

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 16/Aug/2011 05:33 PM	Time of Crash 16/Aug/2011 05:33 PM	Date of Report 16/Aug/2011 12:00 AM	Invest. Agency Report Number 11080267	HSMV Crash Report Number 82217636
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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 16/Aug/2011 05:33 PM	Time Dispatched 16/Aug/2011 05:34 PM
Time on Scene 16/Aug/2011 05:35 PM	Time Cleared Scene 16/Aug/2011 06:30 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway US HWY 441			At Street Address#		At Latitude and Longitude	
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway PALMETTO ST			Or From Milepost #
Road System Identifier 2 U.S.		Type Of Shoulder 3 Curb		Type Of Intersection 2 Four-Way 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 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 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number GHV5L	State FL	Reg. Expires 28/May/2012	Permanent Reg. No	VIN 1FTSW21P87EA49751			
Year 2007	Make FORD	Model	Style TK	Color WHI	Extent of Damage Functional	Est. Damage 10	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation Driver	
Insurance Company				Insurance Policy Number						
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> STEVEN CHASE NICHOLS			Current Address (Number and Street) 36525 TRIPP CT			City and State FRUITLAND PARK FL		Zip Code 34731		
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 West	On Street, Road, Highway US HWY 441				At Est. Speed 7	Posted Speed 35	Total Lanes 4		
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 1	Haz Mat. Placard 1	Number		Class						
Motor Carrier Name				US DOT Number						
Motor Carrier Address				City and State				Zip Code	Phone Number	

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

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Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection	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	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	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 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To		

PERSON RECORD

Person# 1	Description 2 Non-Motorist	Name ANDREW BENNINGTON CARDWELL			Date of Birth 13/Aug/1983	Sex 1 Male	Injury Severity	Phone Number 3528743125	
Address 1706 RIDGEMOOR DR		City MASCOTTE		State FL			Zip Code 34753		
Non-Motorist Description Detail 3 Bicyclist			Non-Motorist Action Prior to Crash 1 Crossing Roadway			Non-Motorist Location at Time of Crash 5 Travel Lane - Other Location			
Non-Motorist Actions/Circumstance (First) 3 Failure to Yield Right-of-Way		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 AEROMED 3		EMS Run Number 35078			Medical Facility Transported To ORLANDO REGIONAL MEDICAL CENTER		

VIOLATIONS

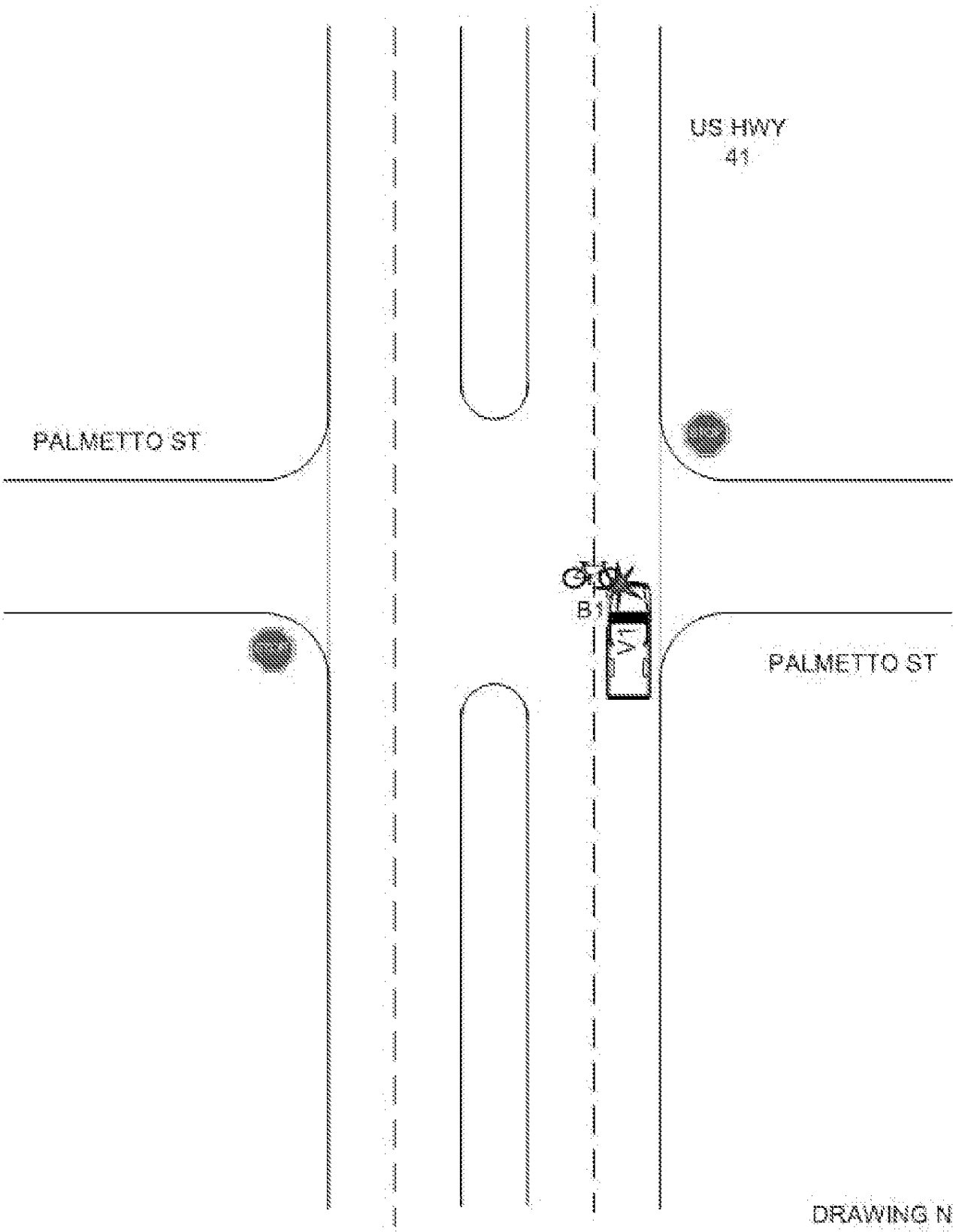
Person# 1	Name ANDREW BENNINGTON CARDWELL	Florida Statute Number 316.2065	Charge BICYCLE VIOLATION	Citation 7233-WAV
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NARRATIVE

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 THROUGHT HE CLERKS OFFICE.

REPORTING OFFICER

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