

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐
(Shaded Areas)

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

TOTAL # OF VEHICLE SECTION(S) 2
TOTAL # OF PERSON SECTION(S) 2
TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 2/18/13		TIME OF CRASH 1448 HRS		DATE OF REPORT 2/18/13		REPORTING AGENCY CASE NUMBER 1302-0904		HSMV CRASH REPORT NUMBER 12492480		
CRASH IDENTIFIERS										
COUNTY CODE 12	CITY CODE 60	COUNTY OF CRASH LAKE			PLACE OR CITY OF CRASH TAVARES			CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 1448	TIME DISPATCHED 1449
TIME ON SCENE 1450		TIME CLEARED SCENE 1520		CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)				Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>	
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)										
CRASH OCCURRED ON STREET, ROAD, HIGHWAY CR. SHORE BLVD.						AT STREET ADDRESS # -1		AT LATITUDE AND LONGITUDE -2		
FEET 50	MILES	N S E W <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY U.S. HWY 441				OR FROM MILEPOST # -4		
Road System Identifier 5 1 Interstate 2 U.S. 3 State		4 County 5 Local 6 Turnpike/Toll		Type of Shoulder 3 1 Paved 2 Unpaved 3 Curb		Type of Intersection 1 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection		5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative		
CRASH INFORMATION (CHECK IF PICTURES TAKEN)										
Light Condition 1 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted		Weather Condition 1 5 Dark-Not Lighted 6 Dark-Unknown 7 Other, Explain in Narrative 88 Unknown		Roadway Surface Condition 1 1 Clear 2 Cloudy 3 Rain		School Bus Related 1 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown		Manner of Collision/Impact 3 1 Front to Rear 2 Front to Front 3 Angle		
First Harmful Event 11 1 No 2 Yes 88 Unknown		Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		Collision Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object		Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier		First Harmful Event Location 1 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		
First Harmful Event Relation to Junction 1 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related		Contributing Circumstances: Road 1 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown		Contributing Circumstances: Environment 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare		Work Zone Related 1 1 No 2 Yes 88 Unknown		Crash in Work Zone 1 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		
Work Zone Related 1 1 No 2 Yes 88 Unknown		Crash in Work Zone 1 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		Type of Work Zone 1 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		Workers in Work Zone 1 1 No 2 Yes 88 Unknown		Law Enforcement in Work Zone 1 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present		
WITNESSES										
NAME JENNIFER MASON		ADDRESS 2989 W. BEAUMONT LN.		CITY & STATE EUSTIS, FL.		ZIP CODE 32726				
NAME SEAN TOY		ADDRESS 405 N. NEW HAMPSHIRE AVE.		CITY & STATE TAVARES, FL.		ZIP CODE 32728				
NON VEHICLE PROPERTY DAMAGE										
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE			
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE			

VEHICLE # i		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 1302-0904		HSMV CRASH REPORT NUMBER 12492480	
1 Vehicle in Transport <input type="checkbox"/> 2 Parked Motor Vehicle <input type="checkbox"/> 3 Working Vehicle <input type="checkbox"/>		VEHICLE LICENSE NUMBER i		STATE		REGISTRATION EXPIRES	
Hit and Run 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		YEAR		MAKE		MODEL	
STYLE		COLOR		DAMAGE: 1 Disabling <input type="checkbox"/> 2 Functional <input type="checkbox"/> 3 None <input type="checkbox"/>		EST. AMOUNT 4 Minor <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 25.00	
INSURANCE COMPANY		INSURANCE POLICY NUMBER		Towed due to Damage: 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/>		VEHICLE REMOVED BY DRIVER	
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>		CURRENT ADDRESS DONALD A. GEORGE 2710 VINDALE RD.		CITY & STATE TAVARES, FL.		ZIP CODE 32778	
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES	
Check if Permanent Registration <input type="checkbox"/>		VIN		YEAR		MAKE	
LENGTH		AXLES		TRAILER #		LICENSE NUMBER	
STATE		REGISTRATION EXPIRES		Check if Permanent Registration <input type="checkbox"/>		VIN	
YEAR		MAKE		LENGTH		AXLES	
VEHICLE <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> Off-Road Unknown <input type="checkbox"/>		ON STREET, ROAD, HIGHWAY CK. SHORE BLVD.				AT EST. SPEED 5	
TRAVELING						POSTED SPEED 45	
HAZ. MAT. RELEASED 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		HAZ. MAT. PLACARD 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		HAZ. MAT. NUMBER		HAZ. MAT. CLASS	
MOTOR CARRIER NAME		US DOT NUMBER		Area of Initial Impact		Most Damaged Area	
MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE		PHONE NUMBER	
Vehicle Body Type 77		15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		Trafficway 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		Commercial Motor Vehicle Configuration 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck	
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		Comm/Non-Commercial <input type="checkbox"/> 1 Interstate Carrier <input type="checkbox"/> 2 Intrastate Carrier <input type="checkbox"/> 3 Not in Commerce/Government <input type="checkbox"/> 4 Not in Commerce/Other Truck		Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		Cargo Body Type <input type="checkbox"/> 1 No Cargo <input type="checkbox"/> 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log	
Most Harmful Event 11		Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision		Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		Collision Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End	
Sequence of Events 1st 41 2nd 3rd 4th 		Roadway Grade <input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Hillcrest <input type="checkbox"/> 3 Uphill <input type="checkbox"/> 4 Downhill <input type="checkbox"/> 5 Sag (bottom)		Roadway Alignment <input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left		Vehicle Maneuver Action <input type="checkbox"/> 1 Straight Ahead <input type="checkbox"/> 3 Turning Left <input type="checkbox"/> 4 Backing <input type="checkbox"/> 5 Turning Right <input type="checkbox"/> 6 Changing Lanes <input type="checkbox"/> 8 Parked <input type="checkbox"/> 10 Making U-Turn <input type="checkbox"/> 11 Overtaking/ Passing <input type="checkbox"/> 13 Stopped in Traffic <input type="checkbox"/> 14 Slowing <input type="checkbox"/> 15 Negotiating a Curve <input type="checkbox"/> 16 Leaving Traffic Lane <input type="checkbox"/> 17 Entering Traffic Lane <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	
Special Function of Motor Vehicle 1		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus		Traffic Control Device For This Vehicle <input type="checkbox"/> 1 No Controls <input type="checkbox"/> 4 School Zone Sign/ Device <input type="checkbox"/> 5 Traffic Control Signal <input type="checkbox"/> 6 Stop Sign <input type="checkbox"/> 7 Yield Sign	
		Vehicle Defects <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Brakes <input type="checkbox"/> 3 Tires <input type="checkbox"/> 4 Lights (head, signal, tail) <input type="checkbox"/> 6 Steering <input type="checkbox"/> 7 Wipers <input type="checkbox"/> 9 Exhaust System <input type="checkbox"/> 10 Body, Doors <input type="checkbox"/> 11 Power Train		12 Suspension 13 Wheels 14 Windows/ Windshield 15 Mirrors 16 Truck Coupling/ Trailer Hitch/ Safety Chains 77 Other, Explain in Narrative 88 Unknown		Emergency Vehicle Use <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	
VIOLATIONS:							
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			

PERSON # 1 REPORTING AGENCY CASE NUMBER 1302-0904 HSMV CRASH REPORT NUMBER 12492480

1 Driver 2 Non-Motorist 3 Passenger VEHICLE # 1 NAME DONALD A. GEORGE PHONE NUMBER 343-8418 Check if Recommend Driver Re-exam

CURRENT ADDRESS (Number and Street) 2710 VINDALE RD. CITY & STATE TAVARES, FL. ZIP CODE 32778

DATE OF BIRTH 7/16/34 SEX: 1 Male 2 Female 88 Unknown DRIVER LICENSE NUMBER G620-181-34-256-0 STATE FL EXPIRES INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality 3

DL Type 5 Required Endorsements 3 Driver's Actions at Time of Crash 1st 3 2nd 3rd 4th Condition At Time of Crash 1

Driver Distracted By 1 Driver Vision Obstructions 1 Helmet Use (HU) 3 Eye Protection (EP) 1 Restraint Systems (RS) 1

Motor Vehicle Seating Position: LOCATION: SEAT ROW OTHER 77 Ejection (EJECT) 2 Air Bag Deployed (ABD) 1

Non-Motorist Description 3 Non-Motorist Location At Time of Crash 3 Action Prior to Crash i

Safety Equipment 1 Non-Motorist Actions/Circumstances 1st 3 2nd

ALCOHOL/DRUG/EMS SUSPECTED ALCOHOL TESTED: ALCOHOL TEST TYPE: ALCOHOL TEST RESULT: BAC SUSPECTED DRUG USE: DRUG TESTED: DRUG TEST TYPE: DRUG TEST RESULT:

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO

PERSON # VEHICLE # NAME DATE OF BIRTH INJ SEX LOC: S R O EJECT HU EP ABD RS

CURRENT ADDRESS (Number and Street) CITY & STATE ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO

PERSON # VEHICLE # NAME DATE OF BIRTH INJ SEX LOC: S R O EJECT HU EP ABD RS

CURRENT ADDRESS (Number and Street) CITY & STATE ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO

VEHICLE #		2		Check if Commercial		REPORTING AGENCY CASE NUMBER		1302-0904		HSMV CRASH REPORT NUMBER		12492480																											
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		1		VEHICLE LICENSE NUMBER		2201MK		STATE		FL		REGISTRATION EXPIRES		9/02/13		Check if Permanent Registration		VIN		KNADE123286407081																			
Hit and Run 1 No 2 Yes 88 Unknown		1		YEAR		2008		MAKE		KIA		MODEL		CAR		STYLE		4DR		COLOR		BLUE		DAMAGE: 1 Disabling 2 Functional 3 None		4 Minor 88 Unknown 4		EST. AMOUNT		400.00									
INSURANCE COMPANY				PROPERTY AND CASUALTY				INSURANCE POLICY NUMBER				SSPHF20970002983A				Towed due to Damage: 1 No 2 Yes		1		VEHICLE REMOVED BY				DRIVER				1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative		3									
NAME OF VEHICLE OWNER				(Check if Business)				JOYCE MILLER				CURRENT ADDRESS				1280 CEDAR AVE.				CITY & STATE				TAVARES, FL.				ZIP CODE				32778							
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration		VIN		YEAR		MAKE		LENGTH		AXLES		TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration		VIN		YEAR		MAKE		LENGTH		AXLES	
VEHICLE TRAVELING		N		S		E		W		Off-Road		Unknown		ON STREET, ROAD, HIGHWAY										AT EST. SPEED		POSTED SPEED		TOTAL LANES											
														LK. SHORE BLVD.										30		45		1											
HAZ. MAT. RELEASED		1 No 2 Yes 88 Unknown		1		HAZ. MAT. PLACARD		1 No 2 Yes 88 Unknown		1		HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact										Most Damaged Area													
MOTOR CARRIER NAME				US DOT NUMBER																																			
MOTOR CARRIER ADDRESS				CITY & STATE				ZIP CODE				PHONE NUMBER																											
Vehicle Body Type		1		15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		5		Trafficway 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		Trailer Type		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		Commercial Motor Vehicle Configuration		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck		8 Tractor/Triples 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown																			
Comm/Non-Commercial		1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		1		Most Harmful Event		Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision		Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		Collision Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		Emergency Vehicle Use		1 No 2 Yes 88 Unknown																					
Sequence of Events		1st 2nd 3rd 4th		140-46 Sequence of Events only 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		Roadway Grade		1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Roadway Alignment		1 Straight 2 Curve Right 3 Curve Left		Vehicle Maneuver Action		1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/ Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		Traffic Control Device For This Vehicle		8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		Vehicle Defects		1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/ Windshield 15 Mirrors 16 Truck Coupling/ Trailer Hitch/ Safety Chains 77 Other, Explain in Narrative 88 Unknown															
Special Function of Motor Vehicle		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus		14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		VIOLATIONS																															
PERSON #		NAME OF VIOLATOR				FL STATUTE NUMBER				CHARGE				CITATION NUMBER																									
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PERSON #		NAME OF VIOLATOR				FL STATUTE NUMBER				CHARGE				CITATION NUMBER																									

NARRATIVE

REPORTING AGENCY CASE NUMBER

1302-0964

HSMV CRASH REPORT NUMBER

12492480

V-1 WAS CROSSING EAST ON LK. SHORE BLVD., V-2 WAS TRAVELING SOUTH ON LK. SHORE BLVD. THE DRIVER OF V-1, RODE HIS BICYCLE DIRECTLY INTO THE PATH OF V-2. THE DRIVER OF V-1 STATED HE NEVER SAW V-2 COMING, AND THAT IT WAS SAFE TO CROSS. THE DRIVER OF V-2 ADVISED HE SAW V-1 ON THE SIDEWALK, AND THOUGHT HE WAS GOING TO STOP. WITNESSES ON SCENE STATED THEY OBSERVED V-1 FAIL TO STOP, AND TRAVEL DIRECTLY IN FRONT OF V-2. THE DRIVER OF V-1 STATED THAT HE WAS AT FAULT FOR THE ACCIDENT. THE DRIVER OF V-1 SUSTAINED SMALL ABRASIONS TO HIS LEFT HAND, AND SORENESS FROM BEING KNOCKED OFF HIS BICYCLE. V-2 SUSTAINED A SMALL DENT ON THE HOOD, AS WELL AS SCRATCHES TO THE FRONT. THE DRIVER OF V-1 REFUSED ANY FURTHER MEDICAL, AND WAS MEDICALLY CLEARED ON SCENE.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported
2 EMS 3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

PERSON #

VEHICLE #

NAME

DATE OF BIRTH

INJ

SEX

LOC: S

R

O

EJECT

HU

EP

ABD

RS

CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported
2 EMS 3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER

RANK & NAME

DEPARTMENT

FHP SO PD OTHER

☐ ☐ ☐ ☐

12492480

DIAGRAM NOT TO SCALE



AREA OF IMPACT

BICYCLIST (V-1)

LK. SHORE BLVD.

