

FLORIDA TRAFFIC CRASH REPORT LONG FORM

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MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER	
	08/30/2010	7:40 AM PM	11:30 AM PM	11:35 AM PM	2010-057835	81704713	
	COUNTY / CITY CODE	FEET or MILE(S)	N S E W CITY OR TOWN		(Check if in City or Town) COUNTY		
Vehicle	AT NODE NO.	FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	ON STREET, ROAD OR HIGHWAY	
	04/64				2	FAIRWAY AVS	
	AT THE INTERSECTION OF (street, road or highway)	FEET or MILE(S)	N S E W FROM INTERSECTION OF (street, road or highway)		GREENWAY S		
Vehicle	DRIVER ACTION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NO. STATE VEHICLE IDENTIFICATION NUMBER	
	1 Phantom 2 Hit & Run 3 N/A	3	TREK	10	01	BS6102	
	TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE					
Vehicle	VEHICLE TRAVELING ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	EST. TRAILER DAMAGE	
	N S E W	FAIRWAY AVS	19	30	\$100.00	2	
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY				
Pedestrian	NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE	
	SAME AS DRIVER						
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE	
Pedestrian	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE	DATE OF BIRTH	
	LESLIE A CURRAN		PETERSBURG, FL 33704			05/02/1956	
	DRIVER LICENSE NUMBER	STATE	DL TYPE	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	
Vehicle	DRIVER ACTION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NO. STATE VEHICLE IDENTIFICATION NUMBER	
	1 Phantom 2 Hit & Run 3 N/A	3	FUJI	10	01	IF5E07977	
	TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE					
Vehicle	VEHICLE TRAVELING ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	EST. TRAILER DAMAGE	
	N S E W	FAIRWAY AVS	19	30	\$0.00	3	
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY				
Pedestrian	NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE	
	SAME AS DRIVER						
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE	
Pedestrian	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE	DATE OF BIRTH	
	BRIAN V WILDER		PETERSBURG, FL 33701			03/30/1951	
	DRIVER LICENSE NUMBER	STATE	DL TYPE	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	
Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped.)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	
	01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Booth) 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Tron 15 Low Speed Vehicle 77 Other	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Spindle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	1 County of Crash 2 Elsewhere In State 3 Non-Resident of State 4 Foreign 5 Unknown	1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect	1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALC/DRUG Test Result	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body of Truck 8 Bus Passenger 9 Other
	REQUIRED ENDORSEMENTS	SEX	INJURY SEVERITY		SAFETY EQUIPMENT IN USE		
1 Yes 2 No 3 No Endorsement Required	1 Male 2 Female	1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 90 Days) 6 Non-Traffic Fatality		1 Not in Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection			

INVEST. AGENCY REPORT NUMBER 2010-057835 HSMV CRASH REPORT NUMBER S1704713

DRIVER ACTION 1 Plaintiff 2 Hit & Run 3 N/A 3 YEAR MAKE GIANT TYPE 10 USE 01 VEH. LICENSE NO. STATE VEHICLE IDENTIFICATION NUMBER GA8A444

VEHICLE TRAVELING ON FAIRWAY AVS AT Est. MPH 20 Posted Speed 30 EST. VEHICLE DAMAGE \$50.00 EST. TRAILER DAMAGE

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER VEHICLE REMOVED BY 1 Tow Operation List 3 Driver 2 Tow Owner's Request 4 Other 3

NAME OF VEHICLE OWNER (Check Box if Same As Driver) SAME AS DRIVER CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) CURRENT ADDRESS (Number and Street) US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN PETER K DILTS II ST PETERSBURG, FL 33701 DATE OF BIRTH 12/02/1946

DRIVER LICENSE NUMBER STATE DL REG. TYPE END: 1 Blood 3 Urine 3 None 5 RESULTS ALCO/DRUG 1 PHYS. DEF 1 RES. 1 RACE 1 SEX 1 INJ. 3 S. EQUIP. 6 EJECT. 1

HAZARDOUS MATERIALS BEING TRANSPORTED 2 PLACARDED 2 IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND WAS HAZARDOUS MATERIAL SPILLED? 2 RECOMMEND DRIVER RE-EXAM. 2 DRIVER'S PHONE NO.

PROPERTY DAMAGED - OTHER THAN VEHICLES EST. AMOUNT OWNER'S NAME ADDRESS CITY STATE ZIP

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN 1 2 3 01 No Defects 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol - Under Influence 08 Drugs - Under Influence 09 Alcohol & Drugs - Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic

VEHICLE DEFECT 1 2 3 01 No Defects 02 Def. Brakes 03 Worn / Smeared Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect

VEHICLE MOVEMENT 1 2 3 01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering / Leaving / Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn

VEHICLE SPECIAL FUNCTIONS 1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance

POINT OF COLLISION 1 2 3 01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane

WORK AREA 1 2 3 01 None 02 Nearby 03 Entered

PEDESTRIAN ACTION 01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road 07 Other Working in Road 08 Stopping/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain in Narrative) 08 Unknown

LOCATION TYPE 1 Primary Business 2 Primarily Residential 3 Open Country

FIRST / SUBSEQUENT HARMFUL EVENT(S) 01 Collision With MV in Transport (Rear End) 15 Collision With Animal 29 MV Ran Into Ditch/Culvert 02 Collision With MV in Transport (Head-on) 16 MV Hit Sign / Sign Post 30 Ran Off Road Into Water 03 Collision With MV in Transport (Angle) 17 MV Hit Utility Pole / Light Pole 31 Overtaken 04 Collision With MV in Transport (Left Turn) 18 MV Hit Guardrail 32 Occupant Fell From Vehicle 05 Collision With MV in Transport (Right Turn) 19 MV Hit Fence 33 Tractor/Trailer Jackknifed 06 Collision With MV in Transport (Sideswipe) 20 MV Hit Concrete Barrier Wall 34 Fire 07 Collision With MV in Transport (Backed Into) 21 MV Hit Bridge / Pier / Abutment / Rail 35 Explosion 08 Collision With Parked Car 22 MV Hit Tree / Structure 36 Downfall Runaway 09 Collision With MV on Roadway 23 Collision With Construction Barricade Sign 37 Cargo Loss or Shift 10 Collision With Pedestrian 24 Collision With Traffic Cone 38 Separation of Lanes 11 Collision With Bicycle 25 Collision With Crash Attenuators 39 Median Crossover 12 Collision With Bicycle (Bike Lane) 26 Collision With Fixed Object Above Road 77 All Other (Explain In Narrative) 13 Collision With Moped 27 MV Hit Other Fixed Object 14 Collision With Train 28 Collision With Moveable Object On Road

ROAD SYSTEM IDENTIFIER 01 Interstate 07 Forest Road 02 U.S. 08 Private Roadway 03 State 77 All Other (Explain in Narrative) 04 County 05 Local 06 Turnpike / Toll

ROAD SURFACE CONDITION 01 Dry 02 Wet 03 Slippery 04 Icy 77 All Other (Explain In Narrative) WEATHER 01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain In Narrative)

ROAD SURFACE TYPE 01 Slab/Gravel/Stone 02 Block 03 Brick/Block 04 Concrete 05 Dirt 77 All Other (Explain In Narrative)

ROAD CONDITIONS AT TIME OF CRASH 01 No Defects 02 Obstruction With Warning 03 Obstruction Without Warning 04 Road Under Repair / Construction 05 Loose Surface Materials 06 Shoulders - Soft / Low / High 07 Holes / Ruts / Unsafe Paved Edge 08 Standing Water 09 Worn / Polished Road Surface 77 All Other (Explain In Narrative)

VISION OBSTRUCTED 01 Vision Not Obscured 02 Inclement Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load on Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 77 All Other (Explain In Narrative) 10 Glare

TRAFFIC CONTROL 01 No Control 02 Speed Control Sign 03 School Zone 04 Traffic Signal 05 Stop Sign 06 Yield Sign 07 Flashing Light 08 Railroad Signal 09 Officer / Guard / Flagman

SITE LOCATION 01 Not At Intersection / RTT X-ing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private

TRAFFICWAY CHARACTER 1 Straight - Level 2 Straight - Upgraded/Downgrade 3 Curve - Level 4 Curve - Upgraded/Downgrade TYPE SHOULDER 1 Paved 2 Unpaved 3 Curb

Table with 5 columns: SECTION #, NAME OF VIOLATOR, FL STATUTE NUMBER, CHARGE, CITATION NUMBER

FLORIDA TRAFFIC CRASH REPORT NARRATIVE / DIAGRAM

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MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

TIME EMS NOTIFIED (FATALITIES ONLY) - AM - PM	TIME EMS ARRIVED (FATALITIES ONLY) - AM - PM	DATE OF CRASH 08/30/2010	COUNTY / CITY CODE 04/64	INVEST. AGENCY REPORT NUMBER 2010-057835	HSMV CRASH REPORT NUMBER 81704713
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Vehicle #1 was southeast on Fairway Avenue South, drafting directly behind Vehicle #2. Vehicle #3 was also southeast on Fairway Avenue South, closing on Vehicle #2. For an unknown reason, the front tire of Vehicle #1 made slight contact with the rear tire of Vehicle #2. This caused the handlebars of Vehicle #1 to wobble. Vehicle #1 and its rider went to the pavement toward the left. Vehicle #3 had no time to react, and struck the now fallen rear tire of vehicle #1. Vehicle #3 and its rider also went to the pavement, toward the left.

The investigation is now only awaiting the interview of the rider of Vehicle #1.

SEC #	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT.

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
WESLEY J LINKOVICH	[REDACTED]	ST PETERSBURG, FL	33711	VICKI M LINKOVICH	[REDACTED]	ST PETERSBURG, FL	33711

FIRST AID GIVEN BY - NAME	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified 1st Aider 5 Other	INJURED TAKEN TO:	BY - NAME:
S.P.F.R.	2	BAYFRONT MEDICAL CENTER	SUNSTAR

WAS INVESTIGATION MADE AT SCENE? 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT 08/30/2010	PHOTOS TAKEN 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>	IF YES, BY WHOM? 1. INVEST. AGENCY <input type="checkbox"/> 2. OTHER <input type="checkbox"/>
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INVESTIGATOR - RANK & SIGNATURE OFFICER MICHAEL F JOCKERS	ID / BADGE NUMBER 28526	DEPARTMENT St. Petersburg Police Department	FHP SO PD OTHER
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DIAGRAM

