

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 23/Oct/2013 01:38 PM	Time of Crash 23/Oct/2013 01:38 PM	Date of Report 23/Oct/2013 12:00 AM	Invest. Agency Report Number 13100314	HSMV Crash Report Number 83452971
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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 23/Oct/2013 01:39 PM	Time Dispatched 23/Oct/2013 01:41 PM
Time on Scene 23/Oct/2013 01:45 PM	Time Cleared Scene 23/Oct/2013 02:53 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway TALLY RD			At Street Address#	At Latitude	and Longitude
At Feet 5	Or Miles	Direction West	From Intersection With Street, Road, Highway US 27	Or From Milepost #	
Road System Identifier 5 Local		Type Of Shoulder 3 Curb	Type Of Intersection 1 Not at 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
First Harmful Event Type	First Harmful Event 10	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 BJVD22	State FL	Reg. Expires 17/May/2014	Permanent Reg.	VIN 1FTEF15N9JNB09320			
Year 1988	Make FORD	Model F150	Style PK	Color RED	Extent of Damage None	Est. Damage 0	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation Driver	
Insurance Company INFINITY AUTO INSURANCE				Insurance Policy Number 109800141146001						
Name of Vehicle Owner (Check Box If Business) JESSE JAMES MCPARLIN <input type="checkbox"/>			Current Address (Number and Street) 16660 SE HWY 42			City and State WEIRSDALE FL		Zip Code 32195		
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 TALLY RD				At Est. Speed 5	Posted Speed 35	Total Lanes 2		
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	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 3 Pickup	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function			
Vehicle Maneuver Action 5 Turning Right	Trafficway 1 Two-Way, Not Divided	Roadway Grade 1 Level	Roadway Alignment 1 Straight	Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 10 Pedestrian				
Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object 10 Pedestrian		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events			

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name JESSE JAMES MCPARLIN	Date of Birth 17/May/1983	Sex 1 Male	Phone Number 3523211464	Re-Exam No
Address 16660 SE HWY 42		City WEIRSDALE	State FL	Zip Code 32195			
Driver License Number M216430831770	State FL	Expires 17/May/2021	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 1 Not Applicable	Helmet Use	Eye Protection	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other		
Drivers Actions at Time of Crash (first) 1 No Contributing Action		Drivers Actions at Time of Crash (second)		Driver Distracted By 1 Not Distracted	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# 2	Description 3 Passenger	Vehicle # 1	Name WILLIAM B WASHBURN	Date of Birth 10/May/1985	Sex 1 Male	Injury Severity 1 None	Ejection 1 Not Ejected
Address 2336 MARCELLA WY			City LEESBURG	State FL	Zip Code 34748		
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 1 Not Applicable	Helmet Use	Eye Protection	Seating Location Seat 3	Seating Location Row 1	Seating Location Other	
Source of Transport to Medical Facility 1 Not Transported	EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To		

PERSON RECORD

Person# 3	Description 2 Non-Motorist	Name DARLENE M BURNHAM	Date of Birth 20/Dec/1970	Sex 2 Female	Injury Severity 3 Non-incapacitating	Phone Number 3526023212		
Address GENERAL DELIVERY		City LEESBURG	State FL	Zip Code 34748				
Non-Motorist Description Detail 3 Bicyclist		Non-Motorist Action Prior to Crash 5 Walking/Cycling on Sidewalk		Non-Motorist Location at Time of Crash 2 Intersection - Unmarked Crosswalk				
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 1 Not Transported	EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			

WITNESSES

Name MARK D TREADWELL	Address GENERAL DELIVERY	City LEESBURG	State FL	Zip Code 34748
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VIOLATIONS

Person# 3	Name DARLENE M BURNHAM	Florida Statute Number	Charge PEDESTRIAN LEAVE PLACE OF SAFETY AND ENTER PATH OF VEHICLE	Citation A0NL1FE
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NARRATIVE

Vehicle 1 was traveling south on US 27 (Citrus Bv.) and made a right turn onto Tally Rd., traveling west. Non-motorist 1 was bicycling on the sidewalk on the west side of US 27 traveling south. According to driver 1, he stated that there was a car in front of him that also made the right turn onto Tally Rd. As he followed the car and made his right turn onto Tally Rd. he stated that the bicyclist entered the roadway as he completed his turn and struck the passengers side rear of his truck. The impact was made at the rear tire area of the truck. Driver 1 stopped his vehicle and made contact with the bicyclist. According to driver 1, he stated that he and the bicyclist made the agreement that law enforcement was not needed and that he would return to his job and get the bicyclist some money so that they may get some bandages for her arm. Driver 1 left the scene upon the agreement made by the two and returned a short time later after my arrival. It should be noted that neither party involved in the crash called law enforcement and that this was called in by a passerby. According to the bicyclist, she stated that she observed the car make the right turn onto Tally Rd. and she thought vehicle 1 was going to keep traveling south on US 27 so she began to cross Tally Rd. She did not see vehicle 1 turning onto Tally Rd. and ran into the side of the vehicle as it was traveling west on Tally Rd. Non-motorist 1 was treated on scene by EMS for a laceration to her arm. She refused further treatment or transport to a hospital. Non-motorist 1 was cited for leaving a place of safety and entering into the path of a vehicle.

REPORTING OFFICER

ID/Badge # T59	Rank and Name OFFICER MOORE	Department LEESBURG POLICE DEPARTMENT	Type of Department PD
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US 27 (Citrus Bv.)
south bound lanes



NOT TO SCALE

