

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 17/Aug/2013 05:02 PM	Time of Crash 17/Aug/2013 05:02 PM	Date of Report 17/Aug/2013 06:23 PM	Invest. Agency Report Number FHPD13OFF070427	HSMV Crash Report Number 83294395
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CRASH IDENTIFIERS

County Code 12	City Code 62	County of Crash LAKE	Place or City of Crash UMATILLA	Within City Limits No	Time Reported 17/Aug/2013 05:07 PM	Time Dispatched 17/Aug/2013 05:10 PM
Time on Scene 17/Aug/2013 06:10 PM	Time Cleared Scene 17/Aug/2013 06:50 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway SR-19			At Street Address#		At Latitude 28.906351702218 and Longitude -81.680763068179999	
At Feet 75	Or Miles	Direction West	From Intersection With Street, Road, Highway LAKE SMITH RD			Or From Milepost #
Road System Identifier 3 State		Type Of Shoulder 1 Paved		Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 1 Daylight	Weather Condition 2 Cloudy	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 3 Shoulder	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 GYZ8I	State FL	Reg. Expires 08/May/2014	Permanent Reg. No	VIN 1N4BL11D06N349913
Year 2006	Make NISS	Model ALTIMA	Style 4D	Color BLK	Extent of Damage Minor	Est. Damage 250	Towed Due To Damage No
Insurance Company GEICO INS CO				Insurance Policy Number 4293408540			
Name of Vehicle Owner (Check Box If Business) NANCY JANE HAYS SMITH			Current Address (Number and Street) PO BOX 2270		City and State UMATILLA FL		Zip Code 32784-0000
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 South	On Street, Road, Highway SR-19				At Est. Speed 45	Posted Speed 55
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 1 Passenger Car	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 11 Pedalcycle	
Traffic Control Device For This Vehicle 77 Other, Explain in Narrative	First (1) Sequence of Events 2 Collision with Non-Fixed Object 11 Pedalcycle		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 NANCY JANE HAYS SMITH	Date of Birth 08/May/1981	Sex 2 Female	Phone Number	Re-Exam No
Address PO BOX 2270		City UMATILLA	State FL	Zip Code 32784			
Driver License Number H253630816680	State FL	Expires 08/May/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 2 Not Deployed		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) 15 Improper Passing					Drivers Actions at Time of Crash (second)					Driver Distracted By 7 Inattentive			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 3 Passenger	Vehicle # 1	Name ZACHARY DIXON SMITH	Date of Birth 28/Jun/2012	Sex 1 Male	Injury Severity 1 None	Ejection 1 Not Ejected
Address PO BOX 2270			City UMATILLA			State FL	Zip Code 32784
Restraint System 8 Child Restraint System -Rear Facing	Air Bag Deployed 1 Not Applicable	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 3	Seating Location Row 2	Seating Location Other	
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	

PERSON RECORD

Person# 3	Description 2 Non-Motorist	Name ERIC MICHAEL ALMETER		Date of Birth 23/Jul/1978	Sex 1 Male	Injury Severity 3 Non-incapacitating	Phone Number	
Address 405 1/2 N CENTER ST		City EUSTIS		State FL		Zip Code 32726		
Non-Motorist Description Detail 3 Bicyclist			Non-Motorist Action Prior to Crash 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane)			Non-Motorist Location at Time of Crash 5 Travel Lane - Other Location		
Non-Motorist Actions/Circumstance (First) 1 No Improper Action		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two)		
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 2 EMS		EMS Agency Name or ID LAKE EMS		EMS Run Number 27423		Medical Facility Transported To WATERMAN HOSPITAL		

VIOLATIONS

Person# 1	Name NANCY JANE HAYS SMITH	Florida Statute Number 316.083(1)	Charge OVERTAKING AND PASSING BICYCLE IMPROPER DISTANCE BETWEEN	Citation A0UMQLE
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NARRATIVE

ID Number 2669	Rank TROOPER	Name W.S. MCKENZIE	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Aug 17, 2013
<p>V01 was traveling southbound on SR-19 in the outside lane approaching NM01. NM01 was riding his bicycle southbound on SR-19 in the small paved shoulder adjacent to the outside lane. D01 stated her baby was crying and in looking back to tend to him, V01 drifted to the right and V01's right side view mirror collided with NM01. NM01 stated the collision had knocked him from his bicycle. V01 was moved to the side of the roadway and NM01 was transported to the hospital prior to my arrival.</p> <p>NM01 was riding a red Diamondback bike, serial # IOJ08379. The bike did not appear to suffer any damage other than twisting the seat around. V01</p>						

REPORTING OFFICER

ID/Badge # 2669	Rank and Name TROOPER W.S. MCKENZIE	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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Not To Scale

