

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 19/Jan/2013 12:00 AM	Time of Crash 19/Jan/2013 12:00 AM	Date of Report 19/Jan/2013 05:35 PM	Invest. Agency Report Number E13011707	HSMV Crash Report Number 83034233
---------------------------------------	---------------------------------------	--	---	--------------------------------------

CRASH IDENTIFIERS

County Code 12	City Code 32	County of Crash LAKE	Place or City of Crash Eustis	Within City Limits Yes	Time Reported 19/Jan/2013 04:19 PM	Time Dispatched 19/Jan/2013 04:20 PM
Time on Scene 19/Jan/2013 04:22 PM	Time Cleared Scene 19/Jan/2013 05:20 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Motorist

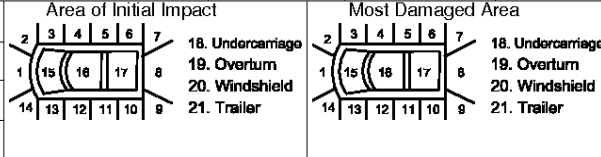
ROADWAY INFORMATION

Crash Occured On Street, Road, Highway STATE ROAD 19/ BAY STREET	At Street Address#	At Latitude	and	Longitude
At Feet 0	Or Miles	Direction North	From Intersection With Street, Road, Highway ARDICE AVE.	Or From Milepost #
Road System Identifier 3 State	Type Of Shoulder 3 Curb	Type Of Intersection 2 Four-Way 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 77 Other, Explain in Narrative
First Harmful Event Type	First Harmful Event 11	First Harmful Event Location 1 On Roadway	Within Interchange Yes	First Harmful Event Relation to Junction 2 Intersection
Contributing Circumstances: Road 1 None	Contributing Circumstances: Road 1 None	Contributing Circumstances: Road 1 None	Contributing Circumstances: Road 1 None	Contributing Circumstances: Road 1 None
Contributing Circumstances: Environment 1 None	Contributing Circumstances: Environment 1 None	Contributing Circumstances: Environment 1 None	Contributing Circumstances: Environment 1 None	Contributing Circumstances: Environment 1 None
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 2	Motor Vehicle Type 1 Vehicle in Transport			Hit and Run 1 No		Veh License Number 444TXG		State FL		Reg. Expires 12/Sep/2013		Permanent Reg.		VIN 3GNBABDBXAS607120					
Year 2010	Make CHEV	Model HHR	Style 4H	Color RED	Extent of Damage Functional			Est. Damage 3000		Towed Due To Damage No		Vehicle Removed By DRIVER			Rotation				
Insurance Company PROGRESSIVE SELECT INSURANCE COMP.								Insurance Policy Number 484956730											
Name of Vehicle Owner (Check Box If Business) CASEI CHRIS BOWERS					Current Address (Number and Street) 875 S EUSTIS ST					City and State EUSTIS FL					Zip Code 32726				
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 STATE ROAD 19								At Est. Speed		Posted Speed		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) 1 None			Emergency Vehicle Use 1 No			Special Function of MV 1 No Special Function					
Vehicle Maneuver Action 3 Turning Left		Trafficway 4 Two-Way, Divided, Positive Median Barrier			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# 2	Description 1 Driver	Vehicle # 2	Name CASEI C BOWERS			Date of Birth 23/Dec/1986	Sex 2 Female	Phone Number	Re-Exam
Address 875 S EUSTIS ST		City EUSTIS	State FL		Zip Code 32726				
Driver License Number B620103869630		State FL	Expires 23/Jan/2019	DL Type 5 E/Operator	Req. End 2 No	Injury Severity 1 None		Ejection 1 Not Ejected	
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 2 Not Deployed	Helmet Use 3 No Helmet	Eye Protection 3 Not Applicable	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 1 Vision Not Obscured	
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# 3	Description 3 Passenger	Vehicle # 2	Name RICHARD J BOWERS	Date of Birth 12/Sep/1985	Sex 1 Male	Injury Severity 1 None	Ejection 1 Not Ejected
Address 875 S EUSTIS ST			City EUSTIS	State FL		Zip Code 32726	
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use 3 No Helmet	Eye Protection 3 Not Applicable	Seating Location Seat 3	Seating Location Row 1	Seating Location Other 1	
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To		

Date of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
19/Jan/2013 12:00 AM	19/Jan/2013 05:35 PM	E13011707	83034233

PERSON RECORD

Person# 1	Description 2 Non-Motorist	Name JONATHAN D SNOW	Date of Birth 15/Sep/1989	Sex 1 Male	Injury Severity 4 Incapacitating	Phone Number 3529890412		
Address 12 KRISTIN LN		City EUSTIS	State	Zip Code 32726				
Non-Motorist Description Detail 3 Bicyclist			Non-Motorist Action Prior to Crash 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)		Non-Motorist Location at Time of Crash 3 Intersection - Other			
Non-Motorist Actions/Circumstance (First) 5 In Roadway Improperly (standing, lying, working, playing)		Non-Motorist Actions/Circumstance (Second) 12 Wrong-Way Riding or Walking		Non-Motorist Safety Equipment (One) 1 None		Non-Motorist Safety Equipment (Two) 1 None		
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 Sumter EMS		EMS Run Number 213519		Medical Facility Transported To Orlando Regional Hospital		

NARRATIVE

Vehicle 2 (V2) was turning left onto Ardice Ave. from the left turning lane of north bound S.R. 19. While V2 was turning it was struck by a bicycle outside of the cross walk at the intersection of S.R. 19 and Ardice Ave. The bicycle was traveling north bound on the shoulder of the south bound lane of S.R. 19. Driver of V2 stated she had the green light to turn left, when she was struck by a bicycle as she was turning onto Ardice Ave. Passenger of V2 stated just before the driver of V2 made the left turn he observed a white male on a bicycle, carrying another bicycle on his back, weaving in and out of the south bound lanes of S.R. 19. The passenger of V2 stated he did not see the bicyclist as the vehicle turned left.

Physical evidence at the scene showed a debris field outside of the crosswalk, and concentrated in the lane of travel of south bound S.R. 19. Damage to V2 was concentrated to the driver's side rear of the vehicle, which indicates V2 had almost completed its left turn before it was struck.

After an on scene investigation was completed all physical evidence showed that the bicyclist was traveling north bound in the south bound lane of S.R. 19. When the bicyclist entered the intersection of S.R. 19 and Ardice Ave. he was outside of the crosswalk and in the lane of travel. Therefore due to all evidence at the scene I believe the bicyclist was at fault for the accident.

REPORTING OFFICER

ID/Badge # E66	Rank and Name Off. TRAVIS MCGEE	Department Eustis Police Department	Type of Department PD
-------------------	------------------------------------	--	--------------------------

Date of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
19/Jan/2013 12:00 AM	19/Jan/2013 05:35 PM	E13011707	83034233

