

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/Jul/2013 04:40 PM	Time of Crash 16/Jul/2013 04:40 PM	Date of Report 16/Jul/2013 05:12 PM	Invest. Agency Report Number FHPD13OFF059959	HSMV Crash Report Number 83308514
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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 16/Jul/2013 04:42 PM	Time Dispatched 16/Jul/2013 04:43 PM
Time on Scene 16/Jul/2013 05:09 PM	Time Cleared Scene 16/Jul/2013 05:44 PM	Completed No	Reason (if Investigation NOT Completed) PENDING LEADS			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway WOODCREST WAY			At Street Address#		At Latitude 28.3619455900043 and Longitude -81.673250505700693	
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway SARAHS PLACE			Or From Milepost #
Road System Identifier 5 Local		Type Of Shoulder 2 Unpaved		Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 1 Daylight	Weather Condition 2 Cloudy	Roadway Surface Condition 2 Wet	School Bus Related 1 No	Manner Of Collision 77 Other, Explain in Narrative	
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 2 Yes	Veh License Number	State	Reg. Expires	Permanent Reg. Yes	VIN
Year	Make	Model	Style	Color	Extent of Damage Minor	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 North	On Street, Road, Highway WOODFLOWER WAY				At Est. Speed 25	Posted Speed 25
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) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 1 Two-Way, Not Divided	Roadway Grade 1 Level		Roadway Alignment 2 Curve Right	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 2 Non-Motorist	Name ALEXIS OLIVIA HILLENAS	Date of Birth 24/Aug/1995	Sex 2 Female	Injury Severity 3 Non-incapacitating	Phone Number 4079538060
Address 1017 WOODFLOWER WAY		City CLERMONT	State FL		Zip Code 34711	
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 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 2 EMS		EMS Agency Name or ID LAKE EMS		EMS Run Number 23833		Medical Facility Transported To SOUTH LAKE HOSPITAL		

NARRATIVE

ID Number 2845	Rank TROOPER	Name CORRIVEAU, CHAD R	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Jul 16, 2013
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Non Motorist 01 was traveling eastbound on sidewalk on Woodcrest Way approaching the intersection of Sarahs Place. V01 was traveling southbound on Sarahs Place approaching intersection of Woodcrest Way. D01 (driver) failed to stop for a DOT approved stop sign with stop bar. Non Motorist 01 was crossing intersection on bicycle. D01 (driver) drove the front of V01 into the side of Non Motorist bicycle, knocking Non Motorist to roadway. Non Motorist was moved from final rest prior to my arrival on scene. V01 fled the scene.

V01 was described as a Dark Green Older model Honda four door with light window tint, and faded paint on hood. D01 (driver) was described as a Hispanic/White female in her early to mid 20's, with light skin, dark wavy brown hair to her shoulders. Hispanic female was described as Short in height (than 5'5") and thin build approximately 120 to 130 lbs.

At this time this case is still on going following potential leads as of July 21, 2013.

REPORTING OFFICER

ID/Badge # 2845	Rank and Name TROOPER CORRIVEAU, CHAD R	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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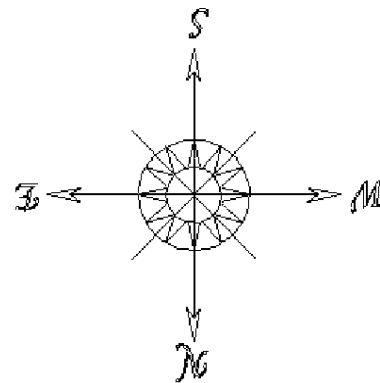


Diagram not to scale

