

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 4/27/2017	Time of Crash 7:46 AM	Date of Report 4/27/2017	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPE17OFF027510	HSMV Crash Report Number 85426952-01
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CRASH IDENTIFIERS

County Code 38	City Code 00	County of Crash MONROE	Place or City of Crash UNINCORPORATED	Within City Limits NO	Reported Date/Time 4/27/2017 7:46 AM	Dispatched Date/Time 4/27/2017 8:10 AM
On Scene Date/Time 4/27/2017 8:53 AM		Cleared Scene Date/Time 4/27/2017 11:26 AM	Investigation Completed YES	Reason (if Investigation Not Complete)		Notified By LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway US-1 NBND MM 4.5			At Street Address #	At Latitude N 24 34.2198	And Longitude W 81 45.0780
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway MACDONALD AVENUE		
Road System Identifier U.S.		Type of Shoulder CURB	Type of Intersection Y-INTERSECTION		

CRASH INFORMATION

Light Condition DAYLIGHT		Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision OTHER, EXPLAIN IN NARRATIVE
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT		First Harmful Event Detail PEDESTRIAN	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

Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number TIFF	State FL	Reg. Expires 12/31/2017	Permanent Reg. NO	VIN 3GTP1UEC2EG479305
Year 2014	Make GMC	Model SIERRA	Style TK	Color BLK	Extent of Damage MINOR	Est. Damage 100	Towed Due to Damage NO
Insurance Company GEICO GENERAL		Insurance Policy Number 0144306701					
Name of Vehicle Owner TIFFANY ANDREE PIERCE		Business <input type="checkbox"/>	Current Address 371 AVE C		City KEY WEST	State Zip Code FL 33040-0001	Phone Number(s)
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make
Vehicle Traveling	Direction NORTH	On Street, Road, Highway US-1 NBND MM 4.5			At Est. Speed 35	Posted Speed 35	Total Lanes 5
CMV Configuration	Cargo Body Type						
Comm GVWR/GCWR	Trailer Type (Trailer One)		Trailer Type (Trailer Two)				
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 STRAIGHT AHEAD	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT		Most Harmful Event Detail PEDESTRIAN	
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events
		PEDESTRIAN					

PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name TIFFANY ANDREE PIERCE	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 08/31/1972	Sex F	Condition at Time of Crash APPARENTLY NORMAL		Address 371 AVE C, KEY WEST FL 33040		Phone Number
Driver License Number P620801728110	State FL	Expires 08/31/2020	Type CLASS E / OPERATOR		Required Endorsements NO	
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE	
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) 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 NOT TRANSPORTED		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

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PERSON RECORD

# 2	Non-Motorist # NM01	Person Type NON-MOTORIST / BICYCLIST	Name MARCOS ANTONIO HUETE HERNANDEZ	Injury Severity POSSIBLE				
Date of Birth 05/29/1985	Sex M	Address 5700 LAURE AVE LOT 2, KEY WEST FL 33040	Phone Number 3058799523					
Non Motorist action / Circumstance Prior To Crash CROSSING ROADWAY			Non Motorist Location at Time of Crash INTERSECTION - MARKED CROSSWALK					
Non Motorist Action / Circumstance at Time of Crash 1 DART/DASH			Non Motorist Action / Circumstance at Time of Crash 2					
Non Motorist Safety Equipment 1 NONE			Non Motorist Safety Equipment 2					
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	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility EMS	EMS Agency Name or ID MCFR	EMS Run Number STOCK ISLAND	Medical Facility Transported To LOWER KEY'S HOSPITAL					

VIOLATION

Person# 2	Violator Name Marcos Antonio Huete Hernandez	FL Statute Number 316.2045(1)	Violation Description PEDESTRIAN - OBSTRUCTING/HINDERING TRAFFIC/HIGHWAY	Citation Number A71QAYE
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WITNESS RECORD

# 3	Name OFFICER M PETITE	Address KRPD 1600 N ROOSEVELT BLVD, KEY WEST FL 33040	Phone Number 3058091034
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WITNESS RECORD

# 4	Name JEFFERY MASRK TOMITI	Address 14 CALLE DOS, KEY WEST FL 33040	Phone Number 3057975378
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NARRATIVE

ID Number 2305	Rank TROOPER	Name G.B. PERLMAN	Troop / Post E	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 305-470-2500
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V-01 was is a pickup truck and was traveling northbound on US-1 at mile marker 4.5 and was in the right lane of travel. Just before the three way intersection of Macdonald Avenue , V-01 veered to the right and entered onto the onramp lane to Macdonald Avenue. NM01 was a bicyclist and NM01 was on the left raised triangle shoulder of the onramp lane. NM01 attempted to cross the lane in front of V-01. NM01 entered into the pedestrian crosswalk and darted out in front of V-01. The crosswalk has no traffic control device. The right front of V-01 struck the right rear tire of NM01's bicycle. NM01 fell down to the sidewalk and curb area towards the right side of the lane. NM01 was transported to Lower Key's Hospital and he later returned to the scene. Upon my arrival on scene, V-01 was moved off the roadway and NM01 was already transported. NM01's bicycle is a red Shockwave Shogun , serial# G0912022727. Estimated bicycle damage is \$200.

REPORTING OFFICER

ID Number 2305	Rank TROOPER	Name G.B. PERLMAN	Troop / Post E	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 305-470-2500
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DIAGRAM OF CRASH

