

# 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>19/Jan/2013 12:00 AM</b>	Time of Crash <b>19/Jan/2013 12:00 AM</b>	Date of Report <b>19/Jan/2013 05:35 PM</b>	Invest. Agency Report Number <b>E13011707</b>	HSMV Crash Report Number <b>83034233</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>19/Jan/2013 04:19 PM</b>	Time Dispatched <b>19/Jan/2013 04:20 PM</b>
Time on Scene <b>19/Jan/2013 04:22 PM</b>	Time Cleared Scene <b>19/Jan/2013 05:20 PM</b>	Completed <b>Yes</b>	Reason (if Investigation NOT Completed)			Notified By <b>Motorist</b>

### ROADWAY INFORMATION

Crash Occured On Street, Road, Highway <b>STATE ROAD 19/ BAY STREET</b>			At Street Address#		At Latitude and Longitude	
At Feet <b>0</b>	Or Miles	Direction <b>North</b>	From Intersection With Street, Road, Highway <b>ARDICE AVE.</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>77 Other, Explain in Narrative</b>
First Harmful Event Type	First Harmful Event <b>11</b>	First Harmful Event Location <b>1 On Roadway</b>	Within Interchange <b>Yes</b>	First Harmful Event Relation to Junction <b>2 Intersection</b>
Contributing Circumstances: Road <b>1 None</b>		Contributing Circumstances: Road <b>1 None</b>		Contributing Circumstances: Road <b>1 None</b>
Contributing Circumstances: Environment <b>1 None</b>		Contributing Circumstances: Environment <b>1 None</b>		Contributing Circumstances: Environment <b>1 None</b>
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>444TXG</b>	State <b>FL</b>	Reg. Expires <b>12/Sep/2013</b>	Permanent Reg.	VIN <b>3GNBABDBXAS607120</b>			
Year <b>2010</b>	Make <b>CHEV</b>	Model <b>HHR</b>	Style <b>4H</b>	Color <b>RED</b>	Extent of Damage <b>Functional</b>	Est. Damage <b>3000</b>	Towed Due To Damage <b>No</b>	Vehicle Removed By <b>DRIVER</b>	Rotation	
Insurance Company <b>PROGRESSIVE SELECT INSURANCE COMP.</b>					Insurance Policy Number <b>484956730</b>					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> <b>CASEI CHRIS BOWERS</b>				Current Address (Number and Street) <b>875 S EUSTIS ST</b>		City and State <b>EUSTIS FL</b>		Zip Code <b>32726</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>West</b>	Direction	On Street, Road, Highway <b>STATE ROAD 19</b>				At Est. Speed	Posted Speed	Total Lanes <b>6</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			18. Undercarriage 19. Overturn 20. Windshield 21. Trailer		18. Undercarriage 19. Overturn 20. Windshield 21. Trailer		
Motor Carrier Name			US DOT Number							
Motor Carrier Address			City and State			Zip Code		Phone Number		
Comm/Non-Commercial	Vehicle Body Type <b>1 Passenger Car</b>	Vehicle Defects (one) <b>1 None</b>		Vehicle Defects (two) <b>1 None</b>		Emergency Vehicle Use <b>1 No</b>	Special Function of MV <b>1 No Special Function</b>			
Vehicle Maneuver Action <b>3 Turning Left</b>	Trafficway <b>4 Two-Way, Divided, Positive Median Barrier</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 11 Pedalcycle</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>CASEI C BOWERS</b>	Date of Birth <b>23/Dec/1986</b>	Sex <b>2 Female</b>	Phone Number	Re-Exam	
Address <b>875 S EUSTIS ST</b>		City <b>EUSTIS</b>	State <b>FL</b>	Zip Code <b>32726</b>				
Driver License Number <b>B620103869630</b>	State <b>FL</b>	Expires <b>23/Jan/2019</b>	DL Type <b>5 E/Operator</b>	Req. End. <b>2 No</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 <b>1 Not Applicable</b>		
Drivers Actions at Time of Crash (first) <b>1 No Contributing Action</b>			Drivers Actions at Time of Crash (second)		Driver Distracted <b>1 Not Distracted</b>	Vision Obstruction <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>3</b>	Description <b>3 Passenger</b>	Vehicle # <b>2</b>	Name <b>RICHARD J BOWERS</b>	Date of Birth <b>12/Sep/1985</b>	Sex <b>1 Male</b>	Injury Severity <b>1 None</b>	Ejection <b>1 Not Ejected</b>
Address <b>875 S EUSTIS ST</b>		City <b>EUSTIS</b>	State <b>FL</b>	Zip Code <b>32726</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>3</b>	Seating Location Row <b>1</b>	Seating Location Other <b>1</b>	
Source of Transport to Medical Facility <b>1 Not Transported</b>		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To		

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**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
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