

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE   
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 1

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
 TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING  
 TALLAHASSEE, FL 32399-0537

TOTAL # OF PERSON SECTION(S) 2

TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE <b>01/29/2013</b>	TIME OF CRASH <b>5:55 AM</b>	DATE OF REPORT <b>01/29/2013</b>	REPORTING AGENCY CASE NUMBER <b>13C02422</b>	HSMV CRASH REPORT NUMBER <b>80534946</b>
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CRASH IDENTIFIERS						
COUNTY CODE <b>12</b>	CITY CODE <b>30</b>	COUNTY OF CRASH <b>LAKE</b>	PLACE OR CITY OF CRASH <b>CLERMONT</b>	CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED <b>5:56 AM</b>	TIME DISPATCHED <b>5:56 AM</b>
TIME ON SCENE <b>6:05 AM</b>		TIME CLEARED SCENE <b>6:31 AM</b>		CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)	
						Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)				
CRASH OCCURRED ON STREET, ROAD, HIGHWAY <b>NORTH HANCOCK ROAD</b>			AT STREET ADDRESS # <b>1 1250</b>	AT LATITUDE AND LONGITUDE <b>2</b>
FEET	MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>3</b>	OR FROM MILEPOST # <b>4</b>

<b>Road System Identifier</b> <b>5</b> 1 Interstate 4 County 3 State 6 Turnpike/Toll	<b>Type of Shoulder</b> <b>3</b> 1 Paved 2 Unpaved 3 Curb	<b>Type of Intersection</b> <b>1</b> 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative
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CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>				
<b>Light Condition</b> <b>4</b> 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown	<b>Weather Condition</b> <b>4</b> 4 Fog, Smog, Smoke 5 Sleet/Hail/Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 1 Clear 2 Cloudy 3 Rain	<b>Roadway Surface Condition</b> <b>1</b> 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown	<b>School Bus Related</b> <b>1</b> 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	<b>Manner of Collision/Impact</b> <b>1</b> 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown 1 Front to Rear 2 Front to Front 3 Angle

<b>First Harmful Event</b> <b>11</b>	<b>Non-Collision</b> 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision	<b>Collision Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object	<b>Collision with Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)	<b>First Harmful Event Location</b> <b>1</b> 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown
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<b>First Harmful Event Relation to Junction</b> <b>4</b> 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown	<b>Contributing Circumstances: Road</b> <b>1</b> 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown	<b>Contributing Circumstances: Environment</b> <b>2</b> 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown
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<b>Work Zone Related</b> <b>1</b> 1 No 2 Yes 88 Unknown	<b>Crash in Work Zone</b> <input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	<b>Type of Work Zone</b> <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	<b>Workers in Work Zone</b> <input type="checkbox"/> 1 No 2 Yes 88 Unknown	<b>Law Enforcement in Work Zone</b> <input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present
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WITNESSES			
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE

NON VEHICLE PROPERTY DAMAGE							
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
	<b>2</b>	<b>BICYCLE</b>	<b>\$500</b>	<b>KAREN REED</b>	<b>104 SOUTH BLOXAM AVE</b>	<b>MINNEOLA, FL</b>	<b>34715</b>
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE

<b>VEHICLE #</b> 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 13C02422		HSMV CRASH REPORT NUMBER 80534946		
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER ARMQ52	STATE FL	REGISTRATION EXPIRES 10/07/2013	Check if Permanent Registration <input type="checkbox"/>	VIN 5TFRM5F19BX035672		
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 2011	MAKE TOYT	MODEL TUNDRA	STYLE PK	COLOR SIL	DAMAGE: 1 Disabling 2 Functional 3 None	
INSURANCE COMPANY GEICO		INSURANCE POLICY NUMBER 4239210927		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY CHRIS BOLLING		EST. AMOUNT \$4,000	
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>		CURRENT ADDRESS CHRISTOPHER BOLLING 2994 INCA AVENUE			CITY & STATE		ZIP CODE 34711	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR MAKE LENGTH AXLES	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR MAKE LENGTH AXLES	
VEHICLE TRAVELING	N S E W	Off-Road Unknown	ON STREET, ROAD, HIGHWAY NORTH HANCOCK ROAD			AT EST. SPEED 40	POSTED SPEED 45	TOTAL LANES 4
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS		Area of Initial Impact		Most Damaged Area	
MOTOR CARRIER NAME		US DOT NUMBER		MOTOR CARRIER ADDRESS		CITY & STATE	ZIP CODE PHONE NUMBER	
<b>Vehicle Body Type</b>		<b>Trafficway</b>		<b>Commercial Motor Vehicle Configuration</b>				
<input type="checkbox"/> 1 Passenger Car <input type="checkbox"/> 2 Passenger Van <input type="checkbox"/> 3 Pickup <input type="checkbox"/> 7 Motor Home <input type="checkbox"/> 8 Bus <input type="checkbox"/> 11 Motorcycle <input type="checkbox"/> 12 Moped <input type="checkbox"/> 13 All Terrain Vehicle (ATV)		<input type="checkbox"/> 15 Low Speed Vehicle <input type="checkbox"/> 16 (Sport) Utility Vehicle <input type="checkbox"/> 17 Cargo Van (10,000 lbs (4,536 kg) or less) <input type="checkbox"/> 18 Motor Coach (4,536 kg) or less <input type="checkbox"/> 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) <input type="checkbox"/> 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 21 Farm Labor Vehicle <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials <input type="checkbox"/> 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 3 Single-Unit Truck (3 or more axles) <input type="checkbox"/> 4 Truck Pulling Trailer(s) <input type="checkbox"/> 5 Truck Tractor (bobtail) <input type="checkbox"/> 6 Truck Tractor/Semi-Trailer <input type="checkbox"/> 7 Truck Tractor/Double Truck <input type="checkbox"/> 8 Tractor/Triple <input type="checkbox"/> 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify <input type="checkbox"/> 10 Bus/Large Van (seats for 9-15 occupants, including driver) <input type="checkbox"/> 11 Bus (seats for more than 15 occupants, including driver) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown				
<b>Comm/Non-Commercial</b>		<b>Trailer Type</b>		<b>Cargo Body Type</b>				
<input type="checkbox"/> 1 Interstate Carrier <input type="checkbox"/> 2 Intrastate Carrier <input type="checkbox"/> 3 Not in Commerce/Government <input type="checkbox"/> 4 Not in Commerce/Other Truck		<input type="checkbox"/> TRAILER 1 <input type="checkbox"/> TRAILER 2 <input type="checkbox"/> 1 Single Semi Trailer <input type="checkbox"/> 2 Tandem Semi Trailer <input type="checkbox"/> 3 Tank Trailer <input type="checkbox"/> 4 Saddle Mount/Trailer <input type="checkbox"/> 5 Boat Trailer <input type="checkbox"/> 6 Utility Trailer <input type="checkbox"/> 7 House Trailer <input type="checkbox"/> 8 Pole Trailer <input type="checkbox"/> 9 Towed Vehicle <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 No Cargo <input type="checkbox"/> 2 Bus <input type="checkbox"/> 3 Van/Enclosed Box <input type="checkbox"/> 4 Hopper <input type="checkbox"/> 5 Pole-Trailer <input type="checkbox"/> 6 Cargo Tank <input type="checkbox"/> 7 Flatbed <input type="checkbox"/> 8 Dump <input type="checkbox"/> 9 Concrete Mixer <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Log <input type="checkbox"/> 13 Intermodal Container Chassis <input type="checkbox"/> 14 Vehicle Towing Another Vehicle <input type="checkbox"/> 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown				
<b>Most Harmful Event</b>		<b>Collision with Non-Fixed Object</b>		<b>Collision Fixed Object</b>		<b>Emergency Vehicle Use</b>		
<input type="checkbox"/> 1 Overturn/Rollover <input type="checkbox"/> 2 Fire/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped from Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/ Canal <input type="checkbox"/> 9 Other Non-Collision <input type="checkbox"/> 11		<input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone/Maintenance Equipment <input type="checkbox"/> 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> 18 Other Non-Fixed Object		<input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End		<input type="checkbox"/> 29 Cable Barrier <input type="checkbox"/> 30 Concrete Traffic Barrier <input type="checkbox"/> 31 Other Traffic Barrier <input type="checkbox"/> 32 Tree (standing) <input type="checkbox"/> 33 Utility Pole/Light Support <input type="checkbox"/> 34 Traffic Sign Support <input type="checkbox"/> 35 Traffic Signal Support <input type="checkbox"/> 36 Other Post, Pole, or Support <input type="checkbox"/> 37 Fence <input type="checkbox"/> 38 Mailbox <input type="checkbox"/> 39 Other Fixed Object (wall, building, tunnel, etc.) <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		
<b>Sequence of Events</b>		<b>Vehicle Maneuver Action</b>		<b>Traffic Control Device For This Vehicle</b>		<b>Vehicle Defects</b>		
1st <input type="checkbox"/> 9 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		<input type="checkbox"/> 1 Straight Ahead <input type="checkbox"/> 3 Turning Left <input type="checkbox"/> 4 Backing <input type="checkbox"/> 5 Turning Right <input type="checkbox"/> 6 Changing Lanes <input type="checkbox"/> 8 Parked <input type="checkbox"/> 10 Making U-Turn <input type="checkbox"/> 11 Overtaking/Passing <input type="checkbox"/> 13 Stopped in Traffic <input type="checkbox"/> 14 Slowing <input type="checkbox"/> 15 Negotiating a Curve <input type="checkbox"/> 16 Leaving Traffic Lane <input type="checkbox"/> 17 Entering Traffic Lane <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 No Controls <input type="checkbox"/> 4 School Zone Sign/Device <input type="checkbox"/> 5 Traffic Control Signal <input type="checkbox"/> 6 Stop Sign <input type="checkbox"/> 7 Yield Sign <input type="checkbox"/> 8 Flashing Signal <input type="checkbox"/> 9 Railway Crossing Device <input type="checkbox"/> 10 Person (including Flagman, Officer, Guard, etc.) <input type="checkbox"/> 13 Warning Sign <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Brakes <input type="checkbox"/> 3 Tires <input type="checkbox"/> 4 Lights (head, signal, tail) <input type="checkbox"/> 6 Steering <input type="checkbox"/> 7 Wipers <input type="checkbox"/> 9 Exhaust System <input type="checkbox"/> 10 Body, Doors <input type="checkbox"/> 11 Power Train <input type="checkbox"/> 12 Suspension <input type="checkbox"/> 13 Wheels <input type="checkbox"/> 14 Windows/Windshield <input type="checkbox"/> 15 Mirrors <input type="checkbox"/> 16 Truck Coupling/Trailer Hitch/Chains <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		
<b>Roadway Grade</b>		<b>Roadway Alignment</b>		<b>Special Function of Motor Vehicle</b>				
<input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Hillcrest <input type="checkbox"/> 3 Uphill <input type="checkbox"/> 4 Downhill <input type="checkbox"/> 5 Sag (bottom)		<input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left		<input type="checkbox"/> 1 No Special Function <input type="checkbox"/> 2 Farm Vehicle <input type="checkbox"/> 3 Police <input type="checkbox"/> 7 Taxi <input type="checkbox"/> 8 Military <input type="checkbox"/> 9 Ambulance <input type="checkbox"/> 10 Fire Truck <input type="checkbox"/> 11 Farm Labor Transport <input type="checkbox"/> 12 School Bus <input type="checkbox"/> 13 Transit/Commuter Bus <input type="checkbox"/> 14 Intercity Bus <input type="checkbox"/> 15 Charter/Tour Bus <input type="checkbox"/> 16 Shuttle Bus <input type="checkbox"/> 17 Farm Labor Bus <input type="checkbox"/> 88 Unknown				
<b>VIOLATIONS</b>								
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER				
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER				
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER				

<b>PERSON #</b> 1	<b>REPORTING AGENCY CASE NUMBER</b> 13C02422	<b>HSMV CRASH REPORT NUMBER</b> 80534946
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1 Driver 2 Non-Motorist 3 Passenger	1	<b>VEHICLE #</b> 1	<b>NAME</b> CHRISTOPHER STEVEN BOLLING	<b>PHONE NUMBER</b>	<b>Check if Recommended</b> <input type="checkbox"/>	<b>Driver Re-exam</b> <input type="checkbox"/>
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<b>CURRENT ADDRESS (Number and Street)</b> 2994 INCA AVENUE	<b>CITY &amp; STATE</b> CLERMONT, FL	<b>ZIP CODE</b> 34711
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<b>DATE OF BIRTH</b> 10/07/1975	SEX: 1 Male 2 Female 88 Unknown	1	<b>DRIVER LICENSE NUMBER</b> B452117753670	STATE FL	EXPIRES 2019	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	1
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DRIVER			
<b>DL Type</b> 5	<b>Required Endorsements</b> 3	<b>Driver's Actions at Time of Crash</b>	<b>Condition At Time of Crash</b> 1
1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action
<b>Driver Vision Obstructions</b> 8 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		2nd 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	3rd 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action

DRIVER OR PASSENGER			
<b>Motor Vehicle Seating Position:</b>	<b>LOCATION: SEAT ROW OTHER (LOC)</b> 1 1 1	<b>Helmet Use (HU)</b> 3	<b>Eye Protection (EP)</b> 3
1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	1 Yes 2 No 3 Not Applicable
<b>Other</b> 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative	<b>Restraint Systems (RS)</b> 3 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative
<b>Safety Equipment</b> 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	<b>Ejection (EJECT)</b> 1 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	<b>Air Bag Deployed (ABD)</b> 2 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side

NON MOTORIST			
<b>Non-Motorist Description</b>	<b>Non-Motorist Location At Time of Crash</b>	<b>Action Prior to Crash</b>	
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist	1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside	8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	
<b>Safety Equipment</b> 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	<b>Non-Motorist Actions/Circumstances</b> 1st 2nd 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	

ALCOHOL/DRUG/EMS												
<b>SUSPECTED ALCOHOL USE:</b> 1 No 2 Yes 88 Unknown	1	<b>ALCOHOL TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	1	<b>ALCOHOL TEST TYPE:</b> 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	<b>ALCOHOL TEST RESULT:</b> 1 Pending 2 Completed 88 Unknown	<b>BAC</b>	<b>SUSPECTED DRUG USE:</b> 1 No 2 Yes 88 Unknown	1	<b>DRUG TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	1	<b>DRUG TEST TYPE:</b> 1 Blood 3 Urine 77 Other, Explain in Narrative	<b>DRUG TEST RESULT:</b> 1 Positive 2 Negative 3 Pending 88 Unknown

<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	1	<b>EMS AGENCY NAME OR ID</b>	<b>EMS RUN NUMBER</b>	<b>MEDICAL FACILITY TRANSPORTED TO</b>
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ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

<b>CURRENT ADDRESS (Number and Street)</b>	<b>CITY &amp; STATE</b>	<b>ZIP CODE</b>
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<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	1	<b>EMS AGENCY NAME OR ID</b>	<b>EMS RUN NUMBER</b>	<b>MEDICAL FACILITY TRANSPORTED TO</b>
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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<b>CURRENT ADDRESS (Number and Street)</b>	<b>CITY &amp; STATE</b>	<b>ZIP CODE</b>
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<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	1	<b>EMS AGENCY NAME OR ID</b>	<b>EMS RUN NUMBER</b>	<b>MEDICAL FACILITY TRANSPORTED TO</b>
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PERSON # 2 REPORTING AGENCY CASE NUMBER 13C02422 HSMV CRASH REPORT NUMBER 80534946

1 Driver 2 Non-Motorist 3 Passenger 2 VEHICLE # NAME KAREN JO REED PHONE NUMBER (352)874-3398 Check if Recommend Driver Re-exam

CURRENT ADDRESS (Number and Street) 104 S. BLOXAM AVENUE CITY & STATE MINNEOLA, FL ZIP CODE 34715

DATE OF BIRTH 03/09/1961 SEX: 1 Male 2 Female 88 Unknown 2 DRIVER LICENSE NUMBER R300510615890 STATE FL EXPIRES 2018 INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality 3

DRIVER DL Type Required Endorsements Driver's Actions at Time of Crash Condition At Time of Crash

DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other Ejection (EJECT) Air Bag Deployed (ABD) Eye Protection (EP) Restraint Systems (RS)

NON MOTORIST Non-Motorist Description Non-Motorist Location At Time of Crash Action Prior to Crash Safety Equipment Non-Motorist Actions/Circumstances

ALCOHOL/DRUG/EMS SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown 1 ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested 1 ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown 2 EMS AGENCY NAME OR ID LAKE EMS #321 EMS RUN NUMBER 214370 MEDICAL FACILITY TRANSPORTED TO ORALNDO REGIONAL MEDICAL CENTER

ADDITIONAL PASSENGERS PERSON # VEHICLE # NAME DATE OF BIRTH INJ SEX LOC: S R O EJECT HU EP ABD RS

CURRENT ADDRESS (Number and Street) CITY & STATE ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO

PERSON # VEHICLE # NAME DATE OF BIRTH INJ SEX LOC: S R O EJECT HU EP ABD RS

CURRENT ADDRESS (Number and Street) CITY & STATE ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO

**NARRATIVE**

REPORTING AGENCY CASE NUMBER

13C02422

HSMV CRASH REPORT NUMBER

80534946

On 01-29-2013, I received a call for a vehicle crash in front of 1250 North Hancock Road. The crash was for a vehicle versus a bicyclist. Lake EMS and Clermont Fire was also dispatched. The scene was a four lane , divided highway with raised reflectors. The lanes were marked with white, solid lines on either side of the out portions of the lane. On the on both sides of the roadway there is a clearly marked bicycle occupancy lane. The center lane is marked with broken white lines. The weather was extremely foggy. The lighting was dark and illuminated with street and headlights.

Upon arrival, I observed vehicle 1 (V1) sitting approximately 300 feet south of the initial impact area. The bicyclist (P2) was being treated by Lake EMS personnel from Unit #321 along with Clermont Fire Engine #103.

I made contact with the driver of V1 (P1). P1 stated that he was traveling south on North Hancock Road at approximately 40 MPH. P1 said that it was extremely foggy and hard to see. P1 then saw P2 on her bicycle and then clipped her with his front right head light. P2 then tumbled across the right side of his truck causing the mirror and and casing to break off. P1 then immediately stopped to render aid to P2.

I next responded to ORMC in Orlando to interview P2. P2 said that she was in the bicycle lane when all of a sudden she was struck from the rear. P2 did have lights on the front and back of her bike. She also had lights on her reflective back pack. At the time of this report, it is unknown what injuries were sustained to P2.

The contributing factor to the crash was the weather.

**ADDITIONAL PASSENGERS**

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

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**ADDITIONAL VIOLATIONS**

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

**REPORTING OFFICER**

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
A2 / 155	OFFICER J. M. AVERY	CLERMONT POLICE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DIAGRAM

REPORTING AGENCY CASE NUMBER

13C02422

HSMV CRASH REPORT NUMBER

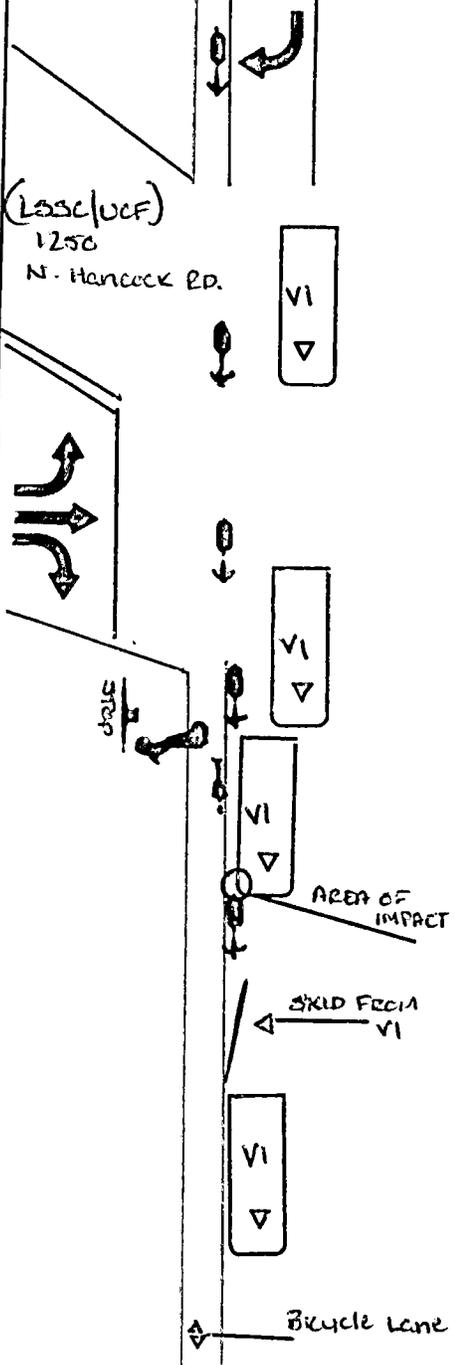
80534946

Not TO SCALE 1-29-2013



STOP

2660  
532.50  
(target)



N. Hancock Rd.

