

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 30/Aug/2012 04:10 PM	Time of Crash 30/Aug/2012 04:10 PM	Date of Report 30/Aug/2012 12:00 AM	Invest. Agency Report Number 12080485	HSMV Crash Report Number 82218301
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CRASH IDENTIFIERS

County Code 12	City Code 42	County of Crash LAKE	Place or City of Crash LEESBURG	Within City Limits Yes	Time Reported 30/Aug/2012 05:52 PM	Time Dispatched 30/Aug/2012 05:54 PM
Time on Scene 30/Aug/2012 05:54 PM	Time Cleared Scene 30/Aug/2012 07:09 PM	Completed No	Reason (if Investigation NOT Completed) HIT & RUN			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway CENTER ST		At Street Address# 1	At Latitude and Longitude
At Feet 10	Or Miles	Direction East	From Intersection With Street, Road, Highway MOSS ST N
Road System Identifier 5 Local		Type Of Shoulder 3 Curb	Type Of Intersection 1 Not at 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 4 Sideswipe, same direction
First Harmful Event Type	First Harmful Event 11	First Harmful Event Location 1 On Roadway	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	Hit and Run 2 Yes	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN		
Year	Make BUIC	Model UNKNOWN	Style 4D	Color MAR	Extent of Damage Unknown	Est. Damage	Towed Due To Damage	Vehicle Removed By	Rotation
Insurance Company				Insurance Policy Number					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>			Current Address (Number and Street)			City and State		Zip Code	
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	On Street, Road, Highway				At Est. Speed	Posted Speed	Total Lanes	
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR 4 Not Applicable			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) 88 Unknown		Vehicle Defects (two) 88 Unknown		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 88 Unknown	Trafficway 1 Two-Way, Not Divided	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 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 UNKNOWN UNKNOWN	Date of Birth	Sex	Phone Number	Re-Exam
Address		City		State		Zip Code	
Driver License Number	State	Expires	DL Type	Req. End.	Injury Severity	Ejection 1 Not Ejected	

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Restraint System	Air Bag Deployed 88 Deployment Unknown	Helmet Use	Eye Protection	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other		
Drivers Actions at Time of Crash (first)		Drivers Actions at Time of Crash (second)		Driver Distracted By 88 Unknown	Vision Obstruction			
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash 88 Unknown				
Suspected Alcohol Use 88 Unknown	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 88 Unknown	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			

PERSON RECORD

Person# 2	Description 2 Non-Motorist	Name HARLEY A MELTON	Date of Birth 19/May/1998	Sex 1 Male	Injury Severity 2 Possible	Phone Number 3524596586		
Address 105 N CHESTER ST 1		City LEESBURG	State FL		Zip Code 34748			
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	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 77 Other, Explain in Narrative	EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To LEESBURG REGIONAL MEDICAL CENTER			

WITNESSES

Name CHRISTOPHER LEE WATA	Address 1704 CENTER STREET	City LEESBURG	State FL	Zip Code 34748
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WITNESSES

Name MICHAEL ANTONACCI	Address 1704 CENTER ST	City LEESBURG	State FL	Zip Code 34748
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NARRATIVE

Non-motorist 1 was riding his bicycle on Center St just passed Moss St heading East. He stated he was hit by a maroon/burgundy color, 4 door, Buick. He stated he was struck with the passenger side of the vehicle. He said he and his bicycle went underneath the vehicle. He said the driver got out of the vehicle while he was pulling his bike out from under the vehicle. He said the driver was a white female in her mid 30's to 40's, skinny, approximately 5'5", wearing a red tank top. He said she did not say anything to him. He got back onto his bicycle and road away. He said she followed him down the road for a little bit and when he turned off the road he did not see her anymore. When he arrived home he told his mother what had happened. She took him to LRMC to be treated for his injuries which were a sprained right ankle and a bruised left hand.

I went back to the area to canvass for witnesses. W1 stated he saw the boy on the ground pulling his bike out from under the vehicle. He said the vehicle was possibly a 1994-1997 maroon/burgundy Buick, 4 door with tinted windows. He said the driver was a white female, in her 40's, had dark brown hair, thin, 5'5", to 5'6", and wore glasses.

W2 said the same thing as witness 1, they were riding in the same vehicle traveling west on Center St and saw the result of the crash.

REPORTING OFFICER

ID/Badge # T-12	Rank and Name SENIOR OFFICER CUNNINGHAM	Department LEESBURG POLICE DEPARTMENT	Type of Department PD
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Center St



N Moss St

NOT TO SCALE