

**BELLEAIR POLICE DEPARTMENT**

**Case Master Report BE20-5529**

Date Initiated 05/16/2020

**Warning**

Contains entities exempt from disclosure

**Primary Information**

Agency: BELLEAIR P.D.  
Bureau: BE - PATROL OPERATIONS  
Division: BE - PATROL  
Squad: BELLEAIR POLICE DEPT  
Lead LEO: BURNHAM, TIMOTHY OFCR-BEPD (BE9738 / BELLEAIR POLICE DEPT / BELLEAIR POLICE DEPARTMENT)  
Type Of Case: STANDARD CRASH

**Case Status**

Case Status: CLOSED  
Case Status Date: 05/18/2020  
Disposition Code: SOLVED IN HOUSE  
Disposition Date: 05/18/2020  
Dissemination: System Wide

*This report is property of BELLEAIR POLICE DEPARTMENT. Neither it nor its contents may be disseminated to unauthorized personnel.*

**BELLEAIR POLICE DEPARTMENT**  
**STANDARD INCIDENT BE20-5529**

Report Date: 05/16/2020

**Warning**

Contains entities exempt from disclosure

**Primary Information**

Incident Type: **CRASH REPORT**  
Occurrence From: **05/16/2020 15:33**  
Occurrence To: **05/16/2020 15:33**  
Source Of Call: **DISPATCHED**  
Dissemination Code: **UNCLASSIFIED**  
Reporting LEO: **BURNHAM, TIMOTHY OFCR-BEPD (BE9738 / BELLEAIR POLICE DEPT / BELLEAIR POLICE DEPARTMENT)**  
Backup LEO: **ALBERTSON, ROBERT OFCR-BEPD (BE9745 / BELLEAIR POLICE DEPT / BELLEAIR POLICE DEPARTMENT)**  
Report Status: **Approved**  
Report Status Date: **05/18/2020**  
Approved By: **BEERY, BRIAN LIEUTENANT-BEPD (BE9742 / BELLEAIR POLICE DEPARTMENT)**

**Response Information**

Time Call Received: **05/16/2020 15:34**  
Time Dispatched: **05/16/2020 15:36**  
Time Arrived: **05/16/2020 15:38**  
Time Completed: **05/16/2020 18:03**

**Address #1 - OCCURRED/DISPATCHED #1 - 501 OVERBROOK DR**

**Primary Information**

Address: **501 OVERBROOK DR, BELLEAIR, Florida 33756 UNITED STATES**  
UCR Municipality (Formerly: Contract City): **BELLEAIR POLICE DEPT**  
Grid: **313**  
Occurred Squad (PCSO ONLY): **SQ3**  
Sector (PCSO ONLY): **31**

**Subject #1 - OTHER #1 - STROYNE, GREGORY R**

**Primary Information**

Subject Name: **STROYNE, GREGORY R**  
Record Type: **PERSON**  
Bio: **19 yr. old, WHITE, MALE**  
Birth Date: **07/19/2000**  
Juvenile: **NO**

**Relationship Information**

Homicide Victim: **NO**  
Hate Crime Victim: **NO**

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**BELLEAIR POLICE DEPARTMENT**  
**STANDARD INCIDENT BE20-5529**

Report Date: 05/16/2020

**Subject #1 - OTHER #1 - STROYNE, GREGORY R - Continued**

**Relationship Information - Continued**

Domestic Violence: NO

Use Of Force: NO

**Addresses**

<u>Relationship</u>	<u>Address</u>
HOME ADDRESS	401 ROSERY RD, CLEARWATER, Florida 33765 UNITED STATES

**Subject #2 - OTHER #2 - STROYNE, TIMOTHY M**

**Primary Information**

Subject Name: STROYNE, TIMOTHY M

Record Type: PERSON

Bio: 58 yr. old, WHITE, MALE

Birth Date: 11/15/1961

Juvenile: NO

Residence Status: PERMANENT

Residence Type: CITY

**Relationship Information**

Homicide Victim: NO

Hate Crime Victim: NO

Domestic Violence: NO

Use Of Force: NO

**Employment Information**

Occupation: OWNS/MONOGRAM BUILDERS

**Addresses**

<u>Relationship</u>	<u>Address</u>
HOME ADDRESS	322 ROEBLING RD N, BELLEAIR, Florida 33756 UNITED STATES

**Telephones / E-Addresses**

<u>Relationship</u>	<u>Number/E-Address</u>
HOME	(727) 585-1129

**Subject #3 - OTHER #3 - [REDACTED]**

**Primary Information**

Exempt From Disclosure: YES

Subject Name: [REDACTED]

Record Type: PERSON

Bio: [REDACTED]

Birth Date: [REDACTED]

Juvenile: YES

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**BELLEAIR POLICE DEPARTMENT**  
**STANDARD INCIDENT BE20-5529**

Report Date: 05/16/2020

**Subject #3 - OTHER #3 - [REDACTED] - Continued**

**Relationship Information**

Homicide Victim: NO  
Hate Crime Victim: NO  
Domestic Violence: NO  
Use Of Force: NO

**Addresses**

<u>Relationship</u>	<u>Address</u>
HOME ADDRESS	[REDACTED], BELLEAIR, Florida 33756 UNITED STATES

**Analysis Information**

Sick Or Injured: NO  
Suspicious P/V: NO  
Marchman Act: NO  
Disturbance: NO  
Alarm: NO  
Baker Act: NO  
Electronic Identification: NO

**Vehicle #1 - RELATED #1 - ERA195**

**Primary Information**

Vehicle Type: TRUCK - HEAVY  
Vehicle Description: GENERAL MOTORS CORP SIERRA  
Exterior Top Color: WHITE  
Exterior Bottom Color: WHITE  
Vehicle Style: PICK UP TRUCK  
Vehicle VIN Number: 3GTU2WEJ7EG373149  
Tag Number: ERA195  
Tag State: GA  
Tag Type: INDIVIDUAL

**Officers**

LEO  
ALBERTSON, ROBERT OFCR-BEPD (BE9745 / BELLEAIR POLICE DEPT / BELLEAIR POLICE DEPARTMENT)

**Narrative**

**VEHICLE VS BICYCLIST**

**OWNER:** Timothy Stroyner 322 Roebling Road N. Belleair Fl. 33756  
**DRIVER:** Gregory Robert Stroyne 401 Rosery Rd N, Largo Fl. Apt 213, 33770

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**BELLEAIR POLICE DEPARTMENT**  
**STANDARD INCIDENT BE20-5529**

Report Date: 05/16/2020

**Narrative - Continued**

**Vehicle:** 2014 GMC Sierra K1500 Denali Pick Up Truck  
**VIN:** 3GTU2WEJ7EG373149  
**TAG:** GA Tag ERA195

**INSURANCE:** Safeco  
**Policy:** F3011422

**Bicyclist:** [REDACTED] . Belleair Fl. 33756

**Disposition:** Case Closed: Solved In-House

**Record Status Information**

Record Origination Operator:	System, ACISS (PINELLAS CO SHERIFFS OFC / PINELLAS COUNTY SHERIFF'S OFFICE)
Record Origination Date:	05/16/2020 18:10
Last Update Operator:	BEERY, BRIAN LIEUTENANT-BEPD (BE9742 / BELLEAIR POLICE DEPT / BELLEAIR POLICE DEPARTMENT)
Last Update Date:	05/18/2020 10:35

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# FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒

SHORT FORM ☐

DRIVER EXCHANGE ☐

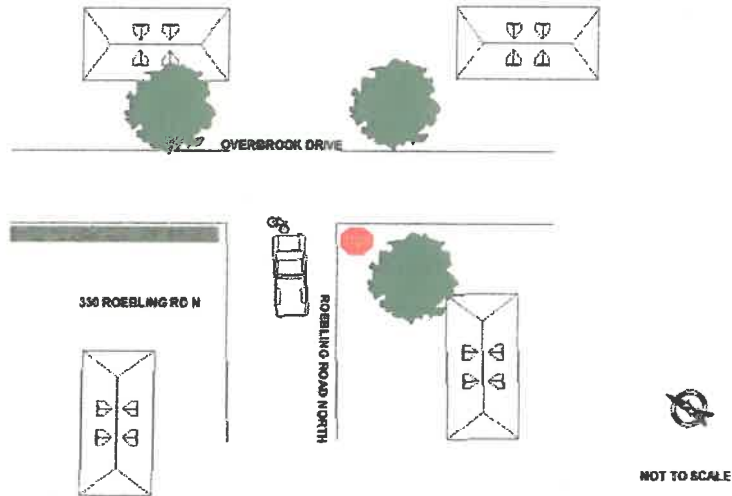
UPDATE ☐

# OF WITNESSES <b>2</b>	# OF VEHICLES <b>1</b>	# OF VIOLATIONS <b>0</b>	# OF NVPD <b>0</b>	# OF DRIVERS <b>1</b>	# OF PASSENGERS <b>0</b>	# OF NONMOTORIST <b>1</b>
SUBSEQUENT CRASH No	EXEMPT FROM PUBLIC RECORDS No	CRASH DATE 05/16/2020	TIME OF CRASH 3 33 PM	DATE OF REPORT 05/16/2020	REPORTING AGENCY CASE # BE20-5529	HSMV CRASH REPORT # 87552133

## CRASH IDENTIFIERS

COUNTY CODE 04	CITY CODE 30	COUNTY OF CRASH PINELLAS	PLACE OR CITY OF CRASH BELLEAIR	WITH N CITY LIMITS YES	TIME REPORTED 3 34 PM	TIME DISPATCHED 3 34 PM
TIME ON SCENE 3 36 PM	TIME CLEARED SCENE 4:40 PM	COMPLETED YES	REASON (If Investigation NOT Complete)			NOT FIED BY LAW ENFORCEMENT

## DIAGRAM



## NARRATIVE

VEHICLE #1 WAS STOP AT THE INTERSECTION OF ROEBLING ROAD NORTH AND OVERBROOK DRIVE, TRAVELING EAST. DRIVER #1 HEARD

# NARRATIVE

BICYCLIST HIT THE FRONT END OF VEHICLE #1. WITNESS SHAYNA MOORE OBSERVED THE BICYCLIST SOUTHBOUND ON OVERBROOK DRIVE TRAVELING APPROXIMATELY 7 MPH DOWN THE HILL. MOORE ADVISED THE BICYCLIST TURNED WESTBOUND ONTO ROEBLING RD. N. AND COLLIDED WITH VEHICLE #1 FRONT END. MOORE ADVISED VEHICLE #1 WAS STOP AT THE STOP SIGN ON ROEBLING RD. N. FACING EASTBOUND. WITNESS O'CONNOR ADVISED HE WAS ON HIS SKATEBOARD AND SUPERVISING THE BICYCLIST WHEN THE ACCIDENT OCCURRED. O'CONNOR ADVISED HE OBSERVED THE BICYCLIST TRAVEL DOWN THE HILL SOUTHBOUND ON OVERBROOK DRIVE AND TURN WEST ONTO ROEBLING RD. N. O'CONNOR ADVISED HE THEN HEARD THE BICYCLIST CRYING. UPON O'CONNOR'S ARRIVAL HE DISCOVERED THE BICYCLIST ON THE ROAD IN FRONT OF VEHICLE #1.

ROADWAY INFORMATION									
ROAD SYSTEM IDENTIFIER LOCAL				AT STREET ADDRESS #		CRASH OCCURRED ON STREET, ROAD, HIGHWAY ROEBLING RD N			
AT FEET	OR MILES	Direction	AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY OVERBROOK DR			AT LATITUDE 27 941854	AND LONGITUDE -82.801626		
STREET LIST USED? Yes	Locator Used? Yes	OR FROM MILEPOST #	TYPE OF SHOULDER CURB			TYPE OF INTERSECTION FOUR-WAY INTERSECTION			
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/>									
LIGHT CONDITION DAYLIGHT		WEATHER CONDITION 1 - CLEAR		ROADWAY SURFACE CONDITION DRY		SCHOOL BUS RELATED 1 - NO		MANNER OF COLLISION/IMPACT	
FIRST HARMFUL EVENT PEDACYCLE			FIRST HARMFUL EVENT LOCATION ON ROADWAY			WITHIN INTERCHANGE NO		FIRST HARMFUL EVENT RELATION TO JUNCTION INTERSECTION	
CONTRIBUTING CIRCUMSTANCES: ROAD NONE			CONTRIBUTING CIRCUMSTANCES: ROAD			CONTRIBUTING CIRCUMSTANCES: ROAD			
CONTRIBUTING CIRCUMSTANCES: ENVIRONMENT OTHER, EXPLAIN IN NARRATIVE			CONTRIBUTING CIRCUMSTANCES: ENVIRONMENT			CONTRIBUTING CIRCUMSTANCES: ENVIRONMENT			
WORK ZONE RELATED NO		CRASH IN WORK ZONE		TYPE OF WORK ZONE		WORKERS IN WORK ZONE		LAW ENFORCEMENT IN WORK ZONE	
WITNESS									
NAME SHAYNA E MOORE			ADDRESS 501 OVERBROOKE DR.			CITY BELLEAIR		STATE FL	ZIP CODE 33756
SEX FEMALE	RACE WHITE - W	WITNESS HOME/WORK PHONE # (727) 793-5737				WITNESS CELL PHONE # (727) 793-5737			
WITNESS									
NAME DAVID ANTHON O'CONNOR			ADDRESS 421 WOODLAWN AVE			CITY BELLEAIR		STATE FL	ZIP CODE 33756
SEX MALE	RACE WHITE - W	WITNESS HOME/WORK PHONE # (727) 639-5567				WITNESS CELL PHONE # (727) 639-5567			

VEHICLE										CHECK IF COMMERCIAL <input type="checkbox"/>																																		
VEHICLE #	HIT AND RUN NO	VEHICLE YEAR 2014	VEHICLE LICENSE # ERA195	STATE GA	VEHICLE MAKE GMC	VEHICLE STYLE PICKUP	VEHICLE COLOR WHITE - WHI	VIN 8GTU2WEJ7EG373149																																				
PERM. REG. NO	REG. EXPIRES 1/16/2020	VEHICLE MODEL SIERRA K1500	VEHICLE STATUS VEHICLE IN TRANSPORT	EXTENT OF DAM. None	EST. DAM. \$ 0	TOWED DUE TO DAMAGE NO	VEHICLE REMOVED BY DRIVER	ROTATION DRIVER																																				
INSURANCE COMPANY (DRIVER) SAFECO					INSURANCE POLICY NUMBER F3011422																																							
NAME OF VEHICLE OWNER (CHECK IF BUSINESS) <input type="checkbox"/>					CURRENT ADDRESS					CITY					STATE					ZIP CODE																								
TIMOTHY MARK STROYNE					322 ROEBLING RD N					BELLEAIR					FL					33756																								
TRAILER 1: LICENSE #	STATE	REG. EXPIRES	PERM. REG.	VIN	YEAR	MAKE	LENGTH	AXLES																																				
TRAILER 2: LICENSE #	STATE	REG. EXPIRES	PERM. REG.	VIN	YEAR	MAKE	LENGTH	AXLES																																				
DIRECTION EAST	ON STREET, ROAD, HIGHWAY ROEBLING RD N					AT EST. SPEED 0	POSTED SPEED 30	TOTAL LANES 2																																				
CMV CONFIGURATION					CARGO BODY TYPE																																							
COMM GVWR/GCWR NOT APPLICABLE					TRAILER TYPE (TRAILER ONE)					TRAILER TYPE (TRAILER TWO)																																		
HAZ. MAT. RELEASE					HAZ. MAT. PLA. NUMBER					CLASS																																		
MOTOR CARRIER NAME					US DOT NUMBER																																							
MOTOR CARRIER ADDRESS					CITY					STATE					ZIP CODE					PHONE NUMBER																								
COMMON-COMM					VEHICLE BODY TYPE PICKUP					VEHICLE DEFECTS (1) NONE					VEHICLE DEFECTS (2)					EMERGENCY VEHICLE USE NO					UNIT #					SPECIAL FUNCTION OF MV NO SPECIAL FUNCTION														
VEHICLE MANEUVER ACTION STOPPED IN TRAFFIC					TRAFFICWAY 1 - TWO-WAY, NOT DIVIDED					ROADWAY GRADE DOWNHILL					ROADWAY ALIGNMENT S - STRAIGHT					MOST HARMFUL DETAIL PEDACYCLE																								
TRAFFIC CONTROL FOR THIS VEHICLE STOP SIGN					FIRST SEQUENCE OF EVENTS PEDACYCLE					SECOND SEQUENCE OF EVENTS					THIRD SEQUENCE OF EVENTS					FOURTH SEQUENCE OF EVENTS																								
DRIVER																																												
PERSON # 1	VEHICLE # 1	NAME GREGORY ROBERT STROYNE					DOB 7/19/2000	SEX M	PHONE NUMBER (727) 631-5232					RE-EXAM NO																														
ADDRESS 401 ROSERY RD. N					CITY LARGO					STATE FL					ZIP CODE 33770																													
DRIVER LICENSE NUMBER S-365-296-00-259-0					STATE FL					EXPIRES 7/19/2024					DL TYPE S - CLASS E/OPERATO					REQ. END. NO					INJURY SEVERITY NONE					EJECTION NOT EJECTED														
RESTRAINT SYSTEMS SHOULDER AND LAP BELT USED					AIR BAG DEPLOYED NOT DEPLOYED					HELMET USE					EYE PROTECTION					SEAT LEFT					ROW FRONT					OTHER														
DRIVERS ACTION AT TIME OF CRASH (FIRST) NO CONTRIBUTING ACTION					DRIVERS ACTION AT TIME OF CRASH (SECOND)					DRIVER DISTRACTED BY NOT DISTRACTED					DRIVER VISION OBSTRUCTION VISION NOT OBSCURED																													
DRIVERS ACTIONS AT TIME OF CRASH (THIRD)					DRIVER ACTIONS AT TIME OF CRASH (FOURTH)					DRIVERS CONDITION AT TIME OF CRASH APPARENTLY NORMAL																																		
SUSPECTED ALCOHOL USE NO					ALCOHOL TESTED					ALCOHOL TEST TYPE					ALCOHOL TEST RESULT					BAC					SUSPECTED DRUG USE NO					DRUG TESTED					DRUG TEST TYPE					DRUG TEST RESULT				
POSITIVE DRUG TEST RESULTS					TRANSPORT TO MEDICAL FACILITY BY NOT TRANSPORTED					EMS AGENCY NAME OR ID					EMS RUN NUMBER					MEDICAL FACILITY TRANSPORTED TO																								

# AREA OF INITIAL IMPACT



- 14
- 14
- 18 UNDERCARRIAGE 18
- 19 OVERTURN 19
- 20 WINDSHIELD 20
- 21 TRAILER 21

# MOST DAMAGED AREA



NON-MOTORIST									
PERSON #	NAME				DOB	SEX	INJURY SEVERITY		PHONE NUMBER
2						F	NON- NCAPACITAT NG		
ADDRESS				CITY		STATE		ZIP CODE	
				BELLEAIR		FL - FLOR DA		33756	
NON-MOTORIST DESCRIPTION				NON-MOTORIST ACTIONS PRIOR TO CRASH			NON-MOTORIST LOCATION AT TIME OF CRASH		
BICYCLIST				WALKING/CYCLING ALONG ROADWAY WITH TRAFFIC (IN OR ADJ			INTERSECTION - OTHER		
NON-MOTORIST ACTIONS/CIRCUMSTANCES (FIRST)			NON-MOTORIST ACTIONS/CIRCUMSTANCES (SECOND)		NON-MOTORIST SAFETY EQUIPMENT (FIRST)			NON-MOTORIST SAFETY EQUIPMENT (SECOND)	
IMPROPER TURN/MERGE					HELMET				
SUSPECTED ALCOHOL USE	ALCOHOL TESTED	ALCOHOL TEST TYPE	ALCOHOL TEST RESULT	BAC	SUSPECTED DRUG USE	DRUG TESTED	DRUG TEST TYPE	DRUG TEST RESULT	
NO					NO				
POSITIVE DRUG TEST RESULTS			SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR D		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO
			EMS		J. MC CONNELL		0070114		ALL CHILDRENS ER
REPORTING OFFICER									
ID/BADGE #	RANK	OFFICER NAME				DEPARTMENT		TYPE OF DEPT.	
9738	PATROL	T.BURNHAM				BELLEAIR PD		POLICE DEPARTMENT (PD)	















