

# 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>05/Dec/2013 08:06 AM</b>	Time of Crash <b>05/Dec/2013 08:06 AM</b>	Date of Report <b>05/Dec/2013 12:00 AM</b>	Invest. Agency Report Number <b>13120064</b>	HSMV Crash Report Number <b>84318581</b>
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## CRASH IDENTIFIERS

County Code <b>12</b>	City Code <b>42</b>	County of Crash <b>LAKE</b>	Place or City of Crash <b>LEESBURG</b>	Within City Limits <b>Yes</b>	Time Reported <b>05/Dec/2013 08:08 AM</b>	Time Dispatched <b>05/Dec/2013 08:08 AM</b>
Time on Scene <b>05/Dec/2013 08:08 AM</b>	Time Cleared Scene <b>05/Dec/2013 09:30 AM</b>	Completed <b>Yes</b>	Reason (if Investigation NOT Completed)			Notified By <b>Law Enforcement</b>

## ROADWAY INFORMATION

Crash Occured On Street, Road, Highway <b>US 441</b>			At Street Address#		At Latitude and Longitude	
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway <b>RADIO RD</b>			Or From Milepost #
Road System Identifier <b>2 U.S.</b>		Type Of Shoulder <b>3 Curb</b>		Type Of Intersection <b>3 T-Intersection</b>		

## CRASH INFORMATION (Check if Pictures Taken)

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Light Condition <b>1 Daylight</b>	Weather Condition <b>1 Clear</b>	Roadway Surface Condition <b>1 Dry</b>	School Bus Related <b>1 No</b>	Manner Of Collision
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>2 Intersection</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>8304GI</b>	State <b>FL</b>	Reg. Expires <b>08/Aug/2014</b>	Permanent Reg.	VIN <b>1GNDS13S932326104</b>		
Year <b>2003</b>	Make <b>CHEV</b>	Model <b>RAILBLAZER</b>	Style <b>UT</b>	Color <b>BLU</b>	Extent of Damage <b>None</b>	Est. Damage <b>0</b>	Towed Due To Damage <b>No</b>	Vehicle Removed By <b>DRIVER</b>	Rotation <b>Driver</b>
Insurance Company				Insurance Policy Number					
Name of Vehicle Owner (Check Box If Business) <b>JACQUELINE NICOLE BURCH</b>			Current Address (Number and Street) <b>41846 SR 19</b>			City and State <b>UMATILLA FL</b>		Zip Code <b>32784</b>	
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 <b>West</b>	On Street, Road, Highway <b>RADIO RD</b>					At Est. Speed <b>7</b>	Posted Speed <b>35</b>	Total Lanes <b>3</b>
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR <b>4 Not Applicable</b>			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>16 (Sport) Utility Vehicle</b>	Vehicle Defects (one) <b>1 None</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 No</b>		Special Function of MV <b>1 No Special Function</b>	
Vehicle Maneuver Action <b>5 Turning Right</b>	Trafficway <b>1 Two-Way, Not Divided</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		Third (3) Sequence of Events		Fourth (4) Sequence of Events		
		<b>11 Pedalcycle</b>							

## PERSON RECORD

Person# <b>1</b>	Description <b>1 Driver</b>	Vehicle # <b>1</b>	Name <b>JACQUELINE NICOLE BURCH</b>	Date of Birth <b>08/Aug/1978</b>	Sex <b>2 Female</b>	Phone Number <b>3524608326</b>	Re-Exam <b>No</b>
Address <b>41846 SR 19</b>		City <b>UMATILLA</b>		State <b>FL</b>		Zip Code <b>32784</b>	
Driver License Number <b>B620434787880</b>		State <b>FL</b>	Expires <b>08/Aug/2019</b>	DL Type <b>5 E/Operator</b>	Req. End. <b>3 No Req Endorsement</b>	Injury Severity <b>1 None</b>	Ejection <b>1 Not Ejected</b>

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Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other 1 Not Applicable		
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 10 Glare		
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	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested	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 2 Non-Motorist	Name JOHN VINCENT WHITAKER			Date of Birth 24/Nov/1931	Sex 1 Male	Injury Severity 4 Incapacitating		Phone Number
Address 1635 4TH BOWFIN ST		City TAVARES		State FL			Zip Code 327784628		
Non-Motorist Description Detail 3 Bicyclist			Non-Motorist Action Prior to Crash 1 Crossing Roadway			Non-Motorist Location at Time of Crash 1 Intersection - Marked Crosswalk			
Non-Motorist Actions/Circumstance (First) 4 Failure to Obey Traffic Signs, Signals, or Officer		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 1 None			Non-Motorist Safety Equipment (Two)		
Suspected Alcohol Use 1 No	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested		Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID LAKE EMS		EMS Run Number 240995			Medical Facility Transported To LEESBURG REGIONAL MEDICAL CENTER		

#### VIOLATIONS

Person# 2	Name JOHN VINCENT WHITAKER	Florida Statute Number	Charge PEDESTRIAN CONTROL SIGNAL - PEDESTRIAN FAILED TO OBEY	Citation 5778RNJ
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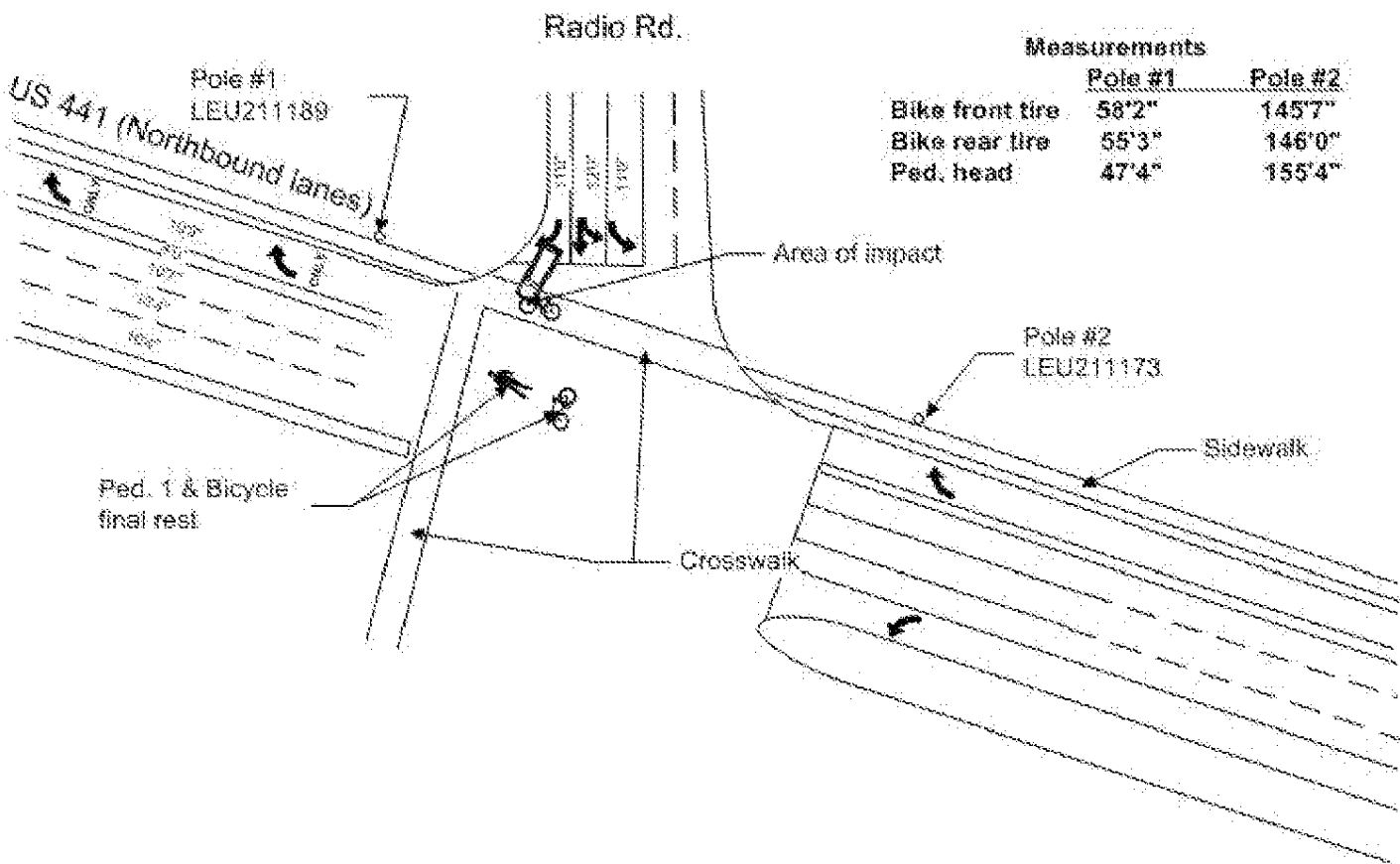
#### NARRATIVE

Non-Motorist 1 advised that he was traveling northbound on the sidewalk for US 441. Driver 1 advised she was on Radio Rd. Non-Motorist 1 stated he crossed Radio Rd. in the crosswalk and the front of Vehicle 1 collided with his right side. Driver 1 stated she stopped at the intersection for a red light and didn't see any traffic approaching so she attempted to make a right turn and collided with Non-Motorist 1. I asked Non-Motorist 1 if he pushed the button to activate the crosswalk light. He stated he travels that way all the time and the light was broken. He said the traffic light for vehicular traffic was green so he could go. I checked the crosswalk light and it worked properly giving a thirty second count down. I informed Non-Motorist 1 that if he was traveling on the roadway his bicycle would be considered a vehicle per state law and he would obey the traffic light but since he was on the sidewalk he is considered a pedestrian and must following the instruction of the pedestrian signal at the crosswalk. Non-Motorist 1 was cited for violating FSS 316.130(1) failing to obey a pedestrian control device.

//END OF REPORT//

#### REPORTING OFFICER

ID/Badge # T-53	Rank and Name SR. OFC. PARSONS	Department LEESBURG POLICE DEPARTMENT	Type of Department PD
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\*Not drawn to scale.