CITY/STATE/ZIP
None			

WITNESSES other than PASSENGERS	NAME	ADDRESS - Number and Street	CITY/STATE/ZIP

NAME OF OFFICER (if applicable)	I.D./BADGE NO.	DEPARTMENT	1 - FHP 2 - SO 3 - CPD 4 - OTHER
P. L. E. Kinsley	618		2 ☐ ☐ ☐

☐ YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM.

☐ NO FURTHER ACTION REQUIRED BY YOU. REPORT COMPLETED BY LAW ENFORCEMENT AGENCY.