

# 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 24/Jan/2013 09:16 AM	Time of Crash 24/Jan/2013 09:16 AM	Date of Report 24/Jan/2013 12:00 AM	Invest. Agency Report Number 13010068	HSMV Crash Report Number 83530790
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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 24/Jan/2013 09:19 AM	Time Dispatched 24/Jan/2013 09:20 AM
Time on Scene 24/Jan/2013 09:21 AM	Time Cleared Scene 24/Jan/2013 09:44 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

## ROADWAY INFORMATION

Crash Occured On Street, Road, Highway CR 450			At Street Address#		At Latitude and Longitude	
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway HATFIELD DR			Or From Milepost #
Road System Identifier 4 County		Type Of Shoulder 2 Unpaved		Type Of Intersection 77 Other, Explain in Narrative		

## 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 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	

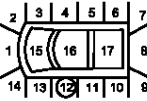
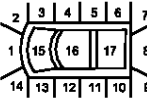
## VEHICLE (Check if Commercial) ☐

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number YBG8342	State VA	Reg. Expires 31/May/2013	Permanent Reg. No	VIN 4S3BH675827621602
Year 2002	Make SUBARU	Model SUPRA	Style 4 DOOR WAGON	Color WHI	Extent of Damage Functional	Est. Damage 80	Towed Due To Damage No
Insurance Company USAA				Insurance Policy Number 001442002C			
Name of Vehicle Owner (Check Box If Business) DANIEL WATKINS DOWNS			Current Address (Number and Street) 1120 ORANGE AVE		City and State MOUNT DORA FL		Zip Code 32757
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 East	On Street, Road, Highway NE CR 450				At Est. Speed 15	Posted Speed 35
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 1 Passenger Car	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 3 Two-Way, Divided, Unprotected (painted >4 feet) Median	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 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport	Second (2) Sequence of Events 11 Pedalcycle		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

## VEHICLE (Check if Commercial) ☐

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number	State	Reg. Expires	Permanent Reg. No	VIN NONE
Year	Make BICYC	Model	Style BICYCLE	Color BLU	Extent of Damage None	Est. Damage 0	Towed Due To Damage
Vehicle Removed By PEREZ				Rotation Driver			

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Insurance Company <b>NONE</b>					Insurance Policy Number <b>NONE</b>				
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> <b>WILLIAM ORTIZ PEREZ</b>			Current Address (Number and Street) <b>475 UMATILLA BLVD APT 38</b>			City and State <b>UMATILLA FL</b>		Zip Code <b>32784</b>	
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 <b>North</b>	On Street, Road, Highway <b>NE CR 450</b>				At Est. Speed <b>5</b>	Posted Speed <b>35</b>	Total Lanes <b>2</b>	
CMV Configuration				Cargo Body Type		Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR <b>4 Not Applicable</b>				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 <b>77 Other, Explain in Narrative</b>		Vehicle Defects (one) <b>1 None</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 No</b>	Special Function of MV <b>1 No Special Function</b>	
Vehicle Maneuver Action <b>3 Turning Left</b>	Trafficway <b>3 Two-Way, Divided, Unprotected (painted &gt;4 feet) Median</b>		Roadway Grade <b>1 Level</b>		Roadway Alignment <b>1 Straight</b>		Most Harmful Event <b>2 Collision with Non-Fixed Object</b>		Most Harmful Event Detail <b>11 Pedalcycle</b>
Traffic Control Device For This Vehicle <b>1 No Controls</b>		First (1) Sequence of Events <b>2 Collision with Non-Fixed Object</b>		Second (2) Sequence of Events <b>14 Motor Vehicle in Transport</b>		Third (3) Sequence of Events		Fourth (4) Sequence of Events	
		<b>11 Pedalcycle</b>							

#### PERSON RECORD

Person# <b>1</b>	Description <b>1 Driver</b>	Vehicle # <b>1</b>	Name <b>WILLIAM ORTIZ PEREZ</b>			Date of Birth <b>10/Oct/1935</b>	Sex <b>1 Male</b>	Phone Number	Re-Exam <b>No</b>
Address <b>475 UMATILLA BLVD</b>		City <b>UMATILLA</b>		State <b>FL</b>		Zip Code <b>32784</b>			
Driver License Number		State <b>FL</b>	Expires	DL Type <b>7 None</b>	Req. End. <b>2 No</b>	Injury Severity <b>1 None</b>		Ejection <b>1 Not Ejected</b>	
Restraint System <b>1 Not Applicable (non-motorist)</b>	Air Bag Deployed <b>1 Not Applicable</b>	Helmet Use <b>3 No Helmet</b>	Eye Protection <b>2 No</b>	Seating Location Seat <b>1 Left</b>		Seating Location Row <b>1 Front</b>		Seating Location Other <b>1 Not Applicable</b>	
Drivers Actions at Time of Crash (first) <b>6 Improper Turn</b>			Drivers Actions at Time of Crash (second)			Driver Distracted By <b>1 Not Distracted</b>		Vision Obstruction	
Drivers Actions at Time of Crash (third)			Drivers Actions at Time of Crash (fourth)			Drivers Condition at Time of Crash <b>7 Physically Impaired</b>			
Suspected Alcohol Use <b>1 No</b>	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>1 No</b>	Drug Tested	Drug Test Type	Drug Test Result	
Source of Transport to Medical Facility <b>1 Not Transported</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			

#### PERSON RECORD

Person# <b>2</b>	Description <b>1 Driver</b>	Vehicle # <b>2</b>	Name <b>DANIEL WATKINS DOWNS</b>			Date of Birth <b>07/Jun/1967</b>	Sex <b>1 Male</b>	Phone Number <b>3522505745</b>	Re-Exam <b>No</b>
Address <b>1120 ORANGE AVE</b>		City <b>MOUNT DORA</b>		State <b>FL</b>		Zip Code <b>32757</b>			
Driver License Number <b>D520179672070</b>		State <b>FL</b>	Expires <b>07/Jun/2014</b>	DL Type <b>5 E/Operator</b>	Req. End. <b>2 No</b>	Injury Severity <b>1 None</b>		Ejection <b>1 Not Ejected</b>	
Restraint System <b>4 Shoulder Belt Only Used</b>	Air Bag Deployed <b>2 Not Deployed</b>	Helmet Use <b>3 No Helmet</b>	Eye Protection <b>2 No</b>	Seating Location Seat <b>1 Left</b>		Seating Location Row <b>1 Front</b>		Seating Location Other <b>1 Not Applicable</b>	
Drivers Actions at Time of Crash (first) <b>1 No Contributing Action</b>			Drivers Actions at Time of Crash (second)			Driver Distracted By <b>1 Not Distracted</b>		Vision Obstruction <b>1 Vision Not Obscured</b>	
Drivers Actions at Time of Crash (third)			Drivers Actions at Time of Crash (fourth)			Drivers Condition at Time of Crash <b>1 Apparently Normal</b>			
Suspected Alcohol Use <b>1 No</b>	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>1 No</b>	Drug Tested	Drug Test Type	Drug Test Result	
Source of Transport to Medical Facility <b>1 Not Transported</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			

#### WITNESSES

Name <b>TONYA L WHITE</b>	Address <b>13236 BISCAYNE DR</b>	City <b>GRAND ISLAND</b>	State <b>FL</b>	Zip Code <b>32735</b>
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#### NARRATIVE

Date of Crash 24/Jan/2013 09:16 AM	Date of Report 24/Jan/2013 09:16 AM	Invest. Agency Report Number 13010068	HSMV Crash Report Number 83530790
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On 01/24/2013 at approximately 0920 hours I responded to 590 North Central ave in Umatilla Fl in reference to a crash that had occurred. according to Lake county dispatch the crash involved a pedestrian bicyclist and a white passenger car. upon arrival i observed a white Subaru supra and a blue bicycle off on the side of the road of NE CR 450. I first spoke with the driver of vehicle two ( Daniel Downs ) who informed me he had just turned right onto CR 450E from Hatfield Dr. and saw the bicyclist on the shoulder of the eastbound side of the road. Driver two said that as he attempted to pass the bicyclist it abruptly turned left in front of him and the two collided. Witness Tonya White told me the same account. Vehicle one ( William Perez ) stated that he did not see the vehicle, but informed me that he is clinically blind in his left eye. EMS was requested to ensure that the operator of the bicycle had not sustained any injury. No further information is available at this time.

#### REPORTING OFFICER

ID/Badge # 559-U9	Rank and Name OFFICER A. SEBREE	Department UMATILLA PD	Type of Department PD
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