

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 29/Jun/2012 10:49 PM	Time of Crash 29/Jun/2012 10:49 PM	Date of Report 20/Sep/2012 05:41 PM	Invest. Agency Report Number FHPD12OFF055260	HSMV Crash Report Number 82883383
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CRASH IDENTIFIERS

County Code 12	City Code	County of Crash LAKE	Place or City of Crash LEESBURG	Within City Limits No	Time Reported 29/Jun/2012 10:51 PM	Time Dispatched 29/Jun/2012 11:10 PM
Time on Scene 29/Jun/2012 11:37 PM	Time Cleared Scene 30/Jun/2012 02:28 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway US 27		At Street Address#	At Latitude and Longitude 28.746036076918202 -81.876523811370106
At Feet	Or Miles .00	Direction South	From Intersection With Street, Road, Highway CR 48
Road System Identifier 2 U.S.		Type Of Shoulder 1 Paved	Type Of Intersection 3 T-Intersection

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 5 Dark-Not Lighted	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 3 Angle
First Harmful Event Type	First Harmful Event 11	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 2 Intersection
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 BCGA21	State FL	Reg. Expires 14/May/2013	Permanent Reg. No	VIN 3N1CN7AP4CL891892			
Year 2012	Make NISS	Model VERSA	Style 4D	Color SIL	Extent of Damage Functional	Est. Damage 2000	Towed Due To Damage No	Vehicle Removed By CAR STORE TOWING	Rotation Rotation	
Insurance Company PEACH TREE INS CO				Insurance Policy Number FL20000307100						
Name of Vehicle Owner (Check Box If Business) BRENDA WAWRZYK WALKER <input type="checkbox"/>			Current Address (Number and Street) 21209 QUAIL CIR			City and State LAKE WALES FL		Zip Code 33859		
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 US 27				At Est. Speed 55	Posted Speed 55	Total Lanes 4		
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area		
Comm GVWR/GCWR			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 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 1 No Controls	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 BRENDA WAWRZYK WALKER	Date of Birth 14/May/1946	Sex 2 Female	Phone Number 8638775167	Re-Exam No
Address 21209 QUAIL CIR		City LAKE WALES	State FL		Zip Code 33859		
Driver License Number W426079466740	State FL	Expires 14/May/2018	DL Type 5 E/Operator	Req. End.	Injury Severity 1 None	Ejection 1 Not Ejected	

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Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other		
Drivers Actions at Time of Crash (first) 1 No Contributing Action		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 8 Emotional (depression, angry, disturbed, etc.)				
Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	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# 3	Description 3 Passenger	Vehicle # 1	Name SKYE LEE SPRINGER	Date of Birth 17/Jun/1994	Sex 2 Female	Injury Severity 1 None	Ejection 1 Not Ejected
Address 131 BRNADY CHASE BLVD			City WINTER HAVEN			State FL	Zip Code 33880
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 3	Seating Location Row 1	Seating Location Other	
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To		

PERSON RECORD

Person# 4	Description 3 Passenger	Vehicle # 1	Name DESTINY PARIS SPRINGER	Date of Birth 10/Dec/1995	Sex 2 Female	Injury Severity 1 None	Ejection 1 Not Ejected
Address 131 BRNADY CHASE BLVD			City WINTER HAVEN			State FL	Zip Code 33880
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 2	Seating Location Row 2	Seating Location Other	
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 DANIEL LEROY ANDERSON	Date of Birth 09/Apr/1958	Sex 1 Male	Injury Severity 5 Fatal (within 30 days)	Phone Number		
Address 1412 S 14TH STREET APT 7		City LEESBURG		State FL	Zip Code 34748			
Non-Motorist Description Detail 3 Bicyclist		Non-Motorist Action Prior to Crash 1 Crossing Roadway		Non-Motorist Location at Time of Crash 5 Travel Lane - Other Location				
Non-Motorist Actions/Circumstance (First) 2 Dart/Dash		Non-Motorist Actions/Circumstance (Second) 3 Failure to Yield Right-of-Way		Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two)		
Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID LCFD		EMS Run Number 195528	Medical Facility Transported To ORLANDO REGIONAL MEDICAL CENTE			

NARRATIVE

ID Number 2845	Rank TROOPER	Name CORRIVEAU, CHAD R D	Troop / Post FLORIDA HIGHWAY PATROL	Officer Agency 407-737-2300	Phone Number Jun 30, 2012	Date Created
<p>V01 was traveling southbound in the left through lane on US 27 south of County Road 48. Non Motorist (Bicyclist) traveling eastbound from a private drive near 27345 US 27 south of County Road 48. Non Motorist (Bicyclist) was crossing southbound lanes of US 27 south of County Road 48. There was a DOT approved stop sign with stop bar on private drive at 27345 US 27. Non Motorist (Bicyclist) failed to yield while crossing US 27. Non Motorist (Bicyclist) crossed the right through lane on US 27 then entered into the left through lane. D01 (driver) never saw Non Motorist (Bicyclist). Non Motorist (Bicyclist) drove front of bike into the right front side of V01. Bicycle came to final rest facing in a southeasterly direction on the shoulder of US 27. Non Motorist was moved from final rest prior to my arrival. V01 came to final rest on the southbound median on US 27 prior to my arrival on scene.</p> <p>Non Motorist (Bicyclist) did have an operational front white light and rear red light. I did not observe any skids from V01. Passenger's in V01 stated they did not see Non Motorist (Bicyclist) prior to crash.</p> <p>Daniel Leroy Anderson, DOB 4/9/1958, was pronounced deceased at O.R.M.C on 6/30/12 at 3:53pm by Dr. Danielle Hollingworth.</p> <p>Case closed pending THI. Traffic Homicide investigator Corporal Kellie J. Mcmillan investigating, THI case number FHP712-12-009, pictures taken by Corporal Mcmillan.</p>						
ID Number 1311	Rank CORPORAL	Name K.J. MCMILLAN	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Sep 20, 2012
<p>Toxicology results were received on Daniel Leroy Anderson (NM01) on September 19, 2012. These results revealed no alcohol in Daniel Leroy Anderson's system. Daniel Leroy Anderson showed positive for Benzodiazepines (a minor tranquilizer used for a preexisting Seizure Disorder).</p> <p>Case Closed.</p>						

REPORTING OFFICER

ID/Badge # 1311	Rank and Name CORPORAL K.J. MCMILLAN	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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