

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 21/Sep/2013 12:10 PM	Time of Crash 21/Sep/2013 12:10 PM	Date of Report 23/Oct/2013 12:00 AM	Invest. Agency Report Number 13090042	HSMV Crash Report Number 84046012
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CRASH IDENTIFIERS

County Code 12	City Code 62	County of Crash LAKE	Place or City of Crash UMATILLA	Within City Limits Yes	Time Reported 21/Sep/2013 12:12 PM	Time Dispatched 21/Sep/2013 12:12 PM
Time on Scene 21/Sep/2013 12:14 PM	Time Cleared Scene 21/Sep/2013 12:29 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway SR 19			At Street Address#		At Latitude and Longitude	
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway W OCALA ST			Or From Milepost #
Road System Identifier 3 State		Type Of Shoulder 1 Paved		Type Of Intersection 7 Five-Point, or More		

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 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 1 No	Veh License Number W430ZB	State FL	Reg. Expires 31/Dec/2013	Permanent Reg.	VIN 1FTFW1EF0CFC50660		
Year 2012	Make FORD	Model	Style 4T	Color BLK	Extent of Damage None	Est. Damage 0	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation Rotation
Insurance Company					Insurance Policy Number				
Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> CHAPMAN FRUIT			Current Address (Number and Street) PO BOX 366			City and State WACHALA FL		Zip Code 33873	
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 South	On Street, Road, Highway SR 19				At Est. Speed 10	Posted Speed 35	Total Lanes 4	
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 4 Two-Way, Divided, Positive Median Barrier	Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 11 Pedalcycle	
Traffic Control Device For This Vehicle 77 Other, Explain in Narrative		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 1 Driver	Vehicle # 1	Name WAYNE A NEWMAN	Date of Birth 21/Aug/1947	Sex 1 Male	Phone Number 8633781264	Re-Exam No
Address 2915 HWY 664A		City BOWLING GREEN	State FL		Zip Code 33873		
Driver License Number N550881473010		State FL	Expires 21/Aug/2021	DL Type 1 A	Req. End. 2 No	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 3 No Helmet	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other 1 Not Applicable		
Drivers Actions at Time of Crash (first) 3 Failed to Yield Right.of.Way		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 2 Non-Motorist	Name CANDACE L RITZ			Date of Birth 03/Oct/1990	Sex 2 Female	Injury Severity 2 Possible		Phone Number 3528001217
Address 455 BRAINARD AVE		City UMATILLA		State FL			Zip Code 32784		
Non-Motorist Description Detail 3 Bicyclist			Non-Motorist Action Prior to Crash 1 Crossing Roadway			Non-Motorist Location at Time of Crash 1 Intersection - Marked Crosswalk			
Non-Motorist Actions/Circumstance (First) 5 In Roadway Improperly (standing, lying, working, playing)		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		

NARRATIVE

On 9/21/13 at approx.. 1212 hours I was dispatched to the intersection of SR 19 and W. Ocala St in Umatilla Fl in reference to a traffic accident. On arrival I observed vehicle 1 a black extended cab pickup in the righthand lane in the southbound lane of SR 19, I observed Non-Motorist 1 sitting on the curb on the southwest section of the intersection of SR 19 and W Ocala St. I observed Non motorist had abrasions on her legs. Lake Sumpter EMS arrived and and the Non-Motorist denied transport to a hospital. Driver 1 stated that he was making a right hand turn from W Ocala St to SR 19 when he observed Non-Motorist 1 riding a bicycle through the marked crosswalk. She was heading east to west on the crosswalk. She tried to swerve and he slowed down but the vehicle still hit the rear area of the bicycle. The Non-Motorist fell to the ground causing the abrasions. She was helped to the curb where I found her. Non-motorist 1 corroborated this statement. I observed slight damage to the bicycle but no damage to the truck. Both parties left under their own power.

REPORTING OFFICER

ID/Badge # 556	Rank and Name OFC CONKLING	Department UMATILLA POLICE DEPARTMENT	Type of Department PD
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NOT TO SCALE

MEDIAN

CROSSWALK

SB 19

W OCALA ST

