

# 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 23/Sep/2013 09:15 PM	Time of Crash 23/Sep/2013 09:15 PM	Date of Report 23/Sep/2013 09:56 PM	Invest. Agency Report Number FHPD13OFF081960	HSMV Crash Report Number 83653933
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## CRASH IDENTIFIERS

County Code 12	City Code	County of Crash LAKE	Place or City of Crash UMATILLA	Within City Limits No	Time Reported 23/Sep/2013 09:22 PM	Time Dispatched 23/Sep/2013 09:32 PM
Time on Scene 23/Sep/2013 09:43 PM	Time Cleared Scene 23/Sep/2013 10:45 PM	Completed No	Reason (if Investigation NOT Completed) PENDING CONDITION OF NMO1			Notified By Law Enforcement

## ROADWAY INFORMATION

Crash Occured On Street, Road, Highway STATE ROAD 19			At Street Address#		At Latitude and Longitude 28.8911366276443 -81.686726510524693	
At Feet 37	Or Miles	Direction North	From Intersection With Street, Road, Highway 5TH STREET			Or From Milepost #
Road System Identifier 2 U.S.		Type Of Shoulder 1 Paved		Type Of Intersection 1 Not at Intersection		

## CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 5 Dark-Not Lighted	Weather Condition 3 Rain	Roadway Surface Condition 2 Wet	School Bus Related 1 No	Manner Of Collision 77 Other, Explain in Narrative
First Harmful Event Type	First Harmful Event 10	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 1 Non-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 1 No	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 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number 1598BP	State FL	Reg. Expires 09/Sep/2014	Permanent Reg. No	VIN 1GHDU06E1VD109666	
Year 1997	Make OLDS SILHOUETTE	Model VN	Color BGE	Extent of Damage Functional	Est. Damage 1000	Towed Due To Damage No	Vehicle Removed By Rotation	
Insurance Company PEAK PROPERTY AND CASUALTY				Insurance Policy Number 093121545				
Name of Vehicle Owner (Check Box If Business) MARK EDWARD TOWNE			Current Address (Number and Street) 28210 PRICE RD		City and State OKAHUMPKA FL		Zip Code 34762-3323	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	
Vehicle Traveling:	Direction North	On Street, Road, Highway STATE ROAD 19				At Est. Speed 35	Posted Speed 55	Total Lanes 4
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		Zip Code		Phone Number	
Comm/Non-Commercial	Vehicle Body Type 2 Passenger Van	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 6 Changing Lanes	Trafficway 3 Two-Way, Divided, Unprotected (painted >4 feet) Median	Roadway Grade 1 Level	Roadway Alignment 1 Straight	Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 10 Pedestrian		
Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object 10 Pedestrian		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 MARK EDWARD TOWNE	Date of Birth 09/Sep/1961	Sex 1 Male	Phone Number 3526307102	Re-Exam No
Address 28210 PRICE RD		City OKAHUMPKA		State FL		Zip Code 34762	
Driver License Number T500545613290	State FL	Expires 09/Sep/2018	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 1 None	Ejection 1 Not Ejected	

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Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 1 Not Applicable	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other		
Drivers Actions at Time of Crash (first) 1 No Contributing Action		Drivers Actions at Time of Crash (second)			Driver Distracted By 1 Not Distracted	Vision Obstruction 1 Vision Not Obscured		
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)			Drivers Condition at Time of Crash 1 Apparently Normal			
Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To		

#### PERSON RECORD

Person# 2	Description 2 Non-Motorist	Name KIMBERLY RENAE MOORE			Date of Birth 13/Jan/1980	Sex 2 Female	Injury Severity 4 Incapacitating	Phone Number	
Address 1799 N CR 19A APT L1		City EUSTIS		State FL		Zip Code 32726			
Non-Motorist Description Detail 1 Pedestrian			Non-Motorist Action Prior to Crash 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)			Non-Motorist Location at Time of Crash 6 Bicycle Lane			
Non-Motorist Actions/Circumstance (First) 77 Other, Explain in Narrative		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 1 None			Non-Motorist Safety Equipment (Two)		
Suspected Alcohol Use 2 Yes	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 88 Unknown	Drug Tested 1 Test Not Given		Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID LAKE CO EMS		EMS Run Number 234772			Medical Facility Transported To ORMC		

#### WITNESSES

Name <b>ERIC MICHAEL ALMETER</b>	Address <b>405 1/2 N CENTER ST</b>	City <b>EUSTIS</b>	State <b>FL</b>	Zip Code <b>32726</b>
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#### NARRATIVE

ID Number 1139	Rank CORPORAL	Name J.C. HELMS	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Sep 24, 2013
<p>V01 was traveling northbound in the outside lane of State Road 19 and was approaching 5th street. NM01 was walking southbound in the northbound marked bike lane of State Road 19. D-1 stated he changed lanes to the right to travel into the right turn lane to make a right turn onto Orange Ave. V01 struck NM01 in the left side with the left front of V01. NM01 rotated in a counter clockwise direction and NM01 hand struck the windshield of V01. NM01 continued to travel down the left side of V01 striking the left side mirror with her body. NM01 came to rest within the northbound outside travel lane of State Road 19. D-1 stated he continued traveling northbound and into the turn lane and stopped on the east shoulder facing north.</p> <p>(Witness/Friend) Mr. Eric M. Almeter stated, he was walking to the right of NM01 at the time of the crash. Mr. Almeter stated, he pulled on NM01 trying to get her out of the way of V01.</p> <p>Florida Statutes 316.130(4) which states in part: Where sidewalks are not provided, any pedestrian walking along and upon a highway shall, when practicable, walk only on the shoulder on the left side of the roadway in relation to the pedestrian's direction of travel, facing traffic which may approach from the opposite direction.</p>						

#### REPORTING OFFICER

ID/Badge # <b>1139</b>	Rank and Name <b>CORPORAL J.C. HELMS</b>	Department <b>FLORIDA HIGHWAY PATROL</b>	Type of Department <b>FHP</b>
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