





# 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 whereabouts 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 <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT 04/13/2010	PHOTOS TAKEN? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>	IF YES, BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER <input type="checkbox"/>
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INVESTIGATOR - RANK AND SIGNATURE <b>OFC. SEVERANCE I</b>	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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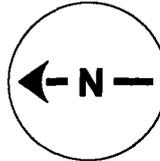
Case Number: 10-00890

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