

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 05/Dec/2013 08:06 AM	Time of Crash 05/Dec/2013 08:06 AM	Date of Report 05/Dec/2013 12:00 AM	Invest. Agency Report Number 13120064	HSMV Crash Report Number 84318581
--	--	---	---	---

CRASH IDENTIFIERS

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

ROADWAY INFORMATION

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

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision	
First Harmful Event Type	First Harmful Event 11	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 2 Intersection	
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)

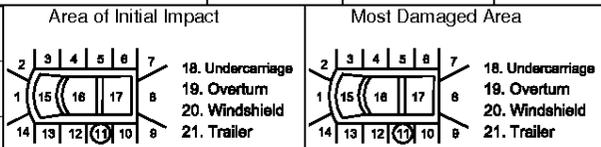
Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number 8304GI	State FL	Reg. Expires 08/Aug/2014	Permanent Reg.	VIN 1GNDS13S932326104		
Year 2003	Make CHEV	Model TRAILBLAZER	Style UT	Color BLU	Extent of Damage None	Est. Damage 0	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation Driver
Insurance Company				Insurance Policy Number					

Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>	Current Address (Number and Street) JACQUELINE NICOLE BURCH 41846 SR 19	City and State UMATILLA FL	Zip Code 32784
--	---	--------------------------------------	--------------------------

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 RADIO RD	At Est. Speed 7	Posted Speed 35	Total Lanes 3
--------------------	--------------------------	---	---------------------------	---------------------------	-------------------------

CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
Comm GVWR/GCWR 4 Not Applicable	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 16 (Sport) Utility Vehicle	Vehicle Defects (one) 1 None	Vehicle Defects (two)	Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function
Vehicle Maneuver Action 5 Turning Right	Trafficway 1 Two-Way, Not Divided	Roadway Grade 1 Level	Roadway Alignment 1 Straight	Most Harmful Event 2 Collision with Non-Fixed Object	Most Harmful Event Detail 11 Pedalcycle
Traffic Control Device For This Vehicle 5 Traffic Control Signal	First (1) Sequence of Events 2 Collision with Non-Fixed Object 11 Pedalcycle	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 JACQUELINE NICOLE BURCH	Date of Birth 08/Aug/1978	Sex 2 Female	Phone Number 3524608326	Re-Exam No
Address 41846 SR 19		City UMATILLA	State FL	Zip Code 32784			
Driver License Number B620434787880	State FL	Expires 08/Aug/2019	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 1 None	Ejection 1 Not Ejected	

Date of Crash 05/Dec/2013 08:06 AM	Date of Report 05/Dec/2013 08:06 AM	Invest. Agency Report Number 13120064	HSMV Crash Report Number 84318581
---------------------------------------	--	--	--------------------------------------

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
--------------	-------------------------------	------------------------	---	---------------------

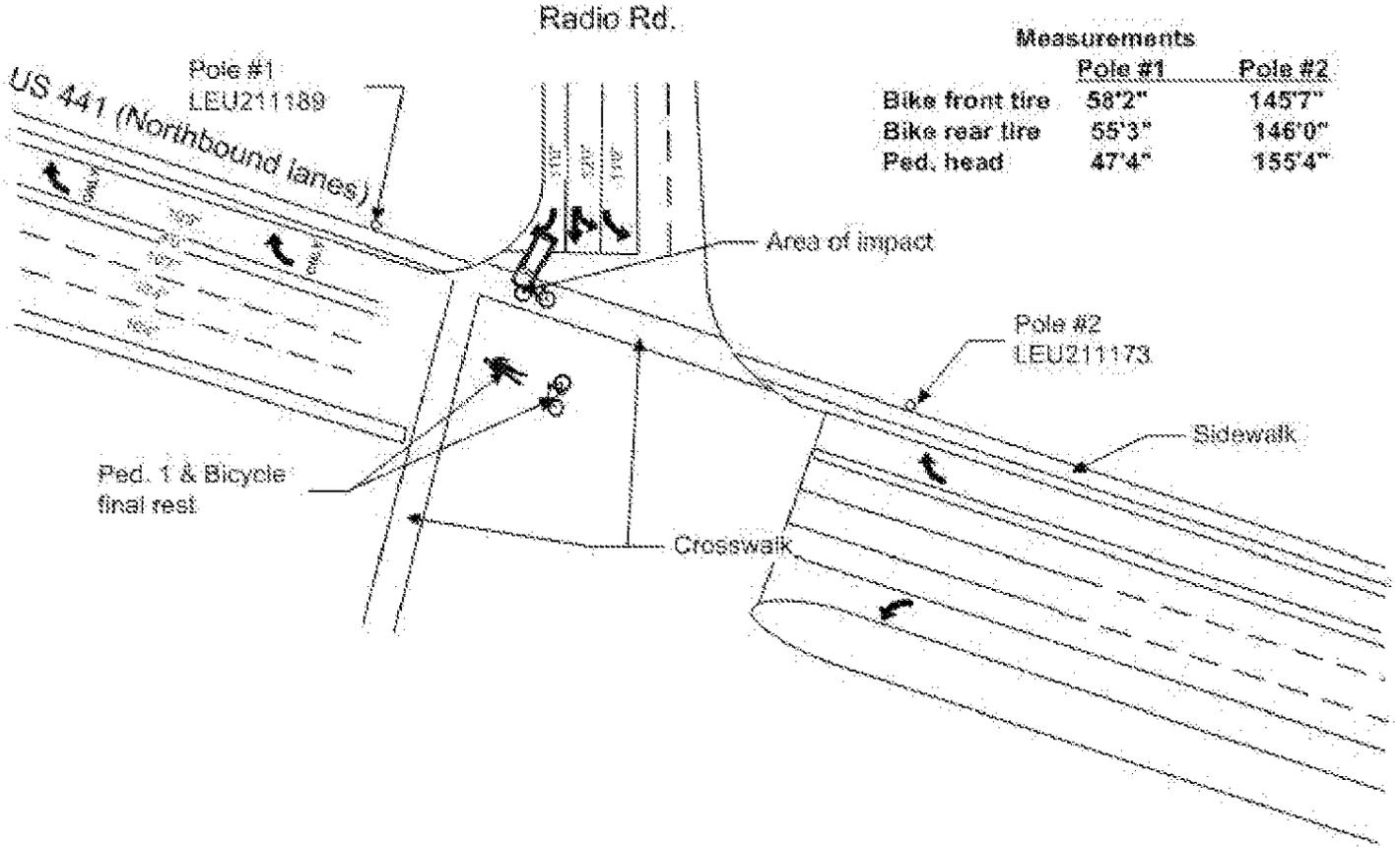
NARRATIVE

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
--------------------	-----------------------------------	--	--------------------------



*Not drawn to scale.