

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

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

## ROADWAY INFORMATION

Crash Occured On Street, Road, Highway <b>CENTER ST</b>			At Street Address#		At Latitude and Longitude	
At Feet <b>10</b>	Or Miles	Direction <b>East</b>	From Intersection With Street, Road, Highway <b>MOSS ST N</b>			Or From Milepost #
Road System Identifier <b>5 Local</b>		Type Of Shoulder <b>3 Curb</b>		Type Of Intersection <b>1 Not at 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>4 Sideswipe, same direction</b>
First Harmful Event Type	First Harmful Event <b>11</b>	First Harmful Event Location <b>1 On Roadway</b>	Within Interchange <b>No</b>	First Harmful Event Relation to Junction <b>1 Non-Junction</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	Hit and Run <b>2 Yes</b>	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN		
Year	Make <b>BUIC</b>	Model <b>UNKNOWN</b>	Style <b>4D</b>	Color <b>MAR</b>	Extent of Damage <b>Unknown</b>	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 <b>4 Not Applicable</b>			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>1 Passenger Car</b>	Vehicle Defects (one) <b>88 Unknown</b>		Vehicle Defects (two) <b>88 Unknown</b>		Emergency Vehicle Use <b>1 No</b>		Special Function of MV <b>1 No Special Function</b>	
Vehicle Maneuver Action <b>88 Unknown</b>	Trafficway <b>1 Two-Way, Not Divided</b>	Roadway Grade <b>1 Level</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>1 No Controls</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>UNKNOWN UNKNOWN</b>	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 <b>1 Not Ejected</b>

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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 <b>CHRISTOPHER LEE WATA</b>	Address <b>1704 CENTER STREET</b>	City <b>LEESBURG</b>	State <b>FL</b>	Zip Code <b>34748</b>
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#### WITNESSES

Name <b>MICHAEL ANTONACCI</b>	Address <b>1704 CENTER ST</b>	City <b>LEESBURG</b>	State <b>FL</b>	Zip Code <b>34748</b>
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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 # <b>T-12</b>	Rank and Name <b>SENIOR OFFICER CUNNINGHAM</b>	Department <b>LEESBURG POLICE DEPARTMENT</b>	Type of Department <b>PD</b>
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