



# Lake County Property Damage – Supervisor Investigation

Lake County Board of County Commissioners

Supervisor must complete this report **immediately** following property damage.

Report must include **FULL** details concerning the property damage incident

## Section I – Property Damage/Conditions/Facts

Name of Employee		Department		Division		Job Title	
None		Public Works		Road Operations / MA III			
Date of Incident		Time of Incident		Name of Supervisor		Phone Number of Supervisor	
10/18/14		0800 approx		Lee, Steve		352-669-2814	
Name of Division Director (If Applicable)				Name of Department Director			
Conway, Lori				Stivender, Jim			
Specific Location of Incident				Type of damage			
24009 Ermine Rd, Astor				Damaged shoulder and culvert.			
Names of all Witnesses		None					
<p><b>Specifically, describe the items / property damaged in the incident.</b> Describe in full detail, with serial numbers, property tag numbers, associated costs, etc., if applicable. Describe how the damage occurred and the extent of damage. Describe the task being done; conditions at the worksite (example: sunny, slippery, indoors, etc.). <b>Details are crucial for processing and prevention.</b></p> <p><b>Supervisor Investigation:</b> Per FHP report # FHPD14OFF092932, a vehicle driven by a drunk driver ran off the road.</p>							

## Section II – Preventative Action

<p>What preventative action will eliminate/minimize the risk of this type of incident again? What would employee do to prevent incident? Examples: Written procedure, training, equipment change, corrective actions-warning/suspension to employee, , etc.</p> <p><b>Supervisor Preventative Action:</b> This incident could not have been prevented by County employees. The damage was caused by a private citizen.</p>
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Forward completed report to the Department of Employee Services,  
315 W. Main St, Admin. Building, Rm. 430 / Tavares, FL 32778.

(Please attach Employee and Witness Statements, repair estimates, police reports and pictures and submit reports/forms as one packet, if possible, to Employee Services.)

# Request Details Report

Request Number  
MA3-12678-R

Associated Work Order

Observed Date/Time  
10/20/14 9:26:A

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## Citizen Information

Name

Phone

Ext.

Address

Alternate Phone

Email Address

## Organization

Requestor Lake County Public Works

Contact Sherk, Adam

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## Issue and Location

Activity

Issue

Shoulder

Map Page

SEC TWN RNG

## Address Number

Route Ermine Rd (9787J)

## Intersect Route

### Details

Adam got a call Sat. that someone ran off the road somewhere along Ermine Rd. and tore up the shoulder as well as a mitered end.

## Notes

## History

Resolution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request Response Date 10/20/2014

Date \_\_\_\_\_

Time Arrived \_\_\_\_\_

Time Departed \_\_\_\_\_

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE

HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS  
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

Crash Date 10/18/2014	Time of Crash 2:00 AM	Date of Report 10/18/2014	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD14OFF092932	HSMV Crash Report Number 84473682-01
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## CRASH IDENTIFIERS

County Code 12	City Code 00	County of Crash LAKE	Place or City of Crash UNINCORPORATED	Within City Limits NO	Reported Date/Time 10/18/2014 9:07 AM	Dispatched Date/Time 10/18/2014 9:04 AM
On Scene Date/Time 10/18/2014 9:53 AM		Cleared Scene Date/Time 10/18/2014 11:01 AM		Investigation Completed YES		Reason (if Investigation Not Complete)
Notified By LAW ENFORCEMENT AGENCY						

## ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway ERMINE RD			At Street Address #	At Latitude N 29 10.0981	And Longitude W 81 32.5612
At Feet 1000	Or Miles	Direction E	From Intersection With Street, Road, Highway RIVER RD		Or From Milepost Number
Road System Identifier LOCAL			Type of Shoulder UNPAVED	Type of Intersection NOT AT INTERSECTION	

## CRASH INFORMATION

Pictures Taken

Light Condition DARK-NOT LIGHTED	Weather Condition CLOUDY	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision OTHER, EXPLAIN IN NARRATIVE	
First Harmful Event Type COLLISION WITH FIXED OBJECT	First Harmful Event Detail MAILBOX	First Harmful Event Location SHOULDER	Within Interchange NO	First Harmful Event's Relation to Junction NON-JUNCTION	
Contributing Circumstances: Road NONE		Contributing Circumstances: Road		Contributing Circumstances: Road	
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment		Contributing Circumstances: Environment	
Work Zone Related NO	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone	

## VEHICLE

Commercial Motor Vehicle

Vehicle # V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number E192JA	State FL	Reg. Expires 11/29/2014	Permanent Reg. NO	VIN 1B7GG2ANXYS624551
Year 2000	Make DODG	Model DAKOTA	Style PK	Color WHI	Extent of Damage FUNCTIONAL	Est. Damage 2,000	Towed Due to Damage NO
Insurance Company STATE FARM		Insurance Policy Number C667792A0459A					
Name of Vehicle Owner WILLIAM LEE MCGUIRE		Business <input type="checkbox"/>	Current Address 1621 HASTINGS RD		City PIERSON	State Zip Code FL 32180-0001	Phone Number(s)
Trailer One License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length
Trailer Two License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length
Vehicle Direction Traveling WEST	On Street, Road, Highway ERMINE RD			At Est. Speed 45	Posted Speed 25	Total Lanes 2	
CMV Configuration	Cargo Body Type		Area of Initial Impact		Most Damaged Area		
Comm GWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)		<input checked="" type="checkbox"/>	<input type="checkbox"/> Undercarriage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class		<input type="checkbox"/> Overturn	<input type="checkbox"/>	<input type="checkbox"/>
Motor Carrier Name	US DOT Number			<input type="checkbox"/> Windshield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Carrier Address	Address Other		City	State	Zip Code	Phone Number	
Comm/Non-Commercial	Vehicle Body Type PICKUP	Vehicle Defects (one) UNKNOWN		Vehicle Defects (two)		Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, NOT DIVIDED	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION WITH FIXED OBJECT		Most Harmful Event Detail DITCH	
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION WITH FIXED OBJECT	Second (2) Sequence of Events COLLISION WITH FIXED OBJECT		Third (3) Sequence of Events		Fourth (4) Sequence of Events	
	MAILBOX	DITCH					

## PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name WILLIAM LEE MCGUIRE	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 11/29/1974	Sex M	Condition at Time of Crash OTHER, EXPLAIN IN NARRATIVE		Address 1621 HASTINGS RD, PIERSON FL 32180		Phone Number
Driver License Number M260932744290	State FL	Expires 11/29/2020	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OPERATED MOTOR VEHICLE IN CARELESS OR NEGLIGENT MANNER				Driver Actions at Time of Crash 2 (based on judgement of investigation officer)		
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)				Driver Actions at Time of Crash 4 (based on judgement of investigation officer)		
Suspected Alcohol Use UNKNOWN	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use UNKNOWN	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

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**PERSON RECORD**

# 3	Person Type PROPERTY OWNER	Name LU BONNIE BLAKEMAN COE	Address 24009 ERMINE RD, ASTOR FL 32102	Phone Number
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**VIOLATION**

Person# 1	Violator Name William Lee Mcguire	FL Statute Number 316.1925(1)	Violation Description CARELESS DRIVING	Citation Number A31H92E
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**WITNESS RECORD**

# 2	Name KAREN CLARK	Address 24008 ERMINE RD, ASTOR FL 32102	Phone Number
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**NON VEHICLE PROPERTY DAMAGE**

Property Damage (Other than Vehicle) MAILBOX	Est. Damage 100	Business NO	Person# 3	Property Owner Lu Bonnie Blakeman Coe (24009 Ermine Rd, Astor, Fl 32102)
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**NON VEHICLE PROPERTY DAMAGE**

Property Damage (Other than Vehicle) CULVERT	Est. Damage 100	Business YES	Person#	Property Owner LAKE COUNTY DOT (Cr 561, Tavares, Fl 32778)
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**NARRATIVE**

ID Number 2133	Rank TROOPER	Name J.A. RATLIFF	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300
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Vehicle 1 (V01) was traveling west on Ermine Road east of River Road. V01 Driver lost control of the vehicle. V01 crossed over the eastbound lane and then entered south shoulder. The front of V01 struck a mailbox at 24009 Ermine Road. V01 entered the ditch traveling west and the front of V01 struck a concrete culvert. V01 came to rest in the ditch west of point of impact with the culvert.

-NOTE-

The crash occurred at 2:00 am and the witness identified V01 Driver at the scene and stated he appeared to be intoxicated. A Lake County Sheriff's Deputy was dispatched to the scene and was unaware of any damage and reclassified the crash as a disabled vehicle. The crash was reported again in the morning when damage was discovered. V01 Driver was at the scene and showed no signs of impairment but could not recall any details of the crash.

**REPORTING OFFICER**

ID Number 2133	Rank TROOPER	Name J.A. RATLIFF	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300
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DIAGRAM OF CRASH







