

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

Crash Date 7/27/2012	Time of Crash 1:19 PM	Date of Report 7/27/2012	Reporting Agency JACKSONVILLE SHERIFFS OFFICE	Reporting Agency Case Number 553530	HSMV Crash Report Number 83560672-01
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CRASH IDENTIFIERS

County Code 2	City Code 38	County of Crash DUVAL	Place or City of Crash JACKSONVILLE	Within City Limits YES	Reported Date/Time 7/27/2012 1:19 PM	Dispatched Date/Time 7/27/2012 1:27 PM
On Scene Date/Time 7/27/2012 1:30 PM		Cleared Scene Date/Time 7/27/2012 1:36 PM	Investigation Completed YES	Reason (if Investigation Not Complete)		Notified By LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway SR 115 SOUTHSIDE BLVD			At Street Address #	At Latitude N 30 18 9.00	And Longitude W 81 33 31.68
At Feet 400	Or Miles	Direction N	From Intersection With Street, Road, Highway IVEY RD	Or From Milepost Number	
Road System Identifier STATE		Type of Shoulder UNPAVED	Type of Intersection NOT AT INTERSECTION		

CRASH INFORMATION

Light Condition DAYLIGHT		Weather Condition CLEAR		Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision FRONT TO REAR
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT		First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT		First Harmful Event Location ON ROADWAY	Within Interchange NO	First Harmful Event's Relation to Junction INTERSECTION
Contributing Circumstances: Road NONE		Contributing Circumstances: Road		Contributing Circumstances: Road		
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment		Contributing Circumstances: Environment		
Work Zone Related NO	Crash in Work Zone		Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone	

VEHICLE

Vehicle V01		Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT		Hit & Run (by this vehicle) NO	License Number R991EN	State FL	Reg. Expires 12/3/2012	Permanent Reg. NO	VIN 1D3V18T79S740095
Year 2009	Make DODG	Model RAM	Style PK	Color GRY	Extent of Damage FUNCTIONAL	Est. Damage 3,000	Towed Due to Damage NO	Vehicle Removed By THOMPSONS	Rotation ROTATION
Insurance Company PROGRESSIVE		Insurance Policy Number 203893752							
Name of Vehicle Owner BARON COMMERCIAL INVESTMENTS		Business <input checked="" type="checkbox"/>	Current Address PO BOX 55095		City JACKSONVILLE	State FL	Zip Code 32216	Phone Number(s) 904-894-7157	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Vehicle Traveling	Direction SOUTH	On Street, Road, Highway SOUTHSIDE BLVD				At Est. Speed 35	Posted Speed 40	Total Lanes 4	
CMV Configuration		Cargo Body Type		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Area of Initial Impact</p> </div> <div style="text-align: center;"> <p>Most Damaged Area</p> </div> </div>					
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)		<input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer			
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number		Haz. Mat. Class					
Motor Carrier Name		US DOT Number							
Motor Carrier Address		Address Other		City	State	Zip Code	Phone Number		
Comm/Non-Commercial		Vehicle Body Type PICKUP		Vehicle Defects (one) NONE		Vehicle Defects (two)		Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION
Vehicle Maneuver Action STRAIGHT AHEAD		Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER		Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION WITH NON-FIXED OBJECT		Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	
Traffic Control Device for this Vehicle NO CONTROLS		First (1) Sequence of Events COLLISION NON-FIXED OBJECT		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	
		MOTOR VEHICLE IN TRANSPORT							

VEHICLE

Vehicle V02		Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT		Hit & Run (by this vehicle) NO	License Number 909VDW	State FL	Reg. Expires 7/11/2013	Permanent Reg. NO	VIN 1D4HR38N43F580562
Year 2003	Make DODG	Model DURANGO	Style LL	Color RED	Extent of Damage FUNCTIONAL	Est. Damage 3,000	Towed Due to Damage NO	Vehicle Removed By JOSEPH TURNER	Rotation DRIVER
Insurance Company ALLSTATE		Insurance Policy Number 071699858							
Name of Vehicle Owner MARGUERITE A TURNER		Business <input type="checkbox"/>	Current Address 984 NW 110TH LN		City JACKSONVILLE	State FL	Zip Code 33071	Phone Number(s) 904-894-7157	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Vehicle Traveling	Direction SOUTH	On Street, Road, Highway SOUTHSIDE BLVD				At Est. Speed 5	Posted Speed 40	Total Lanes 4	

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CMV Configuration		Cargo Body Type		<div style="display: flex; justify-content: space-around;"> <div> Area of Initial Impact </div> <div> Most Damaged Area </div> </div>	
Comm GVWR/GCWR		Trailer Type (Trailer One)	Trailer Type (Trailer Two)		
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class		
Motor Carrier Name		US DOT Number			
Motor Carrier Address		Address Other		City	State Zip Code Phone Number
Comm/Non-Commercial	Vehicle Body Type SPORT UTILITY VEHICLE	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION
Vehicle Maneuver Action SLOWING	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION WITH NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events		Third (3) Sequence of Events	Fourth (4) Sequence of Events
MOTOR VEHICLE IN TRANSPORT					

PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name PATRICK JOSEPH KELLY	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 09/02/1963	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address PO BOX 55095, JACKSONVILLE FL 32216			Phone Number 904-894-7157
Driver License Number K400670633220		State FL	Expires 09/02/2018	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS	
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED		
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OPERATED MOTOR VEHICLE IN CARELESS OR NEGLIGENT MANNER				Driver Actions at Time of Crash 2 (based on judgement of investigation officer)		
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)				Driver Actions at Time of Crash 4 (based on judgement of investigation officer)		
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To	

PERSON RECORD

# 2	Person Type DRIVER	Vehicle # V02	Name JOSEPH CHRISTOPHER URNER	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 07/17/1993	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 984 NW 110TH LANE, CORAL SPRINGS FL 33071			Phone Number 954-254-1184
Driver License Number T656483932570		State FL	Expires 07/17/2015	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS	
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED		
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer)		
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)				Driver Actions at Time of Crash 4 (based on judgement of investigation officer)		
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To	

PERSON RECORD

# 3	Person Type PASSENGER	Vehicle # V02	Name MARGARYTA MIDEAKO	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 01/02/1993	Sex F	Address 12054 HIDDEN HILLS DR, JACKSONVILLE FL 32225				Phone Number 904-430-7518
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE		
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To	

NARRATIVE

ID Number 6125	Rank OFFICER	Name W.S. CATER	Troop / Post 2208	Officer Agency JACKSONVILLE SHERIFFS OFFICE	Phone Number 904 630-0500
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V1 and V2 were traveling southbound on Southside Blvd near the intersection of Ivey Rd. V1 slowed for traffic and V1 did not. V1's front impacted the rear of V2. No report of injury. D1 was issued a traffic warning for careless driving.

REPORTING OFFICER

ID Number 6125	Rank OFFICER	Name W.S. CATER	Troop / Post 2208	Officer Agency JACKSONVILLE SHERIFFS OFFICE	Phone Number 904 630-0500
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DIAGRAM OF CRASH

DIAGRAM NOT AVAILABLE