

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 19/Aug/2012 02:10 PM	Time of Crash 19/Aug/2012 02:10 PM	Date of Report 19/Aug/2012 03:40 PM	Invest. Agency Report Number FHPD12OFF070757	HSMV Crash Report Number 82844710
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CRASH IDENTIFIERS

County Code 12	City Code	County of Crash LAKE	Place or City of Crash	Within City Limits No	Time Reported 19/Aug/2012 02:19 PM	Time Dispatched 19/Aug/2012 02:21 PM
Time on Scene 19/Aug/2012 03:30 PM	Time Cleared Scene 19/Aug/2012 03:50 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway WOODCREST WAY			At Street Address#		At Latitude and Longitude 28.364861666666702 -81.677064999999999	
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway SARAH S PL			Or From Milepost #
Road System Identifier 5 Local		Type Of Shoulder 3 Curb		Type Of Intersection 3 T-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 10 Roadside88 Unknown	Within Interchange No	First Harmful Event Relation to Junction 2 Intersection
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 2 Yes	Veh License Number	State	Reg. Expires	Permanent Reg. No	VIN
Year	Make	Model	Style	Color	Extent of Damage	Est. Damage 200	Towed Due To Damage No
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
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Vehicle Traveling:	Direction	On Street, Road, Highway				At Est. Speed	Posted Speed 35
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	Vehicle Defects (one)		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function
Vehicle Maneuver Action	Trafficway 3 Two-Way, Divided, Unprotected (painted >4 feet) Median	Roadway Grade	Roadway Alignment	Most Harmful Event		Most Harmful Event Detail	
Traffic Control Device For This Vehicle 6 Stop Sign	First (1) Sequence of Events		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events

PERSON RECORD

Person# 2	Description 2 Non-Motorist	Name RAQUEL FUENTES	Date of Birth 15/Feb/1993	Sex 2 Female	Injury Severity 3 Non-incapacitating	Phone Number
Address 16455 CAGAN CROSSINGS BLVD 304		City CLERMONT	State FL	Zip Code 34714		
Non-Motorist Description Detail 3 Bicyclist		Non-Motorist Action Prior to Crash 1 Crossing Roadway		Non-Motorist Location at Time of Crash 2 Intersection - Unmarked Crosswalk		

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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 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 LAKE EMS		EMS Run Number		Medical Facility Transported To		

NARRATIVE

ID Number 2725	Rank TROOPER	Name M. MIHM	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Aug 19, 2012
VEHICLE 1 (V01) WAS TRAVELING SOUTHBOUND ON SARAHS PLACE APPROACHING WOODCREST WAY. BICYCLIST (NM01) WAS TRAVELING EASTBOUND WOODCREST WAY CROSSING SARAHS PLACE. VEHICLE 1 FAILED TO STOP AT THE STOP SIGN FOR SOUTHBOUND TRAFFIC AT SARAHS PLACE AND WOODCREST WAY CAUSING THE FRONT OF VEHICLE 1 TO COLLIDE WITH THE BICYCLIST. VEHICLE 1 FAILED TO STOP AND CONTINUED WESTBOUND ON WOODCREST WAY LEAVING THE SCENE.						

REPORTING OFFICER

ID/Badge # 2725	Rank and Name TROOPER M. MIHM	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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