

FLORIDA TRAFFIC CRASH REPORT

LONG FORM

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

DO NOT WRITE IN THIS SPACE

2004

| | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|---|--|---|---|---|---|---------------------|------------|------|------|-----|------|-----------|--------|----------|----------|----------|----------|----------|----------|----------|
| Time & Location | DATE OF CRASH 08/04/2010 | TIME OF CRASH 11:51 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | TIME OFFICER NOTIFIED 11:52 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | TIME OFFICER ARRIVED 11:58 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | INVEST. AGENCY REPORT NUMBER 10-08-14661 | HSW CRASH REPORT NUMBER 74799524 | | | | | | | | | | | | | | | |
| | COUNTY / CITY CODE 12 / 40 | FEET or MILE(S) <input type="checkbox"/> FEET <input checked="" type="checkbox"/> MILE(S) | N S E W <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | CITY OR TOWN Lady Lake | (Check if in City or Town) | COUNTY Lake | | | | | | | | | | | | | | | |
| | AT NODE NO. or FEET or MILE(S) <input type="checkbox"/> FEET <input checked="" type="checkbox"/> MILE(S) | FROM NODE NO. | NEXT NODE NO. | NO. OF LANES 2 | <input type="checkbox"/> 1. DIVIDED <input checked="" type="checkbox"/> 2. UNDIVIDED | ON STREET, ROAD OR HIGHWAY | | | | | | | | | | | | | | | |
| | AT THE INTERSECTION OF (street, road or highway) CR 25 | or FEET or MILE(S) <input type="checkbox"/> FEET <input checked="" type="checkbox"/> MILE(S) | N S E W <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | FROM INTERSECTION OF (street, road or highway) Griffin Avenue | | | | | | | | | | | | | | | | | |
| Vehicle | DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input checked="" type="checkbox"/> | YEAR 10 | MAKE Roadmaster | TYPE 10 | USE 77 | VEH. LICENSE NUMBER 77 | | | | | | | | | | | | | | | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | | TRAILER TYPE | | | | | | | | | | | | | | | | | |
| | VEHICLE TRAVELING N S E W <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | ON | AT | Est MPH 10 | Posted Speed 45 | EST. VEHICLE DAMAGE \$0.00 | | | | | | | | | | | | | | | |
| | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR RP) | | | POLICY NUMBER | VEHICLE REMOVED BY: CSO DEROSA | 1. Towing Rotation List 2. Tow Owner's Request 3. Driver 4. Other 4 | | | | | | | | | | | | | | | |
| Pedestrian | NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/> | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | | | | | | | | | | | | | | | |
| | NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | | | | | | | | | | | | | | | |
| | NAME OF MOTOR CARRIER (Commercial Vehicle Only) | | CURRENT ADDRESS (Number and Street) | | CITY, STATE AND ZIP CODE | | | | | | | | | | | | | | | | |
| | NAME OF DRIVER (Take From Driver License) / PEDESTRIAN Patrick J Green | | CURRENT ADDRESS (Number and Street) 106 Mark Avenue | | CITY, STATE & ZIP CODE Lady Lake, FL 32159- | | | | | | | | | | | | | | | | |
| Vehicle | DRIVER LICENSE NUMBER G650-670-65-0960 State ID | STATE FL | DL TYPE 7 | REQ. END. 2 | ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused 5 | RESULTS 5 | | | | | | | | | | | | | | | |
| | HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No 2 | PLACARDED 1 Yes 2 No 2 | IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. | | WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No 2 | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No 2 | | | | | | | | | | | | | | | |
| | DRIVER'S PHONE NO. 352-460-3300 | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <td>ALC/DRUG</td> <td>PHYS. DEF.</td> <td>RES.</td> <td>RACE</td> <td>SEX</td> <td>INJ.</td> <td>S. EQUIP.</td> <td>EJECT.</td> </tr> <tr> <td>5</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>5</td> </tr> </table> | | | | | | ALC/DRUG | PHYS. DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT. | 5 | 1 | 1 | 1 | 1 | 2 | 1 |
| ALC/DRUG | PHYS. DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT. | | | | | | | | | | | | | | |
| 5 | 1 | 1 | 1 | 1 | 2 | 1 | 5 | | | | | | | | | | | | | | |
| Vehicle | DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input checked="" type="checkbox"/> | YEAR UNK | MAKE Chrysler | TYPE 01 | USE 01 | VEH. LICENSE NUMBER UNK | | | | | | | | | | | | | | | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | | TRAILER TYPE | | | | | | | | | | | | | | | | | |
| | VEHICLE TRAVELING N S E W <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W | ON | AT | Est MPH 0 | Posted Speed 45 | EST. VEHICLE DAMAGE \$0.00 | | | | | | | | | | | | | | | |
| | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR RP) UNK | | | POLICY NUMBER | VEHICLE REMOVED BY: UNK | 1. Towing Rotation List 2. Tow Owner's Request 3. Driver 4. Other 3 | | | | | | | | | | | | | | | |
| Pedestrian | NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/> | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | | | | | | | | | | | | | | | |
| | NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | | | | | | | | | | | | | | | |
| | NAME OF MOTOR CARRIER (Commercial Vehicle Only) | | CURRENT ADDRESS (Number and Street) | | CITY, STATE AND ZIP CODE | | | | | | | | | | | | | | | | |
| | NAME OF DRIVER (Take From Driver License) / PEDESTRIAN UNK | | CURRENT ADDRESS (Number and Street) | | CITY, STATE & ZIP CODE | | | | | | | | | | | | | | | | |
| Vehicle | DRIVER LICENSE NUMBER | STATE | DL TYPE | REQ. END. | ALC/DRUG TEST TYPE | RESULTS | | | | | | | | | | | | | | | |
| | HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No 2 | PLACARDED 1 Yes 2 No 2 | IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. | | WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No 2 | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No 2 | | | | | | | | | | | | | | | |
| | DRIVER'S PHONE NO. | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <td>ALC/DRUG</td> <td>PHYS. DEF.</td> <td>RES.</td> <td>RACE</td> <td>SEX</td> <td>INJ.</td> <td>S. EQUIP.</td> <td>EJECT.</td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>5</td> </tr> </table> | | | | | | ALC/DRUG | PHYS. DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT. | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| ALC/DRUG | PHYS. DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT. | | | | | | | | | | | | | | |
| 1 | 1 | 1 | 1 | 1 | 1 | 2 | 5 | | | | | | | | | | | | | | |
| Code Information | VEHICLE TYPE | VEHICLE USE | TRAILER TYPE | RESIDENCE (Driver / Ped.) | PHYSICAL DEFECTS | ALCOHOL / DRUG USE | LOCATION IN VEHICLE | | | | | | | | | | | | | | |
| | 01 Automobile | 01 Private Transportation | 01 Single Semi Trailer | 1 County of Crash | 1 No Defects Known | 1 Not Drinking or Using Drugs | 1 Front Left | | | | | | | | | | | | | | |
| | 02 Van | 02 Commercial Passengers | 02 Tandem Semi Trailer | 2 Elsewhere in State | 2 Eyesight Defect | 2 Alcohol - Under Influence | 2 Front Center | | | | | | | | | | | | | | |
| | 03 Light Truck / P.U. - 2 or 4 rear tires | 03 Commercial Cargo | 03 Tank Trailer | 3 Non-Resident Out of State | 3 Fatigue / Asleep | 3 Drugs - Under Influence | 3 Front Right | | | | | | | | | | | | | | |
| 04 Medium Truck - 4 rear tires | 04 Public Transportation | 04 Saddle Mount / Flatbed | 4 Foreign 5 Unknown | 4 Hearing Defect | 4 Alcohol & Drugs - Under Influence | 4 Rear Left | | | | | | | | | | | | | | | |
| 05 Heavy Truck - 2 or more rear axles | 05 Public School Bus | 05 Boat Trailer | DL TYPE | 5 Illness | 5 Had Been Drinking | 5 Rear Center | | | | | | | | | | | | | | | |
| 06 Truck Tractor (Cab-Boat) | 06 Private School Bus | 06 Utility Trailer | 1 A 2 B 3 C | 6 Seizure, Epilepsy, Blackout | 6 Pending ALCODRUG Test Results | 6 Rear Right | | | | | | | | | | | | | | | |
| 07 Motor Home (RV) | 07 Ambulance | 07 House Trailer | 1 White | 7 Other Physical Defect | | 7 In Body Of Truck | | | | | | | | | | | | | | | |
| 08 Bus (driver + seats for 9-15) | 08 Law Enforcement | 08 Pole Trailer | 2 Black | INJURY SEVERITY | SAFETY EQUIPMENT IN USE | 8 Bus Passenger | | | | | | | | | | | | | | | |
| 09 Bus (driver + seats for over 15) | 09 Fire / Rescue | 09 Towed Vehicle | 3 Hispanic | 1 None | 1 Not in use | 9 Other | | | | | | | | | | | | | | | |
| 10 Bicycle | 10 Military | 10 Auto Transport | 4 Other | 2 Possible | 2 Seat Belt / Shoulder Harness | | | | | | | | | | | | | | | | |
| 11 Motorcycle | 11 Other Government | 77 Other | 7 None | 3 Non-Incapacitating | 3 Child Restraint | | | | | | | | | | | | | | | | |
| 12 Moped | 12 Dump | | REQUIRED ENDORSEMENTS | 4 Incapacitating | 4 Air Bag - Deployed | | | | | | | | | | | | | | | | |
| 13 All Terrain Vehicle | 13 Concrete Mixer | | 1 Yes | 5 Fatal (Within 30 Days) | 5 Air Bag - Not Deployed | | | | | | | | | | | | | | | | |
| 14 Train | 14 Garbage or Refuse | | 2 No | 6 Non-Traffic Fatality | 6 Safety Helmet | | | | | | | | | | | | | | | | |
| 15 Low Speed Vehicle | 15 Cargo Van | | 3 No Endorsement Required | | 7 Eye Protection | | | | | | | | | | | | | | | | |
| 77 Other | 77 Other | | | | | | | | | | | | | | | | | | | | |

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|--|--|------|-------------------------------------|---|--------------------------|--|---|-------------------------------|--|--|-----|------|-----------|--------|
| S e c t i o n 3 | DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER | <div style="border: 1px solid black; padding: 2px;"> 2 3 4 5 6 7 15 16 17 18 14 13 12 11 10 9 </div> | 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CRACK DAMAGED AREA(S) | | | | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | TRAILER TYPE | | EST. MPH | | Posted Speed | EST. VEHICLE DAMAGE | 1. Disabling 2. Functional 3. No Damage | EST. TRAILER DAMAGE | | | | |
| | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR RP) | | POLICY NUMBER | | VEHICLE REMOVED BY: | | 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other | | | | | | | |
| | NAME OF VEHICLE OWNER (Check Box If Same As Driver) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | | |
| | NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | | |
| | NAME OF MOTOR CARRIER (Commercial Vehicle Only) | | CURRENT ADDRESS (Number and Street) | | CITY, STATE AND ZIP CODE | | US DOT or ICC MC IDENTIFICATION NUMBERS | | | | | | | |
| | NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | | CURRENT ADDRESS (Number and Street) | | CITY, STATE & ZIP CODE | | DATE OF BIRTH | | | | | | | |
| | DRIVER LICENSE NUMBER | | STATE | DL TYPE | REQ. END. | ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused | RESULTS | ALC/DRUG PHYS. DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| | HAZARDOUS MATERIALS BEING TRANSPORTED | | PLACARDED | IF YES, INDICATE NAME OR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND DIGIT NUMBER FROM BOTTOM OF DIAMOND. | | WAS HAZARDOUS MATERIAL SPILLED? | RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE | DRIVER'S PHONE NO. | | | | | | |

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|----|--|-------------|-------------|---------|------|-------|-----|
| #1 | PROPERTY DAMAGED - OTHER THAN VEHICLES | EST. AMOUNT | OWNERS NAME | ADDRESS | CITY | STATE | ZIP |
| #2 | PROPERTY DAMAGED - OTHER THAN VEHICLES | EST. AMOUNT | OWNERS NAME | ADDRESS | CITY | STATE | ZIP |

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| CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN 01 No Improper Driving / Action 02 Careless Driving (Explain in Narrative) 03 Failed To Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol - Under Influence 08 Drugs - Under Influence 09 Alcohol & Drugs - Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed To Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic 19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeting Police 23 Vehicle Modified 24 Driver Distraction (Explain in Narrative) 77 All Other (Explain in Narrative) | VEHICLE DEFECT 01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative) | VEHICLE MOVEMENT 01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering / Leaving / Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn 11 Passing 12 Driveway or Runaway Vehicle 77 All Other (Explain in Narrative) | VEHICLE SPECIAL FUNCTIONS 1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance SOURCE OF CARRIER INFORMATION 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other |
| POINT OF COLLISION 01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane WORK AREA 01 None 02 Nearby 03 Entered | | PEDESTRIAN ACTION 01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle In Road 07 Working In Road 08 Standing/Playing In Road 09 Standing in Pedestrian Island 77 All Other (Explain in Narrative) 88 Unknown | |
| LOCATION TYPE 1 Primarily Business 2 Primarily Residential 3 Open Country | | | |

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| FIRST / SUBSEQUENT HARMFUL EVENT(S) 01 Collision With MV in Transport (Rear End) 02 Collision With MV in Transport (Head On) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Sideswipe) 07 Collision With MV in Transport (Backed Into) 08 Collision With Parked Car 09 Collision With MV on Roadway 10 Collision With Pedestrian 11 Collision With Bicycle 12 Collision With Bicycle (Bike Lane) 13 Collision With Moped 14 Collision With Train 15 Collision With Animal 16 MV Hit Sign / Sign Post 17 MV Hit Utility Pole / Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge/Pier/Abutment/Rail 22 MV Hit Tree/Shrubbery 23 Collision With Construction Barricade Sign 24 Collision With Traffic Gate 25 Collision With Crash Attenuators 26 Collision With Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision With Moveable Object On Road 29 MV Ran Into Ditch/Culvert 30 Ran Off Road Into Water 31 Overturned 32 Occupant Fell From Vehicle 33 Tractor/Trailer Jackknifed 34 Fire 35 Explosion 36 Downhill Runaway 37 Cargo Loss or Shift 38 Separation of Units 39 Median Crossover 77 All Other (Explain in Narrative) | ROAD SYSTEM IDENTIFIER 01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike / Toll 07 Forest Road 08 Private Roadway 77 All Other (Explain in Narrative) | LIGHTING CONDITION 01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown | |
| ROAD SURFACE CONDITION 01 Dry 02 Wet 03 Slippery 04 Ice 77 All Other (Explain in Narrative) | | WEATHER 01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain in Narrative) | |
| ROAD SURFACE TYPE 01 Slag/Gravel/Stone 02 Blacktop 03 Brick/Block 04 Concrete 05 Dirt 77 All Other (Explain in Narrative) | | | |
| ROAD CONDITIONS AT TIME OF CRASH 01 No Defects 02 Obstruction With Warning 03 Obstruction Without Warning 04 Road Under Repair / Construction 05 Loose Surface Materials 06 Shoulders - Soft / Low / High 07 Holes / Ruts / Unseal Paved Edge 08 Standing Water 09 Worn / Polished Road Surface 77 All Other (Explain in Narrative) | | VISION OBSTRUCTED 01 Vision Not Obscured 02 Indifferent Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load On Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 10 Glass 77 All Other (Explain in Narrative) | |
| TRAFFIC CONTROL 01 No Control 02 Speed Limit Zone 03 Speed Control Sign 04 School Zone 05 Traffic Signal 06 Stop Sign 07 Yield Sign 08 Flashing Light 09 Railroad Signal 10 Officer / Guard / Flagperson 11 Posted No U-Turn 12 No Passing Zone 77 All Other (Explain in Narrative) | | SITE LOCATION 01 Not At Intersection / RR Xing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private 11 Private Property 12 Toll Booth 13 Public Bus Stop Zone 77 All Other (Explain in Narrative) | |
| TRAFFICWAY CHARACTER 01 Straight - Level 02 Straight - Upgrade / Downgrade 03 Curve - Level 04 Curve - Upgrade / Downgrade TYPE SHOULDER 01 Paved 02 Unpaved 03 Curb | | | |

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|---|-----------|------------------|-------------------|--------|-----------------|
| V i o l a t o r (s) | SECTION # | NAME OF VIOLATOR | FL STATUTE NUMBER | CHARGE | CITATION NUMBER |
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FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS SECTION, NEIL KIRWAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|---|-----------------------------|-------------------------------|---|--------------------------------------|
| TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM | TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM | DATE OF CRASH 08/04/2010 | COUNTY / CITY CODE 12 / 40 | INVEST. AGENCY REPORT NUMBER 10-08-14661 | HSMV CRASH REPORT NUMBER 74799524 |
|--|---|-----------------------------|-------------------------------|---|--------------------------------------|

(NARRATIVE)

V-1 The Bicycle, was South Bound on CR 25 going through the intersection of Griffin Avenue when it struck with its front wheel, the left front wheel of V-2 which was stopped waiting to make a right turn to go South on CR 25, from Griffin Avenue.

D-1 stated he was driving his bicycle South Bound on CR 25 near the right shoulder going thru the intersection of Griffin Avenue, when he struck the cream colored Chrysler 300 in the left front tire, with the front tire of his bicycle.

He states that he could not move to the left because traffic was going in the same direction as he was and would have been run over. He further stated he was not hurt at the time of the accident and told the driver of the car to "go", I'm ok. D-1 further stated, he drove his bike to the Lake Sumter fire station, 306 Hermososa Street, Lady Lake, FL, after he struck the car and complained of injuries to both of his knees and right elbow to the EMS at Station 61. EMS transported D-1 to The Villages Medical Center for evaluation.

1249 hours CSO DeRosa contacted D-1 at the hospital, and he provided the vehicle information of the car he struck. Chrysler 300, Cream in color, tinted windows, Florida License tag, driven by a white male 60-70's, gray hair and mustache. He further states he could ID the driver of V-2.

D-1 was being evaluated at the hospital for possible injuries.

CSO DeRosa transported V-1 bicycle to 106 Mark Avenue, Lady Lake to Al Gaubis for safe keeping per owner Patrick Green.

No further follow up at this time

| SEC# | PASS# | PASSENGER'S NAME | CURRENT ADDRESS | CITY & STATE | ZIP CODE | DATE OF BIRTH | RACE | SEX | LOC | INJ | S. EQUIP. | EJECT. |
|------|-------|------------------|-----------------|--------------|----------|---------------|------|-----|-----|-----|-----------|--------|
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| SECTION # | NAME OF VIOLATOR | FL STATUTE NUMBER | CHARGE | CITATION NUMBER |
|-----------|------------------|-------------------|--------|-----------------|
| | | | | |
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| WITNESS NAME (1) | CURRENT ADDRESS | CITY & STATE | ZIP CODE | WITNESS NAME (2) | CURRENT ADDRESS | CITY & STATE | ZIP CODE |
|------------------|-----------------|--------------|----------|------------------|-----------------|--------------|----------|
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| FIRST AID GIVEN BY - NAME Lake County EMS | 1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other 2 | INJURED TAKEN TO: | BY - NAME |
|--|--|-------------------|-----------|

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|--|--|--|------------------|----------------|--------------------------------|---|
| WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO 2 | IF NO, THEN WHERE? The Villages Hospital | IS INVESTIGATION COMPLETE? 1. YES 2. NO 1 | IF NO, THEN WHY? | DATE OF REPORT | PHOTOS TAKEN 1. YES 2. NO 2 | IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER |
|--|--|--|------------------|----------------|--------------------------------|---|

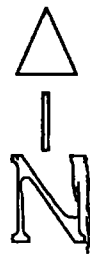
| | | | |
|--|-------------------------|---|---|
| INVESTIGATOR - RANK & SIGNATURE DEROSA THOMAS <i>10m k DeRosa</i> | ID/BADGE NUMBER 2278 | DEPARTMENT Lady Lake Police Department | RHP SO PD OTHER <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
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REPORT # 10-08-14661

HSMV# 74799524

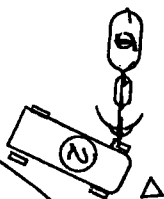
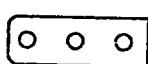
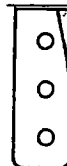
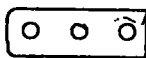
CSO DEROSA# 2278

08-04-2010



CR 25

GRIFFIN AV



GRIFFIN AV

CR 25

404.