

# 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>14/Dec/2013 06:48 AM</b>	Time of Crash <b>14/Dec/2013 06:48 AM</b>	Date of Report <b>14/Dec/2013 08:20 AM</b>	Invest. Agency Report Number <b>FHPD13OFF106445</b>	HSMV Crash Report Number <b>83653959</b>
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## CRASH IDENTIFIERS

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

## ROADWAY INFORMATION

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

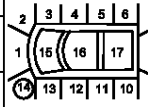
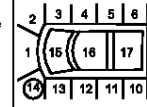
## CRASH INFORMATION (Check if Pictures Taken)

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Light Condition <b>4 Dark-Lighted</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>3 Angle</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>3 Intersection.Related</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)

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Vehicle <b>1</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>1 No</b>	Veh License Number <b>XC1092</b>	State <b>FL</b>	Reg. Expires	Permanent Reg. <b>Yes</b>	VIN <b>1FTNX21P53EB49052</b>
Year <b>2003</b>	Make <b>FORD</b>	Model <b>F250 PICKUP</b>	Style <b>TK</b>	Color <b>WHI</b>	Extent of Damage <b>Functional</b>	Est. Damage <b>3000</b>	Towed Due To Damage <b>No</b>
Insurance Company <b>CITY OF TAVARES SELF INSURED</b>				Insurance Policy Number <b>NONE</b>			
Name of Vehicle Owner (Check Box If Business) <b>CITY OF TAVARES</b>			Current Address (Number and Street) <b>PO BOX 1068</b>		City and State <b>TAVARES FL</b>		Zip Code <b>32778</b>
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: <b>South</b>	Direction	On Street, Road, Highway <b>STATE ROAD 19</b>				At Est. Speed <b>45</b>	Posted Speed <b>45</b>
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 <b>3 Pickup</b>	Vehicle Defects (one) <b>1 None</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 No</b>	Special Function of MV <b>10 Fire Truck</b>
Vehicle Maneuver Action <b>6 Changing Lanes</b>	Trafficway <b>4 Two-Way, Divided, Positive Median Barrier</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>5 Traffic Control Signal</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	

## PERSON RECORD

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

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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
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#### WITNESSES

Name MICHAEL HAFEMEISTER	Address 7438 MAKE DRIVE	City HUDSON	State FL	Zip Code 34667
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#### 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
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#### 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.</p> <p>THI Case Number: FHP713-12-023.</p> <p>Traffic Homicide Investigator: Corporal C.A. Oliver, ID Number: 1190</p> <p>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
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