

# 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 <b>24/Jan/2013 09:16 AM</b>	Time of Crash <b>24/Jan/2013 09:16 AM</b>	Date of Report <b>24/Jan/2013 12:00 AM</b>	Invest. Agency Report Number <b>13010068</b>	HSMV Crash Report Number <b>83530790</b>
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### CRASH IDENTIFIERS

County Code <b>12</b>	City Code <b>62</b>	County of Crash <b>LAKE</b>	Place or City of Crash <b>UMATILLA</b>	Within City Limits <b>Yes</b>	Time Reported <b>24/Jan/2013 09:19 AM</b>	Time Dispatched <b>24/Jan/2013 09:20 AM</b>
Time on Scene <b>24/Jan/2013 09:21 AM</b>	Time Cleared Scene <b>24/Jan/2013 09:44 AM</b>	Completed <b>Yes</b>	Reason (if Investigation NOT Completed)			Notified By <b>Law Enforcement</b>

### ROADWAY INFORMATION

Crash Occured On Street, Road, Highway <b>CR 450</b>		At Street Address# <b>1</b>	At Latitude and Longitude
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway <b>HATFIELD DR</b>
Road System Identifier <b>4 County</b>		Type Of Shoulder <b>2 Unpaved</b>	Type Of Intersection <b>77 Other, Explain in Narrative</b>

### CRASH INFORMATION (Check if Pictures Taken)

Light Condition <b>1 Daylight</b>	Weather Condition <b>1 Clear</b>	Roadway Surface Condition <b>1 Dry</b>	School Bus Related <b>1 No</b>	Manner Of Collision <b>77 Other, Explain in Narrative</b>
First Harmful Event Type	First Harmful Event <b>11</b>	First Harmful Event Location <b>1 On Roadway</b>	Within Interchange <b>No</b>	First Harmful Event Relation to Junction <b>1 Non-Junction</b>
Contributing Circumstances: Road <b>1 None</b>		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment <b>1 None</b>		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related <b>1 No</b>	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

### VEHICLE (Check if Commercial)

Vehicle <b>2</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>1 No</b>	Veh License Number <b>YBG8342</b>	State <b>VA</b>	Reg. Expires <b>31/May/2013</b>	Permanent Reg. <b>No</b>	VIN <b>4S3BH675827621602</b>				
Year <b>2002</b>	Make <b>SUBAR</b>	Model <b>SUPRA</b>	Style <b>4 DOOR WAGON</b>	Color <b>WHI</b>	Extent of Damage <b>Functional</b>	Est. Damage <b>80</b>	Towed Due To Damage <b>No</b>	Vehicle Removed By <b>DOWNNS</b>	Rotation <b>Driver</b>		
Insurance Company <b>USAA</b>				Insurance Policy Number <b>001442002C</b>							
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> <b>DANIEL WATKINS DOWNNS</b>			Current Address (Number and Street) <b>1120 ORANGE AVE</b>			City and State <b>MOUNT DORA FL</b>		Zip Code <b>32757</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: <b>East</b>	On Street, Road, Highway <b>NE CR 450</b>					At Est. Speed <b>15</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>1 Passenger Car</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>1 Straight Ahead</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>11 Pedalcycle</b>		Third (3) Sequence of Events			Fourth (4) Sequence of Events			

### VEHICLE (Check if Commercial)

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

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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
Trailer Two:	License Number	State	Reg. Expires
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	
Comm GVWR/GCWR <b>4 Not Applicable</b>		Trailer Type (trailer one)	
Trailer Type (trailer two)		Area of Initial Impact	
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			

**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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