

# 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 <b>11/Dec/2013 05:44 PM</b>	Time of Crash <b>11/Dec/2013 05:44 PM</b>	Date of Report <b>13/Dec/2013 10:06 AM</b>	Invest. Agency Report Number <b>13-018028</b>	HSMV Crash Report Number <b>83851787</b>
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### CRASH IDENTIFIERS

County Code <b>12</b>	City Code <b>40</b>	County of Crash <b>LAKE</b>	Place or City of Crash <b>LADY LAKE</b>	Within City Limits <b>Yes</b>	Time Reported <b>11/Dec/2013 05:46 PM</b>	Time Dispatched <b>11/Dec/2013 05:47 PM</b>
Time on Scene <b>11/Dec/2013 05:50 PM</b>	Time Cleared Scene <b>11/Dec/2013 09:03 PM</b>	Completed	Reason (if Investigation NOT Completed) <b>THI INVESTIGATION</b>			Notified By <b>Motorist</b>

### ROADWAY INFORMATION

Crash Occured On Street, Road, Highway <b>US HWY 27/441</b>			At Street Address#		At Latitude and Longitude	
At Feet <b>300</b>	Or Miles	Direction <b>North</b>	From Intersection With Street, Road, Highway <b>LONGVIEW AVE</b>			Or From Milepost #
Road System Identifier <b>2 U.S.</b>		Type Of Shoulder <b>2 Unpaved</b>	Type Of Intersection <b>1 Not at Intersection</b>			

### CRASH INFORMATION (Check if Pictures Taken)

Light Condition <b>5 Dark-Not Lighted</b>	Weather Condition <b>1 Clear</b>	Roadway Surface Condition <b>1 Dry</b>	School Bus Related <b>1 No</b>	Manner Of Collision <b>77 Other, Explain in Narrative</b>	
First Harmful Event Type	First Harmful Event <b>11</b>	First Harmful Event Location <b>1 On Roadway</b>	Within Interchange <b>No</b>	First Harmful Event Relation to Junction <b>17 Acceleration/Deceleration Lane</b>	
Contributing Circumstances: Road <b>1 None</b>		Contributing Circumstances: Road		Contributing Circumstances: Road	
Contributing Circumstances: Environment <b>1 None</b>		Contributing Circumstances: Environment		Contributing Circumstances: Environment	
Work Zone Related <b>1 No</b>	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone	

### VEHICLE (Check if Commercial)

Vehicle <b>1</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>1 No</b>	Veh License Number <b>UK</b>	State <b>OT</b>	Reg. Expires	Permanent Reg.	VIN <b>0939210001181183</b>		
Year <b>2000</b>	Make <b>ACE</b>	Model	Style <b>MD</b>	Color <b>RED</b>	Extent of Damage <b>Disabling</b>	Est. Damage <b>1000</b>	Towed Due To Damage <b>No</b>	Vehicle Removed By <b>KLING'S TOWING</b>	Rotation <b>Rotation</b>
Insurance Company <b>UK</b>				Insurance Policy Number					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>			Current Address (Number and Street) <b>2942 SUNRISE RD</b>			City and State <b>LADY LAKE FL</b>		Zip Code <b>32159</b>	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling: <b>South</b>	Direction	On Street, Road, Highway <b>US HWY 27/441</b>				At Est. Speed <b>25</b>	Posted Speed <b>55</b>	Total Lanes <b>3</b>	
Comm GVWR/GCWR	Trailer Type (trailer one)		Trailer Type (trailer two)		Area of Initial Impact		Most Damaged Area		
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 <b>12 Moped</b>	Vehicle Defects (one) <b>1 None</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 No</b>	Special Function of MV <b>1 No Special Function</b>		
Vehicle Maneuver Action <b>1 Straight Ahead</b>	Trafficway <b>4 Two-Way, Divided, Positive Median Barrier</b>	Roadway Grade <b>1 Level</b>	Roadway Alignment <b>1 Straight</b>		Most Harmful Event <b>2 Collision with Non-Fixed Object</b>		Most Harmful Event Detail <b>14 Motor Vehicle in Transport</b>		
Traffic Control Device For This Vehicle <b>1 No Controls</b>	First (1) Sequence of Events <b>2 Collision with Non-Fixed Object</b>		Second (2) Sequence of Events <b>11 Pedalcycle</b>		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

### VEHICLE (Check if Commercial)

Vehicle <b>2</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>1 No</b>	Veh License Number <b>BDSQ51</b>	State <b>FL</b>	Reg. Expires <b>31/Dec/2013</b>	Permanent Reg.	VIN <b>1GBJC34U62F130752</b>		
Year <b>2002</b>	Make <b>CHEV</b>	Model <b>SLV</b>	Style <b>DP</b>	Color <b>WHI</b>	Extent of Damage <b>Minor</b>	Est. Damage <b>800</b>	Towed Due To Damage <b>No</b>	Vehicle Removed By <b>KLING'S TOWING</b>	Rotation
Insurance Company <b>INTEGON NATIONAL INS. CO.</b>				Insurance Policy Number <b>2001320009</b>					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>			Current Address (Number and Street) <b>20049 SE 155TH ST</b>			City and State <b>UMATILLA FL</b>		Zip Code <b>32784</b>	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling: <b>South</b>	Direction	On Street, Road, Highway <b>US HWY 27/441</b>				At Est. Speed <b>40</b>	Posted Speed <b>55</b>	Total Lanes <b>3</b>	
Comm GVWR/GCWR	Trailer Type (trailer one)		Trailer Type (trailer two)		Area of Initial Impact		Most Damaged Area		
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 <b>3 Pickup</b>	Vehicle Defects (one) <b>1 None</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 No</b>	Special Function of MV <b>1 No Special Function</b>		

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Vehicle Maneuver Action <b>1 Straight Ahead</b>	Trafficway <b>4 Two-Way, Divided, Positive Median Barrier</b>	Roadway Grade <b>1 Level</b>	Roadway Alignment <b>1 Straight</b>	Most Harmful Event <b>2 Collision with Non-Fixed Object</b>	Most Harmful Event Detail <b>11 Pedalcycle</b>
Traffic Control Device For This Vehicle <b>1 No Controls</b>		First (1) Sequence of Events <b>2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport</b>	Second (2) Sequence of Events <b>11 Pedalcycle</b>	Third (3) Sequence of Events	Fourth (4) Sequence of Events

**PERSON RECORD**

Person# <b>1</b>	Description <b>1 Driver</b>	Vehicle # <b>1</b>	Name <b>STEVEN N ASLIN</b>	Date of Birth <b>20/Mar/1945</b>	Sex <b>1 Male</b>	Phone Number	Re-Exam	
Address		City <b>LADY LAKE</b>	State <b>FL</b>	Zip Code <b>32159</b>				
Driver License Number <b>A-245-794-45-100-0</b>	State <b>FL</b>	Expires <b>20/Mar/2009</b>	DL Type <b>7 None</b>	Req. End. <b>3 No Req Endorsement</b>	Injury Severity <b>5 Fatal (within 30 days)</b>	Ejection <b>1 Not Ejected</b>		
Restraint System <b>2 None Used - Motor Vehicle Occupant</b>	Air Bag Deployed <b>1 Not Applicable</b>	Helmet Use <b>3 No Helmet</b>	Eye Protection <b>1 Yes</b>	Seating Location Seat <b>2 Middle</b>	Seating Location Row <b>1 Front</b>	Seating Location Other <b>1 Not Applicable</b>		
Drivers Actions at Time of Crash (first) <b>77 Other Contributing Action</b>		Drivers Actions at Time of Crash (second)		Driver Distracted By <b>1 Not Distracted</b>	Vision Obstruction <b>1 Vision Not Obscured</b>			
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash <b>77 Other, Explain in Narrative</b>				
Suspected Alcohol Use <b>2 Yes</b>	Alcohol Tested <b>3 Test Given</b>	Alcohol Test Type <b>1 Blood</b>	Alcohol Test Result <b>1 Pending</b>	BAC	Suspected Drug Use <b>1 No</b>	Drug Tested	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility <b>2 EMS</b>		EMS Agency Name or ID <b>LAKE EMS</b>		EMS Run Number <b>41112</b>	Medical Facility Transported To <b>OCALA REGIONAL HOSPITAL</b>			

**PERSON RECORD**

Person# <b>2</b>	Description <b>1 Driver</b>	Vehicle # <b>2</b>	Name <b>CHRISTOPHER P ANDREWS</b>	Date of Birth <b>04/Jan/1980</b>	Sex <b>1 Male</b>	Phone Number <b>3522502061</b>	Re-Exam	
Address		City <b>LEESBURG</b>	State <b>FL</b>	Zip Code <b>34748</b>				
Driver License Number <b>A-536-115-80-004-0</b>	State <b>FL</b>	Expires <b>04/Jan/2018</b>	DL Type <b>5 E/Operator</b>	Req. End. <b>3 No Req Endorsement</b>	Injury Severity <b>1 None</b>	Ejection <b>1 Not Ejected</b>		
Restraint System <b>3 Shoulder and Lap Belt Used</b>	Air Bag Deployed <b>2 Not Deployed</b>	Helmet Use <b>3 No Helmet</b>	Eye Protection <b>3 Not Applicable</b>	Seating Location Seat <b>1 Left</b>	Seating Location Row <b>1 Front</b>	Seating Location Other <b>1 Not Applicable</b>		
Drivers Actions at Time of Crash (first) <b>77 Other Contributing Action</b>		Drivers Actions at Time of Crash (second)		Driver Distracted By <b>3 Other Electronic Device (navigation device, DVD player)</b>	Vision Obstruction <b>1 Vision Not Obscured</b>			
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash <b>1 Apparently Normal</b>				
Suspected Alcohol Use <b>1 No</b>	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>1 No</b>	Drug Tested	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility <b>1 Not Transported</b>		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To			

**NARRATIVE**

Vehicle 2 was traveling South on US Hwy 27/441 approximately 300 feet North of Longview Avenue. Vehicle 2 was in the outside lane getting ready to merge right into the turning lane to turn right onto Longview Ave. As the driver was getting ready to merge, he was looking at his radio changing the station when he heard a loud bang and looked up to see a red moped pass by the passenger side of his vehicle. The driver stated he was not sure if he hit someone and pulled to the side of the road to check. Driver 2 noticed the driver of an electric moped lying face down on the side of the roadway next to his moped. Driver 2 offered assistance to driver 1 with another person until EMS arrived.

The point of impact was located in the right side of the outside travel lane heading South on US Hwy 27/441. Vehicle 2 struck the moped with his front right headlight, unknown of exact location of impact on the moped. Driver 1 was transported by Lake EMS and later flown to Ocala Regional Hospital where he was later pronounced dead by ER staff.

THI investigators were called upon my arrival to the scene and conducted their investigation. Photographs were taken by me initially and later taken by THI investigators. No citations were issued at this time, still under investigation. Both vehicles were towed by Kling's Towing for further investigation. Driver 1 was turned over to the Medical Examiner's office for further investigation.

Paramedics on scene did advise they could smell a distinct odor of an alcoholic beverage coming from or about driver 1 after he was placed into the back of the ambulance. The Medical Examiner's Office will be conducting their investigation and blood draw results from Ocala Regional Hospital. No independent witnesses stopped at the time of my arrival. Driver 2 made a written sworn statement. Case open for further investigation.

\*\*\*\*THI UPDATE CPL. A. CRONK 228\*\*\*\* 12/13/2013 \*\*\*\*

This was to add the vin to V1. Case still pending further investigation.

**REPORTING OFFICER**

ID/Badge # <b>228</b>	Rank and Name <b>Corporal ADAM CRONK</b>	Department <b>Lady Lake Police Department</b>	Type of Department <b>PD</b>
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