U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

# Computer & Manua Accident Typing for Bicyclist Accidents

## Practice Cases Booklet

# INTRODUCTION

This volume contains copies of police accident reports of bicyclist accidents. These reports are to be used in conjunction with the Computer Accident Typing (CAT) Training Manual or the Manual Accident Typing (MAT) Training Manual to provide practice in bicyclist accident classification.

In order to assure realism, the reports contained herein are reproductions of actual reports taken from the files of several police jurisdictions. They have been retouched to enhance their legibility. Certain information has been obliterated to protect the privacy of those concerned in the accidents, but nothing essential for the typing of the accident has been removed.

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FL 32304

Typing Program Report # 1

[redacted]

## TIME & LOCATION

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY |
|---|---|---|
| 8-23-75 | Saturday | 2:10 P. |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY:

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: .5 ☐ Feet ☒ Miles ☐ N ☒ S ☐ E ☐ W Of [redacted] City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: Cloverlawn Avenue (Use State or County Road Number or Name) ☐ Exit Ramp ☐ Entrance R. ☒ At its intersection with ☐ Influenced by intersection: Carlton Drive (Highway Number or Name of Intersecting Street)

IF NOT AT INTERSECTION: ☐ Feet ☐ Miles ☐ N ☐ S ☐ E ☐ W Of (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): ☒ Yes - Shrubs block view completely

DO NOT WRITE IN SPACE ABOVE

## TYPE MOTOR VEHICLE ACCIDENT

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST XX | ANIMAL | FIXED OBJECT | OTHER OBJECT / NON-CONTACT |

TOTAL NO. VEH. INVOLVED: 1

## VEHICLE 1

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 1967 | Ford | 2-Door | [redacted] | Fla. | 1976 | [redacted] |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| 1 | 1 | 1 | $50.00 | 1 | Driver |

NAME OF INSURANCE (Liability Only): Travelers POLICY NO.: Unknown Owner ☒ Driver ☐ ☒ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name): [redacted] ADDRESS (Number and street): Same as Driver CITY and STATE

DRIVER (Exactly as on driver's license) [redacted] ADDRESS (Number and street) CITY and STATE [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Deliveryman | Ch | [redacted] | Fla. | 8-24-55 | W | M | 1 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | [redacted] | | | 19 | W | M | 1 | 0 | 0 |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

## VEHICLE 2 or PEDESTRIAN

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| Unk. | Roadmaster | Bicycle | | | | |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| | | | | | |

NAME OF INSURANCE (Liability Only): POLICY NO.: Owner ☐ Driver ☐ ☐ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name): ADDRESS (Number and street): CITY and STATE

DRIVER (Exactly as on driver's license) [redacted] ADDRESS (Number and street) [redacted] CITY and STATE [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Unk. | N/A | N/A | N/A | Unk. | W | M | 0 | 2 | 4 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

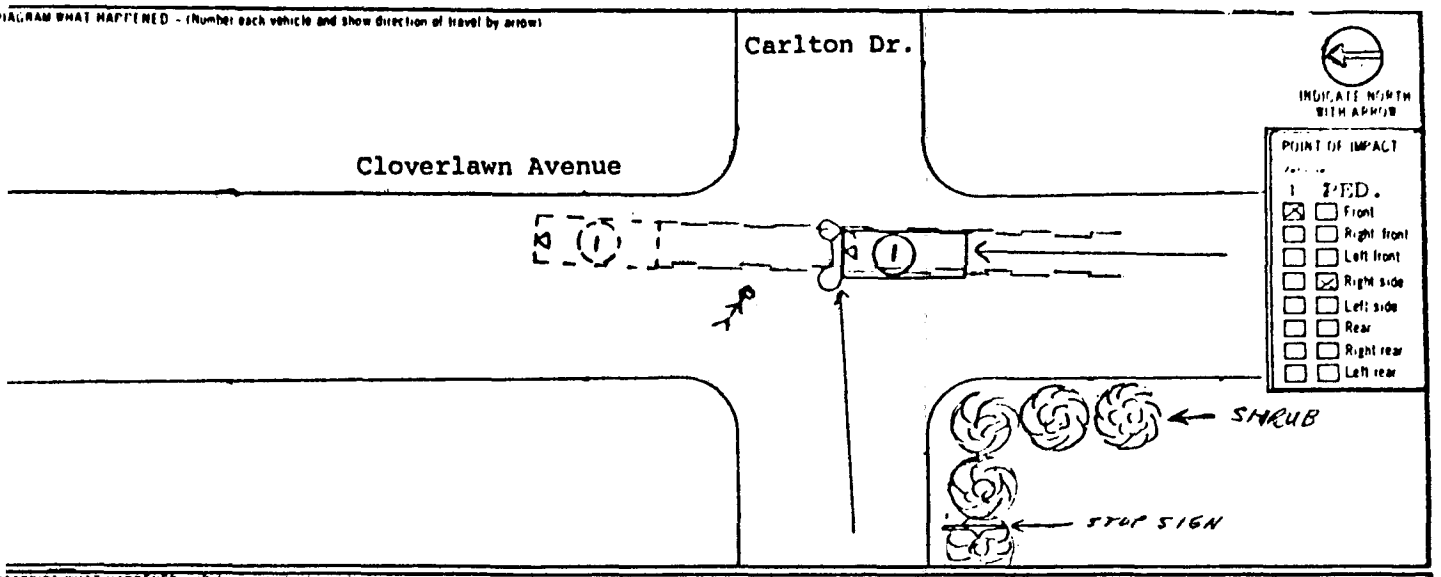
| PROPERTY DAMAGED-Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| Bicycle | $35.00 | [redacted] | | Orlando, Florida |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | | DATE OF REPORT |
|---|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | | ☒ F.H.P. ☐ C.P.D. ☐ S.O. ☐ Other | 8-23-75 |

FHP – 3 Revised 1-1-72

SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED - (Number each vehicle and show direction of travel by arrow)




DESCRIBE WHAT HAPPENED - (Refer to vehicles by number)

Vehicle #1 Northbound on Cloverlawn Avenue. Pedalcyclist Eastbound on Carlton Drive passed stop sign riding into path of Vehicle #1 causing Vehicle #1 to strike Pedalcyclist in right side with front.

***WHAT VEHICLES WERE DOING BEFORE ACCIDENT**

VEHICLE No. 1 was traveling [X] [ ] [ ] [ ] On Cloverlawn Ave. at 30 Approximately M.P.H.

PED. VEHICLE No. 2 was traveling [ ] [ ] [X] [ ] (N S E W) On Carlton Dr. at 5 M.P.H.

| Vehicle 1 | PED. | Vehicle 1 | Vehicle 2 | Vehicle 1 | Vehicle 2 | Vehicle 1 | Vehicle 2 |
|---|---|---|---|---|---|---|---|
| [X] | [X] Going straight ahead | [ ] | [ ] Making right turn | [ ] | [ ] Slowing or Stopping | [ ] | [ ] Starting from parked position |
| [ ] | [ ] Overtaking | [ ] | [ ] Making left turn | [ ] | [ ] Changing lanes | [ ] | [ ] Stopped or parked |
| | | | | | | [ ] | [ ] Other (explain above) |

***WHAT PEDESTRIAN WAS DOING**

PEDESTRIAN was going (check one) [ ] [ ] [ ] [ ] (N S E W) [ ] Along [ ] Across or into ..... (Street name, highway no.) from ..... (N.E. corner to S.E. corner, etc.) to .....

Color of Clothing: [ ] Dark [ ] Light

| | | | |
|---|---|---|---|
| [ ] Crossing at Intersection | [ ] Stepped into path of Vehicle | [ ] Getting on or off Vehicle | [ ] Playing in roadway |
| [ ] Crossing not at Intersection | [ ] Standing in roadway | [ ] Hitching on Vehicle | [ ] Other roadway |
| [ ] Walking in roadway - with traffic | [ ] Standing in safety zone | [ ] Pushing or working on Vehicle | [ ] Not in roadway |
| [ ] Walking in roadway - against traffic | [ ] Lying or Sitting on roadway | [ ] Other working in roadway | [ ] Other (explain above) |

**DRIVERS AND VEHICLES**

| | VEHICLE 1 | | PED. XXXX | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| VEHICLE DEFECTS | 0 | | 0 | |
| CONTRIBUTING CIRCUMSTANCES | 1 | | 3 | |

**ACCIDENT Characteristics**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 4 |
| WEATHER | 1 | TRAFFIC CONTROL | SIGN | TRAFFICWAY LANES | 0 | TYPE TRAFFICWAY | 4 |
| ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 8 | | |

**WITNESSES other than occupants**

| NAME | ADDRESS - Number and street | City and State |
|---|---|---|
| None | | |

FIRST AID GIVEN BY: [ ] Doctor or Nurse [X] Cert. First Aider [ ] Cert. First Aider (Police) [ ] Other (Explain)

INJURED TAKEN TO: Memorial Hospital BY: Ambulance [X] Priv. Ambulance [ ] Other (Explain) [ ] Gov't Ambulance

CHEMICAL TEST - TEST RESULTS

| | YES | NO | |
|---|---|---|---|
| Driver No. 1 PED. | [ ] | [X] | ..... |
| Driver No. 2 | [ ] | [X] | ..... |

**ARREST**

| NAME | CHARGE | Citation No. |
|---|---|---|
| None | | |
| | | |

PHOTOGRAPHS TAKEN: [ ] Yes [X] No [ ] Agency [ ] Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 8-23 1975 2:12 PM | 2:40 PM | Yes | Yes |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, [redacted]

Typing Program Report # 2

**TIME & LOCATION**

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY |
|---|---|---|
| 3-31-75 -> | Monday | 9:00 P M |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY:

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: .5 ☐ Feet ☒ Miles ☐ N ☐ S ☐ E ☐ W Of [redacted] City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: Honeysuckle Lane (Use State or County Road Number or Name) ☐ Exit Ramp ☐ Entrance R. ☐ At its intersection with ☐ Influenced by intersection (Highway Number or Name of Intersecting Street)

IF NOT AT INTERSECTION: 75 ☒ Feet ☐ Miles ☐ N ☒ S ☐ E ☐ W Of Holly Hill Lane (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): NONE

DO NOT WRITE IN SPACE ABOVE

**TYPE MOTOR VEHICLE ACCIDENT**

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST xxx | ANIMAL | FIXED OBJECT | OTHER OBJECT / NON-CONTACT |

TOTAL NO. VEH. INVOLVED: 2

**VEHICLE 1**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 1969 | Ford | Coach | [redacted] | Fla | 75 | Unknown |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 1 | Driver |

NAME OF INSURANCE (Liability Only): INA POLICY NO. [redacted] Owner ☒ Driver ☒ ☒ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name): Same as Driver ADDRESS (Number and street) CITY and STATE

DRIVER (Exactly as on driver's license): [redacted] ADDRESS (Number and street): [redacted] CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Driver | CH | [redacted] | Fla | 1-17-53 | W | m | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | NONE | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

**Pedalcyclist [redacted]**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| | | | | | | |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| | | | | | |

NAME OF INSURANCE (Liability Only): POLICY NO. Owner ☐ Driver ☐ ☐ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name): Bike ADDRESS (Number and street) CITY and STATE

DRIVER (Exactly as on driver's license): [redacted] ADDRESS (Number and street) CITY and STATE: [redacted]

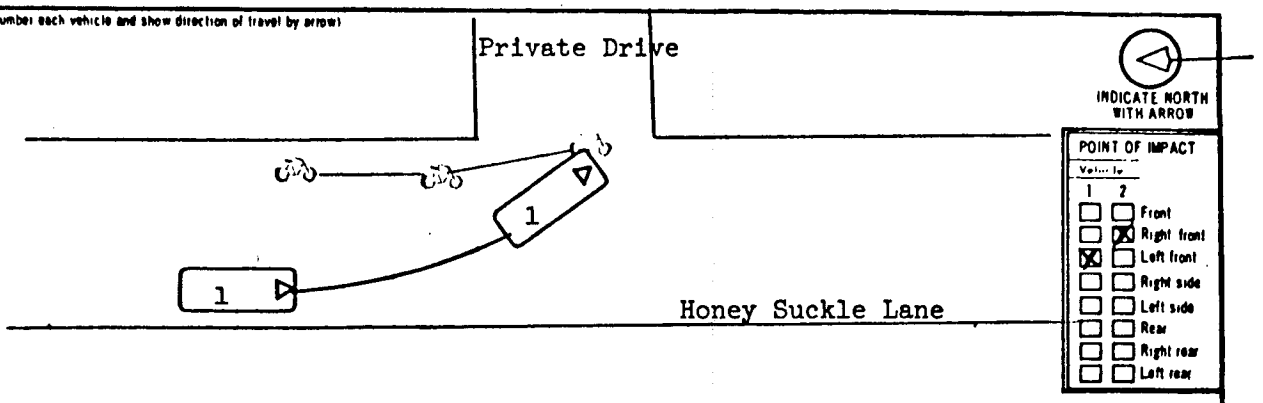
| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| | | | | 10-15-61 | W | M | 1 | 0 | 4 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

| PROPERTY DAMAGED–Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| Bicycle | $25.00 | [redacted] | | |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | | DATE OF REPORT |
|---|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | | ☒ F.H.P. ☐ C.P.D. ☐ S.O. ☐ Other | 3-31-75 |

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)




DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

Veh.#1 started to make a left turn into a private drive. Veh.#2, driving on the wrong side of the road with no light, tried to pass Veh.#1 but was hit in the right rear.

#16: No lights on pedalcycle.

***WHAT VEHICLES WERE DOING BEFORE ACCIDENT**

VEHICLE No. 1 was traveling [ ] [X] [ ] [ ] On Honey Suckle Ln. at 10 Approximately M.P.H.

PEDALCYCLIST [redacted] was traveling [ ] [X] [ ] [ ] (N S E W) On Honey Suckle Ln. at 10 M.P.H.

| Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| [ ] | [X] | Going straight ahead | [ ] | [ ] | Making right turn | [ ] | [ ] | Slowing or Stopping | [ ] | [ ] | Starting from parked position |
| [ ] | [ ] | Overtaking | [X] | [ ] | Making left turn | [ ] | [ ] | Changing lanes | [ ] | [ ] | Stopped or parked |
| | | | | | | | | | [ ] | [ ] | Other (explain above) |

***WHAT PEDESTRIAN WAS DOING**

PEDESTRIAN was going (check one) [ ] N [ ] S [ ] E [ ] W

[ ] Along

[ ] Across or into _____ (Street name, highway no.) from _____ (N.E. corner to S.E. corner, etc.) to _____

Color of Clothing: [ ] Dark [ ] Light

| | | | |
|---|---|---|---|
| [ ] Crossing at Intersection | [ ] Stepped into path of Vehicle | [ ] Getting on or off Vehicle | [ ] Playing in roadway |
| [ ] Crossing not at Intersection | [ ] Standing in roadway | [ ] Hitching on Vehicle | [ ] Other roadway |
| [ ] Walking in roadway – with traffic | [ ] Standing in safety zone | [ ] Pushing or working on Vehicle | [ ] Not in roadway |
| [ ] Walking in roadway – against traffic | [ ] Lying or Sitting on roadway | [ ] Other working in roadway | [ ] Other (explain above) |

**DRIVERS AND VEHICLES**

| | VEHICLE 1 | | PEDALCYCLIST [redacted] | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| VEHICLE DEFECTS | 0 | | 16 | |
| CONTRIBUTING CIRCUMSTANCES | 11 | | 6 | |

**ACCIDENT Characteristics**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 5 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 4 |
| WEATHER | 1 | TRAFFIC CONTROL | NONE | TRAFFICWAY LANES | 1 | TYPE TRAFFICWAY | 4 |
| ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 0 | | |

**WITNESSES other than occupants**

| NAME | ADDRESS – Number and street | City and State |
|---|---|---|
| [redacted] | [redacted] | Fla. |

FIRST AID GIVEN BY: UNKNOWN

[ ] Doctor or Nurse [ ] Cert. First Aider [ ] Cert. First Aider (Police) [ ] Other (Explain)

INJURED TAKEN TO: [redacted] BY: [redacted] Ambulance

[X] Priv. Ambulance [ ] Other (Explain) [ ] Gov't. Ambulance

CHEMICAL TEST: TEST RESULTS

| | YES | NO | |
|---|---|---|---|
| Driver No. 1 | [ ] | [X] | |
| Driver No. 2 | [ ] | [X] | |

**ARREST**

| NAME | CHARGE | Citation No. |
|---|---|---|
| NONE | | |
| | | |

PHOTOGRAPHS TAKEN: [ ] Yes [X] No [ ] Agency [ ] Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 3-31-75 19 9:10 P M | 9:25 P. M | Yes | Yes |

Page 1 of 2

☒ DEATH ☐ INJ. ☐ APR/FILING

Los Angeles Police Department
# TRAFFIC ACCIDENT REPORT

DR No. 75-541 [redacted]

DATE REPORTED DAY MONTH YR 1 31 0 8 5

Typing Program Report #3

TSC CODE 7-16: 6990 - 03610 | 17-19 DIR. ANAL.: 51 | CPI 20: NO ☒ YES ☐ | 21 HOR: M ☐ F ☐ NO ☒ | DATE & TIME OCCURRED: 8-13-75 1230 22-29 | ☒ MEAS. ☐ EST. | OF

P.I. 35-37 N,S,E,W N,S,E,W PRIMARY ST.: 9 FT. 38- W OF 39- E CURB OF SANCOLA AV

AND 40-43 N,S,E,W N,S,E,W: 300 FT. 44- S OF 45- S CURB OF A

**P-1** NAME (last, first, middle): [redacted] | ADDRESS (No., Street, City, State): [redacted]

17

EMPLOYER: [redacted] | BUSINESS ADDRESS (No., Street, City, State): [redacted] | BUS. PHONE

OCCUPATION (BE SPECIFIC): WELDER | HOW INVOLVED (DRV., PED, ETC.): DRIVER | DIRECTION: W/B 18 | DRIVER'S LIC. NO.: [redacted] | STATE: CAL | TYPE: 3 | DESC.: C | BIRTHDATE: 3-29-39 | AGE 36-47 | SEX 19-20 22

VEHICLE LIC. NO.: [redacted] | STATE: CAL | YEAR: 74 | REGISTERED OWNER: SAME | ☐ DMV ☒ REGISTRATION ☐ OTHER | ADDRESS | CITY | DEG. INJ. — 23

VEH. YR.: 69 | MAKE: CAMARO | MODEL | TYPE: COUP | COLOR(S): WHT | DISPO. OF VEH.—BE EXACT—NAME, ADD., PHONE: DRIVEN FROM SCENE BY DRIVER | ☒ OK TO RELEASE ☐ HOLD | PT. VISIBLY DAM.: FT-FT/RT | AMOUNT: $ 200

**P-2** NAME (last, first, middle): [redacted] | ADDRESS (No., Street, City, State): [redacted] | RES. PHONE: [redacted]

17

EMPLOYER: [redacted] | BUSINESS ADDRESS (No., Street, City, State): N/A | BUS. PHONE: —

OCCUPATION (BE SPECIFIC): — | HOW INVOLVED (DRV., PED, ETC.): RIDE LIST | DIRECTION: W/B 18 | DRIVER'S LIC. NO.: — | STATE | TYPE | DESC.: C | BIRTHDATE: 10-3-69 | AGE 5-7 | SEX 19-20 22

VEHICLE LIC. NO.: NONE | STATE | YEAR | REGISTERED OWNER: NOT | ☐ DMV ☐ REGISTRATION ☐ OTHER | ADDRESS | CITY

VEH. YR.: ? | MAKE: COASTER BRAKE | MODEL | TYPE: 12" | COLOR(S): RED | DISPO. OF VEH.—BE EXACT—NAME, ADD., PHONE: LEFT AT NEIGHBOR [redacted] | ☒ OK TO RELEASE ☐ HOLD | PT. VISIBLY DAM.: LT/RT SIDE | $ —

**P-3** NAME (last, first, middle) | ADDRESS (No., Street, City, State) | RES. PHONE

EMPLOYER | BUSINESS ADDRESS (No., Street, City, State) | BUS. PHONE

OCCUPATION (BE SPECIFIC) | HOW INVOLVED (DRV., PED, ETC.) | DIRECTION: 18 | DRIVER'S LIC. NO. | STATE | TYPE | DESC. | BIRTHDATE | AGE | SEX 19-20 22

VEHICLE LIC. NO. | STATE | YEAR | REGISTERED OWNER | ☐ DMV ☐ REGISTRATION ☐ OTHER | ADDRESS | CITY | DEG. INJ. 23

VEH. YR. | MAKE | MODEL | TYPE | COLOR(S) | DISPO. OF VEH.—BE EXACT—NAME, ADD., PHONE | ☐ OK TO RELEASE ☐ HOLD | PT. VISIBLY DAM. | AMOUNT $

FATAL

**P#** DAMAGE TO PROPERTY OTHER THAN VEHICLES | NAME | OWNERSHIP | NATURE AND EXTENT OF VISIBLE DAMAGE

| W# | (LIST INJURED WITNESSES FIRST) NAME | ADDRESS | CITY | DAY PHONE | LOC. AT TIME OF T/A. (OR POSITION IN INVOLVED VEH.) | SEX | AGE | DEG. INJ. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**Juv. Pty. OR JUV. WIT. SUBJECT TO FILING** | PTY. OR W# | NAME AND ADDRESS OF PARENTS (NATURAL, STEP, OR GUARDIAN) & SPOUSE. IF APPLICABLE, PERSON WITH WHOM LIVING. | JUV'S. BIRTHDATE

P-2 [redacted] 10-3-69

P-2 [redacted] SCHOOL AND GRADE —

☐ BA # TIME RDG. | ☐ URINE ☐ BLOOD ☐ PHOTOS # | INVESTIGATING OFFICER(S) | SER. # | DIV./DETAIL | VACATION

**Arrest or Filing** | P. OR W. # | CHARGE | BOOKING NO.

[redacted] 46 ☐ AID ☐ PATROL ☐ STATION ☒ FILED

Primary cause— 47-52 21901 VC

| | T/S Code | # P's Invol | Invol. With | Lighting | Locale | Road Char | Road Cond | Spec. Circ. | Weather | Stry #1 | Stry #2 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 53 | 54 | 55-56 | 57 | 58 | 59 | 60 | 61-62 | 63 | 64 | 65 |
| | — | 2 | 6 | 1 | 2 | 1 | 1 | 2 | 1 | — | — |

| | Rec. Code | Phys. Cond. | Sobriety | Ped. Act. | Cont. Circ. | Veh. Act. | Veh. Class | Veh. Type | Veh. Cond. | Stry A | Stry B |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 35 | 36 | 37-38 | 39-41 | 42-42 | 43-44 | 45 | 46-47 | 48-49 | 50 | 51 |
| P-1 | 1 | 2 | 1 | — | 1 | 1 | 1 | 6 | 1 | — | — |
| P-2 | 1 | 9 | 1 | — | 3 | 1 | 1 | 17 | 11 | — | — |
| P-3 | | | | | | | | | | | |

DATE, TIME NOTIFIED: 8-13-75 1235 | TIME ARR.—TOTAL MIN'S. AT SCENE: 1237 - 40 MINS | ARR. AT STA.—TOTAL RPT. MIN'S.: 2025 110 MINS

SUPERVISOR APPROVING: [redacted] SER. # DIV. | DATE DUPL./INITIALS

1-6
DR No. 75-341-796

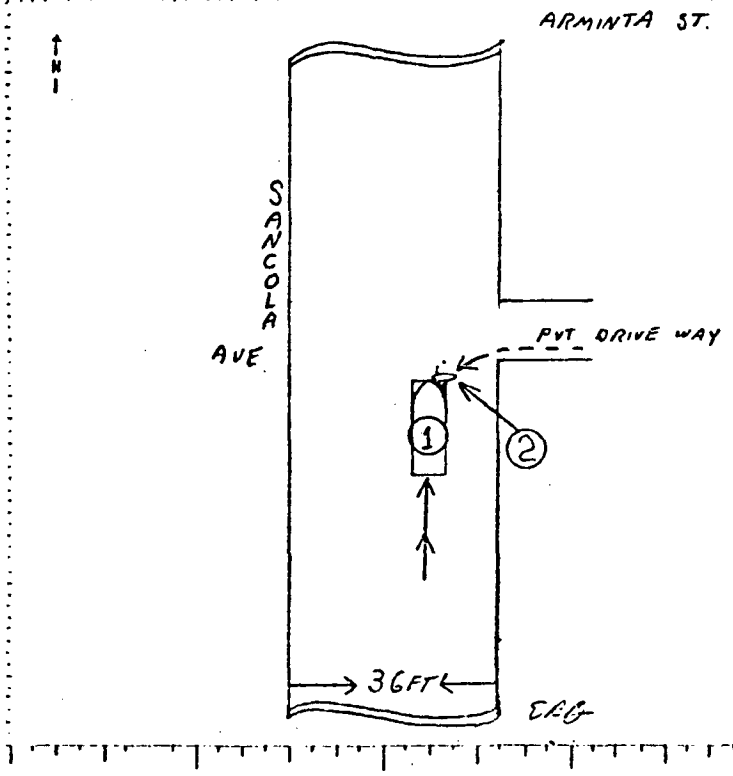
☐ AT SCENE ☒ DEATH
☐ ARR/FILING ☐ INJ.

Los Angeles Police Department
# TRAFFIC ACCIDENT REPORT

| DATE REPORTED DAY MONTH YR. | TIME RPT'D | SERIAL |
|---|---|---|
| 13 08 75 | 1735 | 13194 |

| H&R Broadcast Initials TIME: — BY: | Teletype sent ☐ Yes ☐ No Init'ls BY: | Speed Zones 1 25 2 25 3 | D. B. Removed to — By | Damaged Controls-T SR Notified Init's. TIME: — BY: |
|---|---|---|---|---|
| Person(s) obs DB at scene — | Next of kin not. BY: [redacted] | Supervisor [redacted] ☐ Advising bkg. ☐ At scene ☒ None | CPI Only-Name of Deputy C.A. Notified By (Initials) — | |

Reporting Sequence: 1. Diagram 2. Accident summary 3. Place of impact other than first P.I. 4. Traffic controls 5. Skidmarks 6. Lighting 7. Photographs 8. Injuries 9. Other pertinent information 10. Interview summary




V-1 N/B SANCOLA AV COLLIDED WITH V-2 A BICYCLE EXITING A PVT DRIVE WAY AT 7836 SANCOLA AV.

TRAFF CONTROLS — NONE
SKIDMARKS — V-1 LAID DOWN 2 WHEEL LOCKED SKID MEASURING 24 FT
LIGHTING — DAYLIGHT
PHOTOS — 12 PHOTOS WERE TAKEN 3 OF P-2 AT HOSPITAL - 3 OF THE SKIDS 3 OF THE BICYCLE & 3 OF V-1
INJURIES P-2 WAS PROUNCED DEAD AT 1830 BY [redacted] M.D. INJURIES INCLUDED SEVERE HEAD INJURIES WITH INTERNAL INJURIES - RA 89 TRANS TO [redacted] HOSPITAL.

INFORMATION BRAKES ON V-1 WERE TESTED AND OFFERED ADEQUATE RESISTANCE TO NORMAL FOOT PRESSURE WHEN APPLIED. L.A. COUNTY CORONER WAS NOTIFIED AT 1855 & ISSUED DR#75-9737. ALL PROPERTY RETAINED AT THE HOSPITAL FOR THE CORONER. AVAIL H.37 INFO GIVEN TO P-1 [redacted] ADVISED NO BKG ON P-1 ONE TO NO VIOLATION. C-DEATH REPT SAME DR.

STATEMENTS — P-1 - "I WAS N/B SANCOLA AV AT APROX 25 MPH. I HEARD AND FELT A COLLISION AND SKIDDED TO A STOP. I NEVER SAW THE BOY (P-2) OR HIS BIKE TILL AFTER I STOPPED AND GOT OUT OF CAR." MVO

IF ADDITIONAL SPACE IS REQUIRED ... SHEET FORM 15.09.2

TRAFFIC FATAL - U

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program Report # 4

## TIME & LOCATION

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY |
|---|---|---|
| 7-4-75 | Friday | 2:40 am M |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY: [redacted]

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: ☐ Feet ☐ Miles ☐ N ☐ S ☐ E ☐ W Of ..... City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: SR 5 (Use State or County Road Number or Name) ☐ Exit Ramp ☐ Entrance R. ☐ At the intersection with ☐ Influenced by intersection — Highway Number or Name of Intersecting Street

IF NOT AT INTERSECTION: 30 ☒ Feet ☐ Miles ☒ N ☐ S ☐ E ☐ W Of 79th St. Node # 0273 (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): No

DO NOT WRITE IN SPACE ABOVE

## TYPE MOTOR VEHICLE ACCIDENT

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST XX | ANIMAL | FIXED OBJECT | OTHER OBJECT / NON-CONTACT |

TOTAL NO. VEH. INVOLVED: 1

## VEHICLE 1

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 68 | Plymouth | Sedan | [redacted] | Fla | 75 | [redacted] |

Area of Vehicle Damage: 1 12 11 — Damage Scale: 1 — Damage Severity: 1 — AMOUNT (Approximate): 200. — Safety Equipment: 3 — VEHICLE REMOVED BY: [redacted] Texaco

NAME OF INSURANCE (Liability Only): None — POLICY NO.: NONE — Owner ☒ Driver ☒ — ☐ Owner's Request ☐ Other (Explain) ☒ Rotation List

OWNER (Print or type FULL name): Same as driver — ADDRESS (Number and street) — CITY and STATE

DRIVER (Exactly as on driver's license): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Trk.Drive | CH | [redacted] | Fla | ~~2-11-45~~ | W | M | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | 3-17-45 | | | | | | |
| Front right | [redacted] | [redacted] | | 16 | W | M | 0 | 0 | 0 |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

## PEDACYCLIST

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| unk | Raleigh | Bicycle | N/A | na | na | na |

Area of Vehicle Damage: 15 — Damage Scale: 3 — Damage Severity: 3 — AMOUNT (Approximate): 100. — Safety Equipment: na — VEHICLE REMOVED BY: [redacted] Texaco

NAME OF INSURANCE (Liability Only): na — POLICY NO.: na — Owner ☐ Driver ☐ — ☐ Owner's Request ☐ Other (Explain) ☒ Rotation List

OWNER (Print or type FULL name): Same as driver — ADDRESS (Number and street) — CITY and STATE

DRIVER (Exactly as on driver's license): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject | Injury |
|---|---|---|---|---|---|---|---|---|---|
| unk | na | na | na | 6-1-51 | W | M | 0 | 2 | 1 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | N | | | | | | | | |
| Front right | O | | | | | | | | |
| Rear left | N | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | E | | | | | | | | |

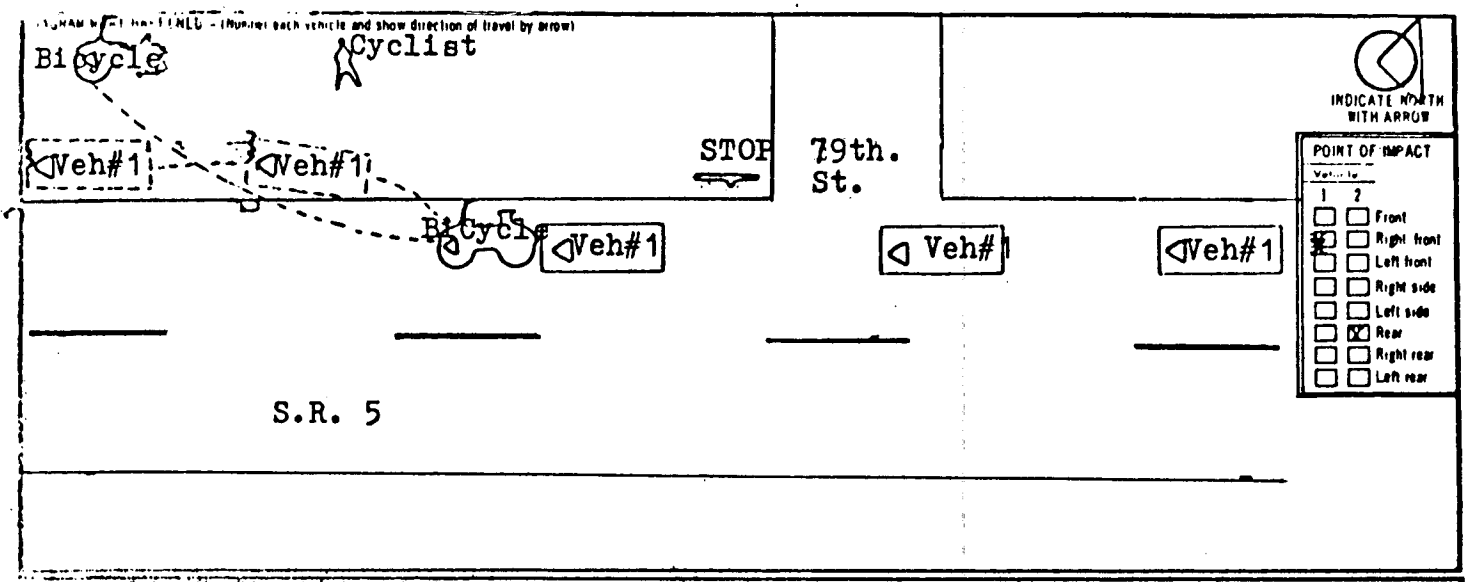
| PROPERTY DAMAGED–Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| None | na | na | | |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | DATE OF REPORT |
|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | ☒ F.H.P. ☐ C.P.D. ☐ S.O. ☐ Other | 7-4-75 |

FHP – 3 Revised 1-1-73

SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)




POINT OF IMPACT

| Vehicle | 1 | 2 |
|---|---|---|
| Front | ☐ | ☐ |
| Right front | ☒ | ☐ |
| Left front | ☐ | ☐ |
| Right side | ☐ | ☐ |
| Left side | ☐ | ☐ |
| Rear | ☐ | ☒ |
| Right rear | ☐ | ☐ |
| Left rear | ☐ | ☐ |

DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

Veh #1 was northbound on SR 5. Pedacyclist was northbound on SR 5. Pedacyclist did not have a light on the bicycle. Veh #1 hit the bicycle with the right front of Veh #1.

Keynoter Photographer: [redacted]

HOMICIDE INVESTIGATOR: [redacted] Homicide No. [redacted]

**WHAT VEHICLES WERE DOING BEFORE ACCIDENT**

VEHICLE No. 1 was traveling ☒ ☐ ☐ ☐ On SR 5 at 45-50 Approximately M.P.H.

VEHICLE No. 2 was traveling ☒ ☐ ☐ ☐ On SR 5 at 5-10 M.P.H.

| | Vehicle 1 | Vehicle 2 |
|---|---|---|
| Going straight ahead | ☒ | ☒ |
| Overtaking | ☐ | ☐ |
| Making right turn | ☐ | ☐ |
| Making left turn | ☐ | ☐ |
| Slowing or Stopping | ☐ | ☐ |
| Changing lanes | ☐ | ☐ |
| Starting from parked position | ☐ | ☐ |
| Stopped or parked | ☐ | ☐ |
| Other (explain above) | ☐ | ☐ |

Bicycle Bicycle Bicycle Bicycle Bicycle

**WHAT PEDESTRIAN WAS DOING**

PEDESTRIAN was going (check one) ☐ N ☐ S ☐ E ☐ W

☐ Along

☐ Across or into ____ (Street name, highway no.) from ____ (N.E. corner to S.E. corner, etc.) to ____

Color of Clothing: ☐ Dark ☐ Light

☐ Crossing at Intersection
☐ Crossing not at Intersection
☐ Walking in roadway – with traffic
☐ Walking in roadway – against traffic
☐ Stepped into path of Vehicle
☐ Standing in roadway
☐ Standing in safety zone
☐ Lying or Sitting on roadway
☐ Getting on or off Vehicle
☐ Hitching on Vehicle
☐ Pushing or working on Vehicle
☐ Other working in roadway
☐ Playing in roadway
☐ Other roadway
☐ Not in roadway
☐ Other (explain above)

**DRIVERS AND VEHICLES**

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | | 0 | | 0 |
| VEHICLE DEFECTS | | 0 | | 4 |
| CONTRIBUTING CIRCUMSTANCES | | 16 | 14 | 5 |

Bicycle

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 5 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 2 |
| WEATHER | 1 | TRAFFIC CONTROL | SIGN | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 4 |
| ROAD SURFACE | 1 | TYPE LOCATION | 2 | VISION OBSCURED | 0 | | |

WITNESSES other than occupants

| NAME | ADDRESS – Number and street | City and State |
|---|---|---|
| None | | |

FIRST AID GIVEN BY [redacted]

☐ Doctor or Nurse ☐ Cert. First Aider ☒ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO [redacted] BY: [redacted] Amb. Ser.

☒ Priv. Ambulance ☐ Other (Explain) ☐ Gov't. Ambulance

CHEMICAL TEST: TEST RESULTS:

| | YES | NO | |
|---|---|---|---|
| Driver No. 1 | ☒ | ☐ | .05 alc |
| Driver No. 2 | ☒ | ☐ | Pending |

Bicycl

ARREST

| NAME | CHARGE | Citation No. |
|---|---|---|
| None | | |
| NAME | CHARGE | Citation No. |

PHOTOGRAPHS TAKEN ☒ Yes ☐ No ☒ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 7-4-75 19 2:55 a M | 3:04 a M | yes | No-pending chemical test(Bicyclist) |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program
Report # 5

## TIME & LOCATION

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY | GRID |
|---|---|---|---|
| 23 Aug 75 | SATURDAY | 8:25 P M | 18 |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY: CITY OF [redacted]

ROAD ON WHICH ACCIDENT OCCURRED: CHURCH (Use State or County Road Number or Name) — ☐ Exit Ramp ☐ Entrance R. — ☒ At its intersection with ☐ Influenced by intersection: BAY COURT (Highway Number or Name of Intersecting Street)

IF NOT AT INTERSECTION: ☐ Feet ☐ Miles ☐☐☐☐ N S E W Of (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): NO

| ASNT. No. | REFERRED TO ☐ / RETAINED BY ☒ | (DIVISION) | ASSIGNED TO | DATE | Accident No. |
|---|---|---|---|---|---|
| | | D-1 | | | 75-1133 |

DO NOT WRITE IN SPACE ABOVE

## TYPE MOTOR VEHICLE ACCIDENT

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON-CONTACT |

TOTAL NO. VEH. INVOLVED: 2

## VEHICLE 1

| YEAR | MAKE | TYPE (Sedan, Truck, Bus) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. | Damage Sticker No. |
|---|---|---|---|---|---|---|---|
| '74 | DODGE | WAGON | [redacted] | FLA | '76 | [redacted] | |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| O | O | O | 0 | 3 | DRIVER |

NAME OF INSURANCE (Liability Only): TRANSIT CASUALTY — POLICY NO.: UNKNOWN — Owner ☒ Driver ☐ — ☐ Owner's Request ☐ Other (Explain) — ☐ Rotation List

OWNER (Print or type FULL name): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE: [redacted] — Phone: [redacted]

DRIVER (Print or type FULL name): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE: FLA (33612) — Phone: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| CHIS DRIVER | CH | [redacted] | FLA | 2-1-31 | W | M | O | O | O |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | Phone | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|---|
| Front center | 930pm | | | | | | | | | |
| Front right | [redacted] | [redacted] | [redacted] | | | | | | | |
| Rear left | [redacted] | | | | | | | | | |
| Rear center | [redacted] | | | | | | | | | |
| Rear right | [redacted] | | | | | | | | | |

## VEHICLE 2 or PEDESTRIAN

| YEAR | MAKE | TYPE (Sedan, Truck, Bus) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. | Damage Sticker No. |
|---|---|---|---|---|---|---|---|
| 74 | AMF | 20" Boys Bicycle | — | — | — | N/A | |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| O | O | O | -0- | O | OWNER None |

NAME OF INSURANCE (Liability Only): N/A — POLICY NO.: Late Ins 6-1-76 — Owner ☐ Driver ☐ — ☐ Owner's Request ☐ Other (Explain) — ☐ Rotation List

OWNER (Print or type FULL name): BERNICHUST — ADDRESS (Number and street): [redacted] — CITY and STATE: No phone — Phone:

DRIVER (Print or type FULL name): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE: UNKNOWN — Phone:

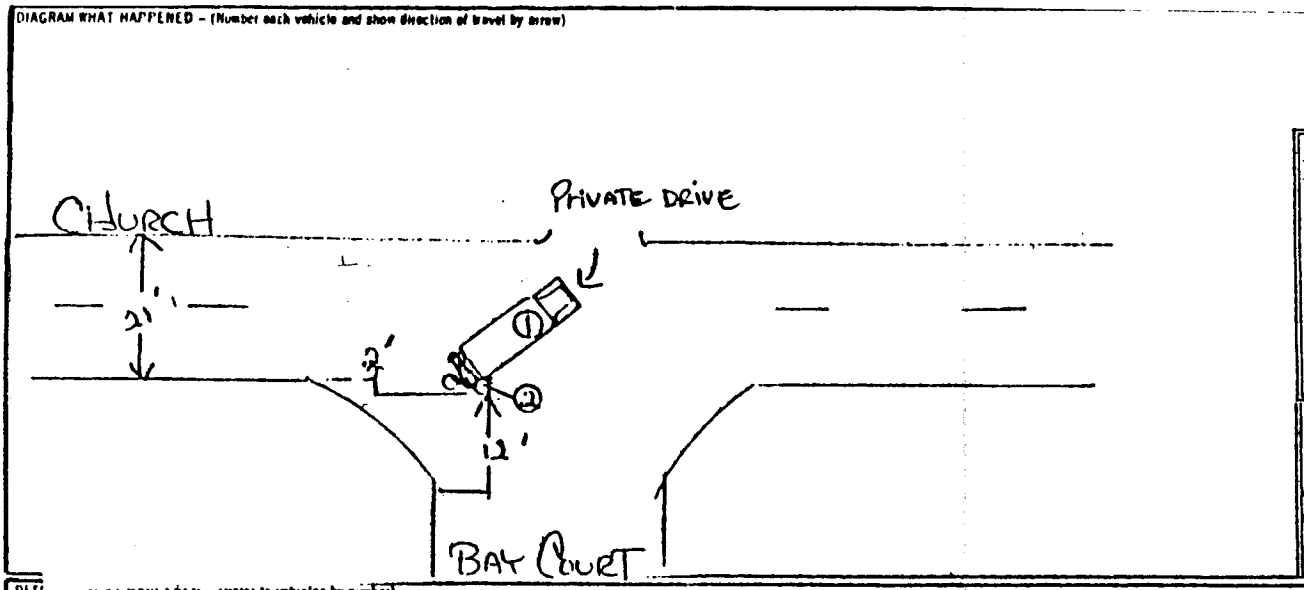
| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| STUDENT | | N/A | — | 4 MAY 62 | W | M | O | O | |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | Phone | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|---|
| Front center | [redacted] | [redacted] | [redacted] | | 13 | | | | | |
| Front right | | | | | | | | | | |
| Rear left | | | | | | | | | | |
| Rear center | | | | | | | | | | |
| Rear right | | | | | | | | | | |

| PROPERTY DAMAGED—Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE | Phone |
|---|---|---|---|---|---|
| None | -0- | school | 1/2 mi | | |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | DIST. | DEPARTMENT | Approved By | DATE OF REPORT |
|---|---|---|---|---|---|
| | | | [redacted] POLICE | | 23 AUG 75 |

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)




INDICATE NORTH WITH ARROW

POINT OF IMPACT

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☐ | ☒ | Front |
| ☐ | ☐ | Right front |
| ☐ | ☐ | Left front |
| ☐ | ☐ | Right side |
| ☐ | ☐ | Left side |
| ☐ | ☐ | Rear |
| ☒ | ☐ | Right rear |
| ☐ | ☐ | Left rear |

Posted Speed: 30

Measurements: PACED

DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

UNIT ONE: ATTEMPTED TO BACK ONTO CHURCH FROM PRIVATE DRIVE, FAILED TO ASCERTAIN DANGER OF S-BOUND TRAFFIC STRUCK UNIT 2 ON FRONT WHEEL WITH RIGHT REAR.

UNIT TWO: SOUTH BOUND ON CHURCH SPEED APPROX 0-3 MPH WAS STRUCK ON FRONT BY UNIT ONE'S RIGHT REAR.

NO DEBRIS, NO SKID MARKS – NO DAMAGE

*WHAT VEHICLES WERE DOING BEFORE ACCIDENT

VEHICLE No. 1 was traveling BACKING ☐ ☐ ☐ ☒ On CHURCH at 0-5 M.P.H. (Approximately)

VEHICLE No. 2 was traveling ☐ ☒ ☐ ☐ On CHURCH at 0-3 M.P.H.

Accident No. 75T-10333

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☐ | ☒ | Going straight ahead |
| ☐ | ☐ | Overtaking |
| ☐ | ☐ | Making right turn |
| ☐ | ☐ | Making left turn |
| ☐ | ☐ | Slowing or Stopping |
| ☐ | ☐ | Changing lanes |
| ☐ | ☐ | Starting from parked position |
| ☐ | ☐ | Stopped or parked |
| ☒ | ☐ | Other (explain above) |

*WHAT PEDESTRIAN WAS DOING

PEDESTRIAN was going (check one) ☐ ☐ ☐ ☐ (N S E W)

☐ Along
☐ Across or into ..... (Street name, highway no.) from ..... to ..... (N.E. corner to S.E. corner, etc.)

Color of Clothing: ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at Intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at Intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway – with traffic | ☒ Standing in safety zone | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway – against traffic | ☐ Laying or setting in roadway | ☐ Other working in roadway | ☐ Other (explain above) |

DRIVERS AND VEHICLES

| | VEHICLE 1 | VEHICLE 2 |
|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | 0 |
| VEHICLE DEFECTS | 0 | 0 |
| CONTRIBUTING CIRCUMSTANCES | 18 | 0 |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 4 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 4 |
| WEATHER | 1 | TRAFFIC CONTROL | SIGN | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 4 |
| ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 0 | TYPE ROAD SURFACE | ASPHALT |

WITNESSES other than occupants

| NAME | ADDRESS – Number and street | City and State | Phone |
|---|---|---|---|
| NONE | | | |

FIRST AID GIVEN BY [redacted]

☐ Doctor or Nurse ☐ Cert. First Aider ☐ Cert. First Aider (Police) ☒ Other (Explain)

INJURED TAKEN TO [redacted] BY: ☐ Priv. Ambulance ☐ Other (Explain) ☐ Gov't. Ambulance

CHEMICAL TEST: YES NO — TEST RESULTS:
Driver No. 1 ☐ ☒
Driver No. 2 ☐ ☒

ARREST

[redacted] CHARGE [redacted]

NAME CHARGE Citation No.

PHOTOGRAPHS TAKEN: ☐ Yes ☐ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 03 AUG 1975 8:39 PM | 8:42 PM | YES | YES |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program
Report # 6

## TIME & LOCATION

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY |
|---|---|---|
| 10-27-75 | Monday | 2:20 p.m. |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY: [redacted]

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: ☐ Feet ☐ Miles ☐N ☐S ☐E ☐W of ..... City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: SR-15 (Use State or County Road Number or Name) ☐ Exit Ramp ☐ Entrance R. ☒ At the intersection with ☐ Influenced by intersection: Seals Way (Highway Number or Name of Intersecting Street)

IF NOT AT INTERSECTION: ☐ Feet ☐ Miles ☐N ☐S ☐E ☐W of Node #0187 (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): NO

DO NOT WRITE IN SPACE ABOVE

## TYPE MOTOR VEHICLE ACCIDENT

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON-CONTACT |

TOTAL NO. VEH. INVOLVED: 1

## VEHICLE 1

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 1973 | Oldsmobile | Sedan | [redacted] | Fla. | 75 | [redacted] |

Area of Vehicle Damage: 0 | Damage Scale: 0 | Damage Severity: 0 | AMOUNT (Approximate): None | Safety Equipment: 3 | VEHICLE REMOVED BY: Owner

NAME OF INSURANCE (Liability Only): State Farm | POLICY NO.: [redacted] | Owner ☒ Driver ☒ | ☒ Owner's Request ☐ Other (Explain) | ☐ Rotation List

OWNER (Print or type FULL name): Same as driver | ADDRESS (Number and street): | CITY and STATE:

DRIVER (Exactly as on driver's license): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE: [redacted]

2/5

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| H/Wife | Op | [redacted] | Fla. | 01-05-29 | W | F | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | [redacted] | - Same as driver | | 13 | W | F | 0 | 0 | 0 |
| Front right | [redacted] | [redacted] | Fla. | 14 | W | F | 0 | 0 | 0 |
| Rear left | [redacted] | - Unknown, [redacted] | Fla. | 13 | W | F | 0 | 0 | 0 |
| Rear center | [redacted] | - [redacted] | Fla. | 12 | W | M | 0 | 0 | 0 |
| Rear right | [redacted] | - [redacted] | Fla. | 12 | W | M | 0 | 0 | 0 |

## VEHICLE 2 or PEDESTRIAN

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| Unk. | Rollfast | Bicycle | | | | |

Area of Vehicle Damage: | Damage Scale: | Damage Severity: | AMOUNT (Approximate): | Safety Equipment: | VEHICLE REMOVED BY:

NAME OF INSURANCE (Liability Only): | POLICY NO.: | Owner ☐ Driver ☐ | ☐ Owner's Request ☐ Other (Explain) | ☐ Rotation List

OWNER (Print or type FULL name): [redacted] | ADDRESS (Number and street): | CITY and STATE:

DRIVER (Exactly as on driver's license): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | | N/A | | 10-30-61 | W | M | 0 | 0 | 3 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | None | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

| PROPERTY DAMAGED–Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| Bicycle | $15.00 | [redacted] | | |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | | DATE OF REPORT |
|---|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | | ☒ F.H.P. ☐ C.P.D. ☐ S.O. ☐ Other | 10-27-75 |

FHP – 3 Revised 1-1-72

SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)

Scene UNKNOWN

INDICATE NORTH WITH ARROW

POINT OF IMPACT

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☐ | ☐ | Front |
| ☐ | ☐ | Right front |
| ☐ | ☒ | Left front |
| ☐ | ☒ | Right side |
| ☐ | ☒ | Left side |
| ☒ | ☐ | Rear |
| ☐ | ☐ | Right rear |
| ☐ | ☐ | Left rear |

DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

Vehicle #1 headed South on SR-15, Pedalcyclist was headed South on SR-15. Vehicle #1 stopped for a left turn and pedalcyclist collided with rear of vehicle #1.

*WHAT VEHICLES WERE DOING BEFORE ACCIDENT

VEHICLE No. 1 was traveling ☐ ☒ ☐ ☐ On SR-15 at 0 Approximately M.P.H.

VEHICLE No. 2 was traveling ☐ ☒ ☐ ☐ (N S E W) On SR-15 at 0-6 M.P.H.

| | Vehicle 1 | Vehicle 2 |
|---|---|---|
| Going straight ahead | ☐ | ☒ |
| Overtaking | ☐ | ☐ |
| Making right turn | ☐ | ☐ |
| Making left turn | ☐ | ☐ |
| Slowing or Stopping | ☐ | ☐ |
| Changing lanes | ☐ | ☐ |
| Starting from parked position | ☐ | ☐ |
| Stopped | ☒ | ☐ |
| Other (explain above) | ☐ | ☐ |

*WHAT PEDESTRIAN WAS DOING

PEDESTRIAN was going (Indicate one) ☐ (N) ☐ (S) ☐ (E) ☐ (W) ☐ Along ☐ Across or into ..... (Street name, highway no.) from ..... (N.E. corner to S.E. corner, etc.) to .....

Color of Clothing: ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway – with traffic | ☐ Standing in safety zone | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway – against traffic | ☐ Lying or Sitting on roadway | ☐ Other working in roadway | ☐ Other (explain above) |

DRIVERS AND VEHICLES

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| | | | | |
| VEHICLE DEFECTS | 0 | | 0 | |
| | | | | |
| CONTRIBUTING CIRCUMSTANCES | 0 | | 18 | |
| | | | | |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 3 |
| | WEATHER | 1 | TRAFFIC CONTROL | NONE | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 2 |
| | ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 0 | | |

WITNESSES other than occupants

| NAME | ADDRESS – Number and street | City and State |
|---|---|---|
| None | | |

FIRST AID GIVEN BY: None

☐ Doctor or Nurse ☐ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO: Home – BY: Self

☐ Priv. Ambulance ☒ Other (Explain) ☐ Gov'L Ambulance

CHEMICAL TEST: TEST RESULTS

| | YES | NO | |
|---|---|---|---|
| Driver No. 1 | ☐ | ☒ | ..... |
| Driver No. 2 | ☐ | ☒ | ..... |

ARREST

| NAME | CHARGE | Citation No. |
|---|---|---|
| None | | |
| | | |

PHOTOGRAPHS TAKEN: ☐ Yes ☒ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 10-27- 1975 6:20 PM | 6:30 PM | Yes | Yes |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program
Report # 7

**TIME & LOCATION**

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY | GRID |
|---|---|---|---|
| 30 JULY 75 | WEDNESDAY | 5:00 PM | 105 |

COUNTY: [redacted]

CITY, TOWN OR VILLAGE: [redacted]

ROAD ON WHICH ACCIDENT OCCURRED: N. TAMPA ST. (Use State or County Road Number or Name) — ☐ Exit Ramp ☐ Entrance R. — ☒ At the intersection with ☐ Influenced by intersection — W. PLYMOUTH AV. (Highway Number or Name of Intersecting Street)

IF NOT AT INTERSECTION: ☐ Feet ☐ Miles ☐☐☐☐ N S E W Of: Show nearest mile post, intersecting street or highway, bridge, RR crossing, underpass or curve

IS ENGINEERING STUDY NEEDED (If so explain): No

| ASNT. No. | REFERRED TO ☐ / RETAINED BY ☒ | (DIVISION) | ASSIGNED TO | DATE | Accident No. |
|---|---|---|---|---|---|
| N/A | | D-2 | | [redacted] | [redacted] |

DO NOT WRITE IN SPACE ABOVE

**TYPE MOTOR VEHICLE ACCIDENT**

| | | | | | | |
|---|---|---|---|---|---|---|
| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN | |
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON-CONTACT |

TOTAL NO. VEHICLES INVOLVED: 1

**VEHICLE 1**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. | Damage Sticker No. |
|---|---|---|---|---|---|---|---|
| 64 | CHEV. | 4 DR. | [redacted] | FLA | 75 | [redacted] | N/A |

Area of Vehicle Damage: O — Damage Scale: O — Damage Severity: O — AMOUNT (Approximate): -0- — Safety Equipment: O — VEHICLE REMOVED BY: DRIVER

NAME OF INSURANCE (Liability Only): PREFERRED RISK MUTUAL — POLICY NO.: [redacted] — Owner ☐ Driver ☒ — ☐ Owner's Request ☐ Other (Explain) — ☐ Rotation List

OWNER (Print or type FULL name): DRIVER — ADDRESS (Number and street): — CITY and STATE: — Phone:

DRIVER (Exactly As on driver's license): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE: [redacted] — Phone: NONE

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| LABOR | OP | [redacted] | FLA | 05/27/32 | W | M | O | O | O |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | Phone | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | | |
| Front right | [redacted] | [redacted] | | NONE | 14 | W | M | O | O | O |
| Rear left | | | | | | | | | | |
| Rear center | | | | | | | | | | |
| Rear right | | | | | | | | | | |

**VEHICLE 2 or PEDESTRIAN**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. | Damage Sticker No. |
|---|---|---|---|---|---|---|---|
| | RALEIGH | 10 SPD. BIKE | N/A | — | — | N/A | N/A |

Area of Vehicle Damage: 10 — Damage Scale: 1 — Damage Severity: 1 — AMOUNT (Approximate): $10.00 — Safety Equipment: O — VEHICLE REMOVED BY: RIDER.

NAME OF INSURANCE (Liability Only): NONE — POLICY NO.: — Owner ☐ Driver ☐ — ☐ Owner's Request ☐ Other (Explain) — ☐ Rotation List

OWNER (Print or type FULL name): DRIVER — ADDRESS (Number and street): — CITY and STATE: — Phone: [redacted]

DRIVER (Exactly As on driver's license): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE: [redacted] — Phone:

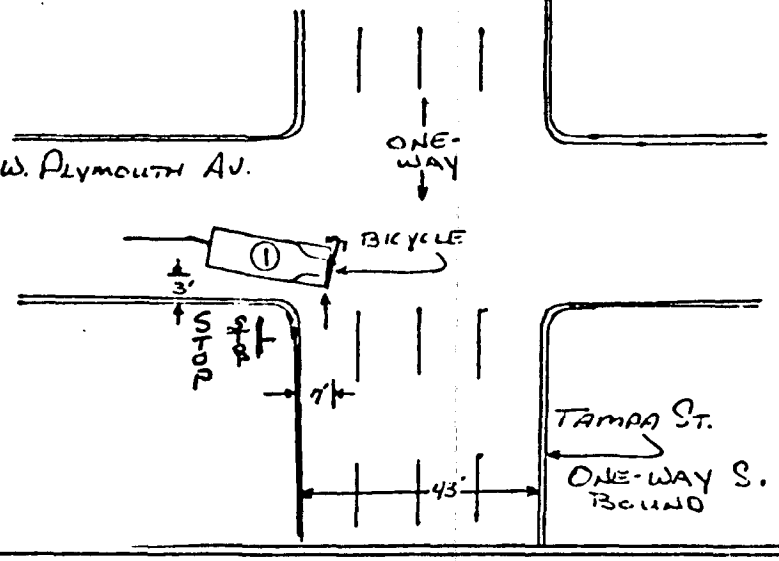
| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| STUDENT. | — | NONE | — | 06/30/57 | W | F | O | O | 3 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | Phone | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|---|
| Front center | [redacted] | | | | 18 | | | | | |
| Front right | [redacted] | | | | | | | | | |
| Rear left | | | | | | | | | | |
| Rear center | | | | | | | | | | |
| Rear right | | | | | | | | | | |

| PROPERTY DAMAGED—Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE | Phone |
|---|---|---|---|---|---|
| NONE | | | | | |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | DIST. | DEPARTMENT | Approved By | DATE OF REPORT |
|---|---|---|---|---|---|
| | | | [redacted] POLICE | | 30 JUL 75 |

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)




INDICATE NORTH WITH ARROW

POINT OF IMPACT

| 1 | 2 | |
|---|---|---|
| ☒ | ☐ | Front |
| ☐ | ☐ | Right front |
| ☐ | ☐ | Left front |
| ☐ | ☐ | Right side |
| ☐ | ☒ | Left side |
| ☐ | ☐ | Rear |
| ☐ | ☐ | Right rear |
| ☐ | ☐ | Left rear |

Posted Speed: 30 MPH

Measurements: PACED

DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

UNIT #1 E. BOUND ON W. PLYMOUTH AV. AT APPROX 03 MPH, FAILED TO ASCERTAIN SAFETY, ATTEMPTED TO MAKE A RIGHT TURN ONTO TAMPA ST, ENTERED APPROX 7 FT. INTO THE INTERSECTION STRIKING UNIT 2 WITH THE FRONT.

UNIT 2. N. BOUND (WRONG WAY) IN THE WESTERN MOST LANE OF TAMPA ST AT APPROX 05 MPH, ENTERED APPROX 3 FT INTO THE INTERSECTION AND WAS STRUCK BY UNIT 1 ON THE L/SIDE.

*WHAT VEHICLES WERE DOING BEFORE ACCIDENT

VEHICLE No. 1 was traveling ☐☐☒☐ On W. PLYMOUTH at 03 M.P.H. (Approximately)

VEHICLE No. 2 was traveling ☒☐☐☐ On N. TAMPA ST at 05 M.P.H.

Accident No. 75T-09333

| Vehicle 1 | Vehicle 2 | Vehicle 1 | Vehicle 2 | Vehicle 1 | Vehicle 2 | Vehicle 1 | Vehicle 2 |
|---|---|---|---|---|---|---|---|
| ☐ | ☒ Going straight ahead | ☒ | ☐ Making right turn | ☐ | ☐ Slowing or Stopping | ☐ | ☐ Starting from parked position |
| ☐ | ☐ Overtaking | ☐ | ☐ Making left turn | ☐ | ☐ Changing lanes | ☐ | ☐ Stopped or parked |
| | | | | | | ☐ | ☐ Other (explain above) |

*WHAT PEDESTRIAN WAS DOING

PEDESTRIAN was going (check one) ☐☐☐☐ (N S E W)

☐ Along ☐ Across or into ..... (Street name, highway no.) from ..... (N.E. corner to S.E. corner, etc.) to .....

Color of Clothing: ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at Intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at Intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway – with traffic | ☐ Standing in roadway | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway – against traffic | ☐ Laying or setting in roadway | ☐ Other working in roadway | ☐ Other (explain above) |

DRIVERS AND VEHICLES

| | VEHICLE 1 | VEHICLE 2 |
|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | 0 |
| VEHICLE DEFECTS | 0 | 0 |
| CONTRIBUTING CIRCUMSTANCES | 18 | 17 |

| ACCIDENT Characteristics | | | | | | | |
|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 5 |
| WEATHER | 1 | TRAFFIC CONTROL | SIGN | TRAFFICWAY LANES | 4 | TYPE TRAFFICWAY | 4 |
| ROAD SURFACE | 1 | FIRE LOCATION | 3 | VISION OBSCURED | 0 | TYPE ROAD SURFACE | ASPHALT |

WITNESSES other than occupants

| NAME | ADDRESS – Number and street | City and State | Phone |
|---|---|---|---|
| NONE ✓ | | | |

FIRST AID GIVEN BY: NONE

☐ Doctor or Nurse ☐ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO: NONE BY: ☐ Priv. Ambulance ☐ Other (Explain) ☐ Gov't. Ambulance

CHEMICAL TEST — TEST RESULTS: YES NO

Driver No. 1 ☐ ☒

Driver No. 2 ☐ ☒

ARREST

| NAME | CHARGE | Citation No. |
|---|---|---|
| [redacted] | CARELESS DRIVING | 522-704 L |
| [redacted] | WRONG-WAY ON ONE-WAY | 522-703 L |

PHOTOGRAPHS TAKEN: ☐ Yes ☒ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 30 JUL 1975 5:03 PM | 5:05 PM | YES | YES |

MM

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program
Report # 8

## TIME & LOCATION

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY |
|---|---|---|
| 4-7-75 | Monday | 5:20 P. |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY:

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: 1 ☐ Feet ☒ Miles ☐ N ☐ S ☒ E ☐ W of [redacted] City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: Private Parking Lot of Publix (Use State or County Road Number or Name) ☐ Exit Ramp ☐ Entrance R. ☐ At its intersection with ☐ Influenced by intersection (Highway Number or Name of Intersecting Street)

IF NOT AT INTERSECTION: 250 ☒ Feet ☐ Miles ☒ N ☐ S ☐ E ☐ W of SR-426 (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): No

DO NOT WRITE IN SPACE ABOVE

## TYPE MOTOR VEHICLE ACCIDENT

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON-CONTACT |

TOTAL NO. VEH. INVOLVED: 1

## VEHICLE 1

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 1968 | Fiat | 2 Door | [redacted] | Fla. | 1975 | [redacted] |

| Area of Vehicle Damage | | | | | | | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 | 11 | 13 | | | | | 2 | 1 | $300.00 | 1 | Driver |

NAME OF INSURANCE (Liability Only): Nationwide

POLICY NO.: [redacted]

Owner ☒ Driver ☐ ☐ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name): Same as driver

ADDRESS (Number and street):

CITY and STATE:

DRIVER (Exactly as on driver's license): [redacted]

ADDRESS (Number and street): [redacted]

CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Telephone Sales Rep. | Op | [redacted] | Fla. | 8-25-43 | W | F | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | None | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

## VEHICLE 2 or PEDESTRIAN

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| Unk. | Unknown | Bicycle | | | | |

| Area of Vehicle Damage | | | | | | | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | [redacted] |

NAME OF INSURANCE (Liability Only): Kemper

POLICY NO.: [redacted]

Owner ☒ Driver ☐ ☐ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name):

ADDRESS (Number and street):

CITY and STATE:

DRIVER (Exactly as on driver's license): [redacted]

ADDRESS (Number and street): [redacted]

CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | | ✓ | | 2-28-61 | W | F | 0 | 2 | 3 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

| PROPERTY DAMAGED–Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| Bicycle | $25.00 | [redacted] | [redacted] | [redacted] |

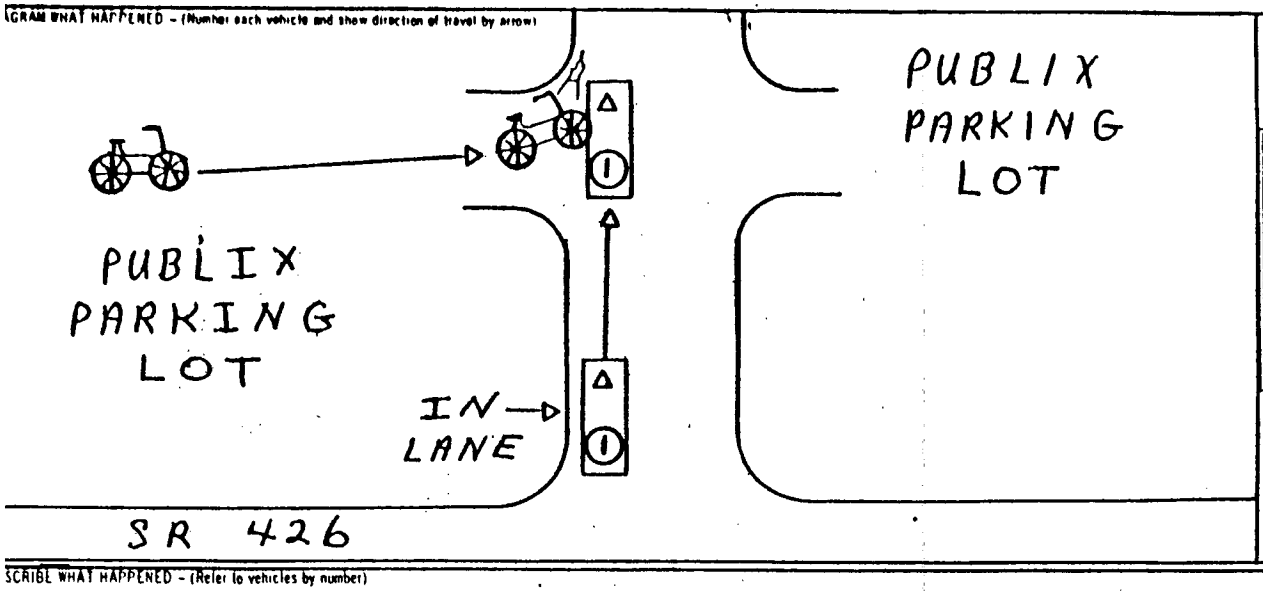
| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | DATE OF REPORT |
|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | ☒ F.H.P. ☐ C.P.D. ☐ S.O. ☐ Other | 4-7-75 |

PHP – 3 Revised 5-1-72

SHEET 1 OF 1 SHEETS

SL

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)




INDICATE NORTH WITH ARROW

POINT OF IMPACT

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☐ | ☒ | Front |
| ☐ | ☐ | Right front |
| ☒ | ☐ | Left front |
| ☐ | ☐ | Right side |
| ☐ | ☐ | Left side |
| ☐ | ☐ | Rear |
| ☐ | ☐ | Right rear |
| ☐ | ☐ | Left rear |

DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

Vehicle #1 was Northbound in in lane to Publix Market. Vehicle #2 (bicycle) was Eastbound across area where vehicles are parked and did not see vehicle #1 striking vehicle #1 in Left side.

***WHAT VEHICLES WERE DOING BEFORE ACCIDENT**

VEHICLE No. 1 was traveling ☒ ☐ ☐ ☐ On Publix Parking Lot 15 Approximately M.P.H.

VEHICLE No. 2 was traveling ☐ ☐ ☒ ☐ (N S E W) On Publix Parking Lot 5-10 M.P.H.

| | Vehicle 1 | Vehicle 2 |
|---|---|---|
| Going straight ahead | ☒ | ☒ |
| Overtaking | ☐ | ☐ |
| Making right turn | ☐ | ☐ |
| Making left turn | ☐ | ☐ |
| Slowing or Stopping | ☐ | ☐ |
| Changing lanes | ☐ | ☐ |
| Starting from parked position | ☐ | ☐ |
| Stopped or parked | ☐ | ☐ |
| Other (explain above) | ☐ | ☐ |

***WHAT PEDESTRIAN WAS DOING**

PEDESTRIAN was going (check one) ☐ ☐ ☐ ☐ (N S E W) ☐ Along ☐ Across or into ..... (Street name, highway no.) from ..... (N.E. corner to S.E. corner, etc.) to ..... Color of Clothing ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway – with traffic | ☐ Standing in safety zone | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway – against traffic | ☐ Lying or Sitting on roadway | ☐ Other working in roadway | ☐ Other (explain above) |

**DRIVERS AND VEHICLES**

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| VEHICLE DEFECTS | 0 | | 0 | |
| CONTRIBUTING CIRCUMSTANCES | 0 | | 5 | |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 12 |
| WEATHER | 1 | TRAFFIC CONTROL | NONE | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 1 |
| ROAD SURFACE | 1 | TYPE LOCATION | 5 | VISION OBSCURED | 8 | | |

WITNESSES other than occupants

| NAME | ADDRESS – Number and street | City and State |
|---|---|---|
| None | | |

FIRST AID GIVEN BY

[redacted] Ambulance Attendant

☐ Doctor or Nurse ☒ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

CHEMICAL TEST: TEST RESULTS:

| | YES | NO | |
|---|---|---|---|
| Driver No. 1 | ☐ | ☒ | |
| Driver No. 2 | ☐ | ☒ | |

INJURED TAKEN TO: Home

BY: [redacted] Ambulance

☒ Priv. Ambulance ☐ Other (Explain) ☐ Gov't. Ambulance

ARREST

| NAME | CHARGE | Citation No. |
|---|---|---|
| None | | |
| | | |

PHOTOGRAPHS TAKEN ☐ Yes ☒ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 4-7 1975 5:25 P M | 5:28 P. M | Yes | Yes |

Typing Program
Report # 9

Los Angeles Police Department
TRAFFIC ACCIDENT REPORT

DR No.

DATE REPORTED DAY MONTH YR.

STATION

1-14 DIR ANGL. 10760 - 5U

CPI NO ☐ YES ☐ NO

DATE & TIME OCCURRED 22-29

MEAS. ☐ EST.

PRIMARY ST. P.L. 9 N,S,E,W FT. 1 N,S,E,W OF 5 CURB OF PICO BL

AND 40-43 9 FT. N,S,E,W W N,S,E,W OF E CURB OF BUNDY DR

| | | | |
|---|---|---|---|
| [redacted] 1/31/3 | ADDRESS (No., Street, City, State) [redacted] ST SAN GABRIEL 91776 | RES. PHONE [redacted] | |
| [redacted] | BUSINESS ADDRESS (No., Street, City, State) [redacted] | BUS. PHONE [redacted] | |

| OCCUPATION (BE SPECIFIC) | HOW INVOLVED (DRV., PED, ETC.) | DIRECTION | DRIVER'S LIC. NO. | STATE | TYPE | DESC. | BIRTHDATE | AGE |
|---|---|---|---|---|---|---|---|---|
| DRIVER | DRIVER | WB 18 | [redacted] | CAL | 3 | C | 9-15-54 | |

| VEHICLE LIC. NO. | STATE | YEAR | REGISTERED OWNER | ☐ DMV | ☒ REGISTRATION | ☐ OTHER | ADDRESS | CITY | DES. |
|---|---|---|---|---|---|---|---|---|---|
| [redacted] | CAL | 75 | SAME | | | | | | |

| VEH. YR. | MAKE | MODEL | TYPE | COLOR(S) | DISPO. OF VEH.—BE EXACT—NAME, ADD., PHONE | ☐ OK TO RELEASE | ☐ HOLD | PART DAMAGED | AMOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1974 | FORD | FAIRLANE | 4DR | BLUE | [redacted] | | | | $ |

| P-2 17 | NAME (last, first, middle) [redacted] Bebe 6/1/50 | ADDRESS (No., Street, City, State) [redacted] STATION [redacted] | RES. PHONE [redacted] |
|---|---|---|---|
| EMPLOYER UNEMPLOYED | | BUSINESS ADDRESS (No., Street, City, State) | BUS. PHONE |

| OCCUPATION (BE SPECIFIC) | HOW INVOLVED (DRV., PED, ETC.) | DIRECTION | DRIVER'S LIC. NO. | STATE | TYPE | DESC. | BIRTHDATE | AGE |
|---|---|---|---|---|---|---|---|---|
| TEACHER | BICYCLIST | EB 18 | NONE IN POSS | | | C | 09-07-42 | 22 |

| VEHICLE LIC. NO. | STATE | YEAR | REGISTERED OWNER | ☐ DMV | ☐ REGISTRATION | ☒ OTHER | ADDRESS | CITY | DES. |
|---|---|---|---|---|---|---|---|---|---|
| [redacted] | CAL | 75 | SAME | | | | | | R |

| VEH. YR. | MAKE | MODEL | TYPE | COLOR(S) | DISPO. OF VEH.—BE EXACT—NAME, ADD., PHONE | ☒ OK TO RELEASE | ☐ HOLD | PART DAMAGED | AMOUNT |
|---|---|---|---|---|---|---|---|---|---|
| 1972 | PEUGEOT | 22" | BIKE | BLUE | BED AT W/A | | | FT | $ |

| P-3 17 | NAME (last, first, middle) | ADDRESS (No., Street, City, State) | RES. PHONE |
|---|---|---|---|
| EMPLOYER | | BUSINESS ADDRESS (No., Street, City, State) | BUS. PHONE |

| OCCUPATION (BE SPECIFIC) | HOW INVOLVED (DRV., PED, ETC.) | DIRECTION | DRIVER'S LIC. NO. | STATE | TYPE | DESC. | BIRTHDATE | AGE |
|---|---|---|---|---|---|---|---|---|
| | | 18 | | | | | | 19-20 |

| VEHICLE LIC. NO. | STATE | YEAR | REGISTERED OWNER | ☐ DMV | ☐ REGISTRATION | ☐ OTHER | ADDRESS | CITY | DES. |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| VEH. YR. | MAKE | MODEL | TYPE | COLOR(S) | DISPO. OF VEH.—BE EXACT—NAME, ADD., PHONE | ☐ OK TO RELEASE | ☐ HOLD | PART DAMAGED | AMOUNT |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | $ |

| P# | DAMAGE TO PROPERTY OTHER THAN VEHICLES | NAME | OWNERSHIP | NATURE AND EXTENT OF DAMAGE |
|---|---|---|---|---|
| | | | | |

| W# | (LIST INJURED WITNESSES FIRST) NAME | ADDRESS | CITY | DAY PHONE | LOC. AT TIME OF T/A. (OR POSITION IN INVOLVED VEH.) | SEX | AGE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| Juv. Pty. OR JUV. WIT. SUBJECT TO FILING | PTY. OR W# | NAME AND ADDRESS OF PARENTS (NATURAL, STEP, OR GUARDIAN) & SPOUSE. IF APPLICABLE, PERSON WITH WHOM LIVING. | JUV'S. BIRTHDATE / SCHOOL AND GRADE |
|---|---|---|---|

☐ PA # TIME RDG. ☐ URINE ☐ BLOOD ☐ PHOTOS # - 4

Arrest or Filing: P. OR W. # CHARGE BOOKING NO.

INVESTIGATING OFFICER(S) [redacted] SER. # DIV./DETAIL VACATION

45 ☐ CRAID ☐ PATROL ☐ STATION ☐ TSD

| PRIMARY CAUSE | Code | Involv | With | Ing | Loc-ale | Char | Cond | Viol | Viol | Viol | #1 | #2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21453A VC | 53 | 54 2 | 55-56 2 | 57 1 | 58 1 | 59 — | 60 1 | 61-62 1 | 63 1 | 64 | 65 | |

| | Rec Code | Rec Cond | Sec Pty | Pri Act | Sec Act | Pri Obs | Sec Obs | Pri Tr | Sec Tr | Sec A |
|---|---|---|---|---|---|---|---|---|---|---|
| | 35 | 36 | 37-38 | 39-40 | 41-42 | 43-44 | 45 | 46-47 | 48-49 | 50 |
| P-1 | 2 | 1 | 1 | — | 1 | 1 | 1 | 2 | 1 | |
| P-2 | 2 | 1 | 1 | — | 6 | 1 | 1 | 5 | 1 | |

PRIMARY CAUSE CONTRIBUTED TO

TIME ARR. — TOTAL MIN'S. BY SECTIONS — TIME AT STA. — TOTAL MIN'S.

10 0 — 20

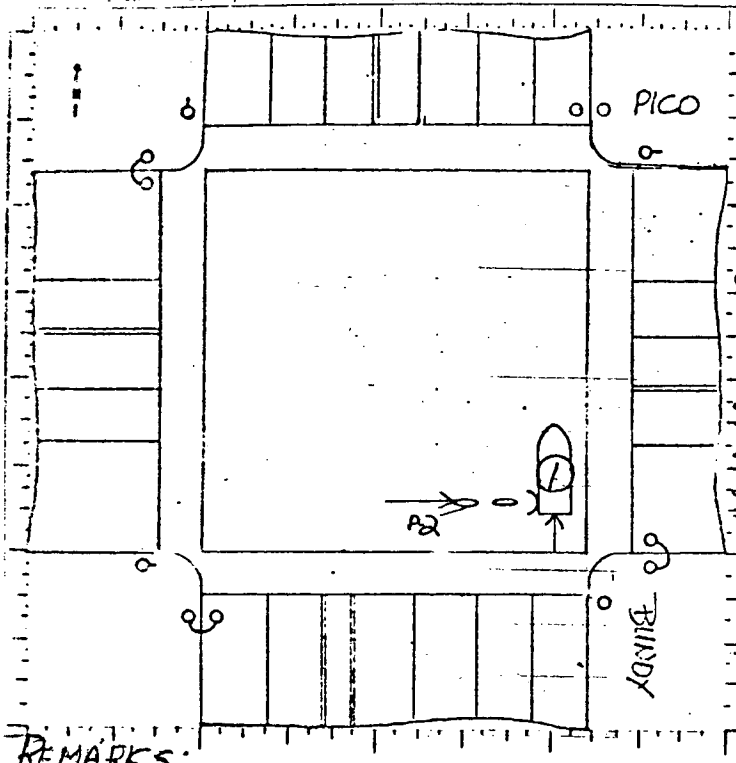
TOTALS

1-6
DR No. [redacted]

Los Angeles Police Department
**TRAFFIC ACCIDENT REPORT**

| | | | | |
|---|---|---|---|---|
| ☐ DEATH | | DATE REPORTED DAY MONTH YR | TIME RPT'D | SERIAL |
| Initials TIME: BY: | Teletype sent ☐ Yes Init'ls ☐ No BY: | Speed Zones 1 2 3 | D. B. Removed to By | Damaged Controls-T SR Notified Init's. TIME: BY: |
| Person(s) obs. DB at scene | Next of kin not. BY: | Supervisor ☐ Advising bkg. ☐ At scene ☐ None | CPI Only-Name of Deputy C.A. Notified By (Initials) | |

Reporting Sequence: 1. Diagram 2. Accident summary 3. Place of impact other than first P.I. 4. Traffic controls 5. Skidmarks 6. Lighting 7. Photographs 8. Injuries 9. Other pertinent information 10. Interview summary




T/A SUMMARY:
V-2 E/B PICO BL COLLIDED W/V-1 N/B BUNDY DR

PI:
ESTABLISHED BY STATEMENTS OF P-2

CONTROLS:
I/S CONTROLLED BY TRI-LIGHT SIGNALS LOC'D ON ALL 4 CORNERS OF I/S. SIGNALS SET ON A 60SEC CYCLE, 27SEC GRN 3SEC YEL, 30SEC RED FOR E/W TRAF.

SKIDS: NONE LIGHTING: DAYLIGHT, CLEAR PHOTOS: NONE

INJURIES:
P-2 TRANS TO [redacted] HOSPITAL BY RA-92 [redacted] TREATED P-1 FOR A LACERATION TO BACK OF HIS HEAD

REMARKS:
BRAKES V-1 & V-2 CHECK OK. 4.37 INFO EXCHANGED. V-2 BKD AT WLA PROP, SAME DR, FOR SAFE KEEPING

STATEMENTS:
P2 "I WAS E/B PICO BL. THE LIGHT TURNED YELLOW FOR ME AS I ENTERED THE I/S. I WAS GOING TOO FAST TO STOP. SO I KEPT ON GOING & I HIT THE BLUE CAR V-2. MY HEAD HURTS"

P-1. "I WAS N/B BUNDY APPROACHING PICO BL. THE LIGHT TURNED GRN FOR ME WHEN I WAS ABOUT 60' S/PICO. I CONT'D ON N/B & THE BIKE, V-1, HIT MY CAR. I'M NOT HURT"

4201 E. Arkansas Ave.
DENVER, COLO. 80222
SHEET 1 OF 1 SHEETS

# TRAFFIC ACCIDENT REPORT

CC# 39038

MILE POST CODE 10-24 4570

JUL 10

Typing Program
Report # 10

**SUMMARY**

| NON INJUR | INCOMPLETE REPORT | PRIVATE PROPERTY ACCIDENT | HIT AND RUN | DUI | DUS | CAR NO. | CITY LOCN CODE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| TOTAL VEHICLES | PERSONS INJURED | PERSONS KILLED | POLE NUMBER | ACCIDENT TYPE | PUBLIC PROPERTY EMPLOYEES INVOLV |
|---|---|---|---|---|---|
| 2 | 1 | 0 | | Collision on Road | |

**LOCATION**

| DATE OF ACCIDENT | MO | DAY | YEAR | DAY OF WEEK | HOUR | AM | PM | CITY |
|---|---|---|---|---|---|---|---|---|
| | 7 | 10 | 75 | THUR 5 | 602 | | X | BRIGHTON 81 & 25 |

HIGHWAY NUMBER: U.S. / COLO. / INTERSTATE
STREET OR ROAD: 4TH AVE
AT INTERSECTION WITH OR INTERCHNG.:

| NON INTERSECTION | REFERENCE POINT No. 1 | DISTANCE Mi. | FT. | OF | REFERENCE POINT No. 2 | DISTANCE Mi. | FT. | OF |
|---|---|---|---|---|---|---|---|---|
| | | 48 | No | So. Curbline of Bridge St. | | 36 | East | West Curbline of 4th Ave. |

**VEHICLE NO. 1**

DRIVER'S NAME: Bikers [redacted] BRIGHTON STATE Colo ZIP 80601 HOME PHONE [redacted]
DATE OF BIRTH: 8/26/60 SEX: M [redacted] MILITARY ☐ OR BUSINESS ADDRESS: NONE BUS. PHONE [redacted]
YRS. DRIVEN: N/A DRIVER ED. YES ☐ NO ☐ DRIVER VIOLATION(S): NONE VIOLATION CODE(S): SUMMONS NO.: COMMON CODES: VEHICLE TOWED BY:
VEHICLE MAKE: GAMBLES YEAR: BICYCLE MODEL: BODY TYPE: 10-SD COLOR: BLUE LICENSE PLATE NO.: NONE STATE: IDENTIFICATION NO.:
VEHICLE OWNER: SAME AS DRIVER ADDRESS: SAME CITY: AS DRIVER STATE: ZIP:
OWNER OF OTHER DAMAGED PROPERTY: NONE ADDRESS: NONE

**OR PED.**

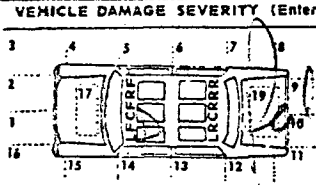
DRIVER'S NAME: Cary [redacted] STATE: ZIP: HOME PHONE [redacted]
DATE OF BIRTH: 10/17/54 SEX: F [redacted] STATE: Colo TYPE: 4 EXP. DATE: 11/17/76 MILITARY ☐ OR BUSINESS ADDRESS: [redacted] DODGE 2 BUS. PHONE: UNK
YRS. DRIVEN: 4 DRIVER ED. YES ☒ NO ☐ DRIVER VIOLATION(S): NONE VIOLATION CODE(S): SUMMONS NO.: COMMON CODES: VEHICLE TOWED BY:

**VEH. NO. 2 ☒**

VEHICLE MAKE: CHEVROLET YEAR: 67 MODEL: Chevelle BODY TYPE: 4-DR COLOR: BLUE LICENSE PLATE NO.: [redacted] STATE: Colo IDENTIFICATION NO.: [redacted]
VEHICLE OWNER: SAME AS DRIVER ADDRESS: SAME CITY: AS DRIVER STATE: ZIP:
OWNER OF OTHER DAMAGED PROPERTY: NONE ADDRESS: CITY: STATE: ZIP:

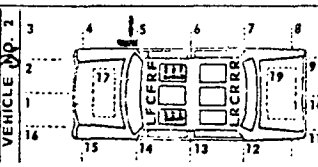
**VEHICLE NO. 1**

VEHICLE DAMAGE SEVERITY (Enter Codes in Vehicle Damage Area(s)—SEVERITY CODES: 1—SLIGHT OR MINOR 2—MODERATE 3—SEVERE OR EXTREME




V-1 - BICYCLE
C-MINOR VISIBLE INJURIES
1-FRONT WHEEL BENT SLIGHTLY

**VEHICLE NO. 2**




V-2

Occupant Injury Severity (Enter codes for each occupant by seat position) Codes: A—Fatal B—Carried from scene C—Minor visible injuries D—Pain but no visible injuries E—No injury I—Unknown

**PASSENGERS**

| INJURED'S NAME | FIRST | MIDDLE | LAST | ADDRESS | CITY | STATE | ZIP | DATE OF BIRTH |
|---|---|---|---|---|---|---|---|---|
| NONE | | | | | | | | |

| SEX | VEH. NO. | POS. IN VEH. | TAKEN TO | TAKEN BY |
|---|---|---|---|---|
| | | | | |

| INJURED'S NAME | FIRST | MIDDLE | LAST | ADDRESS | CITY | STATE | ZIP | DATE OF BIRTH |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

A—TYPE OF ACCIDENT
RAN OFF ROAD—NON COLLISION
☐ 01 0 Right Side
02 0 Left Side
03 0 T-intersection or end of road
NON-COLLISION ON ROAD
☐ 04 0 Overturned on road
05 0 Other non-collision on road
COLLISION ON ROAD
☒ 06 0 Motor Vehicle
07 0 Broadside
08 0 Head-on
09 0 Rear-end
10 0 Sideswipe—same direction
11 0 Sideswipe—opposite direction
12 0 Approach turn
13 0 Overtaking turn
14 0 Fixed Objects
15 0 Utility pole
16 0 Light pole
17 0 Bridge rail
18 0 Bridge abutment
19 0 Under crossing column or wall
20 0 Sign
21 0 Traffic signal pole
22 0 Culvert or headwall
23 0 Embankment ditch
24 0 Curb
25 0 Guard rail
26 0 Guard post
27 0 Median barrier
28 0 Fence
29 0 Tree
30 0 Large boulder (not in roadway)
31 0 Barricade
Type of Fixed Objects (if applicable)
32 0 Breakaway
33 0 Non-breakway
Location of Fixed Objects (if applicable)
34 0 On right of way
35 0 In median
36 0 Edge of travelled way
OTHER COLLISION
37 0 Railroad train
38 0 Parked motor vehicle
39 0 Bicycle
40 0 Ducks in roadway
41 0 Machinery
42 0 Fell from motor vehicle
43 0 Other objects
Pedestrian
44 0 School bus to/from school
45 0 All others
Animal
46 0 Domestic
47 0 Wild
FOR DIVIDED HWS ONLY
48 0 Crossed on median
49 0 Entered opposite lanes
50 0 Crossed off-side lanes
COMPLETE EACH SECTION.

B—ROAD CHARACT.
THRU LANES
01 0 One
02 ✓ Two
03 0 Three
04 0 Four
05 0 Five
06 0 Six
07 0 Eight
08 0 Other
TRAFFIC FLOW
13 0 One way
14 ✓ Two way

C—LOCALITY
01 ✓ Apartments, stor
02 0 One family hom
03 0 Farms, fields
04 0 No man-made de
05 0 Open country
06 0 Rolling plains
07 0 Mountains

D—ROAD CHARACTE
SURFACE TYPE
01 0 Concrete
02 ✓ Blacktop
03 0 Gravel
04 0 Earth
05 0 Other
06 0 Unknown
SURFACE CONI
11 ✓ Dry
12 0 Wet
13 0 Muddy
14 0 Snowy
15 0 Icy
16 0 Slushy
17 0 Icy road treate
ADVERSE CONI
22 ✓ None
23 0 Foreign materia
24 0 Obstruction - not
25 0 Obstruction - not
26 0 Road under cons
27 0 Other

E—ROAD DESCRIPTI
LOCATION
ROAD ELEMEN
Intersection
01 0 3 way
02 ✓ 4 way
03 0 Other
11 0 Non-intersection
12 0 Alley
13 0 Driveway
14 0 Construction det
15 0 R.R. grade cross
16 0 Bridge or viaduc
17 0 Lane transition
18 0 Off ramp
19 0 On ramp
20 0 Gore

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA 32304

11-1-1017

**TIME & LOCATION**

| | | |
|---|---|---|
| DATE OF ACCIDENT: Feb. 6Feb75 | DAY OF WEEK: Thursday 12329 | TIME OF DAY: approx 5:56 PM |
| COUNTY: [redacted] | CITY, TOWN OR COMMUNITY: [redacted] CT# 485 | |

IF ACCIDENT WAS OUTSIDE CITY LIMITS INDICATE DISTANCE FROM NEAREST TOWN: ☐ Feet ☐ Miles ☐☐☐☐ N S E W of City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: 1st St/NE — Use State or County Road Number or Name — ☐ Exit Ramp ☐ Entrance R. — ☐ At its intersection with ☐ Influenced by intersection — Highway Number or Name of Intersecting Street

IF NOT AT INTERSECTION: approx 15 — ☒ Feet ☐ Miles ☐☒☐☐ N S E W of Benard Ave/NE — Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve

IS ENGINEERING STUDY NEEDED (If so explain): No

[redacted]

Typing Program Report # 11

DO NOT WRITE IN SPACE ABOVE

**TYPE MOTOR VEHICLE ACCIDENT**

| | | | | | | |
|---|---|---|---|---|---|---|
| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT X | MV ON OTHER ROADWAY | HIT AND RUN | |
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON-COLLISION |

**VEHICLE 1** — TOTAL NO. VEH. INVOLVED: 2

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 1965 | Ford Mustang | 2dr yellow | [redacted] | Fla | 75 | unav |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| 1 | 1 | 1 | 25.00 | 1 | Driver |

NAME OF INSURANCE (Liability Only): South Carolina Insurance — POLICY NO.: — Owner ☐ Driver ☒ — ☐ Owner's Request ☐ Other (Explain) — ☐ Rotation List

OWNER (Print or type FULL name): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE:

DRIVER (Exactly as on driver's license): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE:

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Mechanic | Op | [redacted] | Fla | 7-30-53 | W | [illegible] | 1 | | [illegible] |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | 20 | | | | | |
| Front right | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

**VEHICLE 2 or PEDESTRIAN**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| | | | | | | |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| | | | | | |

NAME OF INSURANCE (Liability Only): — POLICY NO.: — Owner ☐ Driver ☐ — ☐ Owner's Request ☐ Other (Explain) — ☐ Rotation List

OWNER (Print or type FULL name): — ADDRESS (Number and street): — CITY and STATE:

DRIVER (Exactly as on driver's license): [redacted] — ADDRESS (Number and street): — CITY and STATE:

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | | | | 12-7-61 | W | F | | | 2 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

| PROPERTY DAMAGED – Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| None | | | | |

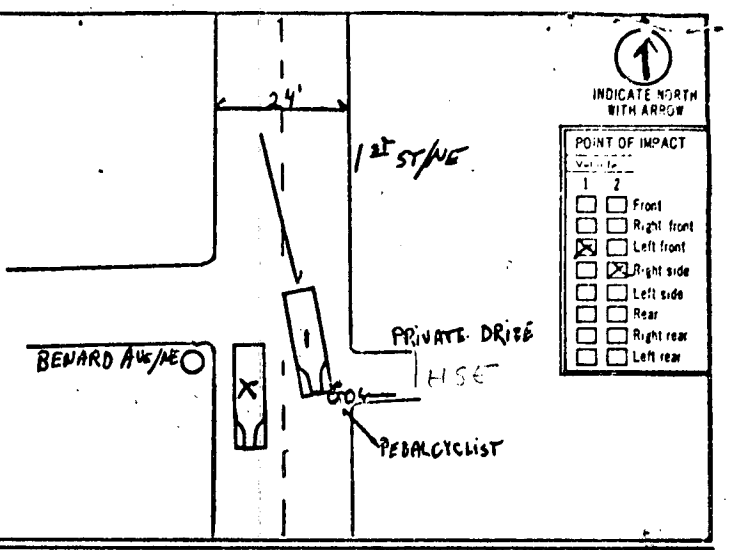
| INVESTIGATOR – Name and rank (Signature) | | BADGE NO. | I.D. NO. | DEPARTMENT | | DATE OF REPORT |
|---|---|---|---|---|---|---|
| [redacted] | [redacted] | | [redacted] | [redacted] | ☐ F.H.P. ☒ C.P.D. ☐ S.O. ☐ Other | 6Feb75 |

FHP – 3 Revised 1-1-72

SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)

POI:
APPROX 3' FEET WEST
OF EAST CURBLINE - 1ST ST/NE
APPROX 15 FEET SOUTH
OF SOUTH CURBLINE - BENARD AVE/NE




DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

According to driver of Veh 1, he was southbound on 1st St/NE. That he observed a veh barely moving south on 1st just south of Benard Ave/NE. That this veh had a right hand turn signal on. That he observed no oncoming traffic and pulled out to pass. That as he was just about paralell with the veh he observed a pedalcyclist pull out of a private drive into his path. That he attempted to avoid and the veh skidded, the left front of the veh striking the right side of the bicycle.

***WHAT VEHICLES WERE DOING BEFORE ACCIDENT**

VEHICLE No. 1 was traveling [ ] [X] [ ] [ ] On 1st/ST/NE at APPROX 20 Approximately M.P.H.

VEHICLE No. 2 was traveling [ ] [ ] [ ] [X] (N S E W) On 1ST ST at 0-2 M.P.H.

| Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| [ ] | [ ] | Going straight ahead | [ ] | [ ] | Making right turn | [ ] | [ ] | Slowing or Stopping | [ ] | [ ] | Starting from parked position |
| [X] | [ ] | Overtaking | [ ] | [ ] | Making left turn | [ ] | [ ] | Changing lanes | [ ] | [ ] | Stopped or parked |
| | | | | | | | | | [ ] | [ ] | Other (explain above) |

***WHAT PEDESTRIAN WAS DOING**

PEDESTRIAN was going (check one) [ ] [ ] [ ] [X] (N S E W)

[ ] Along
[ ] Across or into 1ST ST/NE (Street name, highway no.) from PRIVATE DRIVE-5641 1ST/NE (N.E. corner to S.E. corner, etc.) to

Color of Clothing [ ] Dark [X] Light

| | | | |
|---|---|---|---|
| [ ] Crossing at Intersection | [ ] Stepped into path of Vehicle | [ ] Getting on or off Vehicle | [ ] Playing in roadway |
| [ ] Crossing not at Intersection | [ ] Standing in roadway | [ ] Hitching on Vehicle | [ ] Other roadway |
| [ ] Walking in roadway – with traffic | [ ] Standing in safety zone | [ ] Pushing or working on Vehicle | [ ] Not in roadway |
| [ ] Walking in roadway – against traffic | [ ] Lying or Sitting on roadway | [ ] Other working in roadway | [X] Other (explain above) |

**DRIVERS AND VEHICLES**

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | | 0 | | 0 |
| VEHICLE DEFECTS | | 0 | | 0 |
| CONTRIBUTING CIRCUMSTANCES | | 0 | | 5 |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 4 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 5 |
| WEATHER | 3 | TRAFFIC CONTROL | NONE | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 2 |
| ROAD SURFACE | 2 | TYPE LOCATION | 3 | VISION OBSCURED | 1 | | |

| WITNESSES other than occupants | NAME | ADDRESS – Number and street | City and State |
|---|---|---|---|
| | None | | |

FIRST AID GIVEN BY [X] Doctor or Nurse [ ] Cert. First Aider [ ] Cert. First Aider (Police) [ ] Other (Explain)

INJURED TAKEN TO Medical Center BY: Ambulance [X] Priv. Ambulance [ ] Other (Explain) [ ] Gov't. Ambulance

CHEMICAL TEST: YES NO TEST RESULTS
Driver No. 1 [ ] [X]
Driver No. 2 [ ] [ ]

| ARREST | NAME | CHARGE | Citation No. |
|---|---|---|---|
| | None | | |
| | NAME | CHARGE | Citation No. |

PHOTOGRAPHS TAKEN [ ] Yes [X] No [ ] Agency [ ] Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 6Feb75 19 6:00P M | 6:02P M | Yes | Yes |

Typing Program
Report # 12

UD-10 (Rev. 12-71) **State of Michigan**

# OFFICIAL TRAFFIC ACCIDENT REPORT

Department: [redacted] Police

DO NOT USE: 0

**Location**

County: [redacted] City: [redacted] Twp.: Date: 4-14-75 Time: 6 00 A.M. P.M.

ON Route No. Toepfer Name Ft. Mi. N S E W Intersection Federal Route No.

**Vehicle #1** — Driver #1

State | Drivers License | DOB | Hazardous Action | HBD | HN | Test

Driver No. 1 | First | M. | Last | Address | City | State | Age | Sex | Inj

Year | Make | Type | Trailer | Reg. | Yr/State | Removed to/by

Seat Position: 1 2 3 / 4 5 6

Name | Address | Pos | Age | Sex | Inj

[redacted] | B | 24 | M | C

Total Occupants | Local Use/Owner | Injured taken to: [redacted] Hosp

**Vehicle #2** — Driver #2

State: Mich | Drivers License: [redacted] | DOB: 4-01-53 | Hazardous Action: Failed To Yield 2 | HBD | HN: X | Test

[redacted] | City: [redacted] | State | Age: 22 | Sex: M | Inj

Year: 67 | Make: 13 | Type: 0 | Trailer | Reg.: [redacted] | Yr/State | Removed to/by: DRIVEN

Seat Position: 1 2 3 / 4 5 6

Name | Pos | Age | Sex | Inj

[redacted]

Total Occupants: [redacted] | Injured taken to

| WEATHER | LIGHT | ROAD SURFACE | ROAD CONDITION | VISION OBSTRUCTION | VEHICLE DEFECTS |
|---|---|---|---|---|---|
| ☒ Clear Cloudy | ☐ Day | ☒ Dry | ☐ Engineering | ☐ Vehicle #1 | ☐ Vehicle #1 |
| ☐ Rain | ☐ Dark | ☐ Snowy Icy | ☐ Maintenance | ☐ Vehicle #2 | ☐ Vehicle #2 |
| ☐ Fog | ☒ Dawn Dusk | ☐ Wet | ☐ Construction Zone | Explain | Explain |
| ☐ Snow | ☐ Street Lights | ☐ Other | | ☒ None | ☒ None |

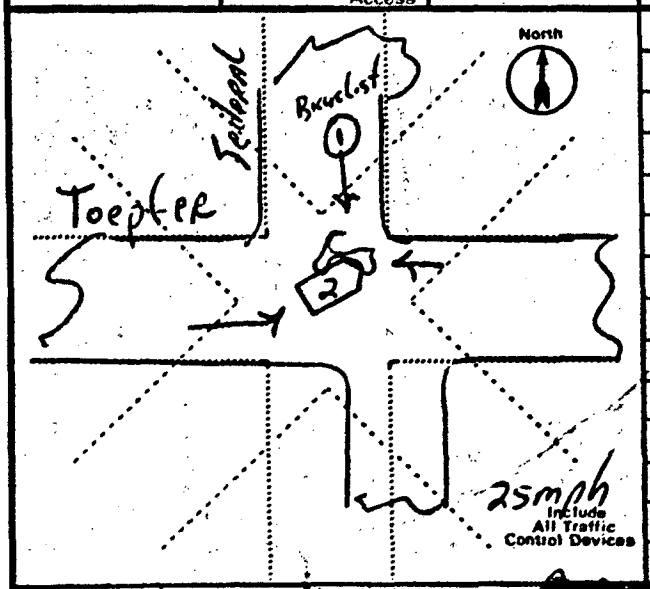
**IMPACT CODE**: 7 8 2 (Veh. #1, Veh. #2, Total Veh.)

**TOTAL LANES**: 2 ☐ Divided ☐ Limited Access

**DRIVER RE-EXAM.**: ☐ Driver #1 ☐ Driver #2

Damage Property Other Than Vehicles

Owner | Address




**ACCIDENT DESCRIPTION & REMARKS**

DR#1 (Bicyclist) WAS W.B. ON Toepfer. DR#2 WAS E.B. ON Toepfer and while TURNING Left ONTO Federal STRUCK DR#1

Describe all unusual conditions and circumstances

Date Received: 4-14-75 | Time: 7 20 A.M. P.M. | Investigators: [redacted]

Photos by | Charge(s): DR#2 Failed To Yield.

**POLICE ACTION**

| 1 | 2 | |
|---|---|---|
| ☐ | ☒ | Cited for Hazardous Vio. |
| ☐ | ☐ | Cited for Other Violation |
| ☒ | ☐ | No Enforcement Action |
| Y | ☒ | Investigated at Scene |

Reviewer

Comp. Status: ☐ open ☒ closed

Date | File | Complaint No.

FORWARD COPY TO: [redacted] Michigan State Police, Safety & Traffic Division, East Lansing, Mich. 48823

This form is prescribed by Director, Michigan State Police pursuant to Section 622, Act 300, P.A. 1949, as amended. [redacted]

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32

13-49 1505

Typing Program
Report # 13

## TIME & LOCATION

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY |
|---|---|---|
| 03-22-75 | Saturday | 8:49 P. |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY: [redacted]

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: N/A ☐ Feet ☐ Miles ☐N ☐S ☐E ☐W of N/A City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: S.R.600 (Use State or County Road Number or Name) ☐ East Ramp ☐ Entrance R. ☒ At its intersection with ☐ Influenced by intersection: Packwood Avenue (Highway Number or Name of Intersecting Street)

IF NOT AT INTERSECTION: N/A ☐ Feet ☐ Miles ☐N ☐S ☐E ☐W of N/A (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): No

DO NOT WRITE IN SPACE ABOVE

## TYPE MOTOR VEHICLE ACCIDENT

| OVERTURNING | OTHER NON-COLLISION | PEDESTRIAN | OV IN TRANSPORT | IN OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST XX | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON CONTACT |

TOTAL NO. VEH. INVOLVED: 2

## VEHICLE 1

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| N/A | Humber | Bicycle 26" | N/A | N/A | N/A | None |

Area of Vehicle Damage: 7 13 | Damage Scale: 2 | Damage Severity: 2 | AMOUNT (Approximate): $40.00 | Safety Equipment: 0 | VEHICLE REMOVED BY: Owner

NAME OF INSURANCE (Liability Only): N/A | POLICY NO. | ☐ Owner ☐ Driver | ☐ Owner's Request ☐ Other (Explain) | N/A ☐ Rotation List

OWNER (Print or type FULL name): N/A Bike | ADDRESS (Number and street) | CITY and STATE

DRIVER (Exactly as on driver's license): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE: Fla.

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | N/A | N/A | N/A | (12) 10-29-62 | W | F | 0 | 0 | 3 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

## VEHICLE 2 or PEDESTRIAN

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 1967 | Chevrolet | 4-dr. Sedan | [redacted] | Fla. | 75 | [redacted] |

Area of Vehicle Damage: 0 | Damage Scale: 0 | Damage Severity: 0 | AMOUNT (Approximate) | Safety Equipment: 0 | VEHICLE REMOVED BY: Driver

NAME OF INSURANCE (Liability Only): Allstate | POLICY NO.: [redacted] | ☒ Owner ☒ Driver | ☐ Owner's Request ☐ Other (Explain) | N/A ☐ Rotation List

OWNER (Print or type FULL name): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE: Fla.

DRIVER (Exactly as on driver's license): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE: Fla.

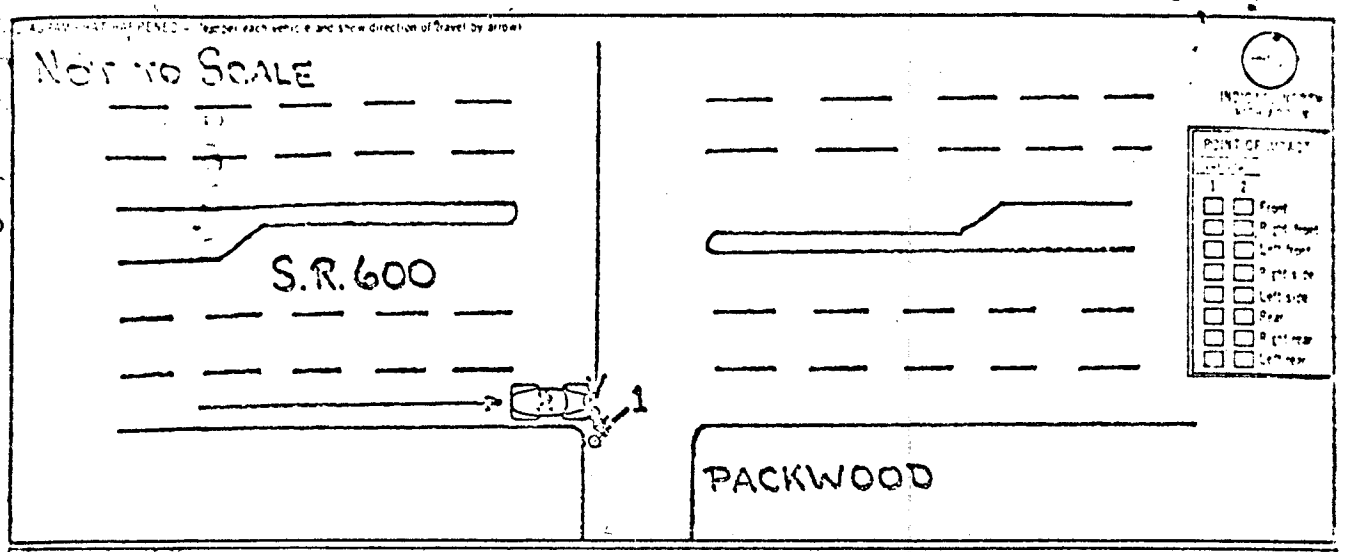
| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Caretaker | Op. | [redacted] | Fla. | (54) 04-29-20 | B | M | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | |
| Front right | [redacted] | | | 52 | B | F | 0 | 0 | 0 |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

| PROPERTY DAMAGED—Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| N/A | – | – | | |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | | DATE OF REPORT |
|---|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | [redacted] | ☐ F.H.P. ☒ C.P.D. ☐ S.O. ☐ Other | 03-22-7[illegible] |

AS FAR WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)




WHAT HAPPENED – (Refer to vehicles by number)

Through investigation, it was determined that operator of Vehicle #1 was riding across the intersection on a red light. Driver of Vehicle #2 was coming through the intersection on a green light. Vehicle #1 pulled into Vehicle #2's path and he was unable to stop his vehicle in time. Vehicle #1 suffered minor injuries, was treated at the scene and taken home by parents.

*WHAT VEHICLES WERE DOING BEFORE ACCIDENT

VEHICLE No. 1 was traveling [ ][ ][X][ ] On Packwood at 5-10 M.P.H. (Approximately)

VEHICLE No. 2 was traveling [X][ ][ ][ ] On S.R.600 at 5-10 M.P.H.

| Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | |
|---|---|---|---|---|---|---|---|---|
| X | X | Going straight ahead | | | Making right turn | | | Slowing or Stopping |
| | | Overtaking | | | Making left turn | | | Changing lanes |

Vehicle 1 2: [ ] [ ] Starting from parked position; [ ] [ ] Stopped or parked; [ ] [ ] Other (explain above)

*WHAT PEDESTRIAN WAS DOING

PEDESTRIAN was going [ ][ ][ ][ ] (Check one) N S E W

[ ] Along
[ ] Across or into _____ (Street name, highway no.) from _____ (N.E. corner to S.E. corner, etc.) to _____

Color of Clothing: [ ] Dark [ ] Light

[ ] Crossing at Intersection
[ ] Crossing not at Intersection
[ ] Walking in roadway – with traffic
[ ] Walking in roadway – against traffic
[ ] Stepped into path of Vehicle
[ ] Standing in roadway
[ ] Standing in safety zone
[ ] Lying or Sitting on roadway
[ ] Getting on or off Vehicle
[ ] Hitching on Vehicle
[ ] Pushing or working on Vehicle
[ ] Other working in roadway
[ ] Playing in roadway
[ ] Other roadway
[ ] Not in roadway
[ ] Other (explain above)

DRIVERS AND VEHICLES

| | VEHICLE 1 | VEHICLE 2 |
|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | 0 |
| VEHICLE DEFECTS | 0 | 0 |
| CONTRIBUTING CIRCUMSTANCES | 4 | 0 |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 4 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 3 |
| WEATHER | 1 | TRAFFIC CONTROL | LIGHT | TRAFFICWAY LANES | 6 | TYPE TRAFFICWAY | 1 |
| ROAD SURFACE | 1 | TYPE LOCATION | 2 | VISION OBSCURED | 0 | | |

WITNESSES other than occupants

NAME: See Supplemental Report — ADDRESS – Number and street — City and State

[illegible] GIVEN BY: [ ] Doctor or Nurse [X] Cert. First Aider [ ] Cert. First Aider (Police) [ ] Other (Explain)

INJURED TAKEN TO: N/A — BY: [ ] Priv. Ambulance [ ] Other (Explain) [ ] Gov't. Ambulance

CHEMICAL TEST: YES NO — TEST RESULTS
Driver No. 1 [ ][ ] N/A
Driver No. 2 [ ][ ]

ARREST

NAME: None — CHARGE — Citation No.

NAME — CHARGE — Citation No.

PHOTOGRAPHS TAKEN: [ ] Yes [X] No [ ] Agency [ ] Other (Explain)

| DATE OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| [illegible]-22- [illegible] 8:49P. | 8:49P. | Yes | Yes |

Page 1 of 2 450408

Los Angeles Police Department
**TRAFFIC ACCIDENT REPORT**

DR No. 14-22-5073

☒ AT SCENE ☐ DEATH ☐ ARR./FILING ☐ INJ.

DATE REPORTED DAY MONTH YR | TIME

Typing Program Report # 14

TSD CODE 7-16: 75850-00101 | 17-19 DIR. ANAL.: 51 | CPI 20: ☐ NO ☒ YES | 21 IGR: ☐ M ☐ F ☐ NO | DATE & TIME OCCURRED: 11-2-75 1350 | ☐ MEAS. ☒ PAC ☐ EST. | OFC INIT

P.I. 35-37 N,S,E,W N,S,E,W PRIMARY ST.: 2' FT. W OF E CURB OF VERMONT AVE AND 530 FT. N OF N CURB OF [illegible]

**P-1** 17 NAME (last, first, middle): [redacted] | ADDRESS (No., Street, City, State): [redacted] #4 [redacted] 90242 | RES. PHONE: NONE

EMPLOYER: NONE | BUSINESS ADDRESS (No., Street, City, State): NONE | BUS. PHONE: NONE

OCCUPATION (BE SPECIFIC): STUDENT | HOW INVOLVED (DRV., PED, ETC.): DRIVER | DIRECTION: E 18 | DRIVER'S LIC. NO.: [redacted] | STATE: CAL | TYPE: 3 | DESC.: W | BIRTHDATE: 7-14-48 | AGE: 27 19-20 | SEX: M 21

VEHICLE LIC. NO.: [redacted] | STATE: CAL | YEAR: 75 | REGISTERED OWNER: ☐ DMV ☒ REGISTRATION ☐ OTHER SAME | ADDRESS | CITY | DEG. INJ.: -0- 22

VEH. YR.: 72 | MAKE: FORD | MODEL: ECONOLINE | TYPE: VAN | COLOR(S): WHIT | DISPO. OF VEH.—BE EXACT—NAME, ADD., PHONE: CERO DFS | ☐ OK TO RELEASE ☐ HOLD | PT. VISIBLY DAM.: LT SIDE | AMOUNT: $10.

**P-2** 17 NAME (last, first, middle): [redacted] Bike San | ADDRESS (No., Street, City, State): [redacted] | RES. PHONE: [redacted]

EMPLOYER: NONE | BUSINESS ADDRESS (No., Street, City, State): NONE | BUS. PHONE: NONE

OCCUPATION (BE SPECIFIC): STUDENT | HOW INVOLVED (DRV., PED, ETC.): DRIVER (BICYCLE) | DIRECTION: S 18 | DRIVER'S LIC. NO.: NONE | STATE | TYPE | DESC.: W | BIRTHDATE: 8-20-60 | AGE: 15 19-20 | SEX: M 21

VEHICLE LIC. NO.: NONE | STATE | YEAR | REGISTERED OWNER: ☐ DMV ☐ REGISTRATION ☐ OTHER | ADDRESS | CITY | DEG. INJ.: B 22

VEH. YR.: UNK | MAKE: INDIAN SCOUT | MODEL | TYPE: BIKE | COLOR(S): GRN | DISPO. OF VEH.—BE EXACT—NAME, ADD., PHONE: CFBO CARRIED FROM SCENE | ☐ OK TO RELEASE ☐ HOLD | PT. VISIBLY DAM.: FRT | AMOUNT:

**P-3** 17 NAME (last, first, middle) | ADDRESS (No., Street, City, State) | RES. PHONE

EMPLOYER | BUSINESS ADDRESS (No., Street, City, State) | BUS. PHONE

OCCUPATION (BE SPECIFIC) | HOW INVOLVED (DRV., PED, ETC.) | DIRECTION 18 | DRIVER'S LIC. NO. | STATE | TYPE | DESC. | BIRTHDATE | AGE 19-20 | SEX 21

VEHICLE LIC. NO. | STATE | YEAR | REGISTERED OWNER | ☐ DMV ☐ REGISTRATION ☐ OTHER | ADDRESS | CITY | DEG. INJ. 22

VEH. YR. | MAKE | MODEL | TYPE | COLOR(S) | DISPO. OF VEH.—BE EXACT—NAME, ADD., PHONE | ☐ OK TO RELEASE ☐ HOLD | PT. VISIBLY DAM. | AMOUNT $

5073

**P#** DAMAGE TO PROPERTY OTHER THAN VEHICLES | OWNERSHIP | NATURE AND EXTENT OF VISIBLE DAMAGE

NON STATE HIGHWAY

**W#** (LIST INJURED WITNESSES FIRST) NAME | ADDRESS | CITY | DAY PHONE | LOC. AT TIME OF T/A (OR POSITION IN INVOLVED VEH.) | SEX | AGE

1 [redacted] RT/FRT V-1 | F | 23

**Juv. Pty. OR JUV. WIT. SUBJECT TO FILING** | PTY. OR W# P-2 | NAME AND ADDRESS OF PARENTS (NATURAL, STEP, OR GUARDIAN) & SPOUSE. IF APPLICABLE, PERSON WITH WHOM LIVING: [redacted] EAGLE ROCK | JUV'S. BIRTHDATE: 8-20-60 | SCHOOL AND GRADE: EAGLE ROCK JR HIGH 8TH

☐ BA # TIME RDG. | ☐ URINE ☐ BLOOD ☐ PHOTOS | INVESTIGATING OFFICER(S): [redacted] | SER. # | DIV./DETAIL | VACATION

**Arrest or Filing** P. OR W. # CHARGE | BOOKING NO.

46 ☒ AID ☐ PATROL ☐ STATION ☐ TED

| | Primary cause | T.S. Code | P's Invol. | Invol. Watch | Lighting | Locale | Road Char | Road Cond | Spec. Circ. | Weather | Srvy #1 | Srvy #2 | | Per. Code | Phys. Cond. | Sobriety | Ped. Act. | Cont. Dirc. | Veh. Act. | Veh. Class | Veh. Type | Veh. Cond | Div. A | Sev. S |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 21202 V.C. | 53 — | 54 2 | 55-56 1 | 57 1 | 58 3 | 59 6 | 60 1 | 61-62 1 | 63 1 | 64 — | 65 — | P-1 | 2 | 1 | 1 | — | 1 | 1 | 1 | 20 | 1 | — | — |
| | | | | | | | | | | | | | P-2 | 1 | 1 | 1 | — | 11 | 4 | 1 | 17 | 1 | — | — |

DATE TIME NOTIFIED: 11-2-75 1410 | TIME ARR.—TOTAL MIN. AT SCENE: 1425 25 | ARR. AT STA.—TOTAL RPT. MIN.: 1520 45

SUPERVISOR APPROVAL | SER. # | DIV. | DATE DUPL. | INITIALS

1-6 DR No. 75-256766

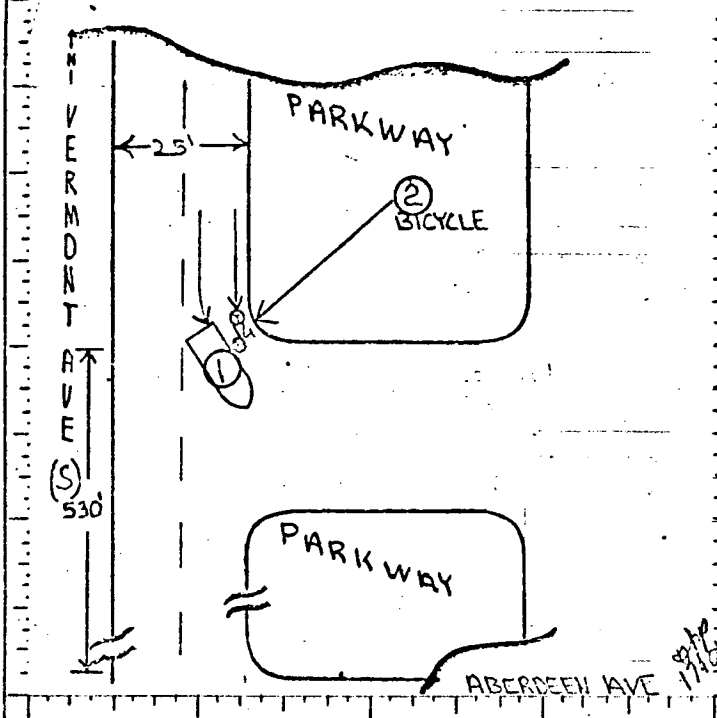
☒ AT SCENE ☐ DEATH ☐ ARR/FILING ☐ IN

Los Angeles Police Department
**TRAFFIC ACCIDENT REPORT**

DATE REPORTED DAY MONTH YR. | TIME RPT'D | SERIAL

| H&R Broadcast Initials TIME: — BY: | Teletype sent ☐ Yes ☒ No Init'ls BY: | Speed Zones 1 25 2 25 3 | D. B. Removed to By — | Damaged Controls-T.SR Notified Init's. TIME: — BY: |
|---|---|---|---|---|
| Person(s) obs. DB at scene — | Next of kin not. BY: — | Supervisor [redacted] | ☐ Advising bkg. ☒ At scene ☐ None | CPI Only-Name of Deputy C.A. Notified By (Initials) — |

Reporting Sequence: 1. Diagram 2. Accident summary 3. Place of impact other than first P.I. 4. Traffic controls 5. Skidmarks 6. Lighting 7. Photographs 8. Injuries 9. Other pertinent information 10. Interview summary




SUMMARY: V-2 (BICYCLE) S/B VERMONT AVE COLLIDED WITH LT/SIDE OF V-1 S/B VERMONT AVE NEG A LT/TURN INTO PARKWAY TURNOUT.

OFCRS MET BOTH PARTIES & VEH'S AT LOS FELIZ & VERMONT AVE.

PI ESTABLISHED BY STATEMENTS OF P-1 & P-2 & POINTED OUT BY P-1. PI NOT SUBSTANTIATED BY DEBRIS.

CONTROLS: NONE

SKIDS: N/V LIGHTING: DAYLIGHT PHOTOS: NONE

INJURIES: P-2 TRANS BY HIS MOTHER TO [redacted] HOSPITAL FOR MT, [redacted] ATTENDANCE. OFCR OBS A DEEP LAC ON P-2'S FOREHEAD & LT/ARM. CONTACTED HOSPITAL 2 HRS LATER P-2 STILL AWAITING TREATMENT.

REMARKS: 4.37 INFO GIVEN P-1 & P-2. BRAKES V-1 ✓ OK. V-2 NO L.A.M.C. BICYCLE LIC

STATEMENTS: P-1" I WAS S/I VERMONT AVE WITH MY LT/TURN SIGNAL ON. I WAS STARTING TO NEG A LT/TURN INTO A GAP IN THE PKWY WHEN A BIKE (V-2) BOUNCED AGAINST MY DOOR. I'M NOT HURT."

P-2" I WAS RIDING S/B & I STARTED TO PASS A WHT VAN ON THE LT/SIDE AS IT WAS SLOWING DOWN. IT (V-1) TURNED RIGHT IN FRT OF ME."

WIT#1 STATEMENT SUBSTANTIALLY THE SAME AS P-1.

# TRAFFIC COLLISION REPORT — DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

Typing Program Report # 15

| SPECIAL CONDITIONS | NO. INJ. | H & R FELONY | CITY | JUDICIAL DISTRICT | NO |
|---|---|---|---|---|---|
| | 1 | ☐ | [redacted] | [redacted] | |
| | NO. KILLED | H & R MISD | COUNTY | REPORTING DISTRICT | BEAT |
| | 0 | ☐ | [redacted] | | 300 |

**LOCATION**

COLLISION OCCURRED ON: STORKE RD (CR) — MO. 2 DAY 25 YR. 75 — TIME(2400) 1455

☐ ~~AT INTERSECTION~~ WITH

☒ OR: 150 FEET/~~MILES~~ N OF PHELPS RD (CR)

INJURY, FA[illegible]: ☒ YES ☐ NO — ☐ YES ☒ NO

**PARTY 1**

NAME (FIRST, MIDDLE, LAST): [redacted] — STREET ADDRESS: [redacted] EL COLEGIO RD #27

DRIVER ☐ — DRIVER'S LICENSE NO.: NONE — STATE — DATE OF BIRTH: MO. 9 DAY 5 YR. 63 — SEX M — RACE — CITY [redacted] — STATE — PHONE [redacted] NONE

PEDESTRIAN ☐ — VEHICLE YR. — MAKE — LICENSE NO. [redacted] — STATE 12 years old — OWNER'S NAME ☒ SAME AS DRIVER

PARKED VEH. ☐ — DIRECTION OF TRAVEL S — ON/~~ACROSS~~ (STREET OR ~~HIGHWAY~~) STORKE RD — OWNER'S ADDRESS [redacted] ☒ SAME AS DRIVER

BI-CYCLIST ☒ — SPEED LIMIT 45 — DISPOSITION OF VEHICLE ☒ BY DRIVER TAKEN TO [redacted] — ON ORDERS OF

OTHER ☐ — VEHICLE DAMAGE: EXTENT ☒ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL — LOCATION FRONT — VIOLATION CHARGED 1 ___ 2 ___

**PARTY 2**

NAME (FIRST, MIDDLE, LAST): [redacted] — STREET ADDRESS: [redacted] ORCHID DR

DRIVER ☒ — DRIVER'S LICENSE NO. [redacted] — STATE CA — DATE OF BIRTH: MO. 1 DAY 9 YR. 50 — SEX M — RACE — CITY [redacted] — STATE — PHONE [redacted]

PEDESTRIAN ☐ — VEHICLE YR. 72 — MAKE FORD — LICENSE NO. [redacted] — STATE CA — OWNER'S NAME [redacted] ☒ SAME AS DRIVER

PARKED VEH. ☐ — DIRECTION OF TRAVEL S — ON/~~ACROSS~~ (STREET OR ~~HIGHWAY~~) STORKE RD — OWNER'S ADDRESS [redacted] ☐ SAME AS DRIVER

BI-CYCLIST ☐ — SPEED LIMIT 45 — DISPOSITION OF VEHICLE ☒ BY DRIVER DRIVEN AWAY — ON ORDERS OF

OTHER ☐ — VEHICLE DAMAGE: EXTENT ☐ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL — LOCATION NONE — VIOLATION CHARGED 1 ___ 2 ___

**PROPERTY**

DESCRIPTION OF DAMAGE: [redacted]

OWNER'S NAME — ADDRESS — NOTIFIED ☐ YES ☐ NO

**INJURED/WITNESS**

| WITNESS ONLY | AGE | SEX | EXTENT OF INJURY: FATAL INJURY | SEVERE WOUND DISTORTED MEMBER | OTHER VISIBLE INJURIES | COMPLAINT OF PAIN | INJURED WAS (check one): DRIVER | PASS. | PED. | BI-CYCLIST | OTHER | IN VEH. NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | 11 | M | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ | 1 |

5341

NAME [redacted] — PHONE

ADDRESS SAME — TAKEN TO (INJURED ONLY) SEEKED OWN MEDICAL TREATMENT

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

NAME — PHONE

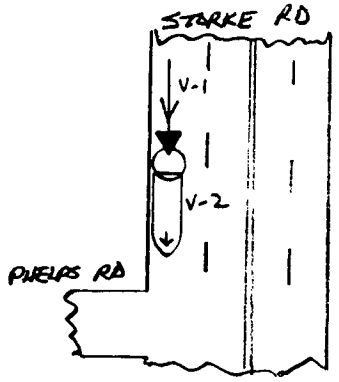
ADDRESS — TAKEN TO (INJURED ONLY)

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

NAME — PHONE

ADDRESS — TAKEN TO (INJURED ONLY)

**SKETCH**




INDICATE NORTH

**MISCELLANEOUS**

| | |
|---|---|
| STAT | / |
| DIST. ENG. | |
| ROAD DEPT. | / |
| MILITARY | |
| D.A. | |
| CORONER | |
| P.D. | |
| ZONE PTR CARR | |
| A.I. | |
| STATE | |

SAFETY BELTS USED

| | YES | NO | UNK |
|---|---|---|---|
| PARTY #1 | | X | |
| PARTY #2 | | X | |

**VEHICLE TYPE**

| PARTY 1 | 04 | PARTY 2 | 22 |
|---|---|---|---|

**ROAD TYPE**

| | |
|---|---|
| | A CONVENTIONAL, ONE WAY |
| X | B CONVENTIONAL, TWO WAY |
| | C EXPRESSWAY |
| | D FREEWAY |
| | E OTHER (EXPLAIN IN NARRATIVE) |

555 (Rev.11-71) OSP

2-75-114

PAGE 2

No. 1455/8304

COLLISION NARRATIVE

T/C OCCURRED WHEN V-1 FAILED TO OBSERVE V-2, WHICH WAS STOPPED S/B ON STORKE RD, AND PROCEEDED TO STRIKE THE REAR OF V-2.

V-2 IS PART RESPONSIBLE FOR T/C OCCURRING, DUE TO THE FACT THAT V-2 WAS STOPPED IN A RED ZONE AWAY FROM THE TRAFFIC LANES. V-1 ASSUMES MOST OF THE FAULT FOR T/C OCCURRING, DUE TO THE FACT HE WASN'T LOOKING AHEAD FOR TRAFFIC.

D-1 SUSTAINED MINOR CUT TO TOP OF HEAD. SEEKER HIS OWN MEDICAL TREATMENT.

| | PRIMARY COLLISION FACTOR |
|---|---|
| | A VC SECTION VIOLATION _____ |
| 1 | B OTHER IMPROPER DRIVING* |
| | C OTHER THAN DRIVER* |
| | D UNKNOWN* |

| | WEATHER |
|---|---|
| X | A CLEAR |
| | B CLOUDY |
| | C RAINING |
| | D SNOWING |
| | E FOG |
| | F OTHER _____ |

| | LIGHTING |
|---|---|
| X | A DAYLIGHT |
| | B DUSK - DAWN |
| | C DARK - STREET LIGHTS |
| | D DARK - NO STREET LIGHTS |
| | E DARK - STREET LIGHTS NOT FUNCTIONING |

| | ROADWAY SURFACE |
|---|---|
| X | A DRY |
| | B WET |
| | C SNOWY - ICY |
| | D SLIPPERY (MUDDY, OILY, ETC.) |

| | ROADWAY CONDITIONS (MARK ONE TO THREE ITEMS) |
|---|---|
| | A HOLES, DEEP RUTS |
| | B LOOSE MATERIAL ON ROADWAY |
| | C OBSTRUCTION ON ROADWAY |
| | D CONSTRUCTION-REPAIR ZONE |
| | E REDUCED ROADWAY WIDTH |
| | F FLOODED |
| | G OTHER _____ |
| X | H NO UNUSUAL CONDITIONS |

| | RIGHT OF WAY CONTROL |
|---|---|
| | A CONTROLS FUNCTIONING |
| | B CONTROLS NOT FUNCTIONING |
| | C CONTROLS OBSCURED |
| X | D NO CONTROLS PRESENT |

| | TYPE OF COLLISION |
|---|---|
| | A HEAD-ON |
| | B SIDESWIPE |
| | C REAR END |
| | D BROADSIDE |
| | E HIT OBJECT |
| | F OVERTURNED |
| | G AUTO/PEDESTRIAN |
| X | H OTHER AUTO/BIKE |

| | MOTOR VEHICLE INVOLVED WITH |
|---|---|
| | A NON-COLLISION |
| | B PEDESTRIAN |
| | C OTHER MOTOR VEHICLE |
| | D MOTOR VEHICLE ON OTHER ROADWAY |
| | E PARKED MOTOR VEHICLE |
| | F TRAIN |
| X | G BICYCLE |
| | H ANIMAL _____ |
| | I FIXED OBJECT _____ |
| | J OTHER OBJECT _____ |
| | K OTHER _____ |

| | PEDESTRIAN'S ACTION |
|---|---|
| X | A NO PEDESTRIAN INVOLVED |
| | B CROSSING IN CROSSWALK AT INTERSECTION |
| | C CROSSING IN CROSSWALK - NOT AT INTERSECTION |
| | D CROSSING - NOT IN CROSSWALK |
| | E IN ROAD - INCLUDES SHOULDER |
| | F NOT IN ROAD |
| | G APPROACHING/LEAVING SCHOOL BUS |

| 1 | 2 | 3 | 4 | TYPE OF VEHICLE |
|---|---|---|---|---|
| | | | | A PASSENGER CAR (INCLUDES STATION WAGON) |
| | | | | B PASSENGER CAR W/TRAILER |
| | | | | C MOTORCYCLE/SCOOTER |
| | | | | D PICKUP OR PANEL TRUCK |
| | | | | E PICKUP OR PANEL TRUCK W/TRAILER |
| | | | | F TRUCK OR TRUCK TRACTOR |
| | | | | G TRUCK OR TRUCK TRACTOR W/TRAILER(S) |
| | | | | H SCHOOL BUS |
| | | | | I OTHER BUS |
| | | | | J EMERGENCY VEHICLE |
| | | | | K HIGHWAY CONSTRUCTION EQUIPMENT |
| | | | | L BICYCLE |
| | | | | M OTHER _____ |

| 1 | 2 | 3 | 4 | OTHER ASSOCIATED FACTOR (MARK ONE TO THREE ITEMS) |
|---|---|---|---|---|
| | | | | A VC SECTION VIOLATION _____ |
| | X | | | B ~~VC~~ SECTION VIOLATION CO CODE SEC 23-11.1 |
| | | | | C VC SECTION VIOLATION _____ |
| | | | | D VC SECTION VIOLATION _____ |
| | | | | E VISION OBSCUREMENTS _____ |
| X | | | | F INATTENTION |
| | | | | G STOP & GO TRAFFIC |
| | | | | H ENTERING/LEAVING RAMP |
| | | | | I PREVIOUS COLLISION |
| | | | | J UNFAMILIAR WITH ROAD |
| | | | | K DEFECTIVE VEHICLE EQUIPMENT _____ |
| | | | | L UNINVOLVED VEHICLE |
| | | | | M OTHER* |
| | | | | N NONE APPARENT |

| 1 | 2 | 3 | 4 | MOVEMENT PRECEDING COLLISION |
|---|---|---|---|---|
| | X | | | A STOPPED |
| X | | | | B PROCEEDING STRAIGHT |
| | | | | C RAN OFF ROAD |
| | | | | D MAKING RIGHT TURN |
| | | | | E MAKING LEFT TURN |
| | | | | F MAKING U TURN |
| | | | | G BACKING |
| | | | | H SLOWING - STOPPING |
| | | | | I PASSING OTHER VEHICLE |
| | | | | J CHANGING LANES |
| | | | | K PARKING MANEUVER |
| | | | | L ENTERING TRAFFIC FROM SHOULDER, MEDIAN, PARKING STRIP OR PRIVATE DRIVE |
| | | | | M OTHER UNSAFE TURNING |
| | | | | N CROSSED INTO OPPOSING LANE |
| | | | | O PARKED |
| | | | | P MERGING |
| | | | | Q TRAVELING WRONG WAY* |
| | | | | R OTHER _____ |

| 1 | 2 | 3 | 4 | SOBRIETY - DRUG - PHYSICAL (MARK ONE TO THREE ITEMS) |
|---|---|---|---|---|
| X | X | | | A HAD NOT BEEN DRINKING |
| | | | | B HBD - UNDER INFLUENCE |
| | | | | C HBD - NOT UNDER INFLUENCE |
| | | | | D HBD - IMPAIRMENT UNKNOWN* |
| | | | | E UNDER DRUG INFLUENCE |
| | | | | F OTHER PHYSICAL IMPAIRMENT* |
| | | | | G IMPAIRMENT NOT KNOWN |
| | | | | H NOT APPLICABLE |

| INVESTIGATED BY | I.D. NUMBER | INVESTIGATED BY | I.D. NUMBER | REVIEWED BY |
|---|---|---|---|---|
| | | | | |

*EXPLAIN IN NARRATIVE

# TENNESSEE OFFICER'S ACCIDENT REPORT

TDS-SR-1 (Rev 8/73)

Typing Program Report # 16

REPORTING AGENCY (Please Print): POLICE DEPT

**LOCATION**

Street, Highway No., or Name: WOODWARD

At Intersection With:

or

1 ____ Ft. North 3 30 Ft. East Of 1397 WOODWARD

2 ____ Ft. South 4 ____ Ft. West Intersection, House Number, Bridge, RR Crossing, or Other Identifying Landmark

____ Ft. (N S E W) of ____ Log Mile # ____ County ____ ☑ In ☐ Near Memphis City

6 ☑ Posted Speed Veh. 1 35 Veh. 2

**TIME**

Date MAR 17, 1979 (Month Day Year) Time 1400 1 ☐ AM 2 ☑ PM Day of Week Sat

ACCIDENT INVOLVED: 1 ☑ Pedestrian 3 ☐ Other Motor Vehicle 5 ☐ Pedal Cycle 7 ☐ Parked Vehicle 8 ☐ Other ____ 2 ☐ Animal 4 ☐ Train 6 ☐ Fixed Object ____ ____ Ft. from Roadway

**VEHICLES INVOLVED**

| VEHICLE | YEAR | MAKE | TYPE | COLOR | PLATE NO | YR. OF PLATE | STATE |
|---|---|---|---|---|---|---|---|
| 1 | 1972 | MERC | 2DR HD | GOLD | | 79 | TN |

Driver ____ (Last First Middle) Address ____ # Street, Route City State

Telephone No. ____ D.O.B. 11 11 26 (Month Day Year) Age 53 DL# ____ State

TYPE LICENSE: 1 ☑ Regular 3 ☐ Other 2 ☐ Chauffeur 4 ☐ None

SEX: 1 ☑ Male 2 ☐ Female

RACE: 1 ☐ White 2 ☑ Negro 3 ☐ Other

Owner OPERATOR D.O.B. ____ (Month Day Year) DL# ____

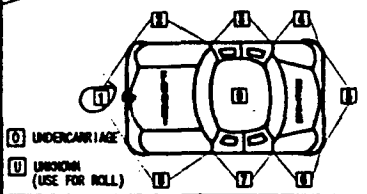
Address ____ Tele. No. ____

Vehicle Going ☐ East ☐ West ☑ North ☐ South On WOODWARD (Street Highway)

Vehicle Moved To BY OWNER (Name of Garage Address) By ____

1 ☑ Less than $200 2 ☐ $200 to $500 3 ☐ If Over $500 enter Amount $ ____

CIRCLE POINT OF INITIAL IMPACT-SHADE DAMAGED AREAS



O UNDERCARRIAGE

U UNKNOWN (USE FOR ROLL)

| VEHICLE | YEAR | MAKE | TYPE | COLOR | PLATE NO. | YR. OF PLATE | STATE |
|---|---|---|---|---|---|---|---|
| 2 | | | | | | | |

Driver ____ (Last First Middle) Address ____ # Street, Route City State

Telephone No. ____ D.O.B. ____ (Month Day Year) Age ____ DL# ____ State

TYPE LICENSE: 1 ☐ Regular 3 ☐ Other 2 ☐ Chauffeur 4 ☐ None

SEX: 1 ☐ Male 2 ☐ Female

RACE: 1 ☐ White 2 ☐ Negro 3 ☐ Other

Owner ____ D.O.B. ____ (Month Day Year) DL# ____

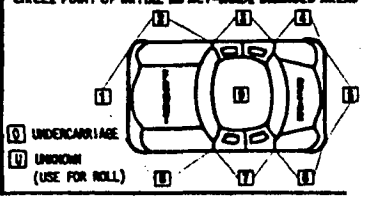
Address ____ Tele. No. ____

Vehicle Going ☐ East ☐ West ☐ North ☐ South On ____ (Street Highway)

Vehicle Moved To ____ (Name of Garage Address) By ____

1 ☐ Less than $200 2 ☐ $200 to $500 3 ☐ If Over $500 enter Amount $ ____

CIRCLE POINT OF INITIAL IMPACT-SHADE DAMAGED AREAS



O UNDERCARRIAGE

U UNKNOWN (USE FOR ROLL)

TOTAL VEHICLES INVOLVED: 1

Damage to Property Other than Vehicles: NONE

Name object, show ownership, and state nature of damage.

**TOTAL INJURED: 1**

Veh. ( ) 1 ☐ Dr. 2 ☐ Pass. 3 ☑ Ped. Sex F Race N

Name ____ Age 4

Address ____

Telephone No. ____ Injury Code 1

Taken To ____ By ____

Veh. ( ) 1 ☐ Dr. 2 ☐ Pass. 3 ☐ Ped. Sex ____ Race ____

Name ____ Age ____

Address ____

Telephone No. ____ Injury Code ____

Taken To ____ By ____

(INJURY CODE)

1. Complaint of pain, no visible injury
2. Bruises, abrasions, swelling, limping, etc.
3. Bleeding wound, distorted member
4. Dead at time of report

WAS ACCIDENT HIT AND RUN: 1 ☐ Yes 2 ☑ No IF YES, IS ADDITIONAL REPORT BEING FILED? 1 ☐ Yes 2 ☐ No SOLVED: 1 ☐ Yes 2 ☐ No

**WITNESSES**

(1) ____ (First) (WMN) (Middle) ____ (Last) M (Sex) B (Race) 59 (Age) ____ (Address) ____ Phone Bus. ____ Res. ____

(2) ____ Phone Bus. ____ Res. ____

Name ____ Charge(s) NONE Court Div. ____ Court Date ____ Time ____ 1 ☐ AM 2 ☐ PM Ticket Number ____ Disposition ____ Continued to ____

Name ____ Charge(s) ____ Court Div. ____ Court Date ____ Time ____ 1 ☐ AM 2 ☐ PM Ticket Number ____ Disposition ____ Continued to ____

STATE COPY

Time Notified of Accident 3-17-79 4:29 (Date Hour) 1 ☐ AM 2 ☑ PM

Investigation Made at Scene of Accident 3-17-79 4:34 (Date Hour) 1 ☐ AM 2 ☑ PM

Where Else Was Investigation Made? ____

Were Photographs Taken? 1 ☐ Yes 2 ☑ No

Is Investigation Completed? 1 ☐ Yes 2 ☐ No

WERE SEAT BELTS IN USE?

| Vehicle | 1 Yes | 1 No | 1 Don't Know | 2 Yes | 2 No | 2 Don't Know |
|---|---|---|---|---|---|---|
| Driver | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ |
| Passenger | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

SIGNATURE ____ (Investigator(s)) Car No. ____ Dist. ____ Report Made By ____ Date of Report 3-17-79

| | DRIVER 1 | DRIVER 2 | TYPE OF ACTION |
|---|---|---|---|
| 1 | ☑ | ☐ | Going Straight |
| 2 | ☐ | ☐ | Turning Right to Street |
| 3 | ☐ | ☐ | Turning Right to Private Drive |
| 4 | ☐ | ☐ | Turning Left to Street |
| 5 | ☐ | ☐ | Turning Left to Private Drive |
| 6 | ☐ | ☐ | Slowing or Stopped for Signal or Sign |
| 7 | ☐ | ☐ | Slowing or Stopped for Turning Traffic |
| 8 | ☐ | ☐ | Slowing or Stopped for Entering Traffic |
| 9 | ☐ | ☐ | Slowing or Stopped Other |
| 10 | ☐ | ☐ | Starting in Traffic |
| 11 | ☐ | ☐ | Starting from Parked Position |
| 12 | ☐ | ☐ | Stopped in Traffic Lane |
| 13 | ☐ | ☐ | Parked |
| 14 | ☐ | ☐ | Backing from Drive |
| 15 | ☐ | ☐ | Backing from On-Street Parking Space |
| 16 | ☐ | ☐ | Other |
| 17 | ☐ | ☐ | Entering from Private Drive |

| | DRIVER 1 | DRIVER 2 | PED 3 | CONDITION OF DRIVER OR PEDESTRIAN |
|---|---|---|---|---|
| 1 | ☑ | ☐ | ☐ | Apparently Normal |
| 2 | ☑ | ☐ | ☐ | Had Not Been Drinking |
| 3 | ☐ | ☐ | ☐ | Had Been Drinking |
| 4 | ☐ | ☐ | ☐ | Ability Impaired |
| 5 | ☐ | ☐ | ☐ | Ability Not Impaired |
| 6 | ☐ | ☐ | ☐ | Physical Defect |
| 7 | ☐ | ☐ | ☐ | Ill |
| 8 | ☐ | ☐ | ☐ | Apparently Asleep |
| 9 | ☐ | ☐ | ☐ | Unknown (If Drinking) |

**CHEMICAL TESTS**

| | | | | |
|---|---|---|---|---|
| 1 | ☐ | ☐ | ☐ | Blood Narcotics Results |
| 2 | ☐ | ☐ | ☐ | Blood Alcohol Results |
| 3 | ☐ | ☐ | ☐ | Urine Alcohol Results |
| 4 | ☐ | ☐ | ☐ | Breath Alcohol Results |

**TYPE OF ACCIDENT**

| | | |
|---|---|---|
| 1 | ☐ | Right Angle |
| 2 | ☐ | Sideswipe (Same Direction, Opposite Direction) |
| 3 | ☐ | Headon |
| 4 | ☐ | Rearend |
| 5 | ☐ | Turning from Wrong Lane |
| 6 | ☐ | Left Turn (Opposing Traffic) |
| 7 | ☐ | Left Turn (Crossing Traffic) |
| 8 | ☐ | Right Turn (Crossing Traffic) |
| 9 | ☐ | Ran off Roadway |
| 10 | ☑ | Pedestrian |
| 11 | ☐ | Object in Roadway |
| 12 | ☐ | Other |

EXPLANATION:

**PEDESTRIAN**

Was Going EAST (Direction N. S. E. W.) ☐ On ☑ Across WOODWARD (Street Name, Hwy. No.) From WEST To EAST (S.E. Corner to N.E. Corner, or West Side to East Side)

(CHECK ONE)

| | | |
|---|---|---|
| 1 | ☐ | Crossing at Intersection With Signal |
| 2 | ☐ | Same–Against Signal |
| 3 | ☐ | Same–No Signal |
| 4 | ☐ | Same–Diagonally |
| 5 | ☐ | Crossing not at Intersection |
| 6 | ☑ | Coming from Behind Parked Cars |
| 7 | | Walking in Roadway (Check Two) |
| | ☐ | A. With Traffic ☐ C. Sidewalks Available |
| | ☐ | B. Against Traffic ☐ D. Not Available. |
| 8 | ☐ | Standing in Safety Zone |
| 9 | ☐ | Getting on or off Other Vehicle |
| 10 | ☐ | Pushing or Working on Vehicle |
| 11 | ☐ | Other Working in Roadway |
| 12 | ☑ | Playing in Roadway |
| 13 | ☐ | Hitching on Vehicle |
| 14 | ☐ | Lying in Roadway |
| 15 | ☐ | Not in Roadway (Explain) |

1 ☐ Yes 2 ☐ No Were Crosswalks Marked?

1 ☐ Yes 2 ☐ No Was Pedestrian Inside Markings or Extensions of Sidewalk Lines?

**WEATHER CONDITIONS**

| | | |
|---|---|---|
| 1 | ☑ | Clear |
| 2 | ☐ | Cloudy |
| 3 | ☐ | Fog |
| 4 | ☐ | Raining |
| 5 | ☐ | Snowing |
| 6 | ☐ | Other |

**ROAD DEFECTS**

| | | |
|---|---|---|
| 1 | ☐ | Defective Shoulders |
| 2 | ☐ | Holes, Deep Ruts |
| 3 | ☐ | Loose Material on Surface |
| 4 | ☐ | Other Defects |
| 5 | ☑ | No Defects |
| 6 | ☐ | Other |

**LIGHT CONDITIONS**

| | | |
|---|---|---|
| 1 | ☐ | Dawn |
| 2 | ☑ | Daylight |
| 3 | ☐ | Dusk |
| 4 | ☐ | Dark (Street Lights Off) |
| 5 | ☐ | Dark (No Street Lights) |
| 6 | ☐ | Dark (Street Lights On) |

**ROAD SURFACE CONDITIONS**

| | | | | |
|---|---|---|---|---|
| 1 | ☐ | Ice | ☑ | Asphalt |
| 2 | ☐ | Snow | ☐ | Brick |
| 3 | ☐ | Wet | ☐ | Gravel |
| 4 | ☑ | Dry | ☐ | Concrete |
| 5 | ☐ | Mud | ☐ | Dirt |

**CONTRIBUTING FACTORS**

| | DRIVER 1 | DRIVER 2 | |
|---|---|---|---|
| 1 | ☐ | ☐ | Failure to Yield |
| 2 | ☐ | ☐ | Following too Closely |
| 3 | ☐ | ☐ | Improper Passing |
| 4 | ☐ | ☐ | Improper Turn |
| 5 | ☐ | ☐ | Drinking |
| 6 | ☐ | ☐ | Speeding |
| 7 | ☐ | ☐ | Weather |
| 8 | ☐ | ☐ | Disregard Signal or Sign |
| 9 | ☐ | ☐ | Wrong Side of Road |
| 10 | ☐ | ☐ | Other |
| 11 | ☐ | ☑ | None |
| 12 | ☑ | ☐ | Unknown |
| 13 | ☐ | ☐ | Vision Obstructed |

**TRAFFIC CONTROLS**

| Veh. | 1 | 2 | |
|---|---|---|---|
| 1 | ☑ | ☐ | No Control |
| 2 | ☐ | ☐ | Signal |
| 3 | ☐ | ☐ | Stop |
| 4 | ☐ | ☐ | Yield |
| 5 | ☐ | ☐ | RR Crossbuck |
| 6 | ☐ | ☐ | Flasher RR |
| 7 | ☐ | ☐ | Gates RR |
| 8 | ☐ | ☐ | 4 Way Stop |
| 9 | ☐ | ☐ | Other |

**ROAD CHARACTER (Check Two)**

| Veh. | 1 | 2 | |
|---|---|---|---|
| 1 | ☐ | ☑ | Curve |
| 2 | ☑ | ☐ | Straight |
| 3 | ☑ | ☐ | Upgrade |
| 4 | ☐ | ☐ | Downgrade |
| 5 | ☐ | ☐ | Level |

**ROAD TYPE**

| Veh. | 1 | 2 | |
|---|---|---|---|
| 1 | ☑ | ☐ | Two Lane |
| 2 | ☐ | ☐ | Four Lane |
| 3 | ☐ | ☐ | One Way |
| 4 | ☐ | ☐ | Divided Lanes |

By What

| | | | |
|---|---|---|---|
| 5 | ☐ | ☐ | Other |

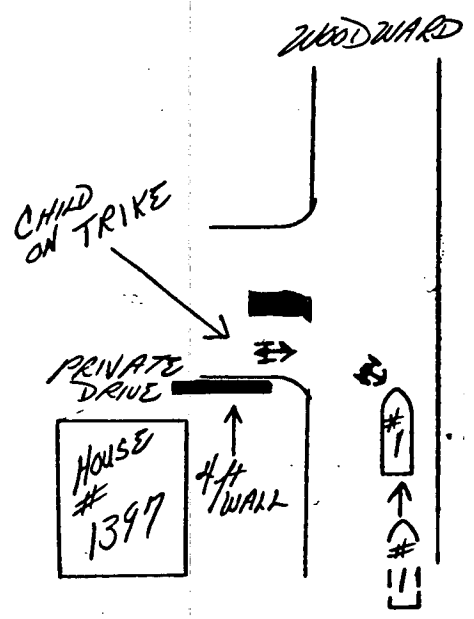
**VEHICLE CONDITION (Check one or more)**

| Veh. | 1 | 2 | |
|---|---|---|---|
| 1 | ☐ | ☐ | Defective Brakes |
| 2 | ☐ | ☐ | Improper Lights |
| 3 | ☐ | ☐ | Defective Steering Mechanism |
| 4 | ☐ | ☐ | Defective Tires |
| 5 | ☐ | ☐ | Specify Other |
| 6 | ☐ | ☑ | No Defects |
| 7 | ☑ | ☐ | Defects not known |

## COLLISION DIAGRAM

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH BY ARROW




DESCRIBE WHAT HAPPENED WITNESS ALSO OPERATOR OF VEH #1 STATED THAT A CHILD OPERATING A 3WHEELED SCOOTER COMING OFF A PRIVATE DRIVE INTO THE STREET COLLIDED W/ VEH #1. OPER OF VEH #1'S VISION WAS OBSTRUCTED BY A WALL. THE CHILD SUSTAINED NO VISIBLE INJURY.

REPORT APPROVED BY

# TRAFFIC COLLISION REPORT

Typing Program
Report # 17

| SPECIAL CONDITIONS | NO. INJ. 1 | H & R FELONY ☐ | CITY | JUDICIAL DISTRICT | NO. [redacted] |
|---|---|---|---|---|---|
| | NO. KILLED | H & R MISD ☐ | COUNTY | REPORTING DISTRICT / BEAT | |

**LOCATION**

COLLISION OCCURRED ON: CARTY DR | MO. 11 | DAY 15 | YR. 75 | TIME (2400) 1400 | CITY 5[redacted]

☒ AT INTERSECTION WITH ☒ OR: ____ FEET/MILES ____ OF ALLEY S DRODAR AVE

INJURY: ☒ YES ☐ NO | FATAL: ☐ YES ☒ NO

**PARTY 1**

NAME (FIRST, MIDDLE, LAST): [redacted] car | STREET ADDRESS: [redacted] #12

DRIVER ☒ | DRIVER'S LICENSE NO. [redacted] | STATE CA | BIRTHDATE MO. 8 DAY 6 YR. 55 | SEX M | RACE C | CITY | STATE CA | PHONE NONE.

PEDESTRIAN ☐ | VEHICLE YR. 72 | MAKE PLY | LICENSE NO. | STATE CA | OWNER'S NAME Yellow CAB Co. ☐ SAME AS DRIVER

PARKED VEH. ☐ | DIRECTION OF TRAVEL EAST | ON/~~ACROSS~~ (STREET OR HIGHWAY) ALLEY | OWNER'S ADDRESS ☐ SAME AS DRIVER

BI-CYCLIST ☐ | SPEED LIMIT 15 | DISPOSITION OF VEHICLE ☒ BY DRIVER: DRIVEN AWAY | ON ORDERS OF | VEHICLE DAMAGE EXTENT ☒ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL | LOCATION L5 | VIOLATION CHARGED 1 21804 CVC 2

OTHER ☐

**PARTY 2**

NAME (FIRST, MIDDLE, LAST): [redacted] Bike rider | STREET ADDRESS: [redacted]

DRIVER ☐ | DRIVER'S LICENSE NO. | STATE CA | BIRTHDATE MO. 9 DAY 27 YR. 46 | SEX F | RACE C | CITY | STATE | PHONE

PEDESTRIAN ☐ | VEHICLE YR. — | MAKE 10 SPEED WARDS | LICENSE NO. NONE | STATE | OWNER'S NAME ☒ SAME AS DRIVER

PARKED VEH. ☐ | DIRECTION OF TRAVEL SOUTH | ON/~~ACROSS~~ (STREET OR HIGHWAY) CARTY DR. | OWNER'S ADDRESS ☒ SAME AS DRIVER

BI-CYCLIST ☒ | SPEED LIMIT 25 | DISPOSITION OF VEHICLE ☒ BY DRIVER: DRIVEN AWAY | ON ORDERS OF | VEHICLE DAMAGE EXTENT ☒ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL | LOCATION F | VIOLATION CHARGED 1 2

OTHER ☐

**PROPERTY**

DESCRIPTION OF DAMAGE

OWNER'S NAME | ADDRESS | NOTIFIED ☐ YES ☐ NO

**INJURED/WITNESS** 5582

| WITNESS ONLY | AGE | SEX | EXTENT OF INJURY: FATAL INJURY | SEVERE WOUND DISTORTED MEMBER | OTHER VISIBLE INJURIES | COMPLAINT OF PAIN | INJURED WAS (check one): DRIVER | PASS. | PED. | BI-CYCLIST | OTHER | IN VEH. NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | 29 | F | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ | ☒ | ☐ | 2 |

NAME [redacted] — BIKE | PHONE | TAKEN TO (INJURED ONLY) PRIVATE PHYSICIAN

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☒ | | M | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

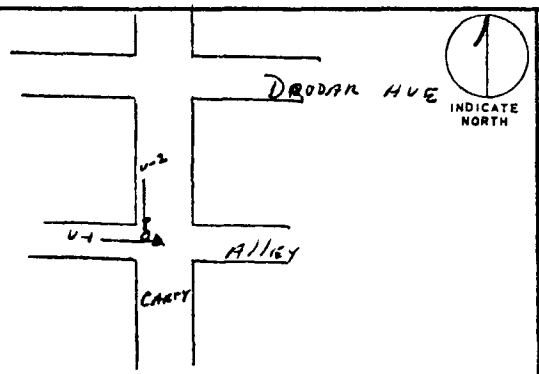
NAME [redacted] | PHONE | TAKEN TO (INJURED ONLY)

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

NAME | PHONE

ADDRESS | TAKEN TO (INJURED ONLY)

**SKETCH**




**MISCELLANEOUS**

V-1 Yellow CAB #30
D-1 W/M/L-20's 6-0
LT. BRN OR BLONDE, SHORT CURLY HAIR
(D-2 CAN IDENTIFY)



34377-456 6-75 500M D OSP

COLLISION NARRATIVE

D-2 ([redacted]) STATEMENT: SHE WAS RIDING HER BICYCLE S/B ON CARTY DR. APPROACHING THE SO. ALLEY OF DRODAR. JUST AS SHE REACHED THE ALLEY, A YELLOW CAB PULLED OUT OF THE ALLEY E/B AT A HIGH RATE OF SPEED. SHE WAS UNABLE TO STOP & STRUCK THE L.R. DOOR OF THE CAB. THE DRIVER OF THE CAB STOPPED & OFFERED TO TAKE HER TO THE HOSPITAL BUT DID NOT IDENTIFY HIMSELF. SHE DID NOT THINK SHE WAS INJURED & REFUSED THE TRANSPORTATION. LATER SHE WENT TO HER PRIVATE PHYSICIAN & WAS TREATED FOR SEVERE LEG BRUISES. SHE THEN CONTACTED POLICE FOR REPORT (11-20-75).

UNABLE TO MAKE CONTACT WITH W-1 ([redacted]), HOWEVER D-2 STATED THAT SHE COULD POSSIBLY CONTACT HIM.

D-1 ([redacted]) STATEMENT: HE WAS E/B IN THE ALLEY & OBSERVING NO TRAFFIC ON CARTY DR, HE STARTED ACROSS THE ROADWAY & WAS STRUCK

| | PRIMARY COLLISION FACTOR |
|---|---|
| | A VC SECTION VIOLATION 21804 |
| / | B OTHER IMPROPER DRIVING* |
| | C OTHER THAN DRIVER* |
| | D UNKNOWN* |

| | WEATHER |
|---|---|
| X | A CLEAR |
| | B CLOUDY |
| | C RAINING |
| | D SNOWING |
| | E FOG |
| | F OTHER |

| | LIGHTING |
|---|---|
| X | A DAYLIGHT |
| | B DUSK - DAWN |
| | C DARK - STREET LIGHTS |
| | D DARK - NO STREET LIGHTS |
| | E DARK - STREET LIGHTS NOT FUNCTIONING |

| | ROADWAY SURFACE |
|---|---|
| X | A DRY |
| | B WET |
| | C SNOWY - ICY |
| | D SLIPPERY (MUDDY, OILY, ETC.) |

| | ROADWAY CONDITIONS (MARK ONE TO THREE ITEMS) |
|---|---|
| | A HOLES, DEEP RUTS |
| | B LOOSE MATERIAL ON ROADWAY |
| | C OBSTRUCTION ON ROADWAY |
| | D CONSTRUCTION-REPAIR ZONE |
| | E REDUCED ROADWAY WIDTH |
| | F FLOODED |
| | G OTHER |
| X | H NO UNUSUAL CONDITIONS |

| | RIGHT OF WAY CONTROL |
|---|---|
| | A CONTROLS FUNCTIONING |
| | B CONTROLS NOT FUNCTIONING |
| | C CONTROLS OBSCURED |
| X | D NO CONTROLS PRESENT |

| | TYPE OF COLLISION |
|---|---|
| | A HEAD-ON |
| | B SIDESWIPE |
| | C REAR END |
| X | D BROADSIDE |
| | E HIT OBJECT |
| | F OVERTURNED |
| | G AUTO/PEDESTRIAN |
| X | H OTHER |

| | MOTOR VEHICLE INVOLVED WITH |
|---|---|
| | A NON-COLLISION |
| | B PEDESTRIAN |
| | C OTHER MOTOR VEHICLE |
| | D MOTOR VEHICLE ON OTHER ROADWAY |
| | E PARKED MOTOR VEHICLE |
| | F TRAIN |
| X | G BICYCLE |
| | H ANIMAL |
| | I FIXED OBJECT |
| | J OTHER OBJECT |
| | K OTHER |

| | PEDESTRIAN'S ACTION |
|---|---|
| X | A NO PEDESTRIAN INVOLVED |
| | B CROSSING IN CROSSWALK AT INTERSECTION |
| | C CROSSING IN CROSSWALK - NOT AT INTERSECTION |
| | D CROSSING - NOT IN CROSSWALK |
| | E IN ROAD - INCLUDES SHOULDER |
| | F NOT IN ROAD |
| | G APPROACHING/LEAVING SCHOOL BUS |

| 1 | 2 | 3 | 4 | TYPE OF VEHICLE |
|---|---|---|---|---|
| X | | | | A PASSENGER CAR (INCLUDES STATION WAGON) |
| | | | | B PASSENGER CAR W/TRAILER |
| | | | | C MOTORCYCLE/SCOOTER |
| | | | | D PICKUP OR PANEL TRUCK |
| | | | | E PICKUP OR PANEL TRUCK W/TRAILER |
| | | | | F TRUCK OR TRUCK TRACTOR |
| | | | | G TRUCK OR TRUCK TRACTOR W/TRAILER(S) |
| | | | | H SCHOOL BUS |
| | | | | I OTHER BUS |
| | | | | J EMERGENCY VEHICLE |
| | | | | K HIGHWAY CONSTRUCTION EQUIPMENT |
| | X | | | L BICYCLE |
| | | | | M OTHER |

| 1 | 2 | 3 | 4 | OTHER ASSOCIATED FACTOR (MARK ONE TO THREE ITEMS) |
|---|---|---|---|---|
| | | | | A VC SECTION VIOLATION |
| | | | | B VC SECTION VIOLATION |
| | | | | C VC SECTION VIOLATION |
| | | | | D VC SECTION VIOLATION |
| | | | | E VISION OBSCUREMENTS |
| X | | | | F INATTENTION |
| | | | | G STOP & GO TRAFFIC |
| | | | | H ENTERING/LEAVING RAMP |
| | | | | I PREVIOUS COLLISION |
| | | | | J UNFAMILIAR WITH ROAD |
| | | | | K DEFECTIVE VEHICLE EQUIPMENT |
| | | | | L UNINVOLVED VEHICLE |
| | | | | M OTHER* |
| | X | | | N NONE APPARENT |

| 1 | 2 | 3 | 4 | MOVEMENT PRECEDING COLLISION |
|---|---|---|---|---|
| | | | | A STOPPED |
| X | X | | | B PROCEEDING STRAIGHT |
| | | | | C RAN OFF ROAD |
| | | | | D MAKING RIGHT TURN |
| | | | | E MAKING LEFT TURN |
| | | | | F MAKING U TURN |
| | | | | G BACKING |
| | | | | H SLOWING - STOPPING |
| | | | | I PASSING OTHER VEHICLE |
| | | | | J CHANGING LANES |
| | | | | K PARKING MANEUVER |
| | | | | L ENTERING TRAFFIC FROM SHOULDER, MEDIAN, PARKING STRIP OR PRIVATE DRIVE |
| | | | | M OTHER UNSAFE TURNING |
| | | | | N CROSSED INTO OPPOSING LANE |
| | | | | O PARKED |
| | | | | P MERGING |
| | | | | Q TRAVELING WRONG WAY* |
| | | | | R OTHER |

| 1 | 2 | 3 | 4 | SOBRIETY - DRUG - PHYSICAL (MARK ONE TO THREE ITEMS) |
|---|---|---|---|---|
| X | X | | | A HAD NOT BEEN DRINKING |
| | | | | B HBD - UNDER INFLUENCE |
| | | | | C HBD - NOT UNDER INFLUENCE |
| | | | | D HBD - IMPAIRMENT UNKNOWN* |
| | | | | E UNDER DRUG INFLUENCE |
| | | | | F OTHER PHYSICAL IMPAIRMENT* |
| | | | | G IMPAIRMENT NOT KNOWN |
| | | | | H NOT APPLICABLE |

| INVESTIGATED BY | I.D. NUMBER | INVESTIGATED BY | I.D. NUMBER | REVIEWED BY |
|---|---|---|---|---|
| [redacted] | [redacted] | | | [redacted] |

*EXPLAIN IN NARRATIVE

Typing Program
Report # 18

DENVER, COLO. 80202 — SHEET 1 OF 1 SHEETS

# TRAFFIC ACCIDENT REPORT

MILE POST CODE: 19 5560

**SUMMARY**

| NON INJURY | INCOMPLETE REPORT | PRIVATE PROPERTY ACCIDENT | HIT AND RUN | DUI | DUS | CAR NO. | CITY LOCN CODE |
|---|---|---|---|---|---|---|---|
| | | X | | | | | |

| TOTAL VEHICLES | PERSONS INJURED | PERSONS KILLED | POLE NUMBER | ACCIDENT TYPE | PUBLIC PROPERTY OF EMPLOYEES INVOLVED |
|---|---|---|---|---|---|
| 1 | 1 | 0 | 0 | ON 2 | |

**LOCATION**

| DATE OF ACCIDENT (MO DAY YEAR) | DAY OF WEEK | HOUR | AM | PM | CITY | COUNTY |
|---|---|---|---|---|---|---|
| 7 14 75 | MONDAY | 1210 | | ✓ | [redacted] | E |

| HIGHWAY NUMBER | STREET OR ROAD | AT INTERSECTION / WITH OR INTERCHNG. |
|---|---|---|
| U.S. COLO. INTERSTATE | 3RD AVE | GAY ST. |

| NON INTERSECTION | REFERENCE POINT No. 1 | DISTANCE Mi. | FT. | OF | REFERENCE POINT No. 2 | DISTANCE Mi. | FT. | OF |
|---|---|---|---|---|---|---|---|---|
| | | | 11 | S CURB OF 3RD AVE | | | 33 | W CURB OF GAY S. |

**VEHICLE NO. 1**

| DRIVER'S NAME | FIRST | MIDDLE | LAST | ADDRESS | CITY | STATE | ZIP | HOME PHONE |
|---|---|---|---|---|---|---|---|---|
| [redacted] | | | | | | | | N/A |

| DATE OF BIRTH | SEX | DRIVER'S LIC. NO. | STATE | TYPE | EXP. DATE | MILITARY ☐ OR BUSINESS ADDRESS | BUS. PHONE |
|---|---|---|---|---|---|---|---|
| 9-15-47 | F | [redacted] | COLO | CP 1 | 75 | | |

| YRS. DRIVEN | DRIVER ED. YES ☐ NO ☐ | DRIVER VIOLATION(S) | VIOLATION CODE(S) | SUMMONS NO. | COMMON CODES | VEHICLE TOWED BY: |
|---|---|---|---|---|---|---|
| 11 | | | | | | |

| VEHICLE MAKE | YEAR | MODEL | BODY TYPE | COLOR | LICENSE PLATE NO. | STATE | IDENTIFICATION NO. |
|---|---|---|---|---|---|---|---|
| FORD | 66 | FAIRLANE | 2 DR. | BLUE | [redacted] | COLO | [redacted] |

| VEHICLE OWNER | FIRST | MIDDLE | LAST | ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|---|---|---|---|
| SAME | | | | SAME | | | |

| OWNER OF OTHER DAMAGED PROPERTY | FIRST | MIDDLE | LAST | ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|---|---|---|---|
| | | | | [redacted] | | | |

**OR PED.**

| NAME | FIRST | MIDDLE | LAST | ADDRESS | CITY | STATE | ZIP | HOME PHONE |
|---|---|---|---|---|---|---|---|---|
| [redacted] | | | | | | | | N/A |

| DATE OF BIRTH | SEX | DRIVER'S LIC. NO. | STATE | TYPE | EXP. DATE | MILITARY ☐ OR BUSINESS ADDRESS | BUS. PHONE |
|---|---|---|---|---|---|---|---|
| 7-20-61 | F | N/A | — | | | | |

| YRS. DRIVEN | DRIVER ED. YES ☐ NO ☐ | DRIVER VIOLATION(S) | VIOLATION CODE(S) | SUMMONS NO. | COMMON CODES | VEHICLE TOWED BY: |
|---|---|---|---|---|---|---|
| | | | | | | |

**VEH. NO. 2**

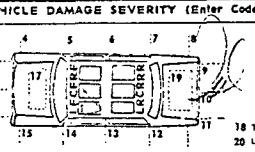
| VEHICLE MAKE | YEAR | MODEL | BODY TYPE | COLOR | LICENSE PLATE NO. | STATE | IDENTIFICATION NO. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| VEHICLE OWNER | FIRST | MIDDLE | LAST | ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

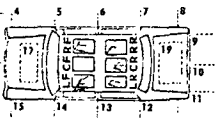
| OWNER OF OTHER DAMAGED PROPERTY | FIRST | MIDDLE | LAST | ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**VEHICLE NO. 1**

VEHICLE DAMAGE SEVERITY (Enter Codes in Vehicle Damage Area(s)—SEVERITY CODES: 1—SLIGHT OR MINOR 2—MODERATE 3—SEVERE OR EXTREME




**VEHICLE NO. 2**




Occupant Injury Severity (Enter codes for each occupant by seat position) Codes: A—Fatal B—Carried from scene C—Minor visible injuries D—Pain but no visible injuries E—No injury I—Unknown

**INJ. PASSENGERS**

| INJURED'S NAME | FIRST | MIDDLE | LAST | ADDRESS | CITY | STATE | ZIP | DATE OF BIRTH |
|---|---|---|---|---|---|---|---|---|
| [redacted] | | | | | [redacted] | | | 7-20-61 |

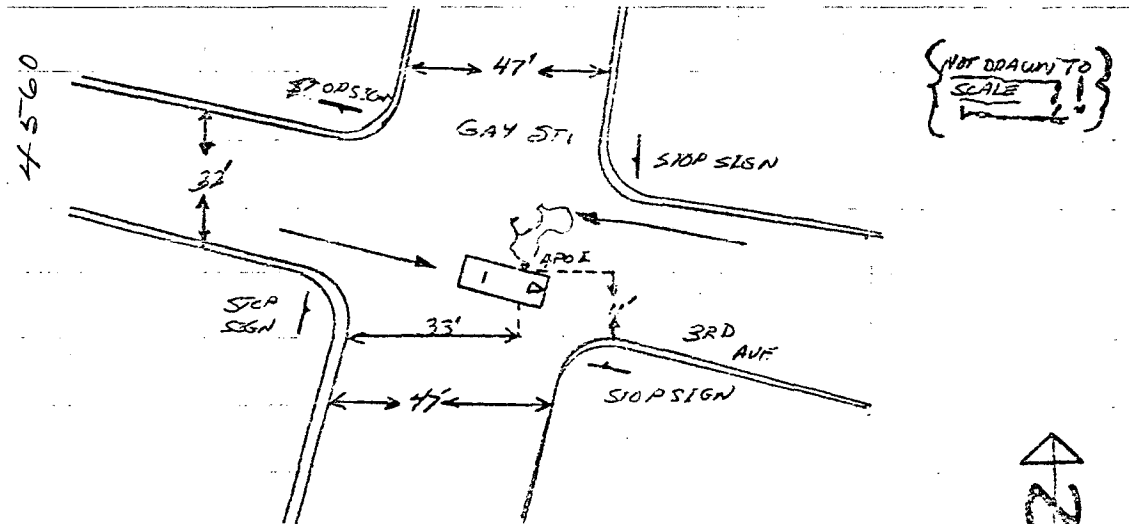
| SEX | VEH. NO. | POS. IN VEH. | TAKEN TO | TAKEN BY |
|---|---|---|---|---|
| F | BICYCLE | N/A | [redacted] HOSPITAL ER | [redacted] |

| INJURED'S NAME | FIRST | MIDDLE | LAST | ADDRESS | CITY | STATE | ZIP | DATE OF BIRTH |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| SEX | VEH. NO. | POS. IN VEH. | TAKEN TO | TAKEN BY |
|---|---|---|---|---|
| | | | | |

| WEATHER COND. | ROAD CONDITION | TRAFFIC CONTROL | STREET WIDTH | POINT OF IMPACT |
|---|---|---|---|---|
| CLEAR | DRY | STOP SIGN | 32' | 11' N of S. CURB OF 3RD AVE |

DESCRIBE ACCIDENT: VEHICLE #1 WAS EASTBOUND ON 3RD AVE AND WAS IMPACTED WITH BICYCLE WESTBOUND ON 3RD AVE ATTEMPTING LEFT TURN TO GO SOUTH BOUND ON GAY ST.




**INVESTIGATION**

| NOTIFIED OF ACCIDENT (MO DAY YR.) | HOUR | AM | PM | ARRIVAL AT SCENE (MO DAY YR.) | HOUR | AM | PM | PHOTO TAKEN YES | NO |
|---|---|---|---|---|---|---|---|---|---|
| 7 14 75 | 1212 | | | 7 14 75 | 1214 | | | | ✓ |

INDICATE NORTH BY ARROW

| OFFICER NUMBER | SIGNATURE | DETAIL | REVIEWING OFFICER |
|---|---|---|---|
| [redacted] | [redacted] | [redacted] | [redacted] |

| OFFICER NUMBER | SIGNATURE | DETAIL | LAW ENFORCEMENT AGENCY | CODE |
|---|---|---|---|---|
| | | | [redacted] | |

## A—TYPE OF ACCIDENT

[ ] RAN OFF ROAD NON COLLISION

01 0 Right Side
02 0 Left Side
03 0 "T" intersection or end of road

[ ] NON-COLLISION ON ROAD

06 0 Overturned on road
09 0 Other non-collision on road

[✓] COLLISION ON ROAD

Motor Vehicle
15 0 Broadside
16 0 Head-on
17 0 Rear end
18 0 Sideswipe—same direction
19 0 Sideswipe—opposite direction
20 0 Approach turn
21 0 Overtaking turn

Fixed Objects
26 0 Utility pole
27 0 Light pole
28 0 Bridge rail
29 0 Bridge abutment
30 0 Under crossing column or pier
31 0 Sign
32 0 Traffic signal pole
33 0 Culvert or headwall
34 0 Embankment ditch
35 0 Curb
36 0 Guard rail
37 0 Guard post
38 0 Median barrier
39 0 Fence
40 0 Tree
41 0 Large boulder (not in roadway)
42 0 Barricade

Type of Fixed Objects
(if applicable)
47 0 Breakaway
48 0 Non-breakaway

Location of Fixed Objects
(if applicable)
54 0 On right of way
55 0 In median
56 0 Edge of travelled way

OTHER COLLISION
61 0 Railroad train
62 0 Parked motor vehicle
63 0 Bicycle
64 0 Rocks in roadway
65 0 Machinery
66 0 Fall from motor vehicle
67 0 Other objects

Pedestrian
68 0 School age to/from school
69 0 All others

Animal
70 0 Domestic
71 0 Wild

FOR DIVIDED HWS ONLY
81 0 Stopped on median
82 0 Entered opposite lanes
83 0 Crossed opposite lanes

COMPLETE EACH SECTION

## B—ROAD CHARACTERISTICS—LANES

THRU LANES
01 0 One
02 ✓ Two
03 0 Three
04 0 Four
05 0 Five
06 0 Six
07 0 Eight
08 0 Other

TRAFFIC FLOW
13 0 One way
14 ✓ Two way

SPECIAL LANES
21 0 Left turn
22 0 Right turn
23 0 Acceleration
24 0 Climb

DIVISION
29 0 Island
30 0 Curbed median
31 0 Depressed median
32 0 Painted median
33 0 Not divided

## C—LOCALITY

01 0 Apartments, stores, factories
02 ✓ One family homes
03 0 Farms, fields
04 0 No marginal development
05 0 Open country
06 0 Rolling plains
07 0 Mountains

## D—ROAD CHARACTERISTICS—SURFACE

SURFACE TYPE
01 0 Concrete
02 ✓ Blacktop
03 0 Gravel
04 0 Earth
05 0 Other
06 0 Unknown

SURFACE CONDITION
11 ✓ Dry
12 0 Wet
13 0 Muddy
14 0 Snowy
15 0 Icy
16 0 Slushy
17 0 Icy road treatment

ADVERSE CONDITIONS
22 ✓ None
23 0 Foreign material on surface
24 0 Obstruction—not signaled—dark
25 0 Obstruction—not signaled—day
26 0 Road under construction or repair
27 0 Other

## E—ROAD DESCRIPTION AT ACCIDENT LOCATION

ROAD ELEMENTS

Intersection
01 0 3 way
02 ✓ 4 way
03 0 Other
11 0 Non-intersection
12 0 Alley
13 0 Driveway
14 0 Construction detour
15 0 R.R. grade crossing approach
16 0 Bridge or viaduct
17 0 Lane transition
18 0 Off ramp
19 0 On ramp
20 0 Gore

ROAD DESCRIPTION
23 ✓ Straight
24 0 Curve
31 0 Level
32 0 On grade
33 0 Hill crest

LIGHT CONDITION
39 ✓ Daylight
40 0 Dawn or dusk
41 0 Dark—no street light
42 0 Dark—street light

DEGREE OF ARTIFICIAL LIGHT
46 0 Intermittent lighting
47 0 Continuous lighting

## F—ADVERSE WEATHER CONDITIONS

01 ✓ None
02 0 Rain
03 0 Snow or sleet
04 0 Fog
05 0 Dust
06 0 Wind

## G—TRAFFIC CONTROL

1 2 3
01 0 0 0 No control
02 0 0 0 Officer, flagman, etc

SIGNALS
08 0 0 0 Stop go signal
09 0 0 0 Pedestrian signal
10 0 0 0 School signal
11 0 0 0 Flashing red signal
12 0 0 0 Flashing yellow signal
13 0 0 0 Flashing red beacon
14 0 0 0 Flashing yellow beacon
15 0 0 0 Railroad signal with gate
16 0 0 0 Railroad signal without gate
17 0 0 0 Turn arrow
18 0 0 0 Lane direction signal

SIGNS
23 ✓ 0 0 "Stop"
24 0 0 0 "Yield"
25 0 0 0 Curve or turn sign
26 0 0 0 Advisory speed plate
27 0 0 0 Speed limit sign
28 0 0 0 "One Way"
29 0 0 0 "School crossing"
30 0 0 0 R.R. Crossing ahead
31 0 0 0 R.R. cross buck
32 0 0 0 Pavement width transition
33 0 0 0 Turn restricted/prohibited
34 0 0 0 Parking restricted/prohibited
35 0 0 0 Right turn on red light prohibition

MARKINGS
39 ✓ 0 0 Center line marking
40 0 0 0 Lane line(s) marking
41 0 0 0 No passing zone marking
42 0 0 0 Pavement edge marking
43 0 0 0 Left turn lane marking
44 0 0 0 Right turn lane marking
45 0 0 0 Cross walk marking
46 0 0 0 Climb lane marking
47 0 0 0 Pavement word markings
48 0 0 0 Other control

## H—VEHICLE CHARACTERISTICS

TYPE
1 2 3
01 ✓ 0 0 Passenger car
02 0 0 0 Car with freight trailer
03 0 0 0 Vehicle with home trailer
04 0 0 0 Pick up truck
05 0 0 0 Pick up truck w/camper
06 0 0 0 Truck—self contained
07 0 0 0 Truck tractor
08 0 0 0 Truck tractor—semitrailer
09 0 0 0 Bus—school
10 0 0 0 Bus—not school
11 0 0 0 Taxicab
12 0 0 0 Self-propelled mobile home
13 0 0 0 Motorcycle
14 0 0 0 Bicycle
15 0 0 0 Motorscooter or motorbike
16 0 0 0 Farm equipment
17 0 0 0 Other

SPECIAL VEHICLES
(if applicable)
21 0 0 0 Military vehicle
22 0 0 0 Emergency vehicle
23 0 0 0 Government vehicle

CRASH HELMET USED
(if applicable)
32 0 0 0 Yes
33 0 0 0 No

EYE PROTECTION
(if applicable)
37 0 0 0 Yes
38 0 0 0 No

TOW REQUIRED
(due to damage sustained)
44 0 0 0 Yes
45 ✓ 0 0 No

DEFECTS
51 ✓ 0 0 No apparent defects
52 0 0 0 Brakes defective
53 0 0 0 Tires defective
54 0 0 0 Other defects

PARKING
Illegally parked (not overtime)
58 0 0 0 Yes
59 0 0 0 No

## I—VEHICLE MOVEMENT

1 2 3
01 ✓ 0 0 Driving straight
02 0 0 0 Turning left
03 0 0 0 Turning right
04 0 0 0 Backing
05 0 0 0 Stopped in traffic
06 0 0 0 Entering parked position
07 0 0 0 Entering alley or driveway
08 0 0 0 Leaving parked position
09 0 0 0 Leaving alley or driveway
10 0 0 0 Entering at angle
11 0 0 0 Along way—divided Hwy
12 0 0 0 Overtaking and passing
13 0 0 0 Slowing or stopping
14 0 0 0 Turning right on red light

## J—VISIBILITY OBSCUREMENTS—EXTERNAL

1 2 3
01 0 0 0 Vision obscured
02 0 0 ✓ Vision not obscured

## K—GENERAL DIRECTION OF TRAVEL

1 2 3
01 0 0 0 North
02 0 0 0 South
03 0 0 0 East
04 0 0 0 West

## L—IMPROPER DRIVER ACTIONS

1 2 3
01 ✓ 0 0 No improper driving
02 0 0 0 Careless driving
03 0 0 0 Exceeded safe speed for conditions
04 0 0 0 Exceeded lawful speed limit
05 0 0 0 Failed to yield R O W at open inter.
06 0 0 0 Failed to yield R O W to pedestrian
07 0 0 0 Imp. L turn in face of oncoming traf.
08 0 0 0 Other improper turns
09 0 0 0 Changing lanes (weaving)
10 0 0 0 Passed on hill and/or curve
11 0 0 0 Other improper passing
12 0 0 0 Wrong side of road—not passing
13 0 0 0 Following too closely
14 0 0 0 Drove while asleep
15 0 0 0 Inattentive to driving
16 0 0 0 Signaling violation
17 0 0 0 Disregarded "Stop" sign
18 0 0 0 Other traffic signal violations
19 0 0 0 Parked vehicle or parking viol'ns
20 0 0 0 Improper vehicle lighting
21 0 0 0 Defective vehicle
22 0 0 0 Oversize overweight project load
23 0 0 0 Spilled load (or obstacle) on road
24 0 0 0 Hit and run
25 0 0 0 Improper backing
26 0 0 0 Other improper actions
27 0 0 0 Failed to yield R O W at contld inter
28 0 0 0 Failed to yield R O W at "Yield" sign

## M—IMPROPER PEDESTRIAN ACTIONS

1 2 3
01 0 0 0 Crossing against signal
02 0 0 0 Crossing/entering roadway—not at int.
03 0 0 0 Walking in roadway—with traffic
04 0 0 0 Standing in roadway
05 0 0 0 Playing in roadway
06 0 0 0 Other in roadway
07 0 0 0 Other improper actions

## N—PEDESTRIAN ACTIONS

1 2 3
01 0 0 0 Crossing/entering roadway at inter.
02 0 0 0 Walking in road[illegible] against traffic
03 0 0 0 Getting in or o[illegible] vehicle
04 0 0 0 Pushing or working on vehicle
05 0 0 0 Other working in roadway
06 0 0 0 Not in roadway
07 0 0 0 Other actions

## O—CONDITION OF DRIVERS & PEDESTRIANS

1 2 3
01 0 0 0 Under the influence
02 0 0 0 Had been drinking
03 0 0 0 Had not been drinking
04 0 0 0 Unknown if drinking

BODY DEFECTS OR CONDITIONS
09 0 0 0 No apparent defects
10 0 0 0 Ill or fatigued
11 0 0 0 Apparently asleep
12 0 0 0 Poor hearing—eyesight
13 0 0 0 Other (explain in back to right)

## P—SPEED DATA

| | Speed limit | Est. driving speed |
|---|---|---|
| Veh. No. 1 | 30 | 5-10 |
| Veh. No. 2 | 30 | 5 |
| Veh. No. 3 | | |

19 22 1557

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO. ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program
Report # 19

## TIME & LOCATION

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY |
|---|---|---|
| OCT 6, 1975 | MON. | 0650 hrs. |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY: [redacted]

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: ☐ Feet ☐ Miles ☐N ☐S ☐E ☐W Of ..... City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: 5500 Block of Curryford Rd (526A) (Use State or County Road Number or Name) ☐ East Ramp ☐ Entrance R. ☐ At its intersection with ☐ Influenced by intersection — Highway Number or Name of Intersecting Street

IF NOT AT INTERSECTION: 1/4 ☐ Feet ☒ Miles ☐N ☐S ☐E ☒W Of Semoran Blvd (436) — Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve

IS ENGINEERING STUDY NEEDED (If so explain): NO

DO NOT WRITE IN SPACE ABOVE

## TYPE MOTOR VEHICLE ACCIDENT

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST XX | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON CONTACT |

TOTAL NO. VEH. INVOLVED: 2

## VEHICLE 1

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 1969 | VOLKSWAGON | 2 DR (1) SED | [redacted] | FL | 76 | [redacted] |

Area of Vehicle Damage: 5 | Damage Scale: 1 | Damage Severity: 1 | AMOUNT (Approximate): $25.00 | Safety Equipment: 3 | VEHICLE REMOVED BY: OWNER

NAME OF INSURANCE (Liability Only): State Automobile Mutual INS. CO. | POLICY NO.: | Owner ☒ Driver ☒ | ☒ Owner's Request ☐ Other (Explain) | ☐ Rotation List

OWNER (Print or type FULL NAME): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE: (1)

DRIVER (Identify as Operator's license): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE: (1)

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | O | [redacted] | FLA. | 3-31-59 | W | F | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | NO OTHER OCCUPANTS | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | [redacted] | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

## VEHICLE 2 or PEDESTRIAN (Bicycle)

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 1975 | FLANDIA | Bicycle (12) | NONE | NONE | NONE | [redacted] |

Area of Vehicle Damage: 13 | Damage Scale: 1 | Damage Severity: 1 | AMOUNT (Approximate): $10.00 | Safety Equipment: 0 | VEHICLE REMOVED BY: OWNER

NAME OF INSURANCE (Liability Only): NONE | POLICY NO.: | Owner ☒ Driver ☒ | ☒ Owner's Request ☐ Other (Explain) | ☐ Rotation List

OWNER (Print or type FULL NAME): Rehe. Your | ADDRESS (Number and street): [redacted] | CITY and STATE: [redacted]

DRIVER (Identify as Operator's license): SAME AS ABOVE | ADDRESS (Number and street): | CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| PAINTER | NONE | NONE ✓ | NONE | 6/22/48 | W | M | 0 | 2 | 3 |

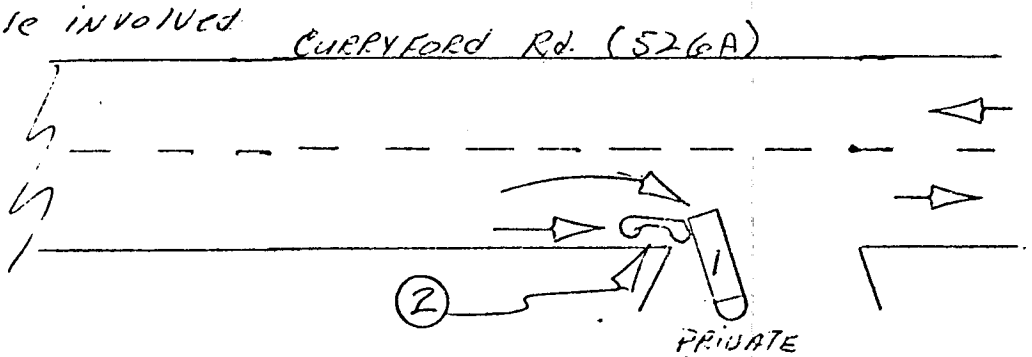
| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | NO OTHERS | | | | | | | | |
| Front right | [redacted] | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

| PROPERTY DAMAGED – Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| NONE | NONE | NONE | | MC |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | DATE OF REPORT |
|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | [redacted] ☐ F.H.P. ☒ C.P.D. ☐ S.O. ☐ Other | 10/6/75 |

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)

Legend:
#1- vehicle involved
#2- vehicle involved




INDICATE NORTH WITH ARROW

POINT OF IMPACT

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| | ☒ | Front |
| | | Right front |
| | | Left front |
| ☒ | | Right side |
| | | Left side |
| | | Rear |
| | | Right rear |
| | | Left rear |

PRIVATE DRIVE AT 5511 CURRYFORD Rd

NOTE: diagram is reconstructed, is NOT drawn to SCALE.

DESCRIBE WHAT HAPPENED – Refer to vehicles by number

Veh. #1 was traveling EAST ON CURRYFORD Rd, Attempting a Right turn (Southbound) into a private drive, when struck by veh. #2 which was also EAST bound ON CURRYFORD Rd. veh #1's left side was struck by veh-#2's FRONT. Note that veh#2 did NOT have a headlight ON his Bicycle. Both Motorists were cited and charged as indicated below.
NOTE: driver #1 stated that she did see the Bike as she passed it.

*WHAT VEHICLES WERE DOING BEFORE ACCIDENT

VEHICLE No. 1 was traveling ☐ ☒ ☐ ☐ On CURRYFORD Rd. at 5-10 Approximately M.P.H.

VEHICLE No. 2 was traveling ☐ ☐ ☒ ☐ (N S E W) On CURRYFORD Rd. at 15-20 M.P.H.

| Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | ☒ | Going straight ahead | ☒ | | Making right turn | | | Slowing or Stopping | | | Starting from parked position |
| | | Overtaking | | | Making left turn | | | Changing lanes | | | Stopped or parked |
| | | | | | | | | | | | Other (explain above) |

*WHAT PEDESTRIAN WAS DOING

PEDESTRIAN was going (check one) ☐ N ☐ S ☐ E ☐ W

☐ Along
☐ Across or into ..... from ..... to ..... (Street name, highway no.) (N.E. corner to S.E. corner, etc.)

Color of Clothing ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at Intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at Intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway – with traffic | ☐ Standing in safety zone | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway – against traffic | ☐ Lying or Sitting on roadway | ☐ Other working in roadway | ☐ Other (explain above) |

DRIVERS AND VEHICLES

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| VEHICLE DEFECTS | 0 | | 0 | |
| CONTRIBUTING CIRCUMSTANCES | 17 | | 17 | |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | LIGHTING CONDITION | 4 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 5 |
| | WEATHER | 1 | TRAFFIC CONTROL | NONE | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 2 |
| | ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 0 | | |

WITNESSES other than occupants

| NAME | ADDRESS – Number and street | City and State |
|---|---|---|
| [redacted] | | |
| [redacted] | | |

FIRST AID GIVEN BY [redacted] DEPT.

☐ Doctor or Nurse ☒ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

CHEMICAL TEST — TEST RESULTS

| | YES | NO |
|---|---|---|
| Driver No. 1 | ☐ | ☒ |
| Driver No. 2 | ☐ | ☒ |

INJURED TAKEN TO [redacted] BY HOSP. [redacted]

☒ Priv. Ambulance ☐ Other (Explain) ☐ Gov't. Ambulance

ARREST

| NAME | CHARGE | Citation No. |
|---|---|---|
| [redacted] | IMPROPER TURN 316.155 | TS-983-294K |
| [redacted] | LIGHTS REQUIRED 316.111(9) vehicle | TS-983-295K |

PHOTOGRAPHS TAKEN ☐ Yes ☒ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 10/6/ 19 75 0655 A.M. | 0700 A.M. | Yes | Yes |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

**TIME & LOCATION**

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY |
|---|---|---|
| 8-13-75 | Wednesday | 12:10 P.M. |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY:

[redacted]

Typing Program Report # 20

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: .1 ☐ Feet ☒ Miles ☒ N ☐ S ☐ E ☐ W Of [redacted] City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: SR-S-424 (Use State or County Road Number or Name) ☐ Exit Ramp ☐ Entrance R. ☐ At its intersection with ☐ Influenced by intersection — Highway Number or Name of Intersecting Street

IF NOT AT INTERSECTION: .1 ☐ Feet ☒ Miles ☒ N ☐ S ☐ E ☐ W Of Vermont Avenue node #1129 (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): No

DO NOT WRITE IN SPACE ABOVE

**TYPE MOTOR VEHICLE ACCIDENT**

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON-CONTACT |

TOTAL NO. VEHICLES INVOLVED: 1

**VEHICLE 1**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 1970 | Oldsmobile | Sedan | [redacted] | Fla. | 76 | [redacted] |

Area of Vehicle Damage: 0 — Damage Scale: 0 — Damage Severity: 0 — AMOUNT (Approximate): None — Safety Equipment: 3 — VEHICLE REMOVED BY: Driver

NAME OF INSURANCE (Liability Only): Pennsylvania Mutual — POLICY NO.: [redacted] — Owner ☒ Driver ☒ — ☒ Owner's Request ☐ Other (Explain) — ☐ Rotation List

OWNER (Print or type FULL name): Same as Driver — ADDRESS (Number and street): — CITY and STATE:

DRIVER (Exactly as on driver's license): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Self emp. | Op | [redacted] | Fla. | 3-20-26 | W | M | 3 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | |
| Front right | [redacted] | Same as Driver | | 47 | W | F | 3 | 0 | 0 |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

**VEHICLE 2 or PEDESTRIAN**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| Unk | Unknown | Bicycle | N/A | | | N/A |

Area of Vehicle Damage: N/A — Damage Scale: — Damage Severity: — AMOUNT (Approximate): — Safety Equipment: — VEHICLE REMOVED BY:

NAME OF INSURANCE (Liability Only): — POLICY NO.: — Owner ☐ Driver ☐ — ☒ Owner's Request ☐ Other (Explain) — ☐ Rotation List

OWNER (Print or type FULL name): — ADDRESS (Number and street): — CITY and STATE:

DRIVER (Exactly as on driver's license): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | | N/A | | 2-4-62 | B | M | 0 | 2 | 3 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | [redacted] | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | See witness | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

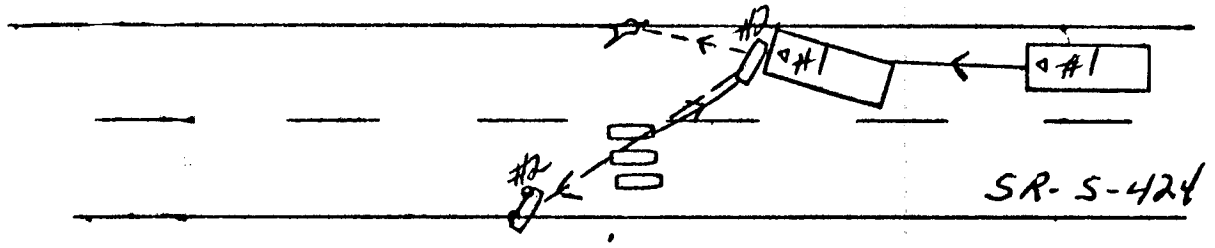
| PROPERTY DAMAGED–Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| Bicycle | $20.00 | [redacted] | [redacted] | [redacted] |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | DATE OF REPORT |
|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | ☒ F.H.P. ☐ C.P.D. ☐ S.O. ☐ Other | 8-13-75 |

FHP – 3 Revised 1-1-72

SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED - (Number each vehicle and show direction of travel by arrow)




INDICATE NORTH WITH ARROW

POINT OF IMPACT

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☒ | ☐ | Front |
| ☐ | ☒ | Right front |
| ☐ | ☐ | Left front |
| ☐ | ☐ | Right side |
| ☐ | ☐ | Left side |
| ☐ | ☐ | Rear |
| ☐ | ☐ | Right rear |
| ☐ | ☐ | Left rear |

DESCRIBE WHAT HAPPENED - (Refer to vehicles by number)

Vehicle #1 was Southbound when vehicle #2 swerved in front of him falling down, the Driver of vehicle #1 swerved to avoid subject but was unable to do so.

Photographs taken by [redacted]

***WHAT VEHICLES WERE DOING BEFORE ACCIDENT**

VEHICLE No. 1 was traveling ☐ ☒ ☐ ☐ On SR-S-424 at 35-40 Approximately M.P.H.

VEHICLE No. 2 was traveling ☒ ☐ ☐ ☐ (N S E W) On SR-S-424 at 4-5 M.P.H.

| | Vehicle 1 | Vehicle 2 |
|---|---|---|
| Going straight ahead | ☒ | ☒ |
| Overtaking | ☐ | ☐ |
| Making right turn | ☐ | ☐ |
| Making left turn | ☐ | ☐ |
| Slowing or Stopping | ☐ | ☐ |
| Changing lanes | ☐ | ☐ |
| Starting from parked position | ☐ | ☐ |
| Stopped or parked | ☐ | ☐ |
| Other (explain above) | ☐ | ☐ |

***WHAT PEDESTRIAN WAS DOING**

PEDESTRIAN was going (check one) ☐ N ☐ S ☐ E ☐ W

☐ Along

☐ Across or into _____ (Street name, highway no.) from _____ (N.E. corner to S.E. corner, etc.) to _____

Color of Clothing: ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway - with traffic | ☐ Standing in safety zone | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway - against traffic | ☐ Lying or Sitting on roadway | ☐ Other working in roadway | ☐ Other (explain above) |

**DRIVERS AND VEHICLES**

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| VEHICLE DEFECTS | 0 | | 0 | |
| CONTRIBUTING CIRCUMSTANCES | 0 | | 18 | 7 |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 3 |
| | WEATHER | 1 | TRAFFIC CONTROL | NONE | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 4 |
| | ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 0 | | |

WITNESSES other than occupants

| NAME | ADDRESS - Number and street | City and State |
|---|---|---|
| [redacted] | [redacted] | |
| [redacted] | [redacted] | |

FIRST AID GIVEN BY: Rescue

☐ Doctor or Nurse ☒ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO: Hospital BY: [redacted] Rescue

☒ Priv. Ambulance ☐ Other (Explain) ☐ Gov't. Ambulance

CHEMICAL TEST: TEST RESULTS:

| | YES | NO | |
|---|---|---|---|
| Driver No. 1 | ☐ | ☒ | |
| Driver No. 2 | ☐ | ☒ | |

ARREST

| NAME | CHARGE | Citation No. |
|---|---|---|
| None | | |
| | | |

PHOTOGRAPHS TAKEN: ☒ Yes ☐ No ☐ Agency ☒ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 8-13 19 75 12:15P. M | 12:25P. M | Yes | Yes |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FL. 32304

**TIME & LOCATION**

DATE OF ACCIDENT: 3-27-75 | DAY OF WEEK: Thursday | TIME OF DAY: 5:50 P.M.

COUNTY: [redacted] | CITY, TOWN OR COMMUNITY:

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: 2 ☐ Feet ☒ Miles ☐ N ☐ S ☐ E ☒ W of [redacted] City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: Town & Country Blvd. (Use State or County Road Number or Name) ☐ Exit Ramp ☐ Entrance R. | ☐ At its intersection with ☐ Influenced by intersection (Highway Number or Name of Intersecting Street)

IF NOT AT INTERSECTION: 200 ☒ Feet ☐ Miles ☐ N ☒ S ☐ E ☐ W of West Paris St. (No Node) (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): No

[redacted]

Typing Program Report # 21

DO NOT WRITE IN SPACE ABOVE

**TYPE MOTOR VEHICLE ACCIDENT**

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON-CONTACT |

TOTAL NO. VEH. INVOLVED: 1

**VEHICLE 1**

YEAR: 68 | MAKE: Ford | TYPE (Sedan, Truck, Bus, etc.): 4 door | VEHICLE LICENSE PLATE NO.: [redacted] | STATE: Fla. | YEAR: 75 | VEHICLE IDENTIFICATION NO.: [redacted]

Area of Vehicle Damage: 4 | Damage Scale: 1 | Damage Severity: 1 | AMOUNT (Approximate): $50.00 | Safety Equipment: 1 | VEHICLE REMOVED BY: Driver

NAME OF INSURANCE (Liability Only): Liberty Mutual [redacted] | POLICY NO.: | Owner ☒ Driver ☐ | ☒ Owner's Request ☐ Other (Explain) | ☐ Rotation List

OWNER (Print or type FULL name): [redacted] | ADDRESS (Number and street): Same As Driver | CITY and STATE: [redacted]

DRIVER (Print or type FULL name): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Cashier | OP | [redacted] | Fla | 9-21-58 | W | F | O | O | O |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | N | | | 16 | | | | | |
| Front right [redacted] | O | | | | | | | | |
| Rear left | N | | | | | | | | |
| Rear center | E | | | | | | | | |
| Rear right | | | | | | | | | |

**VEHICLE 2 or PEDESTRIAN** (Pedalcyclist)

YEAR: | MAKE: | TYPE (Sedan, Truck, Bus, etc.): | VEHICLE LICENSE PLATE NO.: | STATE: | YEAR: | VEHICLE IDENTIFICATION NO.:

Area of Vehicle Damage: | Damage Scale: | Damage Severity: | AMOUNT (Approximate): | Safety Equipment: | VEHICLE REMOVED BY:

NAME OF INSURANCE (Liability Only): | POLICY NO.: | Owner ☐ Driver ☐ | ☐ Owner's Request ☐ Other (Explain) | ☐ Rotation List

OWNER (Print or type FULL name): Father-Daughter | ADDRESS (Number and street): [redacted] | CITY and STATE: [redacted]

~~DRIVER (Print or type FULL name)~~ Pedalcyclist [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | | N/A | | 6-19-63 | W | F | O | 2 | 3 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | 10 | | | | | |
| Front right [redacted] | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

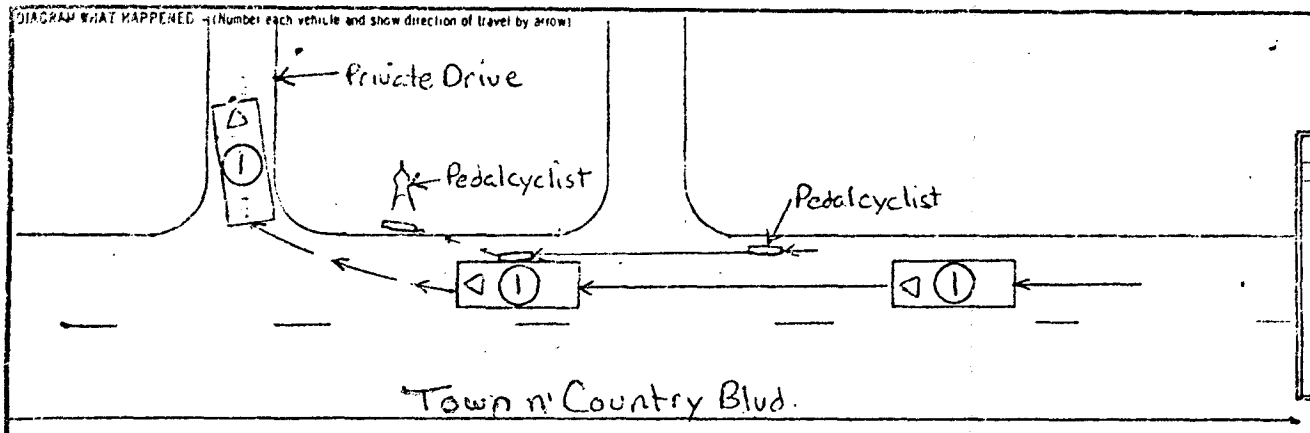
PROPERTY DAMAGED—Other than vehicles: Raleigh Bicycle | AMOUNT: $30.00 | OWNER – Name: [redacted] | ADDRESS – Number and Street: [redacted] | CITY and STATE: [redacted]

INVESTIGATOR – Name and rank (Signature): [redacted] | BADGE NO.: [redacted] | I.D. NO.: [redacted] | DEPARTMENT: ☒ F.H.P. ☐ C.P.D. ☐ S.O. ☐ Other | DATE OF REPORT: 3-27-75

FHP - 6 Revised 10-72

SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)




INDICATE NORTH WITH ARROW

POINT OF IMPACT

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☐ | ☐ | Front |
| ☐ | ☐ | Right front |
| ☐ | ☐ | Left front |
| ☒ | ☐ | Right side |
| ☐ | ☒ | Left side |
| ☐ | ☐ | Rear |
| ☐ | ☐ | Right rear |
| ☐ | ☐ | Left rear |

DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

The pedalcyclist was northbound on Town n' Country Boulevard. Vehicle #1 was also northbound on Town n' Country Boulevard and was passing the pedalcyclist. The pedalcyclist moved to the left and with the left side struck Vehicle #1 in the right side. Vehicle #1 drove on approximately 30 feet and stopped at the next driveway. The pedalcycle left the east edge of the roadway and came to rest on it's right side. The pedalcyclist then left the scene to find her parents.

*WHAT VEHICLES WERE DOING BEFORE ACCIDENT

VEHICLE No. 1 was traveling ☒ ☐ ☐ ☐ On Town n' Country Blvd at 15 Approximately M.P.H.

VEHICLE No. 2 was traveling ☐ ☐ ☐ ☐ (N S E W) On ..... at ..... M.P.H.

| Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ☒ | ☐ | Going straight ahead | ☐ | ☐ | Making right turn | ☐ | ☐ | Slowing or Stopping | ☐ | ☐ | Starting from parked position |
| ☐ | ☐ | Overtaking | ☐ | ☐ | Making left turn | ☐ | ☐ | Changing lanes | ☐ | ☐ | Stopped or parked |
| | | | | | | | | | ☐ | ☐ | Other (explain above) |

*WHAT PEDESTRIAN WAS DOING

PEDESTRIAN was going (check one) ☒ ☐ ☐ ☐ (N S E W)

☒ Along Town n' Country Boulevard

☐ Across or into ..... (Street name, highway no.) from South (N.E. corner to S.E. corner, etc.) to North

Color of Clothing: ☒ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at Intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☒ Walking in roadway – with traffic (Riding) | ☐ Standing in safety zone | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway – against traffic | ☐ Lying or Sitting on roadway | ☐ Other working in roadway | ☐ Other (explain above) |

DRIVERS AND VEHICLES (Pedalcyclist)

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| VEHICLE DEFECTS | 0 | | 0 | |
| CONTRIBUTING CIRCUMSTANCES | 0 | | 7 | |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 5 |
| WEATHER | 1 | TRAFFIC CONTROL | NONE | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 4 |
| ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 0 | | |

WITNESSES other than occupants

| NAME | ADDRESS – Number and street | City and State |
|---|---|---|
| W-1 stated Vehicle #1 passed too close to pedalcyclist | | |

FIRST AID GIVEN BY: Mother [redacted]

☒ ~~Doctor or~~ Nurse ☐ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO: BY: ☐ Priv. Ambulance ☐ Other (Explain) ☐ Gov't. Ambulance

CHEMICAL TEST: TEST RESULTS:

| | YES | NO | |
|---|---|---|---|
| Driver No. 1 | ☐ | ☒ | |
| Driver No. 2 | ☐ | ☐ | |

ARREST

| NAME | CHARGE | Citation No. |
|---|---|---|
| None | | |
| | | |

PHOTOGRAPHS TAKEN: ☐ Yes ☒ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not why) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 3-27- 1975 5:55 PM | 5:58 PM | Yes | Yes |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

**TIME & LOCATION**

DATE OF ACCIDENT: 3-12-75 | DAY OF WEEK: WEDNESDAY | TIME OF DAY: 11:35 AM

COUNTY: [redacted] | CITY, TOWN OR COMMUNITY: [redacted]

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: 2 ☐ Feet ☒ Miles ☐ N ☐ S ☐ E ☒ W Of [redacted] City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: HANNA (Use State or County Road Number or Name) ☐ East Bound ☐ Eastbound R. ☐ At the intersection with ☐ Followed by intersection — Highway Number or Name of Intersecting Street

IF NOT AT INTERSECTION: 4 ☒ Feet ☐ Miles ☐ N ☐ S ☐ E ☒ W Of HANLEY RD. (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): NO

Typing Program Report # 22

DO NOT WRITE IN SPACE ABOVE

**TYPE MOTOR VEHICLE ACCIDENT**

| | | | | | | |
|---|---|---|---|---|---|---|
| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN | |
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON-CONTACT |

**VEHICLE 1** — TOTAL NO. VEH. INVOLVED: 1

YEAR: 1974 | MAKE: DODGE | TYPE (Sedan, Truck, Bus, etc.): WAGON | VEHICLE LICENSE PLATE NO.: [redacted] | STATE: FLA | YEAR: 75 | VEHICLE IDENTIFICATION NO.: [redacted]

Area of Vehicle Damage: 2 | Damage Scale: 1 | Damage Severity: 1 | AMOUNT (Approximate): 65.00 | Safety Equipment: 3 | VEHICLE REMOVED BY: DRIVER

NAME OF INSURANCE (Liability Only): LIBERTY MUTUAL | POLICY NO.: [redacted] | Owner ☒ Driver ☒ | ☒ Owner's Request ☐ Other (Explain) | ☐ Rotation List

OWNER (Print or type FULL name): SAME AS DRIVER | ADDRESS (Number and street) | CITY and STATE

DRIVER (Same as on driver's license): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| HOUSEWIFE | OP | [redacted] | FLA | 10-15-46 | W | F | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | |
| Front right | [redacted] | SAME AS DRIVER | | 6 | W | F | 0 | 0 | 0 |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

**~~VEHICLE 2 OR PEDESTRIAN~~ PEDALCYCLIST**

YEAR: N/A | MAKE: N/A | TYPE (Sedan, Truck, Bus, etc.): N/A | VEHICLE LICENSE PLATE NO.: N/A | STATE: N/A | YEAR: N/A | VEHICLE IDENTIFICATION NO.: N/A

Area of Vehicle Damage: N/A | Damage Scale: N/A | Damage Severity: N/A | AMOUNT (Approximate): N/A | Safety Equipment: N/A | VEHICLE REMOVED BY: N/A

NAME OF INSURANCE (Liability Only): N/A | POLICY NO. | Owner ☐ Driver ☐ | ☐ Owner's Request ☐ Other (Explain) | ☐ Rotation List

OWNER (Print or type FULL name): N/A | ADDRESS (Number and street) | CITY and STATE

DRIVER (Same as on driver's license): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| STUDENT | — | N/A | — | 8-11-60 | W | M | 0 | 2 | 2 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | |
| Front right | N | | | | | | | | |
| Rear left | O | | | | | | | | |
| Rear center | N | | | | | | | | |
| Rear right | E | | | | | | | | |

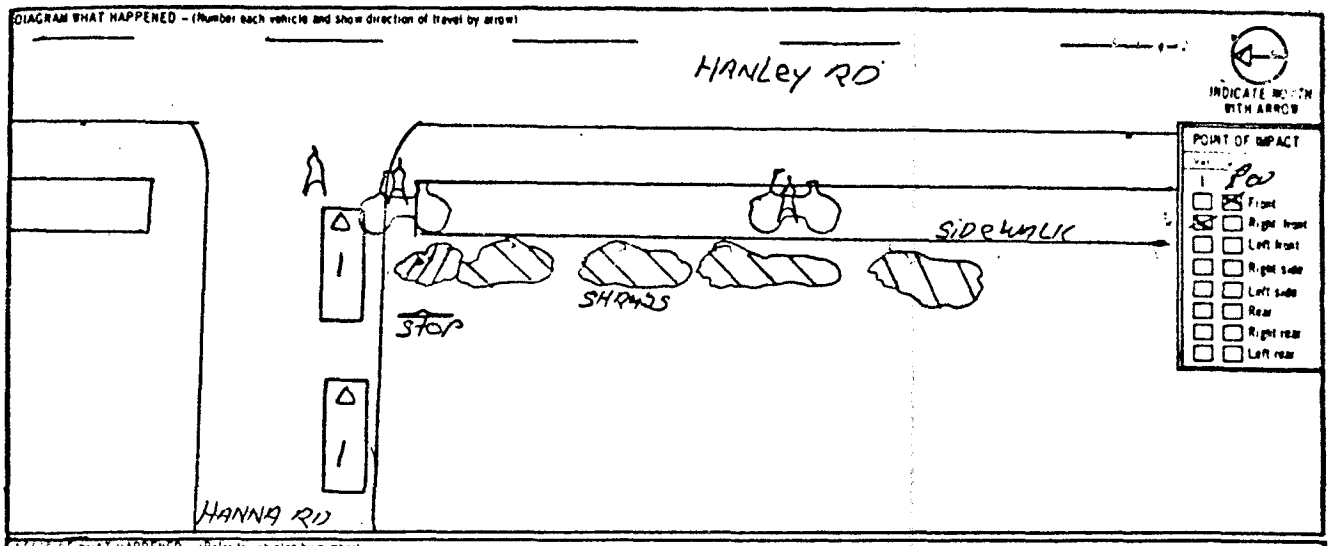
PROPERTY DAMAGED–Other than vehicles: Bicycle | AMOUNT: 25.00 | OWNER – Name: [redacted] | ADDRESS – Number and Street | CITY and STATE

INVESTIGATOR – Name and rank (Signature): [redacted] | BADGE NO.: [redacted] | I.D. NO.: [redacted] | DEPARTMENT | ☒ F.H.P. ☐ C.P.D. ☐ S.O. ☐ Other | DATE OF REPORT: 3-12-75

PHP – 3 Revised 1-1-72

SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)




DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

Vehicle #1 was traveling EAST on HANNA RD. The pedalcyclist was traveling NORTH on SIDEWALK. Vehicle #1 was stopping for stop sign and the pedalcyclist came across road striking the right front of vehicle #1.

***WHAT VEHICLES WERE DOING BEFORE ACCIDENT**

VEHICLE No. 1 was traveling [ ] [ ] [X] [ ] On HANNA RD at 1-2 Approximately M.P.H.

Pedalcyclist ~~VEHICLE No. 2~~ was traveling [X] [ ] [ ] [ ] (N S E W) On SIDEWALK at 1-2 M.P.H.

| Vehicle 1 Ped | Vehicle 1 Ped | Vehicle 1 Ped | Vehicle 1 Ped |
|---|---|---|---|
| [ ] [X] Going straight ahead | [ ] [ ] Making right turn | [X] [ ] Slowing or Stopping | [ ] [ ] Starting from parked position |
| [ ] [ ] Overtaking | [ ] [ ] Making left turn | [ ] [ ] Changing lanes | [ ] [ ] Stopped or parked |
| | | | [ ] [ ] Other (explain above) |

***WHAT PEDESTRIAN WAS DOING**

PEDESTRIAN was going (check one) [ ] N [ ] S [ ] E [ ] W

[ ] Along

[ ] Across or into ..... (Street name, highway no.) from ..... (N.E. corner to S.E. corner, etc.) to .....

Color of Clothing: [ ] Dark [ ] Light

| | | | |
|---|---|---|---|
| [ ] Crossing at intersection | [ ] Stepped into path of Vehicle | [ ] Getting on or off Vehicle | [ ] Playing in roadway |
| [ ] Crossing not at intersection | [ ] Standing in roadway | [ ] Hitching on Vehicle | [ ] Other roadway |
| [ ] Walking in roadway – with traffic | [ ] Standing in safety zone | [ ] Pushing or working on Vehicle | [ ] Not in roadway |
| [ ] Walking in roadway – against traffic | [ ] Lying or Sitting on roadway | [ ] Other working in roadway | [ ] Other (explain above) |

**DRIVERS AND VEHICLES**

| | VEHICLE 1 | | ~~VEHICLE 2~~ Pedalcyclist | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| VEHICLE DEFECTS | 0 | | 0 | |
| CONTRIBUTING CIRCUMSTANCES | 0 | | 5 | |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 4 |
| WEATHER | 1 | TRAFFIC CONTROL | 1 | TRAFFICWAY LANES | 0 | TYPE TRAFFICWAY | 4 |
| ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 8 | | |

**WITNESSES other than occupants**

| NAME | ADDRESS – Number and street | City and State |
|---|---|---|
| [redacted] | [redacted] | [redacted] |
| [redacted] | [redacted] | [redacted] |

FIRST AID GIVEN BY: [redacted] [ ] Doctor or Nurse [X] Cert. First Aider [ ] Cert. First Aider (Police) [ ] Other (Explain)

INJURED TAKEN TO: [redacted] office BY: PARENTS [X] Priv. Ambulance [ ] Other (Explain) [ ] Gov't. Ambulance

CHEMICAL TEST. TEST RESULTS:

| | YES | NO | |
|---|---|---|---|
| Driver No. 1 | [ ] | [X] | |
| Ped ~~Driver No. 2~~ | [ ] | [X] | |

**ARREST**

| NAME | CHARGE | Citation No. |
|---|---|---|
| NONE | | |
| | | |

PHOTOGRAPHS TAKEN: [ ] Yes [X] No [ ] Agency [ ] Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 3-12 1975 11:41 AM | 11:48 AM | yes | yes |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program
Report # 23

**TIME & LOCATION**

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY | GRID |
|---|---|---|---|
| 18 Oct 75 | Saturday | 11:30 A.M. | 16 [redacted] |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY: [redacted]

ROAD ON WHICH ACCIDENT OCCURRED: S. Delaware Ave (Use State or County Road Number or Name) — ☐ Exit Ramp ☐ Entrance R. — ☐ At its intersection with ☐ Influenced by intersection — Highway Number or Name of Intersecting Street

IF NOT AT INTERSECTION: 300 ☑ Feet ☐ Miles ☐ N ☑ S ☐ E ☐ W of W. Swann Ave (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass)

IS ENGINEERING STUDY NEEDED (If so explain): NONE

| ASNT. No. | REFERRED TO ☐ (DIVISION) / RETAINED BY ☒ D-1 | ASSIGNED TO | DATE | Accident No. [redacted] |
|---|---|---|---|---|

DO NOT WRITE IN SPACE ABOVE

**TYPE MOTOR VEHICLE ACCIDENT**

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | ~~PEDALCYCLIST~~ | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON-CONTACT |

TOTAL NO. VEH. INVOLVED: 1

**VEHICLE 1**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. | Damage Sticker No. |
|---|---|---|---|---|---|---|---|
| 73 | Chevrolet | 2 dr | [redacted] | FLA | 76 | [redacted] | |

Area of Vehicle Damage: 8 7 6 — Damage Scale: 0 — Damage Severity: 0 — AMOUNT (Approximate): $ -0- — Safety Equipment: 3 — VEHICLE REMOVED BY: Driver

NAME OF INSURANCE (Liability Only): Unknown — POLICY NO.: — Owner ☐ Driver ☑ — ☒ Owner's Request ☐ Other (Explain) — ☐ Rotation List

OWNER (Print or type FULL name): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE — Phone [redacted]

ADDRESS (Number and street): [redacted] — CITY and STATE — Phone [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Retired | OP | [redacted] | FLA | 12 5 98 | W | M | 3 | 0 | C |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | Phone | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | 19 | | | | | |
| Front right | | | | | | | | | | |
| Rear left | | | | | | | | | | |
| Rear center | | | | | | | | | | |
| Rear right | | | | | | | | | | |

**~~VEHICLE 2 or PEDESTRIAN~~**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. | Damage Sticker No. |
|---|---|---|---|---|---|---|---|
| N/A | Custom | Bicycle | None | N/A | N/A | None | |

Area of Vehicle Damage: 3 4 5 — Damage Scale: 1 — Damage Severity: 1 — AMOUNT (Approximate): $ 50.00 — Safety Equipment: 0 — VEHICLE REMOVED BY: Driver

NAME OF INSURANCE (Liability Only): None — POLICY NO.: — Owner ☐ Driver ☑ — ☑ Owner's Request ☐ Other (Explain) — ☐ Rotation List

OWNER (Print or type FULL name): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE — Phone

ADDRESS (Number and street): [redacted] — CITY and STATE — Phone

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | N/A | None | N/A | 3 Sep 58 | W | F | 0 | 0 | |

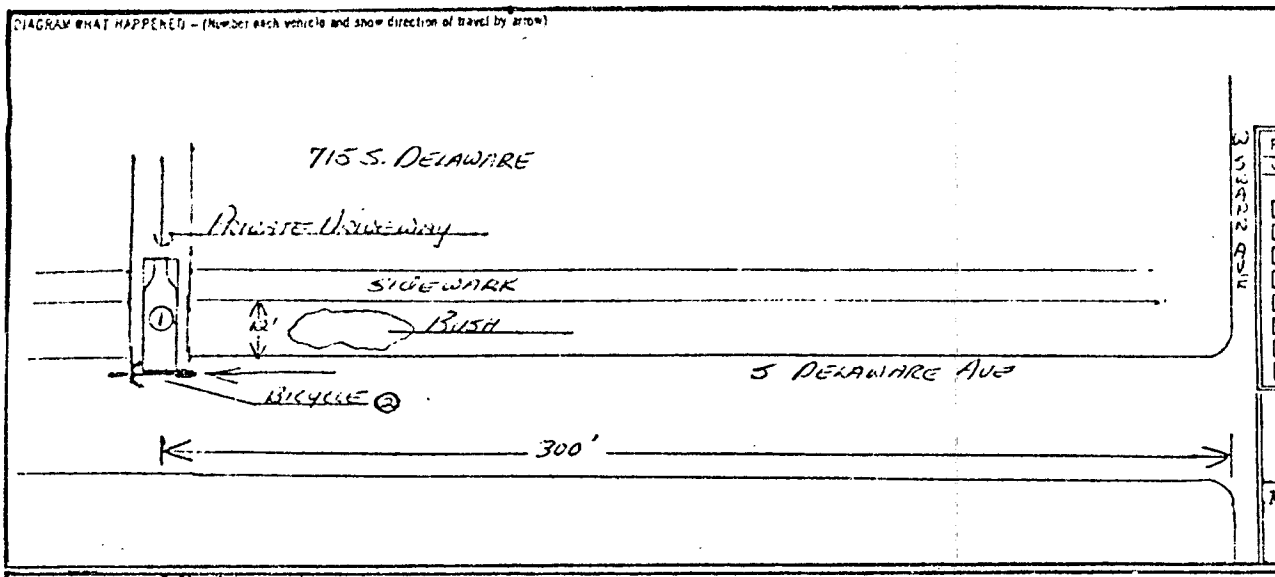
| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | Phone | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | | |
| Front right | | | | | | | | | | |
| Rear left | | | | | | | | | | |
| Rear center | | | | | | | | | | |
| Rear right | | | | | | | | | | |

PEDALCYCLE

| PROPERTY DAMAGED—Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE | Phone |
|---|---|---|---|---|---|
| None | -0- | N/A | [redacted] | | |

| ~~OFFICER~~ – Name and rank (Signature) | BADGE NO. | DIST. | DEPARTMENT | Approved By | DATE OF REPORT |
|---|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | TAMPA POL | [redacted] | 18 Oct 75 |

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)




POINT OF IMPACT

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☐ | ☐ | Front |
| ☐ | ☐ | Right front |
| ☐ | ☐ | Left front |
| ☐ | ☒ | Right side |
| ☐ | ☐ | Left side |
| ☒ | ☐ | Rear |
| ☐ | ☒ | Right rear |
| ☐ | ☐ | Left rear |

Posted Speed: 30 mph

Measurements: Paced

DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

Unit 1 backing eastward on private driveway from residence at 715 S. Delaware Ave at approx 7 mph. driver failed to ascertain safety of vehicle before backing onto S. Delaware Ave and struck unit 2 with rear approx 1' east of the west curb of S. Delaware Ave. and approx 300' south of W. Swann. Unit 2 traveling south on S. Delaware Ave, speed approx 5 mph, riding next to west curb of S. Delaware Ave when struck on right side by Unit 1

*WHAT VEHICLES WERE DOING BEFORE ACCIDENT

Accident No. 75T-12647

VEHICLE No. 1 was backing ☐ ☐ ☒ ☐ (N S E W) on Private Property at 7 M.P.H. (Approximately)

VEHICLE No. 2 was traveling ☐ ☒ ☐ ☐ (N S E W) on S. Delaware Ave at 5 M.P.H.

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☐ | ☐ | Going straight ahead |
| ☐ | ☐ | Overtaking |
| ☐ | ☐ | Making right turn |
| ☐ | ☐ | Making left turn |
| ☐ | ☐ | Slowing or Stopping |
| ☐ | ☐ | Changing lanes |
| ☐ | ☐ | Starting from parked position |
| ☐ | ☐ | Stopped or parked |
| ☒ | ☐ | Other (explain above) |

*WHAT PEDESTRIAN WAS DOING

PEDESTRIAN was going (check one) ☐ ☐ ☐ ☐ (N S E W) ☐ Along ☐ Across or into ____ (Street name, highway no.) from ____ (N.E. corner to S.E. corner, etc.) to ____

Color of Clothing: ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at Intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☒ Playing in roadway |
| ☐ Crossing not at Intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway – with traffic | ☐ Standing in safety zone | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway – against traffic | ☐ Laying or setting in roadway | ☐ Other working in roadway | ☐ Other (explain above) |

DRIVERS AND VEHICLES

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | | 0 | | 0 |
| VEHICLE DEFECTS | | 0 | | 0 |
| CONTRIBUTING CIRCUMSTANCES | | 19 | | 0 |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 5 | |
| WEATHER | 1 | TRAFFIC CONTROL | NONE | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 2 | |
| ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 18 | TYPE ROAD SURFACE | Asphalt | |

WITNESSES other than occupants

| NAME | ADDRESS – Number and street | City and State | Phone |
|---|---|---|---|
| None | | | |
| None | | | |

FIRST AID GIVEN BY: None ☐ Doctor or Nurse ☐ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO: None BY: ☐ Priv. Ambulance ☐ Other (Explain) ☐ Gov't. Ambulance

CHEMICAL TEST: TEST RESULTS:

| | YES | NO | |
|---|---|---|---|
| Driver No. 1 | ☐ | ☒ | |
| Driver No. 2 | ☐ | ☒ | |

ARREST

| NAME | CHARGE | Citation No. |
|---|---|---|
| [redacted] | Improper Backing | 881-0121 |
| | | |

PHOTOGRAPHS TAKEN: ☐ Yes ☒ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 18 Oct. 1975 1:27 PM | 1:32 PM | Yes | Yes |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program
Report # 24

## TIME & LOCATION

DATE OF ACCIDENT: 16 August 1975
DAY OF WEEK: Saturday 34/3/548
TIME OF DAY: 1259 Am

COUNTY: [redacted]
CITY, TOWN OR COMMUNITY: [redacted]

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: N/A ☐ Feet ☐ Miles ☐N ☐S ☐E ☐W of N/A City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: S.R. 426 (Use State or County Road Number or Name) ☐ Exit Ramp ☐ Entrance R. ☐ At its intersection with ☒ Influenced by intersection: Tomoka (Highway Number or Name of Intersecting Street)

IF NOT AT INTERSECTION: 2/10 ☐ Feet ☒ Miles ☐N ☐S ☐E ☒W of Tomoka (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain)

DO NOT WRITE IN SPACE ABOVE

## TYPE MOTOR VEHICLE ACCIDENT

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| | | | X | | |

| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON-CONTACT |
|---|---|---|---|---|---|---|
| | | | | | | |

TOTAL NO. VEH. INVOLVED: 2

## VEHICLE 1

YEAR: 1963 | MAKE: V.W. | TYPE (Sedan, Truck, Bus, etc.): Bug 2 D | VEHICLE LICENSE PLATE NO.: [redacted] | STATE: Fla | YEAR: 76 | VEHICLE IDENTIFICATION NO.: [redacted]

Area of Vehicle Damage: 2 | Damage Scale: 1 | Damage Severity: 1 | AMOUNT (Approximate): $60,00 | Safety Equipment: 0 | VEHICLE REMOVED BY: Driver

NAME OF INSURANCE (Liability Only): Criteron Ins. Co. [redacted] | POLICY NO.: | Owner ☒ Driver ☐ | ☐ Owner's Request ☐ Other (Explain) | N/R | ☐ Rotation List

OWNER (Print or type FULL name): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE:

DRIVER: [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE:

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | OP | [redacted] | Fla | 5-26-59 | W | M | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | [redacted] | | | | | | | | |
| Front right | [redacted] | | | 16 | W | M | 0 | 0 | 0 |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

## VEHICLE 2 or PEDESTRIAN

YEAR: N/R | MAKE: BMA/6 | TYPE (Sedan, Truck, Bus, etc.): Bicycle 10 speed | VEHICLE LICENSE PLATE NO.: none | STATE: N/R | YEAR: N/R | VEHICLE IDENTIFICATION NO.: none

Area of Vehicle Damage: 7 | Damage Scale: 3 | Damage Severity: 3 | AMOUNT (Approximate): $60,00 | Safety Equipment: 0 | VEHICLE REMOVED BY: Driver

NAME OF INSURANCE (Liability Only): none | POLICY NO.: | Owner ☐ Driver ☐ | ☐ Owner's Request ☐ Other (Explain) | N/R | ☐ Rotation List

OWNER (Print or type FULL name): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE: [redacted]

DRIVER: [redacted] | CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| truck driver | OP | [redacted] | Fla | 3-3-53 | N | M | 0 | 0 | 3 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | none | [redacted] | | | | | | | |
| Front right | none | | | | | | | | |
| Rear left | none | | | | | | | | |
| Rear center | none | [redacted] | | | | | | | |
| Rear right | none | | | | | | | | |

| PROPERTY DAMAGED – Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| none | -- | N/R | N/R | |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | | DATE OF REPORT |
|---|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | [redacted] | ☐ F.H.P. ☒ C.P.D. ☐ S.O. ☐ Other | 8-16-75 |

FHP – 3 Revised 1-1-72

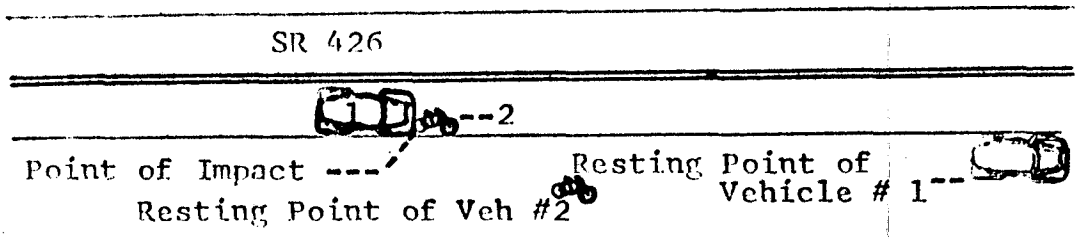
SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)

INDICATE NORTH WITH ARROW

POINT OF IMPACT

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☐ | ☐ | Front |
| ☒ | ☐ | Right front |
| ☐ | ☐ | Left front |
| ☐ | ☐ | Right side |
| ☐ | ☐ | Left side |
| ☐ | ☒ | Rear |
| ☐ | ☐ | Right rear |
| ☐ | ☐ | Left rear |




DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

Veh #1 and Veh #2 were both traveling East on S.R. 426. Veh #1 struck Veh #2 in the rear. Veh #2 then slid on the pavement and grass for approx. 10 ' Veh #1 then coasted approx. 230' before coming to a stop. Veh #2 did not have any of the required lights or reflectors. Below citations issued to driver of both vehicles. Driver of Veh#2 was wearing dark shirt and pants.

***WHAT VEHICLES WERE DOING BEFORE ACCIDENT**

VEHICLE No. 1 was traveling ☐ ☐ ☒ ☐ On S.R. 426 at 45 M.P.H. (Approximately)

VEHICLE No. 2 was traveling ☐ ☐ ☒ ☐ On S.R. 426 at 10 M.P.H. (N S E W)

| Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ☒ | ☒ | Going straight ahead | ☐ | ☐ | Making right turn | ☐ | ☐ | Slowing or Stopping | ☐ | ☐ | Starting from parked position |
| ☐ | ☐ | Overtaking | ☐ | ☐ | Making left turn | ☐ | ☐ | Changing lanes | ☐ | ☐ | Stopped or parked |
| | | | | | | | | | ☐ | ☐ | Other (explain above) |

***WHAT PEDESTRIAN WAS DOING**

PEDESTRIAN was going ☐ ☐ ☐ ☐ (N S E W) ☐ Along ☐ Across or into ..... (Street name, highway no.) from ..... (N.E. corner to S.E. corner, etc.) to ..... Color of Clothing ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at Intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at Intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway – with traffic | ☐ Standing in safety zone | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway – against traffic | ☐ Lying or Sitting on roadway | ☐ Other working in roadway | ☐ Other (explain above) |

**DRIVERS AND VEHICLES**

| | VEHICLE 1 | VEHICLE 2 |
|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | 0 |
| VEHICLE DEFECTS | 0 | 0 |
| CONTRIBUTING CIRCUMSTANCES | 18 | 20 no lights |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | LIGHTING CONDITION | DARK | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 3 | CLASS OF TRAFFICWAYS | 3 |
| | WEATHER | 1 | TRAFFIC CONTROL | NONE | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 2 |
| | ROAD SURFACE | 1 | TYPE LOCATION | 1 | VISION OBSCURED | 0 | | |

WITNESSES other than occupants

| NAME | ADDRESS – Number and street | City and State |
|---|---|---|
| None | | |

FIRST AID GIVEN BY: Fire Dept. Rescue Squad

☐ Doctor or Nurse ☒ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO: N/R BY: N/R

☐ Priv. Ambulance ☐ Other (Explain) ☐ Gov't. Ambulance

CHEMICAL TEST: TEST RESULTS:

| | YES | NO | |
|---|---|---|---|
| Driver No. 1 | ☐ | ☒ | |
| Driver No. 2 | ☐ | ☒ | |

ARREST

[redacted] CHARGE: Failure to use due care Citation No. 448-270K, 448-271K

[redacted] CHARGE: Riding bicycle after sundown without required lights and reflectors Citation No.

PHOTOGRAPHS TAKE: ☒ Yes ☐ No ☒ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 8-16 1975 1:00 AM | 1:00 A M | yes | yes |

Typing Program
Report # 25

[redacted] POLICE DEPARTMENT
TRAFFIC ACCIDENT REPORT

Day 2549 3805 | SAT | Date 7-5-75 | Time 4:20 | DO

ON EVERGREEN 34 | Route No. | Name | 10 Mi. 0 E W | PLYMOUTH

Vehicle #1: M1 [redacted] 202 3-17-49 | Hazardous Action
[redacted] DET. [redacted] 26 M 0
66 PONT 0 [redacted] 75 MI | IMPOUNDED X Yes ☐ No | Impound Taken To By

OCCUPANTS Name | Address | City | Phone | Pos | Age | Sex | Inj
[redacted] | ST. CLAIR SHORES [redacted] | FC 27 F 0
[redacted] | DETROIT | RF 31 F 0
Local Use Owner: DRIVER [redacted] | Total Occupants 3

Or Pedestrian: State | Type PED | DOB 18-3-61 | Hazardous Action DISREGARDED RED SIGNAL | HBD | Inj X | Age 13 M 1
[redacted]
Year ALL-PRO | Type 10 SPEED BIKE - S.N. HC2316508 | IMPOUNDED [redacted] X No

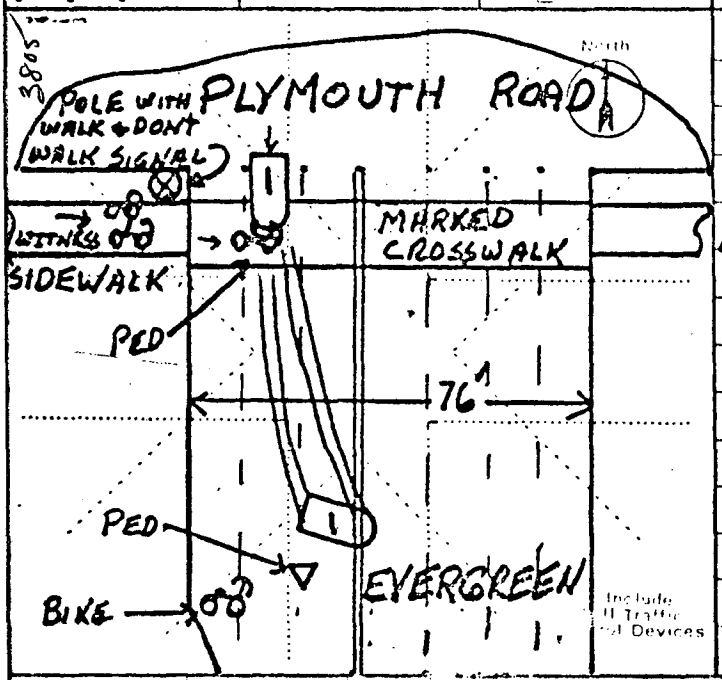
OCCUPANTS Name | Address | Phone | Pos | Age | Sex | Inj

FATAL 018 | FATAL | EXPIRED 7-6-75 8:45 P.M.

Local Use Owner: [redacted] 1

| WEATHER | LIGHT | ROAD SURFACE | ROAD CONDITION | VISION OBSTRUCTION | VEHICLE DEFECTS |
|---|---|---|---|---|---|
| X Clear ☐ Rain ☐ Cloudy ☐ Fog ☐ Snow | X Day ☐ Dark ☐ Dawn Dusk ☐ Street Lights | X Dry ☐ Snowy ☐ Icy ☐ Wet ☐ Other | ☐ Engineering ☐ Maintenance ☐ Construction Zone | ☐ Vehicle #1 ☐ Vehicle #2 ☐ Vehicle #3 Explain ☐ None | ☐ Vehicle #1 ☐ Vehicle #2 ☐ Vehicle #3 Explain ☐ None |

IMPACT CODE: 1 7 1 (Veh. #1, Veh. #2, Veh. #3, Total Veh.)
TOTAL LANES: 3 ☐ Divided ☐ Limited Access
DRIVER RE-EXAM.: ☐ Driver #1 ☐ Driver #2 ☐ Driver #3
Damage Property Other Than Vehicles: Owner | Address




ACCIDENT DESCRIPTION & REMARKS

PED WAS RIDING BICYCLE E/B ON THE SIDEWALK S/O PLYMOUTH ROAD, AT EVERGREEN HE ENTERED THE INTERSECTION AGAINST THE RED SIGNAL & WAS STRUCK BY #1 WHO WAS S/B ON EVERGREEN

[redacted]

DESCRIBE ALL UNUSUAL CONDITIONS AND CIRCUMSTANCES | TOTAL INJ 1

Date Received 7-5-75 | Time 4:25 A.M. | Investigators [redacted] | Badge | Car Number

ACCIDENT INVOLVED: AUTO & PED (BIKE)

POLICE ACTION (1 2 3): ☐ ☐ ☐ Hazardous Vio. ☐ ☐ ☐ Cited or Other Violation ☐ ☐ ☐ No Enforcement Action X ☐ Investigation at Scene

Reviewer A P S | Comp. Status ☐ open ☐ closed

# TRAFFIC COLLISION REPORT

Typing Program
Report # 26

| | | | |
|---|---|---|---|
| NO. INJ. 1 | H & R FELONY ☐ | CITY [redacted] | JUDICIAL DISTRICT C46 |
| NO. KILLED | H & R MISD ☐ | COUNTY [redacted] | REPORTING DISTRICT [redacted] BEAT [redacted] |

**LOCATION**

COLLISION OCCURRED ON: C St — MO. 5 DAY 28 YR. 75 TIME 2400 1510 — CH NO. 5

☒ AT INTERSECTION WITH ☐ OR ___ FEET/MILES ___ OF: Willow St. — INJURY, FATAL ☒ YES ☐ NO ☐ YES ☒ NO

**PARTY 1**

NAME [redacted] — STREET ADDRESS [redacted]

DRIVER'S LICENSE NO. [redacted] — STATE CAL — BIRTHDATE MO. 8 DAY 17 YR. 31 — SEX M — RACE C — [redacted]

VEHICLE YR. 72 — MAKE Vlw — LICENSE NO. [redacted] — STATE CAL — OWNER'S NAME ☒ SAME AS DRIVER

DIRECTION OF TRAVEL ACROSS STREET OR HIGHWAY: W C — OWNER'S ADDRESS ☒ SAME AS DRIVER

SPEED LIMIT 25 — DISPOSITION OF VEHICLE Moved — ☒ BY DRIVER — ON ORDERS OF — VEHICLE DAMAGE EXTENT ☒ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL — LOCATION LS — VIOLATION CHARGED 1 2

**PARTY 2**

NAME (FIRST, MIDDLE, LAST) [redacted] — STREET ADDRESS [redacted]

DRIVER — STATE — BIRTHDATE MO. 5 DAY 3 YR. 62 — SEX M — RACE C — CITY [redacted] — STATE [redacted] — PHONE [redacted]

VEHICLE YR. — MAKE VARSITY (10 SPEED) — LICENSE NO. — STATE — OWNER'S NAME ☒ SAME AS DRIVER

DIRECTION OF TRAVEL ACROSS STREET OR HIGHWAY: W C — OWNER'S ADDRESS ☒ SAME AS DRIVER

SPEED LIMIT 25 — DISPOSITION OF VEHICLE Moved — ☒ BY DRIVER — ON ORDERS OF — VEHICLE DAMAGE EXTENT ☒ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL — LOCATION F — VIOLATION CHARGED 1 2

**PROPERTY**

DESCRIPTION OF DAMAGE

OWNER'S NAME — ADDRESS — NOTIFIED ☐ YES ☐ NO

**INJURED/WITNESS** 5516

| WITNESS ONLY | AGE | SEX | EXTENT OF INJURY: FATAL INJURY | SEVERE WOUND DISTORTED MEMBER | OTHER VISIBLE INJURIES | COMPLAINT OF PAIN | INJURED WAS (check one): DRIVER | PASS. | PED. | BI-CYCLIST | OTHER | IN VEH. NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | 13 | M | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ | ☒ | ☐ | 2 |

NAME [redacted] — [redacted]

ADDRESS [redacted] — TAKEN TO (INJURED ONLY) TRANSPORTED HOME

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

NAME — PHONE

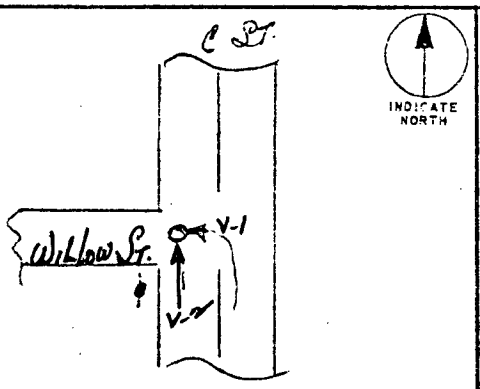
ADDRESS — TAKEN TO (INJURED ONLY)

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

NAME — PHONE

ADDRESS — TAKEN TO (INJURED ONLY)

**SKETCH**




**MISCELLANEOUS**

No. 75-8[illegible]2

COLLISION NARRATIVE

V-1 N/B ON "C" ST MAKING A LEFT TURN WHEN STRUCK BY THE BICYCLIST.

NOTE:

MR. [redacted], N/B ON "C" STREET, TRAVELING ON THE WRONG SIDE OF ROADWAY WHEN ACCIDENT OCCURRED.

INJURIES:

MR. [redacted], COMPLAINT OF MINOR INJURIES, TRANSPORTED HOME.

| PRIMARY COLLISION FACTOR | |
|---|---|
| | A VC SECTION VIOLATION 21650 VC |
| | B OTHER IMPROPER DRIVING* |
| | C OTHER THAN DRIVER* |
| | D UNKNOWN* |

| WEATHER | |
|---|---|
| ✓ | A CLEAR |
| | B CLOUDY |
| | C RAINING |
| | D SNOWING |
| | E FOG |
| | F OTHER |

| LIGHTING | |
|---|---|
| ✓ | A DAYLIGHT |
| | B DUSK - DAWN |
| | C DARK - STREET LIGHTS |
| | D DARK - NO STREET LIGHTS |
| | E DARK - STREET LIGHTS NOT FUNCTIONING |

| ROADWAY SURFACE | |
|---|---|
| ✓ | A DRY |
| | B WET |
| | C SNOWY - ICY |
| | D SLIPPERY (MUDDY, OILY, ETC.) |

| ROADWAY CONDITIONS (MARK ONE TO THREE ITEMS) | |
|---|---|
| | A HOLES, DEEP RUTS |
| | B LOOSE MATERIAL ON ROADWAY |
| | C OBSTRUCTION ON ROADWAY |
| | D CONSTRUCTION-REPAIR ZONE |
| | E REDUCED ROADWAY WIDTH |
| | F FLOODED |
| | G OTHER |
| ✓ | H NO UNUSUAL CONDITIONS |

| RIGHT OF WAY CONTROL | |
|---|---|
| | A CONTROLS FUNCTIONING |
| | B CONTROLS NOT FUNCTIONING |
| | C CONTROLS OBSCURED |
| ✓ | D NO CONTROLS PRESENT |

| TYPE OF COLLISION | |
|---|---|
| | A HEAD-ON |
| | B SIDESWIPE |
| | C REAR END |
| ✓ | D BROADSIDE |
| | E HIT OBJECT |
| | F OVERTURNED |
| | G AUTO/PEDESTRIAN |
| | H OTHER |

| MOTOR VEHICLE INVOLVED WITH | |
|---|---|
| | A NON-COLLISION |
| | B PEDESTRIAN |
| | C OTHER MOTOR VEHICLE |
| | D MOTOR VEHICLE ON OTHER ROADWAY |
| | E PARKED MOTOR VEHICLE |
| | F TRAIN |
| ✓ | G BICYCLE |
| | H ANIMAL |
| | I FIXED OBJECT |
| | J OTHER OBJECT |
| | K OTHER |

| PEDESTRIAN'S ACTION | |
|---|---|
| ✓ | A NO PEDESTRIAN INVOLVED |
| | B CROSSING IN CROSSWALK AT INTERSECTION |
| | C CROSSING IN CROSSWALK - NOT AT INTERSECTION |
| | D CROSSING - NOT IN CROSSWALK |
| | E IN ROAD - INCLUDES SHOULDER |
| | F NOT IN ROAD |
| | G APPROACHING/LEAVING SCHOOL BUS |

| 1 | 2 | 3 | 4 | TYPE OF VEHICLE |
|---|---|---|---|---|
| | | | | A PASSENGER CAR (INCLUDES STATION WAGON) |
| | | | | B PASSENGER CAR W/TRAILER |
| | | | | C MOTORCYCLE/SCOOTER |
| | | | | D PICKUP OR PANEL TRUCK |
| ✓ | | | | E PICKUP OR PANEL TRUCK W/TRAILER |
| | | | | F TRUCK OR TRUCK TRACTOR |
| | | | | G TRUCK OR TRUCK TRACTOR W/TRAILER(S) |
| | | | | H SCHOOL BUS |
| | | | | I OTHER BUS |
| | | | | J EMERGENCY VEHICLE |
| | | | | K HIGHWAY CONSTRUCTION EQUIPMENT |
| | ✓ | | | L BICYCLE |
| | | | | M OTHER |

| 1 | 2 | 3 | 4 | OTHER ASSOCIATED FACTOR (MARK ONE TO THREE ITEMS) |
|---|---|---|---|---|
| | | | | A VC SECTION VIOLATION |
| | | | | B VC SECTION VIOLATION |
| | | | | C VC SECTION VIOLATION |
| | | | | D VC SECTION VIOLATION |
| | | | | E VISION OBSCUREMENTS |
| | ✓ | | | F INATTENTION |
| | | | | G STOP & GO TRAFFIC |
| | | | | H ENTERING/LEAVING RAMP |
| | | | | I PREVIOUS COLLISION |
| | | | | J UNFAMILIAR WITH ROAD |
| | | | | K DEFECTIVE VEHICLE EQUIPMENT |
| | | | | L UNINVOLVED VEHICLE |
| | | | | M OTHER* |
| ✓ | | | | N NONE APPARENT |

| 1 | 2 | 3 | 4 | MOVEMENT PRECEDING COLLISION |
|---|---|---|---|---|
| | | | | A STOPPED |
| | ✓ | | | B PROCEEDING STRAIGHT |
| | | | | C RAN OFF ROAD |
| | | | | D MAKING RIGHT TURN |
| ✓ | | | | E MAKING LEFT TURN |
| | | | | F MAKING U TURN |
| | | | | G BACKING |
| | | | | H SLOWING - STOPPING |
| | | | | I PASSING OTHER VEHICLE |
| | | | | J CHANGING LANES |
| | | | | K PARKING MANEUVER |
| | | | | L ENTERING TRAFFIC FROM SHOULDER, MEDIAN, PARKING STRIP OR PRIVATE DRIVE |
| | | | | M OTHER UNSAFE TURNING |
| | | | | N CROSSED INTO OPPOSING LANE |
| | | | | O PARKED |
| | | | | P MERGING |
| | | | | Q TRAVELING WRONG WAY* |
| | | | | R OTHER |

| 1 | 2 | 3 | 4 | SOBRIETY - DRUG - PHYSICAL (MARK ONE TO THREE ITEMS) |
|---|---|---|---|---|
| ✓ | ✓ | | | A HAD NOT BEEN DRINKING |
| | | | | B HBD - UNDER INFLUENCE |
| | | | | C HBD - NOT UNDER INFLUENCE |
| | | | | D HBD - IMPAIRMENT UNKNOWN* |
| | | | | E UNDER DRUG INFLUENCE |
| | | | | F OTHER PHYSICAL IMPAIRMENT* |
| | | | | G IMPAIRMENT NOT KNOWN |
| | | | | H NOT APPLICABLE |

| INVESTIGATED BY | I.D. NUMBER | INVESTIGATED BY | I.D. NUMBER | REVIEWED BY |
|---|---|---|---|---|
| [redacted] | [redacted] | | | |

Typing Program
Report # 27

State of Michigan
OFFICIAL TRAFFIC ACCIDENT REPORT

Department: [redacted] COUNTY SHERIFF

DO NOT USE: 23651

County: [redacted] | City: | Twp.: [redacted] | Date: 9-30-75 | 4:20

ON: Route No. JOY RD | Name | Ft. Mi. N S E W | Intersection: GREGORY LANE | Route No.

State: MICH | Drivers License: [redacted] | DOB: 3-11-30 | Hazardous Action: NONE | HBD | HN | Test

[redacted] | Address | City | State | Age 45 | Sex M | Inj 0

Year 68 | Make 06 | Type 1 | Trailer | Reg. [redacted] | Yr. State 75/mi | Removed to by AWAY DRIVER [redacted]

Seat Position: 1 2 3 4 5 6 | [redacted] | Age W 33 F 0 | Age W 47 F 0

Total Occupants: 1 | Local Use/Owner: SAME | Injured taken to: NONE

State | Drivers License | DOB | Hazardous Action: IMPROPER LEFT TURN | HBD | HN | Test

Driver No. 2 | First | M. | Last | Address | City | State | Age | Sex | Inj

Year | Make | Type | Trailer | Reg. | Yr. State Telegraph | Removed to [redacted]

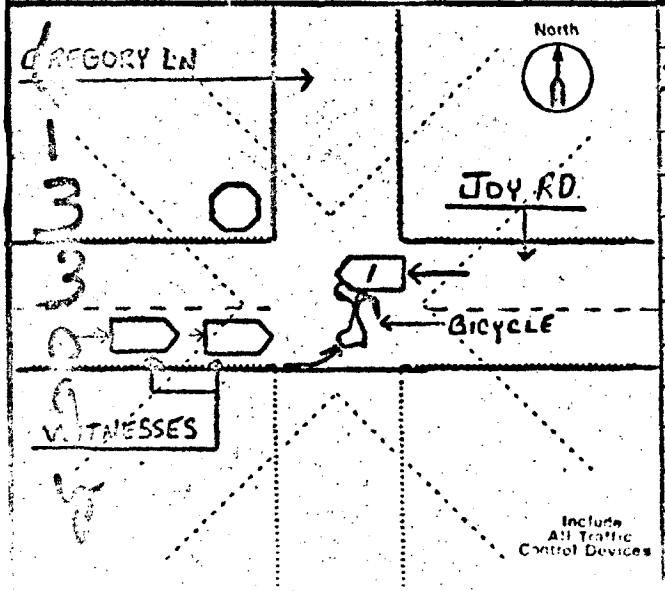
Seat Position: 1 2 3 4 5 6 | [redacted] | Age B 13 M A

Total Occupants | Local Use/Owner: [redacted] | Injured taken to: [redacted]

| WEATHER | LIGHT | ROAD SURFACE | ROAD CONDITION | VISION OBSTRUCTION | VEHICLE DEFECTS |
|---|---|---|---|---|---|
| [X] Clear / Cloudy [ ] Rain [ ] Fog [ ] Snow | [X] Day [ ] Dark [ ] Dawn Dusk [ ] Street Lights | [X] Dry [ ] Snowy Icy [ ] Wet [ ] Other | [ ] Engineering [ ] Maintenance [ ] Construction Zone | [ ] Vehicle #1 [ ] Vehicle #2 Explain [X] None | [ ] Vehicle #1 [ ] Vehicle #2 Explain [X] None |

IMPACT CODE: 8 1 (Veh. #1 Veh. #2 Total Veh.) | TOTAL LANES: 2 [ ] Divided [ ] Limited Access | DRIVER RE-EXAM.: [ ] Driver #1 [ ] Driver #2 | Damage Property Other Than Vehicles: BICYCLE

[redacted]




ACCIDENT DESCRIPTION & REMARKS

INVESTIGATION REVEALED & WITNESS STATED THAT THE BICYCLIST ATTEMPTED TO MAKE A LEFT TURN, DID NOT YIELD TO ONCOMING TRAFFIC AND WAS STRUCK BY VEH #1

Describe all unusual conditions and circumstances

Date Received: 9-30-75 | Time: 4:30 A.M. | Investigator: [redacted]

Photos by | Charge: NONE

1 2 POLICE ACTION
[ ] Cited for Hazardous Vio.
[ ] Cited for Other Violation
[X] No Enforcement Action
[ ] Investigated at Scene

Comp. Status: open / closed

This form is prescribed by Director, Michigan State Police

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program
Report # 28

**TIME & LOCATION**

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY |
|---|---|---|
| 12 June 1975 | Thursday | 6:02 PM |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY: [redacted]

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN ..... ☐ Feet ☐ Miles ☐ N ☐ S ☐ E ☐ W of ..... City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: Woodline Place (Use State or County Road Number or Name) ☐ Exit Ramp ☐ Entrance R. ☐ At its intersection with ☐ Influenced by intersection ..... Highway Number or Name of Intersecting Street

IF NOT AT INTERSECTION: 150 ☒ Feet ☐ Miles ☒ N ☐ S ☐ E ☐ W of Grandview Ave (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): NO

DO NOT WRITE IN SPACE ABOVE

**TYPE MOTOR VEHICLE ACCIDENT**

| | | | | | | |
|---|---|---|---|---|---|---|
| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN | |
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON-CONTACT |

TOTAL NO. VEH. INVOLVED: 2

**VEHICLE 1**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 75 | Ted Williams | Bicycle | | | | [redacted] |

Area of Vehicle Damage: 7 9 — Damage Scale: — Damage Severity: — AMOUNT (Approximate): $30.00 — Safety Equipment: — VEHICLE REMOVED BY: Owner

NAME OF INSURANCE (Liability Only): N/A — POLICY NO. — ☐ Owner ☐ Driver ☐ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name): Same as driver — ADDRESS (Number and street) — CITY and STATE

DRIVER (Exactly as on driver's license): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE

| OCCUPATION | License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | N/A | N/A | N/A | 09-28-65 | W | M | 0 | 2 | 3 |

| OCCUPANTS | Name | ADDRESS - Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | N | | | | | | | | |
| Front right | o | | | | | | | | |
| Rear left | N | | | | | | | | |
| Rear center | e | | | | | | | | |
| Rear right | | | | | | | | | |

**VEHICLE 2 or ~~PEDESTRIAN~~**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 64 | Ford | Van | [redacted] | Fla | 75 | [redacted] |

Area of Vehicle Damage: 1 — Damage Scale: 1 — Damage Severity: 1 — AMOUNT (Approximate): $100.00 — Safety Equipment: 0 — VEHICLE REMOVED BY: Owner

NAME OF INSURANCE (Liability Only): Associated Indemnity [redacted] — POLICY NO. — ☒ Owner ☒ Driver ☐ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name): Same as driver — ADDRESS (Number and street) — CITY and STATE

DRIVER (Exactly as on driver's license): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Carpenter | OP | [redacted] | Fla | 08-05-50 | W | M | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS - (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | N | | | | | | | | |
| Front right | o | | | | | | | | |
| Rear left | N | | | | | | | | |
| Rear center | e | | | | | | | | |
| Rear right | | | | | | | | | |

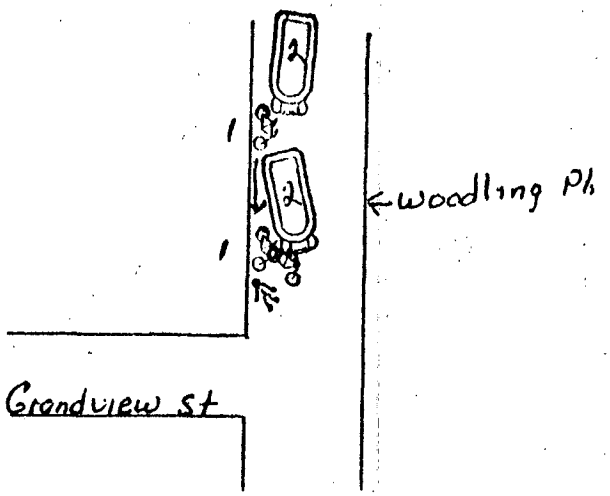
| PROPERTY DAMAGED Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| None | | | | |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | | DATE OF REPORT |
|---|---|---|---|---|---|
| [redacted] | | [redacted] | [redacted] | ☐ F.H.P. ☒ C.P.D. ☐ S.O. ☐ Other | 6/12/75 |

FHP 3 Revised 1-1-72

SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED - (Number each vehicle and show direction of travel by arrow)




INDICATE NORTH WITH ARROW

POINT OF IMPACT

| Vehicle No. | 1 | 2 |
|---|---|---|
| Front | | ☒ |
| Right front | | |
| Left front | | |
| Right side | | |
| Left side | | |
| Rear | | |
| Right rear | | |
| Left rear | ☒ | |

DESCRIBE WHAT HAPPENED - Refer to vehicles by number)

Vehicle #1 was traveling South on Woodling Pl. and hit the curb. This caused driver of vehicle #1 to loose control of his vehicle and turn in front of vehicle #2

*WHAT VEHICLES WERE DOING BEFORE ACCIDENT

VEHICLE No. 1 was traveling ☐ ☒ ☐ ☐ (N S E W) On Woodling Pl. at ..... Approximately M.P.H.

VEHICLE No. 2 was traveling ☐ ☒ ☐ ☐ (N S E W) On Woodling Pl. at ..... M.P.H.

| | Vehicle 1 | Vehicle 2 |
|---|---|---|
| Going straight ahead | ☒ | ☒ |
| Overtaking | ☐ | ☐ |
| Making right turn | ☐ | ☐ |
| Making left turn | ☐ | ☐ |
| Slowing or Stopping | ☐ | ☐ |
| Changing lanes | ☐ | ☐ |
| Starting from parked position | ☐ | ☐ |
| Stopped or parked | ☐ | ☐ |
| Other (explain above) | ☐ | ☐ |

*WHAT PEDESTRIAN WAS DOING

PEDESTRIAN was going ☐ ☐ ☐ ☐ (N S E W) ☐ Along ☐ Across or into ..... (Street name, highway no.) from ..... (N.E. corner to S.E. corner, etc.) to ..... Color of Clothing ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at Intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at Intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway - with traffic | ☐ Standing in safety zone | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway - against traffic | ☐ Lying or Sitting on roadway | ☐ Other working in roadway | ☐ Other (explain above) |

DRIVERS AND VEHICLES

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| VEHICLE DEFECTS | 0 | | | 0 |
| CONTRIBUTING CIRCUMSTANCES | 18 | | 0 | |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 5 |
| WEATHER | 1 | TRAFFIC CONTROL | 3 | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 4 |
| ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 0 | | |

WITNESSES other than occupants

| NAME | ADDRESS - Number and street | City and State |
|---|---|---|
| [redacted] | [redacted] | |
| [redacted] | | |

FIRST AID GIVEN BY: None Given

☐ Doctor or Nurse ☐ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO: [redacted] BY: Parents in POV

☐ Priv. Ambulance ☒ Other (Explain) ☐ Gov't. Ambulance

CHEMICAL TEST: TEST RESULTS:

| | YES | NO |
|---|---|---|
| Driver No. 1 | ☐ | ☒ |
| Driver No. 2 | ☐ | ☒ |

ARREST

| NAME | CHARGE | Citation No. |
|---|---|---|
| None | | |
| | | |

PHOTOGRAPHS TAKEN ☐ Yes ☒ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| June 12 1975 6:03PM | 6:04PM | Yes | Yes |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program
Report # 29

**TIME & LOCATION**

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY |
|---|---|---|
| 8-25 | Monday | 5:30 |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY:

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: 1 ☐ Feet ☒ Miles ☒ N ☐ S ☐ E ☐ W Of [redacted] City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: Victoria Ave (Use State or County Road Number or Name) ☐ Exit Ramp ☐ Entrance R. ☐ At its intersection with ☐ Influenced by intersection (Highway Number or Name of Intersecting Street)

IF NOT AT INTERSECTION: 10 ☒ Feet ☐ Miles ☐ N ☐ S ☒ E ☐ W Of Limona Ave (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): No

DO NOT WRITE IN SPACE ABOVE

**TYPE MOTOR VEHICLE ACCIDENT**

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON-CONTACT |

TOTAL NO. VEH. INVOLVED: 1

**VEHICLE 1**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 1974 | Ford | Coach | [redacted] | Fla | 1974 | [redacted] |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| 7 | 0 | 0 | None | 3 | Owner |

NAME OF INSURANCE (Liability Only): State Farm Ins POLICY NO. [redacted] Owner ☒ Driver ☒ ☒ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name): [redacted] ADDRESS (Number and street): [redacted] CITY and STATE: [redacted]

DRIVER: [redacted] ADDRESS (Number and street): [redacted] CITY and STATE: [redacted]

| OCCUPATION | License Type | OPERATOR'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| [redacted] | OP | [redacted] | Fla | 9-15-40 | W | F | C | C | C |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | [redacted] | | | | | | | | |
| Front right | [redacted] | [redacted] | | 8 | B | [redacted] | C | C | C |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

**VEHICLE 2 OR PEDESTRIAN**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| [redacted] | K-Mart | Bicycle | N/A | N/A | | None |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| 1 | 0 | 0 | None | 0 | Owner |

NAME OF INSURANCE (Liability Only): N/A. POLICY NO. Owner ☐ Driver ☐ ☒ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name): [redacted] ADDRESS (Number and street): [redacted] CITY and STATE: [redacted]

DRIVER: [redacted] ADDRESS (Number and street): [redacted] CITY and STATE: [redacted]

| OCCUPATION | License Type | OPERATOR'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | N/A | N/A | N/A | 9-30-62 | W | F | C | C | 3 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | [redacted] | [redacted] | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

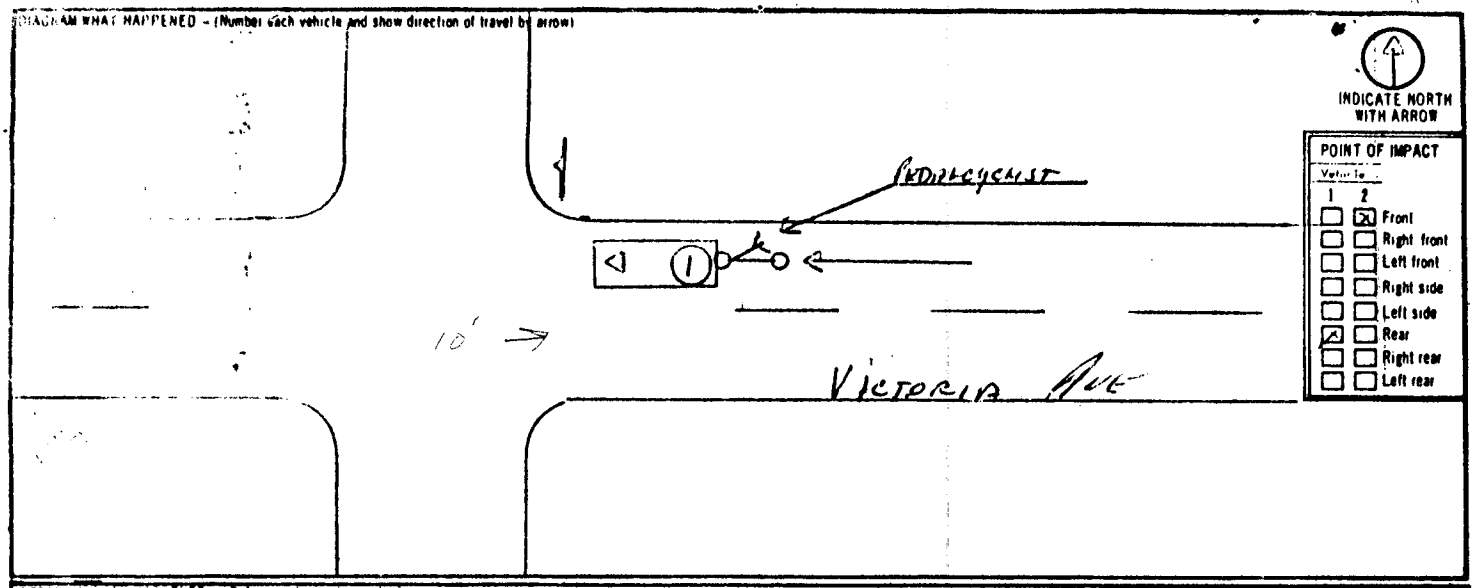
| PROPERTY DAMAGE – Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| None | N/A | | | |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | DATE OF REPORT |
|---|---|---|---|---|
| [redacted] | [redacted] | | ☒ F.H.P. ☐ C.P.D. ☐ S.O. ☐ Other | 1-23-75 |

FHP – 3 Revised 1-1-72

SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)




POINT OF IMPACT

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☐ | ☒ | Front |
| ☐ | ☐ | Right front |
| ☐ | ☐ | Left front |
| ☐ | ☐ | Right side |
| ☐ | ☐ | Left side |
| ☒ | ☐ | Rear |
| ☐ | ☐ | Right rear |
| ☐ | ☐ | Left rear |

DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

VEHICLE #1 WAS WEST BOUND ON VICTORIA AVE. PEDALCYCLIST WAS WEST-BOUND ON VICTORIA AVE. VEHICLE #1 CAME TO A STOP AT STOP SIGN PEDALCYCLIST FAILED TO STOP AND COLLIDED INTO THE REAR of VEHICLE #1

*WHAT VEHICLES WERE DOING BEFORE ACCIDENT

VEHICLE No. 1 was traveling ☐ ☐ ☐ ☒ On VICTORIA AVE at 0 M.P.H. (Approximately)

VEHICLE No. 2 was traveling ☐ ☐ ☐ ☒ (N S E W) On VICTORIA AVE at UNK M.P.H.

| Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | | Vehicle 1 | Vehicle 2 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☒ | Going straight ahead | ☐ | ☐ | Making right turn | ☐ | ☐ | Slowing or Stopping | ☐ | ☐ | Starting from parked position |
| ☐ | ☐ | Overtaking | ☐ | ☐ | Making left turn | ☐ | ☐ | Changing lanes | ☒ | ☐ | Stopped or parked |
| | | | | | | | | | ☐ | ☐ | Other (explain above) |

*WHAT PEDESTRIAN WAS DOING

PEDESTRIAN was going (check one) ☐ ☐ ☐ ☐ (N S E W)

☐ Along
☐ Across or into ..... (Street name, highway no.) from ..... (N.E. corner to S.E. corner, etc.) to .....

Color of Clothing: ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at Intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at Intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway – with traffic | ☐ Standing in safety zone | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway – against traffic | ☐ Lying or Sitting on roadway | ☐ Other working in roadway | ☐ Other (explain above) |

DRIVERS AND VEHICLES

| | VEHICLE 1 | | VEHICLE 2 (Ped) | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| VEHICLE DEFECTS | 0 | | 0 | |
| CONTRIBUTING CIRCUMSTANCES | 0 | | 18 | |
| | | | 1 | |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 5 |
| | WEATHER | 1 | TRAFFIC CONTROL | 1 | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 4 |
| | ROAD SURFACE | 1 | TYPE LOCATION | 4 | VISION OBSCURED | 0 | | |

WITNESSES other than occupants

| NAME | ADDRESS – Number and street | City and State |
|---|---|---|
| [redacted] | [redacted] | [redacted] |

FIRST AID GIVEN BY: NONE

☐ Doctor or Nurse ☐ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO: [redacted] BY: Hosp Mother

☐ Priv. Ambulance ☒ Other (Explain) ☒ Gov't. Ambulance

CHEMICAL TEST: YES NO — TEST RESULTS:

Driver No. 1 ☐ ☒
Driver No. 2 ☐ ☒

ARREST

| NAME | CHARGE | Citation No. |
|---|---|---|
| NONE | | |
| | | |

PHOTOGRAPHS TAKEN: ☐ Yes ☒ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 7-28 1975 5:54 P M | 6:15 P M | YES | YES |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program
Report # 30

**TIME & LOCATION**

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY |
|---|---|---|
| 1-12-75 | Sunday | 5:20 PM |

COUNTY: [redacted] CITY, TOWN OR COMMUNITY: [redacted]

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: ☐ Feet ☐ Miles ☐N ☐S ☐E ☐W of City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: Jersey AVE. (Use State or County Road Number or Name) ☐ Exit Ramp ☐ Entrance R. ☐ At its intersection with ☐ Influenced by intersection — Highway Number or Name of Intersecting Street

IF NOT AT INTERSECTION: 10 ☒ Feet ☐ Miles ☐N ☐S ☐E ☒W of Kings Way Rd (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): NO

DO NOT WRITE IN SPACE ABOVE

**TYPE MOTOR VEHICLE ACCIDENT**

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT | NON CONTACT |

TOTAL NO. VEH. INVOLVED: 2

**VEHICLE 1**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO |
|---|---|---|---|---|---|---|
| 1973 | Plymouth | 2 dr. | [redacted] | FLA | 1975 | [redacted] |

Area of Vehicle Damage: 4 | Damage Scale: 1 | Damage Severity: 1 | AMOUNT (Approximate): 100.00 | Safety Equipment: 3 | VEHICLE REMOVED BY: OWNER

NAME OF INSURANCE (Liability Only): Florida Auto. Liability | POLICY NO.: [redacted] | Owner ☒ Driver ☒ | ☒ Owner's Request ☐ Other (Explain) | ☐ Rotation List

OWNER (Print or type FULL name): SAME AS driver | ADDRESS (Number and street) | CITY and STATE

DRIVER (Exactly as on driver's license): [redacted] | (Number and street): [redacted] | CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| UN-EMP. | OP | [redacted] | FLA | 3-10-54 | W | M | 1 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | NONE | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

**~~VEHICLE 2~~ Pedalcyclist**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| | | N | A | | | |

Area of Vehicle Damage: | Damage Scale: N | Damage Severity: | AMOUNT (Approximate): | Safety Equipment: | VEHICLE REMOVED BY:

NAME OF INSURANCE (Liability Only): | POLICY NO.: | Owner ☐ Driver ☐ | ☐ Owner's Request ☐ Other (Explain) | ☐ Rotation List

OWNER (Print or type FULL name): SAME AS driver | ADDRESS (Number and street) | CITY and STATE

DRIVER (Exactly as on driver's license): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | — | NONE | — | 9-23-58 | W | M | 0 | 0 | 4 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | NONE | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

| PROPERTY DAMAGED–Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| Texas Ranger Bicycle | 50.00 | SAME AS | Driver | |

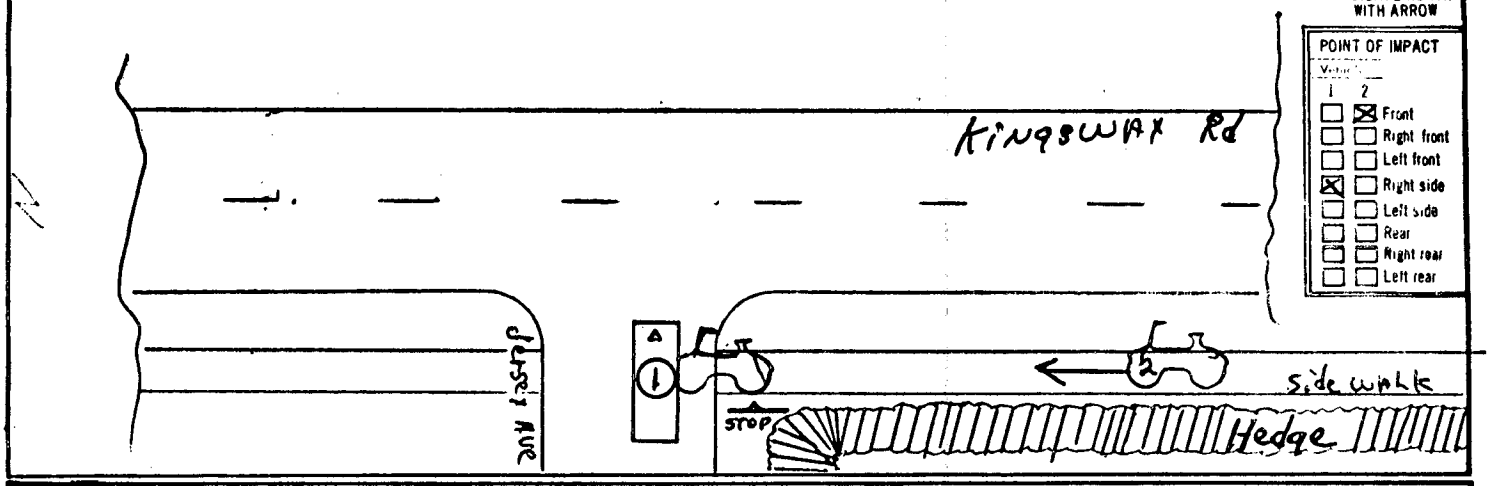
| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | DATE OF REPORT |
|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | ☒ F.H.P. ☐ C.P.D. ☐ S.O. ☐ Other | 1-12-75 |

FHP – 3 Revised 1-1-72

SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)

INDICATE NORTH WITH ARROW




POINT OF IMPACT

| Vehicle | 1 | 2 |
|---|---|---|
| Front | | ☒ |
| Right front | | |
| Left front | | |
| Right side | ☒ | |
| Left side | | |
| Rear | | |
| Right rear | | |
| Left rear | | |

DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

Vehicle #1 Traveling East on Jersey Ave, Pedalcyclist Traveling North on sidewalk, Parallel to Kingsway Rd. Vehicle #1 After stopping proceeded to make a left turn, and was struck in the Right side by the Pedalcyclist.

***WHAT VEHICLES WERE DOING BEFORE ACCIDENT**

VEHICLE No. 1 was traveling ☐ ☐ ☒ ☐ (N S E W) On Jersey Ave at 7 Approximately M.P.H.

VEHICLE No. 2 was traveling ☒ ☐ ☐ ☐ (N S E W) On Sidewalk at 10 M.P.H.

| | Vehicle 1 | Vehicle 2 |
|---|---|---|
| Going straight ahead | | ☒ |
| Overtaking | | |
| Making right turn | | |
| Making left turn | | |
| Slowing or Stopping | ☒ | |
| Changing lanes | | |
| Starting from parked position | | |
| Stopped or parked | | |
| Other (explain above) | | |

***WHAT PEDESTRIAN WAS DOING**

PEDESTRIAN was going (check one) ☐ ☐ ☐ ☐ (N S E W) ☐ Along ☐ Across or into ..... (Street name, highway no.) from ..... (N.E. corner to S.E. corner, etc.) to ..... Color of Clothing ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| Crossing at Intersection | Stepped into path of Vehicle | Getting on or off Vehicle | Playing in roadway |
| Crossing not at Intersection | Standing in roadway | Hitching on Vehicle | Other roadway |
| Walking in roadway – with traffic | Standing in safety zone | Pushing or working on Vehicle | Not in roadway |
| Walking in roadway – against traffic | Lying or Sitting on roadway | Other working in roadway | Other (explain above) |

**DRIVERS AND VEHICLES**

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| VEHICLE DEFECTS | 0 | | 0 | |
| CONTRIBUTING CIRCUMSTANCES | 0 | | 0 | |

**ACCIDENT Characteristics**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 5 |
| WEATHER | 2 | TRAFFIC CONTROL | STOP SIGN | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 4 |
| ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 8 | | |

**WITNESSES other than occupants**

| NAME | ADDRESS – Number and street | City and State |
|---|---|---|
| [redacted] | [redacted] | [redacted] |

FIRST AID GIVEN BY: NONE

☐ Doctor or Nurse ☐ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO: NONE BY: ☐ Priv. Ambulance ☐ Other (Explain) ☐ Gov't. Ambulance

CHEMICAL TEST: YES NO — Driver No. 1 ☐ ☒ — Driver No. 2 ☐ ☒ — TEST RESULTS:

**ARREST**

| NAME | CHARGE | Citation No. |
|---|---|---|
| NONE | | |
| | | |

PHOTOGRAPHS TAKEN ☐ Yes ☒ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 1-12-75 19 5:27 PM | 5:34 PM | YES | Yes |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program
Report # 31

**TIME & LOCATION**

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY | GRID |
|---|---|---|---|
| 15 APR 75 | TUESDAY | 7:40 AM | 189 |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY: [redacted]

ROAD ON WHICH ACCIDENT OCCURRED: S. QUINCY (Use State or County Road Number or Name)

☐ Exit Ramp ☐ Entrance R.

☒ At the intersection with ☐ Influenced by intersection: MARLIN (Highway Number or Name of Intersecting Street)

IF NOT AT INTERSECTION: ☐ Feet ☐ Miles ☐ N ☐ S ☐ E ☐ W Of: Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve

IS ENGINEERING STUDY NEEDED (If so explain): NO

ASHT. No. | REFERRED TO ☐ RETAINED BY ☒ (DIVISION) D-1 | ASSIGNED TO | DATE | Accident No. 75-04922

DO NOT WRITE IN SPACE ABOVE

**TYPE MOTOR VEHICLE ACCIDENT**

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT / NON-CONTACT |

TOTAL NO. VEH. INVOLVED: 1

**VEHICLE 1**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. | Damage Sticker No. |
|---|---|---|---|---|---|---|---|
| 67 | TOYOTA | SW | [redacted] | FLA | 75 | [redacted] | |

Area of Vehicle Damage: 1 3 | Damage Scale: 1 | Damage Severity: 1 | AMOUNT (Approximate): $35.00 | Safety Equipment: 3 | VEHICLE REMOVED BY: DRIVER

NAME OF INSURANCE (Liability Only): STATE FARM | POLICY NO.: [redacted] | Owner ☐ Driver ☐ | ☐ Owner's Request ☐ Other (Explain) | ☐ Rotation List

OWNER (Print or type FULL name): SAME AS DRIVER | ADDRESS (Number and street): [redacted] | CITY and STATE | Phone

DRIVER (Exactly as on driver's license): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE | Phone: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| TELLER | OP | [redacted] | FLA | 5 MAR 56 | W | F | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | Phone | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|---|
| Front center | [redacted] | | | | 18 | | | | | |
| Front right | | | | | | | | | | |
| Rear left | | | | | | | | | | |
| Rear center | | | | | | | | | | |
| Rear right | | | | | | | | | | |

**VEHICLE 2 or ~~PEDESTRIAN~~ BICYCLE**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. | Damage Sticker No. |
|---|---|---|---|---|---|---|---|
| 72 | HUFFY | 24 INBOYS | NONE | N/A | N/A | N/A | |

Area of Vehicle Damage: 1 | Damage Scale: 1 | Damage Severity: 1 | AMOUNT (Approximate): $15.00 | Safety Equipment: 0 | VEHICLE REMOVED BY: DRIVER

NAME OF INSURANCE (Liability Only): N/A | POLICY NO. | Owner ☐ Driver ☐ | ☒ Owner's Request ☐ Other (Explain) | ☐ Rotation List

OWNER (Print or type FULL name): Bike - Sam | ADDRESS (Number and street): [redacted] | CITY and STATE | Phone

DRIVER (Exactly as on driver's license): [redacted] | ADDRESS (Number and street): [redacted] | CITY and STATE | Phone: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| STUDENT | | N/A | | 26 MAR 65 | W | M | 0 | 0 | 4 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | Phone | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|---|
| Front center | [redacted] | | | | 10 | | | | | |
| Front right | [redacted] | | | | | | | | | |
| Rear left | | | | | | | | | | |
| Rear center | | | | | | | | | | |
| Rear right | | | | | | | | | | |

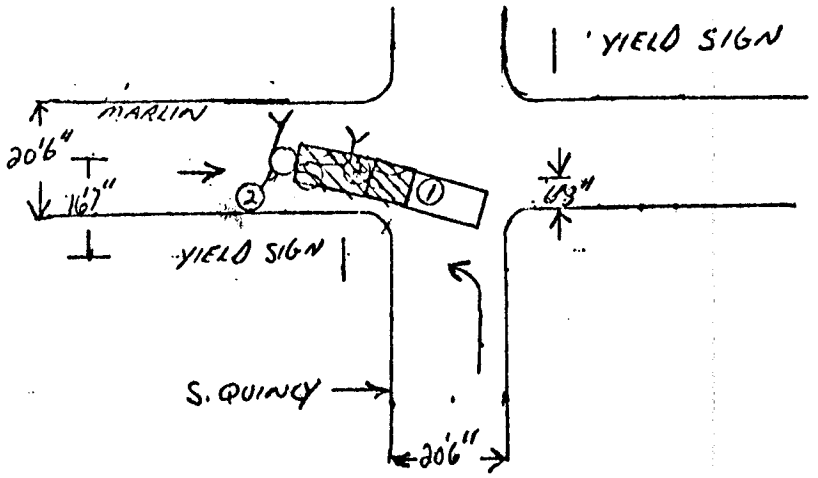
| PROPERTY DAMAGE – Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE | Phone |
|---|---|---|---|---|---|
| None | | | | | |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | DIST. | DEPARTMENT | Approved By | DATE OF REPORT |
|---|---|---|---|---|---|
| [redacted] | 187 | D-1 | [redacted] POLICE | [redacted] | 15 APR 75 |

FHP – 3 Revised 1-1-72

SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)




INDICATE NORTH WITH ARROW

POINT OF IMPACT

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☒ | ☒ | Front |
| ☐ | ☐ | Right front |
| ☐ | ☐ | Left front |
| ☐ | ☐ | Right side |
| ☐ | ☐ | Left side |
| ☐ | ☐ | Rear |
| ☐ | ☐ | Right rear |
| ☐ | ☐ | Left rear |

Posted Speed: 30 MPH

Measurements: TAPED

DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

UNIT #1 TRAVELING NORTH ON QUINCY AVE. IN EAST LANE ATTEMPTED TO MAKE LEFT TURN ONTO MARLIN AVE, SPEED APPROX 15MPH, DRIVER MADE IMPROPER TURN ONTO MARLIN ST, STRIKING UNIT #2 APPROX 16FT FROM APPEX OF CURVE, WITH FRONT.

UNIT #2 TRAVELING EAST ON MARLIN AVE IN SOUTH LANE, SPEED 5MPH SLOWED FOR ONCOMING TRAFFIC, WAS STRUCK APPROX 6'8" FROM YIELD SIGN AND DRAGGED 15FT. TO APPROX CENTER OF STREET.

*WHAT VEHICLES WERE DOING BEFORE ACCIDENT

VEHICLE No. 1 was traveling ☒ N ☐ S ☐ E ☐ W On S. QUINCY AVE at 15 Approximately M.P.H.

VEHICLE No. 2 was traveling ☐ N ☐ S ☒ E ☐ W On MARLIN at 5 Approximately M.P.H.

● Accident No.

| | Vehicle 1 | Vehicle 2 |
|---|---|---|
| Going straight ahead | ☐ | ☒ |
| Overtaking | ☐ | ☐ |
| Making right turn | ☐ | ☐ |
| Making left turn | ☒ | ☐ |
| Slowing or Stopping | ☐ | ☐ |
| Changing lanes | ☐ | ☐ |
| Starting from parked position | ☐ | ☐ |
| Stopped or parked | ☐ | ☐ |
| Other (explain above) | ☐ | ☐ |

*WHAT PEDESTRIAN WAS DOING

PEDESTRIAN was going (check one) ☐ N ☐ S ☐ E ☐ W ☐ Along ☐ Across or into ..... (Street name, highway no.) from ..... (N.E. corner to S.E. corner, etc.) to ..... Color of Clothing ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at Intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at Intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway – with traffic | ☐ Standing in safety zone | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway – against traffic | ☐ Laying or setting in roadway | ☐ Other working in roadway | ☐ Other (explain above) |

DRIVERS AND VEHICLES

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| VEHICLE DEFECTS | 0 | | 0 | |
| CONTRIBUTING CIRCUMSTANCES | 11 | | 0 | |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 5 |
| | WEATHER | 3 | TRAFFIC CONTROL | YIELD | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 4 |
| | ROAD SURFACE | 2 | TYPE LOCATION | 3 | VISION OBSCURED | 1 | TYPE ROAD SURFACE | ASPHALT |

WITNESSES other than occupants

| NAME | ADDRESS – Number and street | City and State | Phone |
|---|---|---|---|
| NONE | | | |

FIRST AID GIVEN BY: N/A ☐ Doctor or Nurse ☐ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO: N/A BY: ☐ Priv. Ambulance ☐ Other (Explain) ☐ Gov't. Ambulance

CHEMICAL TEST: YES NO — TEST RESULTS:
Driver No. 1 ☐ ☒ .....
Driver No. 2 ☐ ☒ .....

ARREST

| NAME | CHARGE | Citation No. |
|---|---|---|
| [redacted] | IMPROPER TURN | 867-841K |
| | | |

PHOTOGRAPHS TAKEN: ☐ Yes ☒ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 15 APR 1975 7:40AM | 7:45AM | YES | YES |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program
Report # 32

**TIME & LOCATION**

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY | GRID |
|---|---|---|---|
| 5 SEPT 75 | FRIDAY | 8:05 AM | 163 |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY: [redacted]

ROAD ON WHICH ACCIDENT OCCURRED: W. WATROUS AVE (On State or County Road Number or Name) — ☐ Exit Ramp ☐ Entrance R. — ☐ At its intersection with ☐ Influenced by intersection — Highway Number or Name of Intersecting Street

IF NOT AT INTERSECTION: 75 ☒ Feet ☐ Miles ☐N ☐S ☐E ☒W of S. HUBERT ST. (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): NO

| ASNT. No. | REFERRED TO ☐ / RETAINED BY ☒ | (DIVISION) | ASSIGNED TO | DATE | Accident No. [redacted] |
|---|---|---|---|---|---|

DO NOT WRITE IN SPACE ABOVE

**TYPE MOTOR VEHICLE ACCIDENT**

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT / NON-CONTACT |

TOTAL NO. VEH. INVOLVED

**VEHICLE 1**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. | Damage Sticker No. |
|---|---|---|---|---|---|---|---|
| 71 | BUICK | SEDAN | [redacted] | FLA | 76 | [redacted] | |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| 1 | 0 | 0 | -0- | 3 | DRIVER |

NAME OF INSURANCE (Liability Only): AMICA — POLICY NO.: [redacted] — Owner ☒ Driver ☐ — ☐ Owner's Request ☐ Other (Explain) — ☐ Rotation List

OWNER (Print or type FULL name): [redacted] — ADDRESS (Number and street): [redacted] — CITY and STATE — Phone

ADDRESS (Number and street): [redacted] — CITY and STATE — Phone

| DRIVER (Exactly as on driver's license) | License Type | CASE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| STUDENT | OP | [redacted] | FLA | 09-17-57 | W | M | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | Phone | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|---|
| Front center | [redacted] | | | | | | | | | |
| Front right | | | | | | | | | | |
| Rear left | | | | | | | | | | |
| Rear center | | | | | | | | | | |
| Rear right | | | | | | | | | | |

**~~VEHICLE 2~~ or PEDESTRIAN**

| YEAR | MAKE | TYPE (Sedan, Truck, Bus) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. | Damage Sticker No. |
|---|---|---|---|---|---|---|---|
| 73 | COLUMBIA | BIKE | — | — | — | | |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| 7 | 2 | 3 | 75.00 | 0 | |

NAME OF INSURANCE (Liability Only): — POLICY NO.: — Owner ☐ Driver ☐ — ☐ Owner's Request ☐ Other (Explain) — ☐ Rotation List

OWNER (Print or type FULL name): — ADDRESS (Number and street): — CITY and STATE — Phone

ADDRESS (Number and street): [redacted] — CITY and STATE — Phone [redacted]

| DRIVER (Exactly as on driver's license) | License Type | CASE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| STUDENT | | [redacted] | | 06-23-63 | W | M | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | Phone | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|---|
| Front center | [redacted] | | | | | | | | | |
| Front right | | | | | | | | | | |
| Rear left | | | | | | | | | | |
| Rear center | | | | | | | | | | |
| Rear right | | | | | | | | | | |

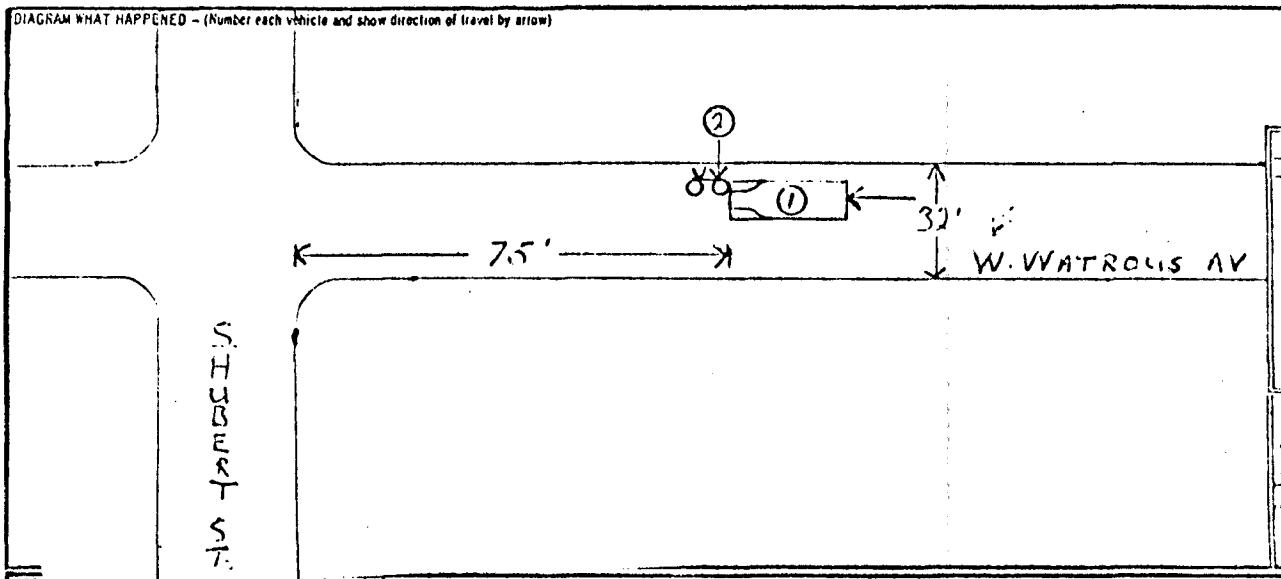
| PROPERTY DAMAGED–Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE | Phone |
|---|---|---|---|---|---|
| | | | | | |

| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | DIST. | DEPARTMENT | Approved by | DATE OF REPORT |
|---|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | TAMPA POLICE | [redacted] | 5 SEPT 75 |

PHP – 3 Revised 1-1-73

SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)




POINT OF IMPACT

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☒ | ☐ | Front |
| ☐ | ☐ | Right front |
| ☐ | ☐ | Left front |
| ☐ | ☐ | Right side |
| ☐ | ☐ | Left side |
| ☐ | ☒ | Rear |
| ☐ | ☐ | Right rear |
| ☐ | ☐ | Left rear |

Posted Speed: 30 MPH

Measurements: PACED

DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

UNIT #1 TRAVELING EAST ON W. WATROUS AV. 25 MPH. DRIVERS VISION WAS BLOCKED BY THE SUNGLARE ON THE WINDSHIELD AND FAILED TO OBSERVE PEDALCYCLIST AHEAD AND STRUCK UNIT #2 WITH FRONT.

UNIT #2 TRAVELING EAST ON W. WATROUS, PEDALCYCLIST WAS STRUCK ON REAR BY UNIT #1.

*WHAT VEHICLES WERE DOING BEFORE ACCIDENT

VEHICLE No. 1 was traveling ☐ ☐ ☒ ☐ (N S E W) On W. WATROUS at 25 M.P.H. (Approximately)

VEHICLE No. 2 was traveling ☐ ☐ ☐ ☐ (N S E W) On ..... at ..... M.P.H.

Accident No. 75T-10765

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☒ | ☐ | Going straight ahead |
| ☐ | ☐ | Overtaking |
| ☐ | ☐ | Making right turn |
| ☐ | ☐ | Making left turn |
| ☐ | ☐ | Slowing or Stopping |
| ☐ | ☐ | Changing lanes |
| ☐ | ☐ | Starting from parked position |
| ☐ | ☐ | Stopped or parked |
| ☐ | ☐ | Other (explain above) |

*WHAT PEDESTRIAN WAS DOING

PEDESTRIAN was going (check one) ☐ ☐ ☒ ☐ (N S E W)

☐ Along
☐ Across or into WATROUS (Street name, highway no.) from MANHATTAN to HUBERT (N.E. corner to S.E. corner, etc.)

Color of Clothing: ☐ Dark ☒ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at Intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at Intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway – with traffic | ☐ Standing [illegible] | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway – against traffic | ☐ Laying or setting in roadway | ☐ Other working in roadway | ☐ Other (explain above) |

DRIVERS AND VEHICLES

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | | |
| VEHICLE DEFECTS | 0 | | | |
| CONTRIBUTING CIRCUMSTANCES | 18 | | | |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 5 |
| | WEATHER | 1 | TRAFFIC CONTROL | 0 | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 4 |
| | ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 12 | TYPE ROAD SURFACE | |

WITNESSES other than occupants

| NAME | ADDRESS – Number and street | City and State | Phone |
|---|---|---|---|
| | | | |

FIRST AID GIVEN BY: FIRE RESCUE

☐ Doctor or Nurse ☒ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO: [redacted] BY: HOSPITAL U.C.A

☐ Priv. Ambulance ☐ Other (Explain) ☒ Gov't. Ambulance

CHEMICAL TEST — TEST RESULTS:

| | YES | NO | |
|---|---|---|---|
| Driver No. 1 | ☐ | ☒ | |
| Driver No. 2 | ☐ | ☐ | |

ARREST

| NAME | CHARGE | Citation No. |
|---|---|---|
| [redacted] | CARELESS DRIVING | 872-291 L |
| | | |

PHOTOGRAPHS TAKEN: ☐ Yes ☒ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 5 SEPT 1975 8:11 AM | 8:13 AM | YES | YES |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA 32304

Typing Program
Report # 33

## TIME & LOCATION

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY |
|---|---|---|
| 11-3-75 | Monday | 4:15 P. |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY: [redacted]

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN ☐ Feet ☐ Miles ☐N ☐S ☐E ☐W of City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: Parking Lot [redacted] Apts. (Use State or County Road Number or Name) ☐ Exit Ramp ☐ Entrance R. ☐ At or Intersection with ☐ Influenced by Intersection — Highway Number or Name of Intersecting Street

IF NOT AT INTERSECTION: .2 ☐ Feet ☒ Miles ☐N ☐S ☐E ☒W of Pine Hills Road (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): No

DO NOT WRITE IN SPACE ABOVE

## TYPE MOTOR VEHICLE ACCIDENT

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT |
| | | | | | NON CONTACT |

TOTAL NO. VEH. INVOLVED: 1

## VEHICLE 1

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO |
|---|---|---|---|---|---|---|
| 1970 | Dodge | 2 Door | [redacted] | Fla. | 1976 | [redacted] |

| Area of Vehicle Damage | | | | | | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 4 | 5 | | | | 1 | 1 | $100.00 | 1 | Driveable |

NAME OF INSURANCE (Liability Only): UTICA Inc. POLICY NO.: Unknown

Owner ☒ Driver ☐ ☐ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name): Same as driver ADDRESS (Number and street) CITY and STATE

DRIVER (Exactly as on driver's license): [redacted] ADDRESS (Number and street): [redacted] CITY and STATE

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E | Eject | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Bartender | CH | [redacted] | Fla. | ~~8-20-47~~ | W | F | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS - Number and Street | City and State | AGE | RACE | SEX | Safety E | Eject | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | [redacted] | Same as driver | 8-2-47 | 5 | W | M | 0 | 0 | 0 |
| Front right | [redacted] | Same as driver | | 3 | W | M | 0 | 0 | 0 |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

## VEHICLE 2 or PEDESTRIAN

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO | STATE | YEAR | VEHICLE IDENTIFICATION NO |
|---|---|---|---|---|---|---|
| Unk. | Unknown | Bicycle | | | | |

| Area of Vehicle Damage | | | | | | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

NAME OF INSURANCE (Liability Only): POLICY NO.

Owner ☐ Driver ☐ ☐ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name) ADDRESS (Number and street) CITY and STATE

DRIVER (Exactly as on driver's license): [redacted] ADDRESS (Number and street) CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE (Month, Day, Year) OF BIRTH | RACE | SEX | Safety E | Eject | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | | | | 5-3-63 | W | M | 0 | 2 | 3 |

| OCCUPANTS | Name | ADDRESS - (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | None | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

| PROPERTY DAMAGED-Other than vehicles | AMOUNT | OWNER - Name | ADDRESS - Number and Street | CITY and STATE |
|---|---|---|---|---|
| Bicycle | 0 | [redacted] | [redacted] | [redacted] |

| INVESTIGATOR - Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | DATE OF REPORT |
|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | ☒ F.H.P. ☐ C.P.D. ☐ S.O. ☐ Other | 11-3-75 |

FHP - 3 Revised 1-1-72

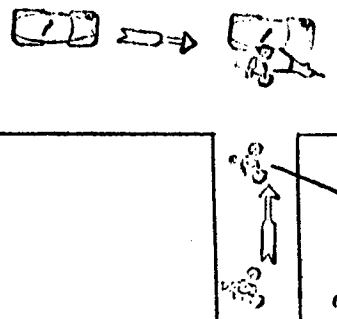
SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED - (Number each vehicle and show direction of travel by arrow)

INDICATE NORTH WITH ARROW

[redacted] Apts.

PARKING LOT.




POINT OF IMPACT

| 1 | 2 | |
|---|---|---|
| | ☒ | Front |
| | | Right front |
| | | Left front |
| ☒ | | Right side |
| | | Left side |
| | | Rear |
| | | Right rear |
| | | Left rear |

DESCRIBE WHAT HAPPENED - (Refer to vehicles by number)

Vehicle #1 headed West in [redacted] Apts. parking lot and was struck by Pedalcyclist headed South from sidewalk onto parking lot.

*WHAT VEHICLES WERE DOING BEFORE ACCIDENT

VEHICLE No. 1 was traveling ☐ ☐ ☐ ☒ (N S E W) On Parking Lot at 25 Approximately M.P.H.

VEHICLE No. 2 was traveling ☐ ☒ ☐ ☐ (N S E W) On Sidewalk at 10 M.P.H.

| | Vehicle 1 | Vehicle 2 |
|---|---|---|
| Going straight ahead | ☒ | ☒ |
| Overtaking | ☐ | ☐ |
| Making right turn | ☐ | ☐ |
| Making left turn | ☐ | ☐ |
| Slowing or Stopping | ☐ | ☐ |
| Changing lanes | ☐ | ☐ |
| Starting from parked position | ☐ | ☐ |
| Stopped or parked | ☐ | ☐ |
| Other (explain above) | ☐ | ☐ |

*WHAT PEDESTRIAN WAS DOING

PEDESTRIAN was going (check one) ☐ N ☐ S ☐ E ☐ W

☐ Along

☐ Across or Into _____ (Street name, highway no.) from _____ (N.E. corner to S.E. corner, etc.) to _____

Color of Clothing ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at Intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at Intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway with traffic | ☐ Standing in safety zone | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway against traffic | ☐ Lying or Sitting on roadway | ☐ Other working in roadway | ☐ Other (explain above) |

DRIVERS AND VEHICLES

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| VEHICLE DEFECTS | 0 | | 0 | |
| CONTRIBUTING CIRCUMSTANCES | 0 | | 18 | |

ACCIDENT Characteristics

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| LIGHTING CONDITION | 1 | ROAD DEFECTS | 2 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 12 |
| WEATHER | 1 | TRAFFIC CONTROL | 3 | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 4 |
| ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 0 | | |

WITNESSES other than occupants

NAME [redacted] City and State [redacted]

FIRST AID GIVEN BY: None

☐ Doctor or Nurse ☐ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO: Home BY: Self

☐ Priv. Ambulance ☐ Other (Explain) ☐ Gov't. Ambulance

CHEMICAL TEST — TEST RESULTS

| | YES | NO |
|---|---|---|
| Driver No. 1 | ☐ | ☒ |
| Driver No. 2 | ☐ | ☒ |

ARREST

| NAME | CHARGE | Citation No |
|---|---|---|
| None | | |
| | | |

PHOTOGRAPHS TAKEN ☐ Yes ☒ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 11-3 1975 4:20 P M | 4:30 P. M | Yes | Yes |

# FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO: ACCIDENT RECORDS BUREAU, DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TALLAHASSEE, FLA. 32304

Typing Program
Report # 34

## TIME & LOCATION

| DATE OF ACCIDENT | DAY OF WEEK | TIME OF DAY |
|---|---|---|
| 9-18-75 | Thursday | 8:15 A. |

COUNTY: [redacted]

CITY, TOWN OR COMMUNITY: [redacted]

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: ☐ Feet ☐ Miles ☐N ☐S ☐E ☐W Of ..... City, Village or Township

ROAD ON WHICH ACCIDENT OCCURRED: Arundel Avenue (Use State or County Road Number or Name) ☐ Exit Ramp ☐ Entrance R. ☐ At its intersection with ☐ Influenced by intersection ..... Highway Number or Name of Intersecting Street

IF NOT AT INTERSECTION: 150 ☒ Feet ☐ Miles ☐N ☐S ☒E ☐W Of Hastings Road (Show nearest milepost, intersecting street or highway, bridge, RR crossing, underpass or curve)

IS ENGINEERING STUDY NEEDED (If so explain): No

DO NOT WRITE IN SPACE ABOVE

## TYPE MOTOR VEHICLE ACCIDENT

| OVERTURNING | OTHER NONCOLLISION | PEDESTRIAN | MV IN TRANSPORT | MV ON OTHER ROADWAY | HIT AND RUN |
|---|---|---|---|---|---|
| PARKED MV | RAILWAY TRAIN | PEDALCYCLIST X | ANIMAL | FIXED OBJECT | OTHER OBJECT / NON-CONTACT |

TOTAL NO. VEH. INVOLVED: 1

## VEHICLE 1

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| 1974 | Dodge | 4 Door | [redacted] | Fla. | 1976 | [redacted] |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| 2 | 1 | 1 | $50.00 | 3 | Driver |

NAME OF INSURANCE (Liability Only): SAFECO Ins. POLICY NO.: [redacted] Owner ☐ Driver ☒ ☐ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name): Same as driver ADDRESS (Number and street) CITY and STATE

DRIVER: [redacted] ADDRESS (Number and street): [redacted] CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Housewife | Op | [redacted] | Fla. | 5-14-38 | W | F | 0 | 0 | 0 |

| OCCUPANTS | Name | ADDRESS – Number and Street | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | |
| Front right | [redacted] | Same as driver | | 6 | W | F | 0 | 0 | 0 |
| Rear left | [redacted] | [redacted] | | 8 | W | M | 0 | 0 | 0 |
| Rear center | [redacted] | Same as driver | | 4 | W | M | 0 | 0 | 0 |
| Rear right | [redacted] | [redacted] | | 9 | W | M | 0 | 0 | 0 |

## VEHICLE 2 or PEDESTRIAN

| YEAR | MAKE | TYPE (Sedan, Truck, Bus, etc.) | VEHICLE LICENSE PLATE NO. | STATE | YEAR | VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|---|---|
| | | | | | | |

| Area of Vehicle Damage | Damage Scale | Damage Severity | AMOUNT (Approximate) | Safety Equipment | VEHICLE REMOVED BY |
|---|---|---|---|---|---|
| | | | | | |

NAME OF INSURANCE (Liability Only) POLICY NO. Owner ☐ Driver ☐ ☐ Owner's Request ☐ Other (Explain) ☐ Rotation List

OWNER (Print or type FULL name) ADDRESS (Number and street) CITY and STATE

DRIVER (Exactly as on driver's license): [redacted] ADDRESS (Number and street): [redacted] CITY and STATE: [redacted]

| OCCUPATION | Driver's License Type | DRIVER'S LICENSE NUMBER | STATE | DATE OF BIRTH (Month, Day, Year) | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Student | | | | 5-9-67 | W | M | 0 | 0 | 3 |

| OCCUPANTS | Name | ADDRESS – (Number and Street) | City and State | AGE | RACE | SEX | Safety E. | Eject. | Injury |
|---|---|---|---|---|---|---|---|---|---|
| Front center | | | | | | | | | |
| Front right | | | | | | | | | |
| Rear left | | | | | | | | | |
| Rear center | | | | | | | | | |
| Rear right | | | | | | | | | |

| PROPERTY DAMAGED–Other than vehicles | AMOUNT | OWNER – Name | ADDRESS – Number and Street | CITY and STATE |
|---|---|---|---|---|
| Bicycle | 0 | [redacted] | | |

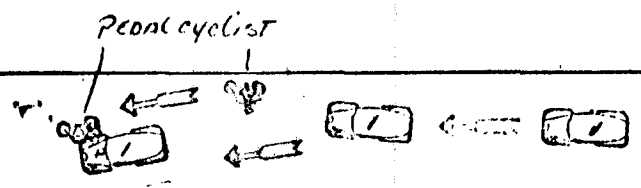
| INVESTIGATOR – Name and rank (Signature) | BADGE NO. | I.D. NO. | DEPARTMENT | | DATE OF REPORT |
|---|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | | ☒ F.H.P. ☐ C.P.D. ☐ S.O. ☐ Other | 9-18-75 |

PHP – 3 Revised 1-1-72

SHEET 1 OF 1 SHEETS

DIAGRAM WHAT HAPPENED – (Number each vehicle and show direction of travel by arrow)

INDICATE NORTH WITH ARROW




ARUNDEL AVE.

POINT OF IMPACT

| Vehicle 1 | Vehicle 2 | |
|---|---|---|
| ☐ | ☐ | Front |
| ☐ | ☐ | Right front |
| ☐ | ☐ | Left front |
| ☐ | ☐ | Right side |
| ☐ | ☐ | Left side |
| ☐ | ☐ | Rear |
| ☐ | ☐ | Right rear |
| ☐ | ☐ | Left rear |

DESCRIBE WHAT HAPPENED – (Refer to vehicles by number)

Vehicle #1 and pedalcyclist headed East on Arundel. Pedalcyclist turned into right front of vehicle #1. Vehicle #1 failed to immediately report accident. Pedalcyclist injuried left upper arm.

Pedalcyclist transported to Hospital by Grandmother.

*WHAT VEHICLES WERE DOING BEFORE ACCIDENT

VEHICLE No. 1 was traveling ☐ ☐ ☒ ☐ (N W E S) On Arundel Ave. at 10-15 Approximately M.P.H.

VEHICLE No. 2 was traveling ☐ ☐ ☒ ☐ (N W E S) On Arundel Ave. at 1-3 Approximately M.P.H.

| | Vehicle 1 | Vehicle 2 |
|---|---|---|
| Going straight ahead | ☒ | ☒ |
| Overtaking | ☐ | ☐ |
| Making right turn | ☐ | ☐ |
| Making left turn | ☐ | ☐ |
| Slowing or Stopping | ☐ | ☐ |
| Changing lanes | ☐ | ☐ |
| Starting from parked position | ☐ | ☐ |
| Stopped or parked | ☐ | ☐ |
| Other (explain above) | ☐ | ☐ |

*WHAT PEDESTRIAN WAS DOING

PEDESTRIAN was going (check one) ☐ N ☐ W ☐ E ☐ S

☐ Along

☐ Across or into ..... (Street name, highway no.) from ..... (N.E. corner or S.E. corner, etc.) to .....

Color of Clothing: ☐ Dark ☐ Light

| | | | |
|---|---|---|---|
| ☐ Crossing at Intersection | ☐ Stepped into path of Vehicle | ☐ Getting on or off Vehicle | ☐ Playing in roadway |
| ☐ Crossing not at Intersection | ☐ Standing in roadway | ☐ Hitching on Vehicle | ☐ Other roadway |
| ☐ Walking in roadway – with traffic | ☐ Standing in safety zone | ☐ Pushing or working on Vehicle | ☐ Not in roadway |
| ☐ Walking in roadway – against traffic | ☐ Lying or Sitting on roadway | ☐ Other working in roadway | ☐ Other (explain above) |

DRIVERS AND VEHICLES

| | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|---|---|
| PHYSICAL DEFECTS (Driver) | 0 | | 0 | |
| | | | | |
| VEHICLE DEFECTS | 0 | | 0 | |
| | | | | |
| CONTRIBUTING CIRCUMSTANCES | 0 | | 11 | |
| | | | | |

| ACCIDENT Characteristics | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | LIGHTING CONDITION | 1 | ROAD DEFECTS | 0 | TRAFFICWAY CHARACTER | 1 | CLASS OF TRAFFICWAYS | 5 |
| | WEATHER | 1 | TRAFFIC CONTROL | NONE | TRAFFICWAY LANES | 2 | TYPE TRAFFICWAY | 4 |
| | ROAD SURFACE | 1 | TYPE LOCATION | 3 | VISION OBSCURED | 0 | | |

WITNESSES other than occupants

| NAME | ADDRESS – Number and street | City and State |
|---|---|---|
| None | | |

FIRST AID GIVEN BY: None

☐ Doctor or Nurse ☐ Cert. First Aider ☐ Cert. First Aider (Police) ☐ Other (Explain)

INJURED TAKEN TO: Hospital BY: [redacted]

☐ Priv. Ambulance ☒ Other (Explain) ☐ Gov't. Ambulance

CHEMICAL TEST: TEST RESULTS:

| | YES | NO | |
|---|---|---|---|
| Driver No. 1 | ☐ | ☒ | |
| Driver No. 2 | ☐ | ☒ | |

ARREST

| NAME | CHARGE | Citation No. |
|---|---|---|
| [redacted] | Failed to immediately report accident (driver) | 496-803D |
| | | |

PHOTOGRAPHS TAKEN: ☐ Yes ☐ No ☐ Agency ☐ Other (Explain)

| TIME NOTIFIED OF ACCIDENT | TIME ARRIVED AT SCENE | WAS INVESTIGATION MADE AT SCENE (If not where) | IS INVESTIGATION COMPLETE (If not why) |
|---|---|---|---|
| 9-18 1975 3:05PM | 4:00 P. M | Yes | Yes |