

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 01/Sep/2011 05:26 PM	Time of Crash 01/Sep/2011 05:26 PM	Date of Report 01/Sep/2011 05:56 PM	Invest. Agency Report Number FHPD11OFF072716	HSMV Crash Report Number 82269032
---------------------------------------	---------------------------------------	--	---	--------------------------------------

CRASH IDENTIFIERS

County Code 12	City Code	County of Crash LAKE	Place or City of Crash	Within City Limits No	Time Reported 01/Sep/2011 05:26 PM	Time Dispatched 01/Sep/2011 05:27 PM
Time on Scene 01/Sep/2011 05:47 PM	Time Cleared Scene 01/Sep/2011 06:21 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway MOHAWK RD			At Street Address#		At Latitude and Longitude 28.572146666666701 -81.731331666666705	
At Feet 10	Or Miles	Direction South	From Intersection With Street, Road, Highway OLD HWY 50			Or From Milepost #
Road System Identifier 5 Local		Type Of Shoulder 2 Unpaved		Type Of Intersection 3 T-Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 3 Angle
First Harmful Event Type	First Harmful Event 11	First Harmful Event Location 1 On Roadway	Within Interchange Yes	First Harmful Event Relation to Junction 2 Intersection
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 730LBI	State FL	Reg. Expires 15/Jul/2012	Permanent Reg. No	VIN 1FMZU63K24UC14333
Year 2004	Make FORD	Model OTHER	Style UT	Color WHI	Extent of Damage Minor	Est. Damage 100	Towed Due To Damage No
Insurance Company SOUTHERN OWNERS INS CO				Insurance Policy Number 4848854600			
Name of Vehicle Owner (Check Box If Business) ARILD JOHANSEN			Current Address (Number and Street) 855 CUMBERLAND CIR		City and State MINNEOLA FL		Zip Code 34715
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 MOHAWK RD				At Est. Speed 5	Posted Speed 35
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 16 (Sport) Utility Vehicle	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 1 Two-Way, Not Divided	Roadway Grade 4 Downhill	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 6 Stop Sign	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 SUSAN LURAE JOHANSEN	Date of Birth 18/Nov/1961	Sex 2 Female	Phone Number	Re-Exam No
Address 855 CUMBERLAND CIR		City MINNEOLA	State FL	Zip Code 34715			
Driver License Number J525792619180	State FL	Expires 18/Nov/2012	DL Type 5 E/Operator	Req. End.	Injury Severity 1 None	Ejection 1 Not Ejected	

Date of Crash 01/Sep/2011 05:26 PM	Date of Report 01/Sep/2011 05:26 PM	Invest. Agency Report Number FHPD11OFF072716	HSMV Crash Report Number 82269032
---------------------------------------	--	---	--------------------------------------

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 1 Not Applicable		
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 IVAN SOSA GARCIA			Date of Birth 27/Jul/1968	Sex 1 Male	Injury Severity 1 None	Phone Number	
Address 15840 STATE RD 50 LOT 141		City CLERMONT		State FL			Zip Code 34711		
Non-Motorist Description Detail 3 Bicyclist			Non-Motorist Action Prior to Crash 1 Crossing Roadway			Non-Motorist Location at Time of Crash 1 Intersection - Marked Crosswalk			
Non-Motorist Actions/Circumstance (First) 1 No Improper Action		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 2 Helmet			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 1 Not Transported		EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To		

WITNESSES

Name NANCY LLERA	Address 9725 SPRING LAKE DR	City CLERMONT	State FL	Zip Code 34714
----------------------------	---------------------------------------	-------------------------	--------------------	--------------------------

WITNESSES

Name SHERRY PARKER	Address 360 MARCO CT	City CLERMONT	State FL	Zip Code 34711
------------------------------	--------------------------------	-------------------------	--------------------	--------------------------

NARRATIVE

Officer: C.L. THOMPSON
Date: Sep 1 2011 6:14PM

V01 was northbound on Mohawk Dr south of Old Hwy 50. NM01 was riding a bicycle westbound on a bicycle path that runs parallel with Old Hwy. 50 east of Mohawk Dr. The front of V01 struck the left of NM01. V01 and NM01 both had stop signs.

Note: Unable to determine fault due to conflicting statements from V01, NM01, and both witnesses.

REPORTING OFFICER

ID/Badge # 2553	Rank and Name TROOPER C.L. THOMPSON	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
---------------------------	---	---	----------------------------------

Date of Crash 01/Sep/2011 05:26 PM	Date of Report 01/Sep/2011 05:26 PM	Invest. Agency Report Number FHPD11OFF072716	HSMV Crash Report Number 82269032
---------------------------------------	--	---	--------------------------------------