

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 6/17/2015	Time of Crash 8:06 PM	Date of Report 6/17/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD15OFF054703	HSMV Crash Report Number 84864803-01
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CRASH IDENTIFIERS

County Code 12	City Code 32	County of Crash LAKE	Place or City of Crash EUSTIS	Within City Limits NO	Reported Date/Time 6/17/2015 8:08 PM	Dispatched Date/Time 6/17/2015 8:08 PM
On Scene Date/Time 6/17/2015 8:08 PM		Cleared Scene Date/Time 6/17/2015 10:21 PM	Investigation Completed YES	Reason (if Investigation Not Complete)		Notified By LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway COUNTY ROAD 439			At Street Address #	At Latitude N 28 54.2316	And Longitude W 81 35.6172
At Feet 100	Or Miles	Direction S	From Intersection With Street, Road, Highway PARADISE WAY	Or From Milepost Number	
Road System Identifier COUNTY	Type of Shoulder PAVED	Type of Intersection NOT AT INTERSECTION			

CRASH INFORMATION

<input type="checkbox"/> Pictures Taken					
Light Condition DUSK	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision ANGLE	
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	First Harmful Event Location ON ROADWAY	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

<input type="checkbox"/> Commercial Motor Vehicle									
Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number DHCQ76	State FL	Reg. Expires 2/21/2016	Permanent Reg. NO	VIN 1B7FL26X1YS615206		
Year 2000	Make DODG	Model DAKOTA	Style PK	Color WHI	Extent of Damage DISABLING	Est. Damage 20,000	Towed Due to Damage YES	Vehicle Removed By MOA	Rotation OWNER REQU
Insurance Company PEAK PROPERTY INS						Insurance Policy Number 093221827			
Name of Vehicle Owner WESLEY ALAN REVELS			Business <input type="checkbox"/>	Current Address 38010 COUNTY RD 439		City EUSTIS	State FL	Zip Code 32736-0001	Phone Number(s)
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Vehicle Traveling	Direction NORTH	On Street, Road, Highway COUNTY ROAD 439				At Est. Speed 55	Posted Speed 55	Total Lanes 2	
CMV Configuration		Cargo Body Type		Area of Initial Impact			Most Damaged Area		
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)		<input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer			
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number		Haz. Mat. Class					
Motor Carrier Name			US DOT Number						
Motor Carrier Address			Address Other			City	State	Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type PICKUP	Vehicle Defects (one) NONE		Vehicle Defects (two)		Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION		
Vehicle Maneuver Action TURNING RIGHT	Trafficway TWO-WAY, NOT DIVIDED	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event NON-COLLISION	Most Harmful Event Detail OVERTURN/ROLLOVER				
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT		Second (2) Sequence of Events NON-COLLISION		Third (3) Sequence of Events		Fourth (4) Sequence of Events		
	MOTOR VEHICLE IN TRANSPORT		OVERTURN/ROLLOVER						

VEHICLE

<input type="checkbox"/> Commercial Motor Vehicle									
Vehicle V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number ABEX53	State FL	Reg. Expires 11/10/2015	Permanent Reg. NO	VIN 2HGED6359LH569872		
Year 1990	Make HOND	Model RX	Style 3D	Color WHI	Extent of Damage DISABLING	Est. Damage 10,000	Towed Due to Damage YES	Vehicle Removed By BALES TOWING	Rotation ROTATION
Insurance Company PEAK PROPERTY INS						Insurance Policy Number 093229858			
Name of Vehicle Owner MARTIN CERVANTES			Business <input type="checkbox"/>	Current Address 28034 COUNTY RD 42 E		City PAISLEY	State FL	Zip Code 32767-9621	Phone Number(s)
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Vehicle Traveling	Direction NORTH	On Street, Road, Highway COUNTY ROAD 439				At Est. Speed 55	Posted Speed 55	Total Lanes 2	

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CMV Configuration	Cargo Body Type		Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input checked="" type="checkbox"/> <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer		
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class			
Motor Carrier Name	US DOT Number		City		State	Zip Code
Motor Carrier Address	Address Other		City		State	Zip Code
Comm/Non-Commercial	Vehicle Body Type PASSENGER CAR	Vehicle Defects (one) NONE	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 NON-COLLISION	Most Harmful Event Detail OVERTURN/ROLLOVER	
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events NON-COLLISION	Third (3) Sequence of Events	Fourth (4) Sequence of Events		
	MOTOR VEHICLE IN TRANSPORT	OVERTURN/ROLLOVER				

PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name WESLEY ALAN REVELS	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 02/21/1989	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 38010 COUNTY RD 439, EUSTIS FL 32736		Phone Number	
Driver License Number R142881890610	State FL	Expires 02/21/2022	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed DEPLOYED - FRONT		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE			
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO YIELD RIGHT-OF-WAY			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 NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	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			

PERSON RECORD

# 2	Person Type DRIVER	Vehicle # V02	Name LEONARDO CERVANTES	Injury Severity NON-INCAPACITATING	Ejection EJECTED, TOTALLY	Driver ReExam NO
Date of Birth 12/06/1995	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 28034 COUNTY RD 42, PAISLEY FL 32767		Phone Number	
Driver License Number C615520954460	State FL	Expires 12/06/2019	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Air Bag Deployed DEPLOYED - FRONT		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE			
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			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 NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility EMS	EMS Agency Name or ID LAKE COUNTY	EMS Run Number 15-22-157-1A	Medical Facility Transported To CENTRAL FLORIDA REGIONAL			

PERSON RECORD

# 3	Person Type PASSENGER	Vehicle # V02	Name RAMIRO ALJANDRO HERRERA ALVARADO	Injury Severity NON-INCAPACITATING	Ejection EJECTED, TOTALLY	Driver ReExam NO
Date of Birth 05/19/1995	Sex M	Address 316 S RHODES ST, MOUNT DORA FL 32757	Phone Number			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Air Bag Deployed DEPLOYED - FRONT		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE			
Source of Transport to Medical Facility EMS	EMS Agency Name or ID LAKE COUNTY	EMS Run Number 15-22-157-2A	Medical Facility Transported To CENTRAL FLORIDA REGIONAL			

PERSON RECORD

# 4	Person Type PROPERTY OWNER	Name ROBERT SCOTT LILES	Address PO BOX 796, MT DORA FL 32756	Phone Number
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VIOLATION

Person# 1	Violator Name Wesley Alan Revels	FL Statute Number 316.085(2)	Violation Description IMPROPER-CHANGE-OF-LANE/ PULLING OUT IN FRONT OF VEHICLE GOING	Citation Number A3Y9QJE
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WITNESS RECORD

# 5	Name RICKIE ALLEN CAGLE	Address 21428 ROLLINGWOOD TRAIL, EUSTIS FL 32736	Phone Number 3524091712
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WITNESS RECORD

# 6	Name BONNIE LOUISE LOOMIS	Address 40110 THOMAS BOAT LANDING, UMATILLA FL 32784	Phone Number 3522674652
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NON VEHICLE PROPERTY DAMAGE

Property Damage (Other than Vehicle) CONCERT CULVERT	Est. Damage 1,000	Business NO	Person# 4	Property Owner Robert Scott Liles (Po Box 796, Mt Dora, FL 32756)
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NARRATIVE

ID Number 3644	Rank TROOPER	Name D. GONZALEZ	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300
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Vehicle 01 (V01) was northbound on County Road 439 just south of Paradise Way. Vehicle 02 (V02) was northbound on County Road 439 in front of V01. Driver 01 (D01) attempted to pass V02 on the left. D01 attempted to turn into his driveway at the area of impact. Subsequently the left front of V02 collided with the right front of V01. After separation V01 spun counterclockwise and turned over onto its right side. V02 went off the east shoulder of County Road 439 and collided with a concert culvert prior to being airborne. As V02 came down it began to roll over. Upon my arrival V01 was at final rest on its right side facing west on the east shoulder. V02 was at final rest facing west off the east shoulder of County Road 439.

D01 stated that he was going to turn into his driveway when V02 struck his front right causing him to spin and roll onto his right side.

The property owner was first on scene and ran to aid V02 driver and passenger due to both were outside V02 and on the ground and appeared to be ejected out from the vehicle.

Both Witnesses stated that V01 was traveling at a high rate of speed prior to the impact.

Witness 01 stated he was leaving a private plot and was about to enter on to County Road 439 when he observed V01 approaching at a high rate of speed.

Witness 02 also stated that they both were northbound on County Road 439. Witness 02 was in front of V01 and observed V01 passing on the left at a high rate of speed. As Witness approached the scene and observed the same vehicle that just recently overtook the witness's vehicle.

Both driver and passenger of V02 were both airlifted to Central Florida Hospital for injuries sustained.

The GPS coordinates depicts the exact location of the crash.

This event happened in Lake County Florida.

REPORTING OFFICER

ID Number 3644	Rank TROOPER	Name D. GONZALEZ	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300
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DIAGRAM OF CRASH

