

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐  
(Shaded Areas)

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

TOTAL # OF VEHICLE SECTION(S) 1  
TOTAL # OF PERSON SECTION(S) 2  
TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 01/29/2013		TIME OF CRASH 5:55 AM		DATE OF REPORT 01/29/2013		REPORTING AGENCY CASE NUMBER 13C02422		HSMV CRASH REPORT NUMBER 80534946		
<b>CRASH IDENTIFIERS</b>										
COUNTY CODE 12	CITY CODE 30	COUNTY OF CRASH LAKE			PLACE OR CITY OF CRASH CLERMONT			CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED 5:56 AM	TIME DISPATCHED 5:56 AM
TIME ON SCENE 6:05 AM		TIME CLEARED SCENE 6:31 AM		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"/>	
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>										
CRASH OCCURRED ON STREET, ROAD, HIGHWAY NORTH HANCOCK ROAD						AT STREET ADDRESS # 1 1250		AT LATITUDE AND LONGITUDE		
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 3				OR FROM MILEPOST # 4	
<b>Road System Identifier</b> 5 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative				<b>Type of Shoulder</b> 3 1 Paved 2 Unpaved 3 Curb		<b>Type of Intersection</b> 1 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				
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/></b>										
<b>Light Condition</b> 4 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> 4 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> 1 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown 1 Dry 2 Wet 4 Ice/Frost		<b>School Bus Related</b> 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		<b>Manner of Collision/Impact</b> 1 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> 11		<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		<b>First Harmful Event Location</b> 1 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		
<b>First Harmful Event within Interchange</b> 1 1 No 2 Yes 88 Unknown		<b>First Harmful Event Relation to Junction</b> 4 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> 1 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps		<b>Contributing Circumstances: Road</b> 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> 2 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown		
<b>Work Zone Related</b> 1 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		
<b>WITNESSES</b>										
NAME		ADDRESS		CITY & STATE		ZIP CODE				
NAME		ADDRESS		CITY & STATE		ZIP CODE				
NAME		ADDRESS		CITY & STATE		ZIP CODE				
<b>NON VEHICLE PROPERTY DAMAGE</b>										
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE			
	2	BICYCLE	\$500	KAREN REED	104 SOUTH BLOXAM AVE	MINNEOLA, FL	34715			
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE			

VEHICLE #		1		Check if Commercial		REPORTING AGENCY CASE NUMBER		13C02422		HSMV CRASH REPORT NUMBER		80534946			
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		1		VEHICLE LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration		VIN			
		ARMQ52		FL		10/07/2013						5TFRM5F19BX035672			
Hit and Run 1 No 2 Yes 88 Unknown		1		YEAR		MAKE		MODEL		STYLE		COLOR			
		2011		TOYT		TUNDRA		PK		SIL					
DAMAGE: 1 Disabling 2 Functional 3 None		4 Minor		88 Unknown		2		EST. AMOUNT				\$4,000			
INSURANCE COMPANY				INSURANCE POLICY NUMBER				Towed due to Damage: 1 No 2 Yes		1		VEHICLE REMOVED BY			
GEICO				4239210927								CHRIS BOLLING			
NAME OF VEHICLE OWNER (Check if Business)				CURRENT ADDRESS				CITY & STATE				ZIP CODE			
CHRISTOPHER BOLLING				2994 INCA AVENUE								34711			
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration		VIN		YEAR			
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration		VIN		YEAR			
VEHICLE TRAVELING		N		S		E		W		Off-Road Unknown		ON STREET, ROAD, HIGHWAY			
												NORTH HANCOCK ROAD			
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					
Vehicle Body Type				Trafficway				Commercial Motor Vehicle Configuration							
3				4				1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck				8 Tractor/Triples 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown			
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)				15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown				1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown				1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer			
Comm/Non-Commercial				Trailer Type				Cargo Body Type				13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown			
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck				1 No Cargo 2 Bus				3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log							
Most Harmful Event				Collision with Non-Fixed Object				Collision Fixed Object				Emergency Vehicle Use			
11				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 or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object				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.)			
Sequence of Events				Vehicle Maneuver Action				Traffic Control Device For This Vehicle				Vehicle Defects			
1st 9 2nd 3rd 4th				1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing				1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign				1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train			
Roadway Grade				Roadway Alignment				Special Function of Motor Vehicle							
4				1				1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military							
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)				1 Straight 2 Curve Right 3 Curve Left				9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus							
VIOLATIONS				PERSON #				NAME OF VIOLATOR				FL STATUTE NUMBER			

<b>PERSON #</b> 1		<b>REPORTING AGENCY CASE NUMBER</b> 13C02422		<b>HSMV CRASH REPORT NUMBER</b> 80534946	
1 Driver 2 Non-Motorist 3 Passenger	1	<b>VEHICLE #</b> 1	<b>NAME</b> CHRISTOPHER STEVEN BOLLING		<b>PHONE NUMBER</b>
<b>CURRENT ADDRESS (Number and Street)</b> 2994 INCA AVENUE			<b>CITY &amp; STATE</b> CLERMONT, FL		<b>ZIP CODE</b> 34711
<b>DATE OF BIRTH</b> 10/07/1975	<b>SEX:</b> 1 Male 2 Female 88 Unknown	1	<b>DRIVER LICENSE NUMBER</b> B452117753670	<b>STATE</b> FL	<b>EXPIRES</b> 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

  

<b>DRIVER</b>					
<b>DL Type</b> 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	<b>Required Endorsements</b> 3 1 Yes 2 No 3 No Req. Endorsement	<b>Driver's Actions at Time of Crash</b>		<b>Condition At Time of Crash</b> 1 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown	
<b>Driver Distracted By</b> 1 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		<b>Driver Vision Obstructions</b> 8 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		<b>Driver's Actions at Time of Crash</b>	
		<b>1st</b> 1 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  <b>2nd</b>  <b>3rd</b>  <b>4th</b> 			
		<b>5</b> 4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown  <b>6</b> 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog  <b>7</b> 9 Smoke 10 Glare 77 All Other, Explain in Narrative			
<b>DRIVER OR PASSENGER</b>					
<b>Motor Vehicle Seating Position:</b>		<b>LOCATION: SEAT ROW OTHER (LOC)</b> 1 1 1		<b>Helmet Use (HU)</b> 3 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
<b>Seat Row Other</b> 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 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	
				<b>Eye Protection (EP)</b> 3 1 Yes 2 No 3 Not Applicable	
				<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>NON MOTORIST</b>					
<b>Non-Motorist Description</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		<b>Non-Motorist Location At Time of Crash</b> 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>Action Prior to Crash</b> 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	
<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>Non-Motorist Actions/Circumstances</b> 1st 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) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown			

  

<b>ALCOHOL/DRUG/EMS</b>					
<b>SUSPECTED ALCOHOL USE:</b> 1 No 2 Yes 88 Unknown	<b>ALCOHOL TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<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
					<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 88 Unknown		<b>EMS AGENCY NAME OR ID</b> 1	<b>EMS RUN NUMBER</b>	<b>MEDICAL FACILITY TRANSPORTED TO</b>
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<b>ADDITIONAL PASSENGERS</b>													
<b>PERSON #</b>	<b>VEHICLE #</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>INJ</b>	<b>SEX</b>	<b>LOC: S</b>	<b>R</b>	<b>O</b>	<b>EJECT</b>	<b>HU</b>	<b>EP</b>	<b>ABD</b>	<b>RS</b>
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>								

  

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<b>CURRENT ADDRESS (Number and Street)</b> 104 S. BLOXAM AVENUE			<b>CITY &amp; STATE</b> MINNEOLA, FL		<b>ZIP CODE</b> 34715																								
<b>DATE OF BIRTH</b> 03/09/1961		<b>SEX:</b> 1 Male 2 Female 88 Unknown	<b>DRIVER LICENSE NUMBER</b> R300510615890	<b>STATE</b> FL	<b>EXPIRES</b> 2018																								
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<b>Motor Vehicle Seating Position:</b> <table border="1"><thead><tr><th>Seat</th><th>Row</th><th>Other</th></tr></thead><tbody><tr><td>1 Left</td><td>1 Front</td><td>1 Not Applicable</td></tr><tr><td>2 Middle</td><td>2 Second</td><td>2 Sleeper Section of Truck Cab</td></tr><tr><td>3 Right</td><td>3 Third</td><td>3 Other Enclosed Cargo Area</td></tr><tr><td>77 Other (explain in narrative)</td><td>4 Fourth</td><td>4 Unenclosed Cargo Area</td></tr><tr><td>88 Unknown</td><td>77 Other Row</td><td>5 Trailing Unit</td></tr><tr><td></td><td>88 Unknown</td><td>6 Riding on Motor Vehicle Exterior (non- trailing unit)</td></tr><tr><td></td><td></td><td>88 Unknown</td></tr></tbody></table>		Seat	Row	Other	1 Left	1 Front	1 Not Applicable	2 Middle	2 Second	2 Sleeper Section of Truck Cab	3 Right	3 Third	3 Other Enclosed Cargo Area	77 Other (explain in narrative)	4 Fourth	4 Unenclosed Cargo Area	88 Unknown	77 Other Row	5 Trailing Unit		88 Unknown	6 Riding on Motor Vehicle Exterior (non- trailing unit)			88 Unknown	<b>LOCATION: SEAT ROW OTHER (LOC)</b>		<b>DRIVER OR PASSENGER</b>	
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				<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 88 Unknown		<b>EMS AGENCY NAME OR ID</b> LAKE EMS #321		<b>EMS RUN NUMBER</b> 214370																									
				<b>MEDICAL FACILITY TRANSPORTED TO</b> ORALNDO REGIONAL MEDICAL CENTER																									
<b>ADDITIONAL PASSENGERS</b>																													
<b>PERSON #</b>		<b>VEHICLE #</b>		<b>NAME</b>																									
<b>DATE OF BIRTH</b>		<b>INJ</b>		<b>SEX</b>																									
<b>LOC: S R O</b>		<b>EJECT</b>		<b>HU</b>																									
<b>EP</b>		<b>ABD</b>		<b>RS</b>																									
<b>CURRENT ADDRESS (Number and Street)</b>																													
<b>CITY &amp; STATE</b>																													
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<b>EMS RUN NUMBER</b>																													
<b>MEDICAL FACILITY TRANSPORTED TO</b>																													

# 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

1 Not Transported  
2 EMS 3 Law Enforcement  
77 Other, Explain in Narrative 88 Unknown

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

1 Not Transported  
2 EMS 3 Law Enforcement  
77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

## ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

## REPORTING OFFICER

ID/BADGE NUMBER RANK & NAME

A2 / 155

OFFICER J. M. AVERY

DEPARTMENT

CLERMONT POLICE

FHP SO PD OTHER

☐ ☐ ☒ ☐

DIAGRAM

REPORTING AGENCY CASE NUMBER

13C02422

HSMV CRASH REPORT NUMBER

80534946

Not TO SCALE 1-29-2013



STOP

2660  
E52.50  
(target)

N. Hancock Rd.

(Loss/UCF)  
1250  
N. Hancock Rd.

VI

VI

VI

VI

AREA OF IMPACT

SKID FROM VI

Bicycle Lane