

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 14/Dec/2013 06:48 AM	Time of Crash 14/Dec/2013 06:48 AM	Date of Report 14/Dec/2013 08:20 AM	Invest. Agency Report Number FHPD13OFF106445	HSMV Crash Report Number 83653959
--	--	---	--	---

CRASH IDENTIFIERS

County Code 12	City Code 60	County of Crash LAKE	Place or City of Crash TAVARES	Within City Limits Yes	Time Reported 14/Dec/2013 07:29 AM	Time Dispatched 14/Dec/2013 07:39 AM
Time on Scene 14/Dec/2013 07:51 AM	Time Cleared Scene 14/Dec/2013 11:50 AM	Completed No	Reason (if Investigation NOT Completed) PENDING THI			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway STATE ROAD 19			At Street Address# 1	At Latitude 28.7987719941884	and Longitude -81.7397014796734
At Feet 37	Or Miles	Direction South	From Intersection With Street, Road, Highway DEAD RIVER ROAD		Or From Milepost #
Road System Identifier 3 State		Type Of Shoulder 3 Curb		Type Of Intersection 1 Not at Intersection	

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 4 Dark-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 3 Intersection.Related
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

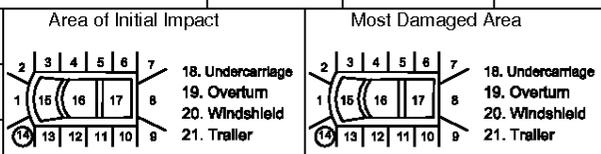
VEHICLE (Check if Commercial)

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number XC1092	State FL	Reg. Expires	Permanent Reg. Yes	VIN 1FTNX21P53EB49052		
Year 2003	Make FORD	Model F250 PICKUP	Style TK	Color WHI	Extent of Damage Functional	Est. Damage 3000	Towed Due To Damage No	Vehicle Removed By	Rotation
Insurance Company CITY OF TAVARES SELF INSURED				Insurance Policy Number NONE					
Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> CITY OF TAVARES			Current Address (Number and Street) PO BOX 1068			City and State TAVARES FL		Zip Code 32778	

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: South	Direction	On Street, Road, Highway STATE ROAD 19	At Est. Speed 45	Posted Speed 45	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 3 Pickup	Vehicle Defects (one) 1 None	Vehicle Defects (two)	Emergency Vehicle Use 1 No	Special Function of MV 10 Fire Truck
Vehicle Maneuver Action 6 Changing Lanes	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 5 Traffic Control Signal	First (1) Sequence of Events 2 Collision with Non-Fixed Object	Second (2) Sequence of Events 11 Pedalcycle	Third (3) Sequence of Events	Fourth (4) Sequence of Events	

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name ALAN LAWRENCE GAGNE	Date of Birth 17/Jul/1971	Sex 1 Male	Phone Number 3527426391	Re-Exam No
Address 201 EAST MAIN STREET		City TAVARES	State FL	Zip Code 32778			

Date of Crash 14/Dec/2013 06:48 AM	Date of Report 14/Dec/2013 06:48 AM	Invest. Agency Report Number FHPD13OFF106445	HSMV Crash Report Number 83653959
---------------------------------------	--	---	--------------------------------------

Driver License Number G250012712570	State FL	Expires 17/Jul/2021	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 1 None	Ejection 1 Not Ejected		
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 1 Apparently Normal				
Suspected Alcohol Use 2 Yes	Alcohol Tested 3 Test Given	Alcohol Test Type 1 Blood	Alcohol Test Result 1 Pending	BAC	Suspected Drug Use 2 Yes	Drug Tested 3 Test Given	Drug Test Type 1 Blood	Drug Test Result 3 Pending
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 EARL DUDLEY	Date of Birth 05/Jan/1947	Sex 1 Male	Injury Severity 5 Fatal (within 30 days)	Phone Number		
Address 303 SOUTH INGRAHAM		City TAVARES	State FL		Zip Code 32778			
Non-Motorist Description Detail 3 Bicyclist		Non-Motorist Action Prior to Crash 1 Crossing Roadway		Non-Motorist Location at Time of Crash 3 Intersection - Other				
Non-Motorist Actions/Circumstance (First) 3 Failure to Yield Right-of-Way		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two)		
Suspected Alcohol Use 88 Unknown	Alcohol Tested 3 Test Given	Alcohol Test Type 1 Blood	Alcohol Test Result 1 Pending	BAC	Suspected Drug Use 88 Unknown	Drug Tested 3 Test Given	Drug Test Type 1 Blood	Drug Test Result 3 Pending
Source of Transport to Medical Facility 2 EMS	EMS Agency Name or ID TAVARES FIRE RESCUE		EMS Run Number 241818		Medical Facility Transported To ORMC			

WITNESSES

Name AL BENNETT	Address 1409 HIGHLAND AVE	City TAVARES	State FL	Zip Code 32778
--------------------	------------------------------	-----------------	-------------	-------------------

WITNESSES

Name MICHAEL HAFEMEISTER	Address 7438 MAKE DRIVE	City HUDSON	State FL	Zip Code 34667
-----------------------------	----------------------------	----------------	-------------	-------------------

NON VEHICLE PROPERTY DAMAGE

Vehicle#	Person#	Property Damage - Other Than Vehicle HUFFY BICYCLE S/N AL08J0428493	Est. Amount 50	Business No	Owner's Name EARL DUDLEY	Address 303 SOUTH INGRAHAM	City & State TAVARES FL	Zip Code 32778
----------	---------	--	-------------------	----------------	-----------------------------	-------------------------------	----------------------------	-------------------

NARRATIVE

ID Number 1139	Rank CORPORAL	Name J.C. HELMS	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Dec 14, 2013
<p>V01 was traveling southbound on State Road 19 in the outside lane approaching Dead River Road. D-1 stated that, he saw a vehicle pulling out of the Shell gas station just south of the intersection and started moving to the left and into the inside lane. NM01 (bicyclist) was traveling across State Road 19 in a westerly direction, just south of the intersection of Dead River Road. NM01 (bicyclist) failed to yield the right of way to V01. V01 struck the NM01 (bicyclist) on its right side with the left front of V01. V01 came to rest in the southbound lane near the west shoulder facing south. NM01 (bicycle) came to rest on top of the concrete median on its right side facing southeast. NM01 (bicyclist) came to rest within the inside southbound lane of State Road 19. The NM01 (bicyclist) was flown to Orlando Regional Medical Center in Orlando.</p> <p>NM01, Earl Dudley, D.O.B. 01/05/1947, was pronounced deceased at O.R.M.C. Hospital on 12/14/2013 at 8:27 AM., by Doctor Ibrahim. THI Case Number: FHP713-12-023. Traffic Homicide Investigator: Corporal C.A. Oliver, ID Number: 1190 Photos and measurements taken by: Corporal A. Pratts, ID Number: 827</p>						

REPORTING OFFICER

ID/Badge # 1139	Rank and Name CORPORAL J.C. HELMS	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
--------------------	--------------------------------------	--------------------------------------	---------------------------

City of Tavares

