

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

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

ROADWAY INFORMATION

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

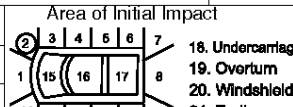
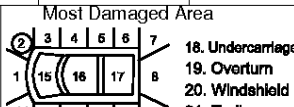
CRASH INFORMATION (Check if Pictures Taken) ☒

Light Condition 5 Dark-Not Lighted	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 77 Other, Explain in Narrative
First Harmful Event Type	First Harmful Event 11	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 17 Acceleration/Deceleration Lane
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 UK		State OT		Reg. Expires		Permanent Reg.		VIN 0939210001181183																					
Year 2000	Make ACE	Model	Style	Color MD	RED	Extent of Damage Disabling		Est. Damage 1000		Towed Due To Damage No		Vehicle Removed By KLING'S TOWING		Rotation Rotation																					
Insurance Company								Insurance Policy Number																											
Name of Vehicle Owner (Check Box If Business) STEVEN NELS ASLIN								Current Address (Number and Street) 2942 SUNRISE RD								City and State LADY LAKE FL		Zip Code 32159																	
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:		Direction South		On Street, Road, Highway US HWY 27/441								At Est. Speed 25		Posted Speed 55		Total Lanes 3																			
CMV Configuration						Cargo Body Type						Area of Initial Impact						Most Damaged Area																	
Comm GVWR/GCWR						Trailer Type (trailer one)						Trailer Type (trailer two)						18. Undercarriage						18. Undercarriage											
Haz. Mat. Release						Haz Mat. Placard						Number						Class						19. Overturn						19. Overturn					
Motor Carrier Name						US DOT Number						14						14						20. Windshield						20. Windshield					
Motor Carrier Address						City and State						Zip Code						Phone Number																	
Comm/Non-Commercial		Vehicle Body Type 12 Moped				Vehicle Defects (one) 1 None				Vehicle Defects (two)				Emergency Vehicle Use 1 No				Special Function of MV 1 No Special Function																	
Vehicle Maneuver Action 1 Straight Ahead		Trafficway 4 Two-Way, Divided, Positive Median Barrier				Roadway Grade 1 Level				Roadway Alignment 1 Straight				Most Harmful Event 2 Collision with Non-Fixed Object				Most Harmful Event Detail 14 Motor Vehicle in Transport																	
Traffic Control Device For This Vehicle 1 No Controls				First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport				Second (2) Sequence of Events 11 Pedalcycle				Third (3) Sequence of Events				Fourth (4) Sequence of Events																			

VEHICLE (Check if Commercial) ☐

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

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

PERSON RECORD

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

PERSON RECORD

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

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 # 228	Rank and Name Corporal ADAM CRONK	Department Lady Lake Police Department	Type of Department PD
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