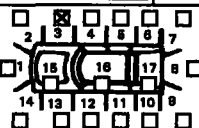


FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH 04/13/2010		TIME OF CRASH 1030 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		TIME OFFICER NOTIFIED 1030 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		TIME OFFICER ARRIVED 1035 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		INVEST. AGENCY REPORT NO. 10-00890		HSMV CRASH REPORT NUMBER 75150247			
	COUNTY / CITY CODE 12/54		FEET or MILE(S)		N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of MOUNT DORA		CITY OR TOWN (Check if in City or Town) <input checked="" type="checkbox"/>		COUNTY LAKE COUNTY					
	AT NODE NO. or FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES 2		1. DIVIDED 2 2. UNDIVIDED		ON STREET, ROAD OR HIGHWAY ACCESS RD/KFC 16800 SR500			
	AT INTERSECTION OF (street, road or highway) or FEET or MILE(S)		N S E W <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of SR500		OF INTERSECTION OF (street, road, highway)									
S e c t i o n 1	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A 3		YEAR 1998	MAKE FORD	TYPE 01	USE 01	VEH. LICENSE NO. V084TW		STATE FL	VEHICLE IDENTIFICATION NUMBER JM1BC1411W0186276			 SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S) 3	
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH 20		Posted Speed 25	EST. VEHICLE DAMAGE \$500		1. Disabling 2. Functional 3. No Damage 2		EST. TRAILER DAMAGE \$		
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) GEICO		POLICY NUMBER 0725-07-93-05		VEHICLE REMOVED BY: R. KNAPP		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 3 4. Other							
	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street) 1004 BELMONT CR		CITY TAVARES	STATE FL	ZIP 32778	DATE OF BIRTH 10/03/1949						
Pedestrian	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY	STATE	ZIP	US DOT or ICC MC IDENTIFICATION NUMBERS						
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY	STATE	ZIP							
	NAME OF DRIVER (Take From Driver License) / Pedestrian RICHARD E KNAPP		CURRENT ADDRESS (Number and Street) 1004 BELMONT CR		CITY TAVARES	STATE FL	ZIP 32778	DATE OF BIRTH 10/03/1949						
	DRIVER LICENSE NUMBER K510-745-49-363-0		STATE FL	DL TYPE 5	REQ. END. 3	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused 5	RESULTS 1	AL/DRUG 1	PHYS. DEF. 1	RES. 1	RACE 1	SEX 1	INJ. 1	S. EQUIP. 2
Vehicle	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No 2		PLACARDED 1 Yes 2 No 2	IF YES, INDICATE NAME OR 4 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. 352 455-3135				
	VEHICLE TRAVELING N S E W <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ACCESS RD/KFC 16800 SR50		ON At		Est. MPH 20	Posted Speed 25	EST. VEHICLE DAMAGE \$500		1. Disabling 2. Functional 3. No Damage 2		EST. TRAILER DAMAGE \$			
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) GEICO		POLICY NUMBER 0725-07-93-05		VEHICLE REMOVED BY: R. KNAPP		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 3 4. Other							
	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street) 1004 BELMONT CR		CITY TAVARES	STATE FL	ZIP 32778	DATE OF BIRTH 10/03/1949						
Cod Information	VEHICLE TYPE		VEHICLE USE		TRAILER TYPE		RESIDENCE (Driver Only)		PHYSICAL DEFECTS		ALCOHOL / DRUG ABUSE		LOCATION (in vehicle)	
	01. Automobile 02. Passenger Van 03. Pickup/Light Truck - 2 rear tires 04. Medium Truck (2 or more rear axles) 05. Heavy Truck (2 or more rear axles) 06. Truck Tractor (Cab) 07. Motor Home (RV) 08. Bus (driver + seats for 9-15) 09. Bus (driver + seats for over 15) 10. Bicycle 11. Motorcycle 12. Moped 13. All Terrain Vehicle 14. Train 15. Low Speed Vehicle 77. Other		01. Private Transportation 02. Comm. Passengers 03. Commercial Cargo 04. Public Transportation 05. Public School Bus 06. Private School Bus 07. Ambulance 08. Law Enforcement 09. Fire / Rescue 10. Military 11. Other Government 12. Dump 13. Concrete Mixer 14. Garbage or Refuse 15. Cargo Van 77. Other		01. Single SemiTrailer 02. Tandem SemiTrailer(s) 03. Tank Trailer 04. Saddle Mount/Flatbed 05. Boat Trailer 06. Utility Trailer 07. House Trailer 08. Pole Trailer 09. Towed Vehicle 10. Auto Transport 77. Other		1. County of Crash 2. Elsewhere in State 3. Non-Resident of State 4. Foreign 5. Unknown		1. No Defects Known 2. Eyesight Defect 3. Fatigue/Adrenaline 4. Hearing Defect 5. Illness 6. Seizure/Epilepsy/Blackout 7. Other Physical Defect		1. Not Drinking or Using Drugs 2. Alcohol - Under Influence 3. Drugs - Under Influence 4. Alcohol & Drugs - Under Influence 5. Had Been Drinking 6. Pending BAC Test Result		1. Front Left 2. Front Center 3. Front Right 4. Rear Left 5. Rear Center 6. Rear Right 7. In Body of Truck 8. Bus Passenger 9. Other	
	DL TYPE 1. A 2. B 3. C 4. D / Chauffeur 5. E / Operator 6. E / Oper-Res 7. None		RACE 1. White 2. Black 3. Hispanic 4. Other		INJURY SEVERITY 1. None 2. Possible 3. Non-Incapacitating 4. Incapacitating 5. Fatal (Within 30 Days) 6. Non-Traffic Fatality		SAFETY EQUIPMENT IN USE 1. Not in Use 2. Seat Belt/Shoulder Harness 3. Child Restraint 4. Air Bag - Deployed 5. Air Bag - Not Deployed 6. Safety Helmet 7. Eye Protection		EJECTED 1. No 2. Yes 3. Partial					
	REQUIRED ENDORSEMENTS 1. Yes 2. No 3. No End. Req'd.		SEX 1. Male 2. Female											

DRIVER ACTION		1. Phantom 2. Hit & Run 3. N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NO.	STATE	VEHICLE IDENTIFICATION NUMBER	18 Undercarriage 19 Overtum 20 Windshield 21 Trailer			
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE						SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S)				
VEHICLE TRAVELING		ON At		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE \$	1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE \$					
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		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		STATE		ZIP						
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP						
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP		US DOT or ICC MC IDENTIFICATION NUMBERS				
NAME OF DRIVER (Take From Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP		DATE OF BIRTH				
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	AL/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
#1		PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT \$	OWNER'S NAME		ADDRESS		CITY		STATE		ZIP	
#2		PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT \$	OWNER'S NAME		ADDRESS		CITY		STATE		ZIP	
CONTRIBUTING CAUSES - DRIVER / PED		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS		SOURCE OF CARRIER INFORMATION		PEDESTRIAN ACTION		LOCATION TYPE		
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		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 Defects (Explain in Narrative)		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		1. None 2. Farm 3. Police Pursuit 4. Recreational 5. Emergency Operation 6. Construction / Maintenance		1. Not Applicable 2. Shipping Papers 3. Vehicle Side 4. Driver 5. Other		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)		1. Primarily Business 2. Primarily Residential 3. Open Country		
FIRST / SUBSEQUENT HARMFUL EVENT(S)		ROAD SYSTEM IDENTIFIER		LIGHTING CONDITION		ROAD SURFACE CONDITION		WEATHER		ROAD SURFACE TYPE				
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 Other 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 Movable Object On Road		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)		01. Daylight 02. Dusk 03. Dawn 04. Dark (Street Light) 05. Dark (No Street Light) 06. Unknown		01. Dry 02. Wet 03. Slippery 04. Icy 77. All Other (Explain in Narrative)		01. Clear 02. Cloudy 03. Rain 04. Fog 77. All Other (Explain in Narrative)		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		VISION OBSTRUCTED		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER		TYPE SHOULDER				
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 / Unsafe Paved Edge 08. Standing Water 09. Worn / Polished Road Surface 77. All Other (Explain)		01. Vision Not Obscured 02. Indement 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. Glare 77. All Other (Explain in Narrative)		01. No control 02. Special Speed 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 / Flagman 11. Posted No U-Turn 12. No Passing Zone 77. All Other (Explain)		01. Not At Intersection / RR X'ing / Bridge 02. At Intersection 03. Influenced By Intersection 04. Driveway Access 05. Railroad Crossing 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)		01. Straight-Level 02. Straight-Upgrade/Downgrade 03. Curve-Level 4. Curve-Upgrade/Downgrade		01. Paved 02. Unpaved 03. Curb				
SEC #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER						

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS SECTION, NEIL KIRKMAN 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 04/13/2010	COUNTY / CITY CODE 12/54	INVEST. AGENCY REPORT NUMBER 10-00890	HSMV CRASH REPORT NUMBER 75150247
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(NARRATIVE)

Vehicle 1 (Bicycle) was traveling east on the Kentucky Fried Chicken (KFC) access road, located at 16800 SR500. Vehicle 2 was traveling east on SR500 and turned right onto the KFC access road. Driver of Vehicle 1 stated that he stopped at the stop sign and after clearing the roadway from traffic he proceeded to travel east on the KFC access road. Driver of Vehicle 1 stated that he did not see where Vehicle 2 came from. Driver of Vehicle 2 stated that he did not see the driver of Vehicle 1 (Bicycle) until he realized he had struck something.

EMS arrived on scene of the crash, and the driver of Vehicle 1 (Bicycle) was transported to Florida Waterman Hospital for further medical assistance. Driver of Vehicle 1 (Bicycle) sustained injuries to his left arm, left ankle, and right hip. Maribel Nieves the mother of the driver of Vehicle 1 (Bicycle) was contacted and provided with additional information of her son's injuries and condition.

At the time of the crash, I was unable to determine who was at fault for the crash due to conflicting stories and no independent witnesses to the crash. Vehicle 2 was removed by the registered owner. I removed the bicycle from the scene of the crash and secured the bicycle at the Mount Dora Police Department Storage Unit. The owner of the bicycle was later advised of the where abouts of his bicycle.

SEC#	PASS#	PASSENGER'S NAME	ADDRESS	CITY	ST.	ZIPCODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJCT.

Violator(s)	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS FIRST NAME	MIDDLE	LAST	CURRENT ADDRESS	CITY	STATE	ZIP
1						
2						

FIRST AID GIVEN BY - NAME:	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer	4. Certified 1st Aider 5. Other <input type="checkbox"/>	INJURED TAKEN TO:	BY - NAME:
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WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO <input type="checkbox"/> 1	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES 2. NO <input type="checkbox"/> 1	IF NO, THEN WHY?	DATE OF REPORT 04/13/2010	PHOTOS TAKEN? 1. YES 2. NO <input type="checkbox"/> 2	IF YES, BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER
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INVESTIGATOR - RANK AND SIGNATURE OFC. SEVERANCE I	I.D. / BADGE NO. 0279	DEPARTMENT MOUNT DORA POLICE DEPARTMENT	FHP <input type="checkbox"/> SO <input type="checkbox"/> PD <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
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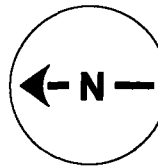
Case Number: 10-00890

Date: 04/13/10

Location: KFC ACCESS RD / 40 FEET SOUTH OF SR500

Description:

NOT TO SCALE



**BLOCKBUSTER
16850 SR500**

SR500

Driver of V-1

BICYCLE (V1)

**KFC
16800 SR500**

SR500 ACCESS RD