

# 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>11/Jul/2013 08:40 AM</b>	Time of Crash <b>11/Jul/2013 08:40 AM</b>	Date of Report <b>11/Jul/2013 09:36 AM</b>	Invest. Agency Report Number <b>E13071073</b>	HSMV Crash Report Number <b>83035459</b>
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### CRASH IDENTIFIERS

County Code <b>12</b>	City Code <b>32</b>	County of Crash <b>LAKE</b>	Place or City of Crash <b>Eustis</b>	Within City Limits <b>Yes</b>	Time Reported <b>11/Jul/2013 08:40 AM</b>	Time Dispatched <b>11/Jul/2013 08:40 AM</b>
Time on Scene <b>11/Jul/2013 08:42 AM</b>	Time Cleared Scene <b>11/Jul/2013 09:04 AM</b>	Completed <b>Yes</b>	Reason (if Investigation NOT Completed)			Notified By <b>Motorist</b>

### ROADWAY INFORMATION

Crash Occured On Street, Road, Highway <b>SR 19 (BAY ST)</b>			At Street Address#		At Latitude and Longitude	
At Feet <b>0</b>	Or Miles	Direction	From Intersection With Street, Road, Highway <b>OLD MT. DORA RD.</b>		Or From Milepost #	
Road System Identifier <b>3 State</b>			Type Of Shoulder <b>3 Curb</b>		Type Of Intersection <b>2 Four-Way Intersection</b>	

### CRASH INFORMATION (Check if Pictures Taken)

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 <b>3 Angle</b>
First Harmful Event Type	First Harmful Event <b>10</b>	First Harmful Event Location <b>1 On Roadway</b>	Within Interchange <b>No</b>	First Harmful Event Relation to Junction <b>1 Non-Junction</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)

Vehicle <b>2</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>1 No</b>	Veh License Number <b>M731UE</b>	State <b>FL</b>	Reg. Expires <b>14/May/2014</b>	Permanent Reg.	VIN <b>2FMZA5144XB07284</b>		
Year <b>1999</b>	Make <b>FORD</b>	Model <b>WIN</b>	Style <b>VN</b>	Color <b>RED</b>	Extent of Damage <b>None</b>	Est. Damage <b>0</b>	Towed Due To Damage <b>No</b>	Vehicle Removed By <b>GILBERT</b>	Rotation <b>Driver</b>
Insurance Company <b>FLORIDA FARM BUREAU GENERAL INS. CO.</b>					Insurance Policy Number <b>AP 1085635</b>				
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>				Current Address (Number and Street) <b>40732 CR 439</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: <b>South</b>	Direction	On Street, Road, Highway <b>SR 19 (BAY ST.)</b>				At Est. Speed <b>5</b>	Posted Speed <b>40</b>	Total Lanes <b>4</b>	
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 <b>2 Passenger Van</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>1 Straight Ahead</b>	Trafficway <b>3 Two-Way, Divided, Unprotected (painted &gt;4 feet) Median</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>10 Pedestrian</b>			
Traffic Control Device For This Vehicle <b>1 No Controls</b>		First (1) Sequence of Events <b>2 Collision with Non-Fixed Object 10 Pedestrian</b>		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

### PERSON RECORD

Person# <b>2</b>	Description <b>1 Driver</b>	Vehicle # <b>2</b>	Name <b>JEAN M GILBERT</b>	Date of Birth <b>14/May/1932</b>	Sex <b>2 Female</b>	Phone Number <b>3526692893</b>	Re-Exam	
Address <b>40732 CR 439</b>		City <b>UMATILLA</b>		State <b>FL</b>		Zip Code <b>32784</b>		
Driver License Number <b>G416-473-32-674-0</b>	State <b>FL</b>	Expires <b>14/May/2020</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>		
Restraint System <b>3 Shoulder and Lap Belt Used</b>	Air Bag Deployed <b>2 Not Deployed</b>	Helmet Use <b>3 No Helmet</b>	Eye Protection <b>3 Not Applicable</b>	Seating Location Seat <b>1 Left</b>	Seating Location Row <b>1 Front</b>	Seating Location Other		
Drivers Actions at Time of Crash (first) <b>1 No Contributing Action</b>			Drivers Actions at Time of Crash (second)		Driver Distracted By <b>1 Not Distracted</b>	Vision Obscured <b>1 Vision Not Obscured</b>		
Drivers Actions at Time of Crash (third)			Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash <b>1 Apparently Normal</b>			
Suspected Alcohol Use <b>1 No</b>	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>1 No</b>	Drug Tested	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility <b>1 Not Transported</b>		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To			

### PERSON RECORD

Person# <b>1</b>	Description <b>2 Non-Motorist</b>	Name <b>CHARLES E BARD</b>	Date of Birth <b>14/Mar/1920</b>	Sex <b>1 Male</b>	Injury Severity <b>2 Possible</b>	Phone Number <b>3523571990</b>
Address <b>2722 KURT ST; APT A4</b>		City <b>EUSTIS</b>		State		Zip Code <b>32726</b>
Non-Motorist Description Detail <b>1 Pedestrian</b>			Non-Motorist Action Prior to Crash <b>1 Crossing Roadway</b>		Non-Motorist Location at Time of Crash <b>1 Intersection - Marked Crosswalk</b>	
Non-Motorist Actions/Circumstance (First) <b>3 Failure to Yield Right-of-Way</b>		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) <b>1 None</b>		Non-Motorist Safety Equipment (Two)

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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 228598		Medical Facility Transported To FLORIDA HOSPITAL WATERMAN		

**NARRATIVE**

Vehicle #2 was traveling south on SR 19(Bay St.) approaching the intersection of Old Mt. Dora Rd. Pedestrian #1, Charles Bard was on the sidewalk of Ardice Rd. approaching the intersection of SR 19(Bay St.) As vehicle #2 approached the intersection, the driver, Jean Gilbert entered the left turn lane and stopped for traffic. With a green turn arrow vehicle #2 prepared to make a left turn onto Old Mt. Dora with a clear intersection. As Gilbert proceeded forward she observed Bard sitting in his walker in the cross walk in front of her attempting to cross SR 19. Gilbert immediately stopped her vehicle, bumping into Bard's walker causing a MV Crash. The impact caused Bard to slip out of his walker onto the street, causing no apparent injuries. No damage was noticed on either Bard's walker nor Gilbert's vehicle. Upon contact with Bard he advised that the crosswalk appeared clear prior to approaching the intersection but was unsure if the signal was on walk or stop upon entering the cross walk. The traffic light was observed through several cycles and it was determined that the cross walk signal was advising "don't walk" when the left turn signal was illuminated. After investigation Bard was found at fault for the crash. Bard was transported to Florida Hospital Waterman add a precaution due to his age.

**REPORTING OFFICER**

ID/Badge # E42	Rank and Name Off. JEAN BANNER	Department Eustis Police Department	Type of Department PD
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