

# 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>16/Aug/2011 05:33 PM</b>	Time of Crash <b>16/Aug/2011 05:33 PM</b>	Date of Report <b>16/Aug/2011 12:00 AM</b>	Invest. Agency Report Number <b>11080267</b>	HSMV Crash Report Number <b>82217636</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>16/Aug/2011 05:33 PM</b>	Time Dispatched <b>16/Aug/2011 05:34 PM</b>
Time on Scene <b>16/Aug/2011 05:35 PM</b>	Time Cleared Scene <b>16/Aug/2011 06:30 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>US HWY 441</b>		At Street Address# <b>1</b>	At Latitude and Longitude
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway <b>PALMETTO ST</b>
Road System Identifier <b>2 U.S.</b>		Type Of Shoulder <b>3 Curb</b>	Type Of Intersection <b>2 Four-Way 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>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)

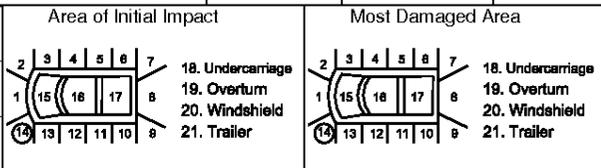
Vehicle <b>1</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>1 No</b>	Veh License Number <b>GHV5L</b>	State <b>FL</b>	Reg. Expires <b>28/May/2012</b>	Permanent Reg. <b>No</b>	VIN <b>1FTSW21P87EA49751</b>		
Year <b>2007</b>	Make <b>FORD</b>	Model	Style <b>TK</b>	Color <b>WHI</b>	Extent of Damage <b>Functional</b>	Est. Damage <b>10</b>	Towed Due To Damage <b>No</b>	Vehicle Removed By <b>DRIVER</b>	Rotation <b>Driver</b>
Insurance Company				Insurance Policy Number					

Name of Vehicle Owner (Check Box If Business) <b>STEVEN CHASE NICHOLS</b>	Current Address (Number and Street) <b>36525 TRIPP CT</b>	City and State <b>FRUITLAND PARK FL</b>	Zip Code <b>34731</b>
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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: <b>West</b>	On Street, Road, Highway <b>US HWY 441</b>	At Est. Speed <b>7</b>	Posted Speed <b>35</b>	Total Lanes <b>4</b>
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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 <b>1</b>	Haz Mat. Placard <b>1</b>	Number	Class
Motor Carrier Name		US DOT Number	



Motor Carrier Address	City and State	Zip Code	Phone Number
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Comm/Non-Commercial	Vehicle Body Type <b>3 Pickup</b>	Vehicle Defects (one) <b>1 None</b>	Vehicle Defects (two) <b>1 None</b>	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>4 Two-Way, Divided, Positive Median Barrier</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>2</b>	Description <b>1 Driver</b>	Vehicle # <b>1</b>	Name <b>STEVEN CHASE NICHOLS</b>	Date of Birth <b>28/May/1988</b>	Sex <b>1 Male</b>	Phone Number <b>3525162818</b>	Re-Exam <b>No</b>
Address <b>36525 TRIPP CT</b>		City <b>FRUITLAND PARK</b>	State <b>FL</b>	Zip Code <b>34731</b>			
Driver License Number <b>N242783881880</b>	State <b>FL</b>	Expires <b>28/May/2018</b>	DL Type <b>5 E/Operator</b>	Req. End. <b>3 No Req Endorsement</b>	Injury Severity <b>1 None</b>	Ejection <b>1 Not Ejected</b>	

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Restraint System <b>3 Shoulder and Lap Belt Used</b>	Air Bag Deployed <b>2 Not Deployed</b>	Helmet Use	Eye Protection	Seating Location Seat <b>1 Left</b>	Seating Location Row <b>1 Front</b>	Seating Location Other <b>1 Not Applicable</b>		
Drivers Actions at Time of Crash (first) <b>1 No Contributing Action</b>		Drivers Actions at Time of Crash (second)		Driver Distracted By	Vision Obstruction <b>1 Vision Not Obscured</b>			
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash <b>1 Apparently Normal</b>				
Suspected Alcohol Use <b>1 No</b>	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>1 No</b>	Drug Tested	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility <b>1 Not Transported</b>	EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			

#### PERSON RECORD

Person# <b>1</b>	Description <b>2 Non-Motorist</b>	Name <b>ANDREW BENNINGTON CARDWELL</b>	Date of Birth <b>13/Aug/1983</b>	Sex <b>1 Male</b>	Injury Severity	Phone Number <b>3528743125</b>		
Address <b>1706 RIDGEMOOR DR</b>		City <b>MASCOTTE</b>	State <b>FL</b>		Zip Code <b>34753</b>			
Non-Motorist Description Detail <b>3 Bicyclist</b>		Non-Motorist Action Prior to Crash <b>1 Crossing Roadway</b>		Non-Motorist Location at Time of Crash <b>5 Travel Lane - Other Location</b>				
Non-Motorist Actions/Circumstance (First) <b>3 Failure to Yield Right-of-Way</b>		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) <b>1 None</b>		Non-Motorist Safety Equipment (Two)		
Suspected Alcohol Use <b>1 No</b>	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>1 No</b>	Drug Tested	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility <b>77 Other, Explain in Narrative</b>	EMS Agency Name or ID <b>AEROMED 3</b>		EMS Run Number <b>35078</b>		Medical Facility Transported To <b>ORLANDO REGIONAL MEDICAL CENTER</b>			

#### VIOLATIONS

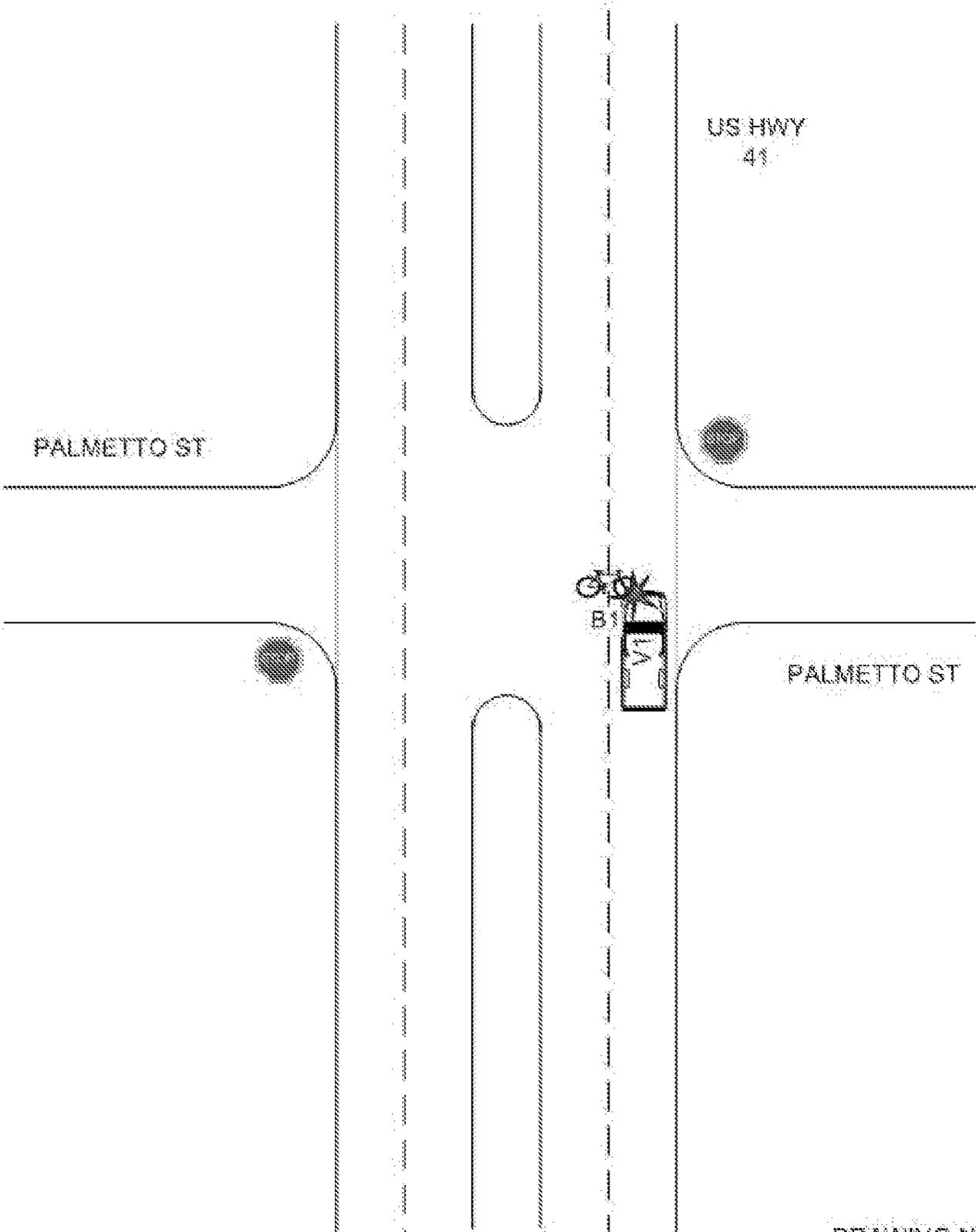
Person# <b>1</b>	Name <b>ANDREW BENNINGTON CARDWELL</b>	Florida Statute Number <b>316.2065</b>	Charge <b>BICYCLE VIOLATION</b>	Citation <b>7233-WAV</b>
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#### NARRATIVE

VEHICLE ONE (V1) WAS TRAVELING NORTH/WEST BOUND ON US HWY 441. BICYCLIST ONE (B1) WAS TRAVELING NORTH ON PALMETTO ST. AS B1 APPROACHED THE INTERSECTION OF PALMETTOS ST. AND US HWY 441, HE CROSSED OVER THE SOUTH BOUND LANES AND ENTERED INTO THE MEDIAN. B1 THEN CONTINUED TO CROSS OVER THE NORTH BOUND LANES AND INTO THE PATH OF V1. THE DRIVER OF V1 TOLD ME THAT HE OBSERVED B1 WHEN HE ENTERED INTO THE MEDIAN AND ASSUMED HE WAS GOING TO STOP, WHEN HE DID NOT V1 ATTEMPTED TO AVOID B1 BUT WAS UNABLE TO DO SO. V1 STRUCK B1 WITH THE LEFT FRONT. THE RIDER OF B1 WAS TRANSPORTED TO ORMC FOR HIS INJURIES AND THE DRIVER OF V1 DID NOT REPORT ANY INJURIES. V1 HAD A MINOR SCRATCH TO THE LEFT FRONT AND B1 HAD DAMAGE TO THE BOTH TIRES. B1 WAS FOUND TO BE AT FAULT FOR THE CRASH AND WAS ISSUED A CITATION WHICH IS BEING FILED THROUGH THE CLERKS OFFICE.

#### REPORTING OFFICER

ID/Badge # <b>T46</b>	Rank and Name <b>SENIOR OFFICER JEFF HOFFERBERTH</b>	Department <b>Leesburg Police Department</b>	Type of Department <b>SO</b>
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DRAWING NOT  
TO SCALE