

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 23/Mar/2012 09:15 PM	Time of Crash 23/Mar/2012 09:15 PM	Date of Report 23/Mar/2012 12:00 AM	Invest. Agency Report Number 12-00736	HSMV Crash Report Number 75151744
---------------------------------------	---------------------------------------	--	--	--------------------------------------

CRASH IDENTIFIERS

County Code 12	City Code 54	County of Crash Lake	Place or City of Crash MOUNT DORA	Within City Limits Yes	Time Reported 23/Mar/2012 09:15 PM	Time Dispatched 23/Mar/2012 09:18 PM
Time on Scene 23/Mar/2012 09:23 PM	Time Cleared Scene 23/Mar/2012 09:38 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway US HWY 441			At Street Address#		At Latitude and Longitude	
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway EUDORA RD			Or From Milepost #
Road System Identifier 2 U.S.		Type Of Shoulder 2 Unpaved		Type Of Intersection 2 Four-Way Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 4 Dark-Lighted	Weather Condition 2 Cloudy	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 T832VM	State FL	Reg. Expires 26/Oct/2012	Permanent Reg. No	VIN 2HGEJ6676WH597851		
Year 2008	Make HONDA	Model CIVIC	Style 4DOOR	Color GR	Extent of Damage Minor	Est. Damage 400	Towed Due To Damage No	Vehicle Removed By MARK CLEAVER	Rotation Driver
Insurance Company MERCURY INSURANCE				Insurance Policy Number 090105100101756					
Name of Vehicle Owner (Check Box If Business) CLEAVER DAVID GEORGE			Current Address (Number and Street) 36039 VIA GRAN			City and State GRAND ISLAND FL		Zip Code 32735	
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:	Direction West	On Street, Road, Highway US HWY 441				At Est. Speed 45	Posted Speed 50	Total Lanes 6	
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 1 Passenger Car	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 3 Two-Way, Divided, Unprotected (painted >4 feet) Median	Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 14 Motor Vehicle in Transport	
Traffic Control Device For This Vehicle 5 Traffic Control Signal		First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport		Second (2) Sequence of Events 11 Pedalcycle		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

VEHICLE (Check if Commercial) ☐

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 2 Yes	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN		
Year	Make UNK	Model	Style BC	Color	Extent of Damage	Est. Damage	Towed Due To Damage No	Vehicle Removed By	Rotation Driver
Insurance Company				Insurance Policy Number					

Date of Crash 23/Mar/2012 09:15 PM		Date of Report 23/Mar/2012 09:15 PM		Invest. Agency Report Number 12-00736		HSMV Crash Report Number 75151744			
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> UNKNOWN UNKNOWN			Current Address (Number and Street)				City and State		Zip Code
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:	Direction South	On Street, Road, Highway EUDORA ROAD				At Est. Speed	Posted Speed 35	Total Lanes 2	
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 77 Other, Explain in Narrative		Vehicle Defects (one) 88 Unknown		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 3 Two-Way, Divided, Unprotected (painted >4 feet) Median		Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 1 Non-Collision		Most Harmful Event Detail 6 Fell/Jumped From Motor Vehicle
Traffic Control Device For This Vehicle 5 Traffic Control Signal		First (1) Sequence of Events 1 Non-Collision 6 Fell/Jumped From Motor Vehicle		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name MARK ALLEN CLEAVER			Date of Birth 12/Jan/1993	Sex 1 Male	Phone Number 3525892695	Re-Exam No
Address 36039 VIA GRAN		City GRAND ISLAND		State FL		Zip Code 32735			
Driver License Number C416541930120		State FL	Expires 12/Jan/2015	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	
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 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result	
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 1 Driver	Vehicle # 2	Name UNKNOWN UNKNOWN			Date of Birth	Sex	Phone Number	Re-Exam
Address		City		State		Zip Code			
Driver License Number		State	Expires	DL Type	Req. End.	Injury Severity		Ejection	
Restraint System	Air Bag Deployed		Helmet Use 3 No Helmet		Eye Protection	Seating Location Seat		Seating Location Row	Seating Location Other
Drivers Actions at Time of Crash (first) 3 Failed to Yield Right.of.Way			Drivers Actions at Time of Crash (second)			Driver Distracted By 88 Unknown		Vision Obstruction	
Drivers Actions at Time of Crash (third)			Drivers Actions at Time of Crash (fourth)			Drivers Condition at Time of Crash 88 Unknown			
Suspected Alcohol Use 88 Unknown	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 88 Unknown	Drug Tested	Drug Test Type	Drug Test Result	
Source of Transport to Medical Facility		EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To		

WITNESSES

Name TONY I DEATON	Address PO BOX 581	City MOUNT DORA	State FL	Zip Code 32757
------------------------------	------------------------------	---------------------------	--------------------	--------------------------

NARRATIVE

Date of Crash 23/Mar/2012 09:15 PM	Date of Report 23/Mar/2012 09:15 PM	Invest. Agency Report Number 12-00736	HSMV Crash Report Number 75151744
---------------------------------------	--	--	--------------------------------------

Mark Allen Cleaver was operating his 2008 Honda sedan west on US Hwy 441, approaching the intersection of Eudora Road. As he approached the intersection, a bicyclist entered the roadway on the pedestrian crosswalk. The bicycling struck the right side of the Honda sedan, and the bicycle rider fell to the pavement. Mr. Cleaver remained on scene, while the bicyclist was observed leaving the scene of the crash south on Eudora Road. According to the witness, Cleaver had a green traffic signal and the right of way through the intersection. Officers searched the area for the rider of the bicycle, but were unable to locate him. I made contact with EMS personnel as well as the local hospital. There were no reports from either of a person being treated for injuries consistent with a vehicle versus bicycle crash. There are currently no leads or method of identifying the rider of the bicycle; therefore this case is closed. The 2008 Honda Civic of Mark Cleaver suffered minor damage to the ride passenger door, and was driven from the scene.

REPORTING OFFICER

ID/Badge # 0210	Rank and Name CPL KEITH TAYLOR	Department MOUNT DORA	Type of Department SO
--------------------	-----------------------------------	--------------------------	--------------------------

