FLORIDA TRAFFIC CRASH REPORT

LONG FORM X SHORT FORM UPDATE

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

Crash D 7/27/201		Time of Crash 1:19 PM	Date of 7/27/20			g Agency DNVILLE SHE	RIFFS OFFICE				Repor 55353		se Numbe	HSMV Crash R 83560672-01	eport Nu	mber
CRASH IDENTIFIERS																
County Code City Code County of Crash DUVAL			Place or City of Crash JACKSONVILLE				Within City Limits Reported 7/27/201			Date/Time 2 1:19 PM		Dispatched Date/Time 7/27/2012 1:27 PM				
On Scen 7/27/201	e Date/Time 2 1:30 PM	Clea 7/27	ared Scene 7/2012 1:3	e Date/Time 6 PM	Invest	tigation Comp YES	leted Reason (if In	vestigatio	on Not	Complete)				Notified By LAW ENFORCE	MENT A	GENCY
		RMATION					•									
Crash O SR 115	ccurred on St SOUTHSIDE	reet, Road, Highw BLVD	ay					At S	Street A	Address #		Latitude 80 18 9.00	4	And Longitude W 81 33 31.	.68	
At Feet 400	Or	Miles D	irection	From Ir IVEY R		n With Street,	Road, Highway				•			Or From Milepost	Number	
Road Sy STATE	toad System Identifier Type of Shoulder Type of Intersection															
	CRASH INFORMATION Pictures Taken															
Light Co DAYLIG			/eather Co	ondition		Roadway Sui DRY	face Condition		chool E O	Bus Relate	d			of Collision TO REAR		
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT								vent Location V			nterchange	First Harn INTERSE	t Harmful Event's Relation to Junction ERSECTION			
Contributing Circumstances: Road NONE				Contributing Circumstances: Road				Col			ting Circumstar	nces: Road	₹oad			
Contribu NONE	ting Circumst	ances: Environme	nt		Contrib	uting Circums	stances: Environme	ent			Contribu	ting Circumstar	nces: Envi	ronment		
Work Zo	ne Related	Crash in Work 2	Zone		•	Type of Work	Zone		\	Vorkers in	Work Zone	Law Enforcen	nent in Wo	ork Zone		
VEHIC	LE	Commercial	Motor Veh	nicle	=	i										
Vehicle V01	Motor Vehicle MOTOR VEH	Type	PORT		Hit & Ru	ın (by this veh	icle) License Numl R991EN	ber	State FL	Reg. E	xpires 2012	Permanent R NO	teg. VIN 1D3V	/18T79S740095		
Year 2009	Make DODG	Model RAM		Style PK	Color		ent of Damage	Est. [Damag 3,000		Due to Dama	ge Vehicle Rem			Rotation ROTAT	i ION
	e Company	1		1	1	11.2			-,	Ins	urance Polic				1	
Name of	Vehicle Own		ness 🗹	Current Addre					City		State		none Num			
Trailer	License Nur	AL INVESTMENT: nber	State	PO BOX 5509 Reg. Expires	Per	manent Reg.	VIN		JACK	SONVILLE	Year	32216 90 Make)4-894-71	5 <i>1</i>	Length	Axles
One Trailer	License Nur	nber	State	Reg. Expires	NO Per	manent Reg.	VIN				Year	Make			Length	Axles
Two Vehicle	Direc	tion	On Str	eet, Road, Highw	no vav							lAt Est.	Speed	Posted Speed	Tota	al Lanes
Travelin	Vehicle Direction On Street, Road, Highway At Est. Speed Posted Speed Total Lanes Traveling SOUTH SOUTHSIDE BLVD 40 4 CMV Configuration Cargo Body Type Assact Initial Impact Most Democrat Assact															
OWIV OC	iniguration			Cargo Body Typ	C				Area	of Initial Im	ıpact ∎□ ∎			Most Dama	iged Area	a 1 •
Comm G	SVWR/GCWR		Trail	er Type (Trailer (One)	Trailer Type	(Trailer Two)		끧		쁘╸	Undercarri	· _	لتلال		
) (,		()		$(\Box (\Box ($		716	Overtur	_		Πп	$\ \cdot \ $
Haz. Ma	t. Release H	az Mat Placard		Haz. Ma	it. Numbe	l r Haz. N	Mat. Class		旦	Щ.		☐ Windshie	eld 🗆		Щ <u>.</u>	7
Motor C	arrier Name					US DOT Nur	mber					☐ Trailer				ılı
Motor C	arrier Address	<u> </u>			Address	Other			City			State Zip C	Code	Phone Numb	oer	
Comm/N	Ion-Commerc	al I\	/ehicle Bo	dy Tyne		IVehicle Defe	ects (one)	IV		Defects (tv	vo)	•		e Use Special Fun		MV
			PICKUP		1=	NONE				(-,	NO °		NO SPECIA		
STRAIG	Maneuver Act HT AHEAD	TW ME	DIAN BAR		/E LEV	_	Roadway A STRAIGHT	r ĭ	c	BJECT	N WITH NON	FIXED MOT		vent Detail LE IN TRANSPO	RT	
	Control Device	for this Vehicle		equence of Events N NON-FIXED O		Second	(2) Sequence of Ev	vents		I hird (3) S	equence of E	vents	Fourth	(4) Sequence of I	_vents	
			MOTOR VI	EHICLE IN TRAN	ISPORT											
VEHIC Vehicle	Motor Vehicle	Commercial Type		nicle	Hit & Ru	ın (by this veh	nicle) License Numl	ber	State FL	Reg. E	Expires	Permanent R	leg. VIN			
V02 Year	MOTOR VEI Make	IICLE IN TRANSI Model	PORT	Style	NO Color	lExt	909VDW ent of Damage	Est. [FL Damag	7/11/2	2013	NO geVehicle Rem	1D4F	IR38N43F580562	Rotation	n
2003	DODG ce Company	DURANG	0	LL	RED		NCTIONAL		3,000	NO	surance Police	JOSEPH TU			DRIVER	
ALLSTA		or D!-		Current Addre	ee				City		1699858	,	none Num	her(s)		
MARGU	ERITE A TUR	NER	ness 🔲	984 NW 110T	H LN	monont Dec	IV/INI		JACK	SONVILLE	FL.	33071 90	04-894-71		l on ~th	TAyles
Trailer One	License Nur		State	Reg. Expires	NO	manent Reg.	VIN				Year	Make			Length	
Trailer Two	License Nur		State	Reg. Expires	NO	manent Reg.	VIN				Year	Make		1-	Length	Axles
Vehicle Travelin	Direc g SOU			eet, Road, Highw HSIDE BLVD	ay							At Est. 5	Speed	Posted Speed 40	Tota 4	al Lanes

Page 1 of 3 OFFICER COPY

Crash Date 7/27/2012	Time of Cras 1:19 PM	h Date of Report 7/27/2012	Reporting JACKSON	Agency IVILLE SHERIFFS	OFFICE			Reporting A 553530	Igency Case I	Number HSMV (835606	Crash Report Number 72-01
CMV Configurat	ion	Cargo Body	Туре			Ar	ea of Initial Imp	pact		Mo	st Damaged Area
Comm GVWR/G	GCWR	Trailer Type (Trai	ler One)	Trailer Type (Traile	er Two)		-] -]- <u> </u> -((-	# I	Jndercarriage Overturn		
Haz. Mat. Relea	se Haz Mat Placard	Haz	. Mat. Number	Haz. Mat. Cla	ass	\\\\	7		Windshield		
Motor Carrier Na	ame		L	JS DOT Number		"			Trailer	<u> </u>	
Motor Carrier Ad	ldress		Address O	ther		C	ity	State	Zip Code	e Phor	ne Number
Comm/Non-Com	nmercial	Vehicle Body Type SPORT UTILITY VEHIC	CLE N	ehicle Defects (or NONE	ne)	Vehi	cle Defects (tw	0)	Emergency NO		cial Function of MV SPECIAL FUNCTION
Vehicle Maneuv SLOWING	T\	afficway WO-WAY, DIVIDED, POS EDIAN BARRIER		vay Grade L	Roadway STRAIGH	Alignment T	Most Harmfu COLLISION OBJECT	ıl Event WITH NON-FIXE	Most Han	mful Event Detai	I ANSPORT
Traffic Control D	evice for this Vehicle	First (1) Sequence of Ex COLLISION NON-FIXE	rents O OBJECT	Second (2) Sec	quence of E	vents	Third (3) Se	equence of Events	·	Fourth (4) Seque	ence of Events
		MOTOR VEHICLE IN T	RANSPORT								
PERSON RE					1			T=: ::			
# Person Ty 1 DRIVER	V01	icle # Name PATRICK JOSEP	H KELLY	1	Injury Se NONE	verity		Ejection NOT EJE	CTED		Driver ReExam NO
Date of Birth 09/02/1963	M APPARENT	t Time of Crash		PO BOX	55095, JAC	CKSONVILLE	FL 32216			Phone 904-89	
Driver License N K400670633220)	State Expires FL 09/02/201		E / OPERATOR			Treat	Required Endo			
	D LAP BELT USED	IM-1-	Air Bag Depl	Ϋ́ED		IM-1V-I		met Use		NOT APF	PLICABLE
FRONT	eating Position: Row	LEF1		g Position: Seat	In:	NOT APP		osition: Other			
Driver Distracted NOT DISTRACT	TEĎ		- ti ti tti \		VIS	ver Vision Ob	SCURED	- 0 /h d			
OPERATED MC	TOR VEHICLE IN CA	sed on judgement of invest ARELESS OR NEGLIGE	NT MANNER					h 2 (based on judg			
	`	sed on judgement of inves	,					h 4 (based on jud		,	
NO	nol Use Alcohol Test TEST NOT C port to Medical Facility RTED	GIVEN		I Test Result	Run Numb	NO.	Medical Fa	Drug Tested TEST NOT GIVE		st Type	Drug Test Result
PERSON RE				•							
# Person Ty 2 DRIVER	V02		OPHER URNE		Injury Se NONE	verity		Ejection NOT EJE	CTED		Driver ReExam NO
********	M APPARENT	t Time of Crash FLY NORMAL	1_	Address 984 NW 1	110TH LAN	E, CORAL S	PRINGS FL 33			Phone 954-25	
Driver License N T656483932570)	State Expires FL 07/17/201		E / OPERATOR			1	Required Endo	rsements D ENDORSE		
	D LAP BELT USED	1	Air Bag Depl	Ϋ́ED		1		met Use		Eye Prote NOT APF	ection PLICABLE
FRONT	eating Position: Row	Moto LEF1		g Position: Seat	1= .	NOT APP	_	osition: Other			
Driver Distracted NOT DISTRACT	TEĎ				VIS	ver Vision Ob SION NOT OF	BSCURED				
NO CONTRIBU	TING ACTION	sed on judgement of inves	,					h 2 (based on judo			
	`	sed on judgement of inves	,					h 4 (based on judo		,	
NO	nol Use Alcohol Test TEST NOT (port to Medical Facility RTED	GIVEN		I Test Result	Run Numb	NO.	Medical Fa	Drug Tested TEST NOT GIVE		st Type	Drug Test Result
PERSON RE	CORD			1		_	•				
# Person Ty 3 PASSENG	ER V02	icle # Name MARGARYTA MI	DEAKO			Injury Sev	erity		Ejection NOT EJEC	TED	
Date of Birth 01/02/1993	Sex Address 12054 HIDI	DEN HILLS DR, JACKSO	NVILLE FL 322	225						Phone 904-43	
Restraint System SHOULDER AN	ns I D LAP BELT USED		Air Bag Depl NOT DEPLO				Heli	met Use		Eye Prote NOT APF	ection PLICABLE
Motor Vehicle S FRONT	eating Position: Row	Moto RIGH		g Position: Seat		Motor Veh	icle Seating Po LICABLE	osition: Other			
Source of Trans NOT TRANSPO	port to Medical Facility RTED	y EMS Agency	Name or ID	EMS	Run Numb	er	Medical Fa	acility Transported	То		
NARRATIVE											
	Rank OFFICER	Name W.S. CATER		Troop / Post 2208				er Agency KSONVILLE SHEF	RIFFS OFFICI		Phone Number 904 630-0500
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 ID Number	OFFICER Rank	Name		Troop / Post			Officer Agenc	27		1	Phone Number
6125	OFFICER	W.S. CATER		2208				LLE SHERIFFS O	FFICE		904 630-0500

DIAGRAM NOT AVAILABLE

Reporting Agency Case Number HSMV Crash Report Number 553530 83560672-01

Page 3 of 3 OFFICER COPY

Crash Date 7/27/2012

Time of Crash 1:19 PM Date of Report 7/27/2012

Reporting Agency
JACKSONVILLE SHERIFFS OFFICE