

# 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>01/Sep/2011 05:26 PM</b>	Time of Crash <b>01/Sep/2011 05:26 PM</b>	Date of Report <b>01/Sep/2011 05:56 PM</b>	Invest. Agency Report Number <b>FHPD11OFF072716</b>	HSMV Crash Report Number <b>82269032</b>
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## CRASH IDENTIFIERS

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

## ROADWAY INFORMATION

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

## CRASH INFORMATION (Check if Pictures Taken)

Light Condition <b>1 Daylight</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>3 Angle</b>
First Harmful Event Type	First Harmful Event <b>11</b>	First Harmful Event Location <b>1 On Roadway</b>	Within Interchange <b>Yes</b>	First Harmful Event Relation to Junction <b>2 Intersection</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>730LBI</b>	State <b>FL</b>	Reg. Expires <b>15/Jul/2012</b>	Permanent Reg. <b>No</b>	VIN <b>1FMZU63K24UC14333</b>				
Year <b>2004</b>	Make <b>FORD</b>	Model <b>OTHER</b>	Style <b>UT</b>	Color <b>WHI</b>	Extent of Damage <b>Minor</b>	Est. Damage <b>100</b>	Towed Due To Damage <b>No</b>	Vehicle Removed By	Rotation		
Insurance Company <b>SOUTHERN OWNERS INS CO</b>				Insurance Policy Number <b>4848854600</b>							
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> <b>ARILD JOHANSEN</b>			Current Address (Number and Street) <b>855 CUMBERLAND CIR</b>			City and State <b>MINNEOLA FL</b>		Zip Code <b>34715</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:	Direction <b>North</b>	On Street, Road, Highway <b>MOHAWK RD</b>				At Est. Speed <b>5</b>	Posted Speed <b>35</b>	Total Lanes <b>2</b>			
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 <b>16 (Sport) Utility Vehicle</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>1 Two-Way, Not Divided</b>	Roadway Grade <b>4 Downhill</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>6 Stop Sign</b>	First (1) Sequence of Events <b>2 Collision with Non-Fixed Object 11 Pedalcycle</b>		Second (2) Sequence of Events		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>SUSAN LURAE JOHANSEN</b>	Date of Birth <b>18/Nov/1961</b>	Sex <b>2 Female</b>	Phone Number	Re-Exam <b>No</b>
Address <b>855 CUMBERLAND CIR</b>		City <b>MINNEOLA</b>	State <b>FL</b>	Zip Code <b>34715</b>			
Driver License Number <b>J525792619180</b>	State <b>FL</b>	Expires <b>18/Nov/2012</b>	DL Type <b>5 E/Operator</b>	Req. End.	Injury Severity <b>1 None</b>	Ejection <b>1 Not Ejected</b>	

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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 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
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**WITNESSES**

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