

# 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 3/2/2016	Time of Crash 10:42 AM	Date of Report 3/2/2016	Reporting Agency JACKSONVILLE SHERIFFS OFFICE	Reporting Agency Case Number 138526	HSMV Crash Report Number 83562639-01
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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 3/2/2016 10:44 AM	Dispatched Date/Time 3/2/2016 10:45 AM
On Scene Date/Time 3/2/2016 10:50 AM		Cleared Scene Date/Time 3/2/2016 11:12 AM	Investigation Completed YES	Reason (if Investigation Not Complete)		Notified By LAW ENFORCEMENT AGENCY

## ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway BEACH BLVD			At Street Address #	At Latitude N 30 17 31.20	And Longitude W 81 36 3.60
At Feet 25	Or Miles	Direction W	From Intersection With Street, Road, Highway UNIVERSITY BLVD	Or From Milepost Number	
Road System Identifier STATE	Type of Shoulder CURB	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 SIDESWIPE, SAME DIRECTION
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 NON-JUNCTION	
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 BTAN36	State FL	Reg. Expires 12/31/2016	Permanent Reg. NO	VIN 1C6RR7WT3ES169844	
Year 2014	Make DODG	Model RAM1500 PICKUP	Style PK	Color GRY	Extent of Damage FUNCTIONAL	Est. Damage 2,500	Towed Due to Damage NO	Vehicle Removed By DRIVER	Rotation DRIVER
Insurance Company PROGRESSIVE		Insurance Policy Number 203889375							
Name of Vehicle Owner BARON COMMERCIAL ENTERPRISES L		Business <input checked="" type="checkbox"/>	Current Address PO BOX 55095		City JACKSONVILLE	State FL	Zip Code 32216	Phone Number(s)	
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 WEST	On Street, Road, Highway WB BEACH BLVD / UNIVERSITY BLVD				At Est. Speed 10	Posted Speed 40	Total Lanes 5	
CMV Configuration		Cargo Body Type			Area of Initial Impact		Most Damaged Area		
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer		<input checked="" type="checkbox"/>	
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, NOT DIVIDED, WITH A CONTINUOUS LEFT TURN	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 TRAFFIC CONTROL SIGNAL	First (1) Sequence of Events COLLISION NON-FIXED OBJECT		Second (2) Sequence of Events MOTOR VEHICLE IN TRANSPORT		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

## VEHICLE

Vehicle V02		Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number VGV2150	State VA	Reg. Expires 6/30/2017	Permanent Reg. NO	VIN 1FAHP35N09W166474	
Year 2009	Make FORD	Model FOCUS	Style 4D	Color GRY	Extent of Damage FUNCTIONAL	Est. Damage 5,000	Towed Due to Damage YES	Vehicle Removed By OWNER	Rotation OWNER REQU
Insurance Company STATE FARM		Insurance Policy Number 1759243D3046							
Name of Vehicle Owner ALICIA DEBORAH GONZALEZ PALACIOS		Business <input type="checkbox"/>	Current Address 4259 PHILIPS HWY 62		City JACKSONVILLE	State FL	Zip Code 32207	Phone Number(s)	
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 WEST	On Street, Road, Highway WB BEACH BLVD / UNIVERSITY BLVD				At Est. Speed 0	Posted Speed 40	Total Lanes 5	

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CMV Configuration	Cargo Body Type	Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	<input checked="" type="checkbox"/> Undercarriage	<input type="checkbox"/> Undercarriage	<input checked="" type="checkbox"/> Undercarriage
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class	<input type="checkbox"/> Overturn	<input type="checkbox"/> Overturn
Motor Carrier Name	US DOT Number		<input type="checkbox"/> Windshield	<input type="checkbox"/> Windshield	<input type="checkbox"/> Windshield
Motor Carrier Address	Address Other		City	State	Zip Code
Motor Carrier Address	Address Other		City	State	Zip Code
Comm/Non-Commercial	Vehicle Body Type PASSENGER CAR	Vehicle Defects (one) UNKNOWN	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION
Vehicle Maneuver Action TURNING LEFT	Trafficway TWO-WAY, NOT DIVIDED, WITH A CONTINUOUS LEFT TURN	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 TRAFFIC CONTROL SIGNAL	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 POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 09/02/1963	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 12827 FT CAROLINE RD, JACKSONVILLE FL 32216		Phone Number 904-515-8345	
Driver License Number K40067063220	State FL	Expires 09/02/2018	Type CLASS E / OPERATOR	Required Endorsements NO		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		
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**

# 2	Person Type DRIVER	Vehicle # V02	Name ALICIA DEBORAH GONZALEZ PALACIOS	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 12/09/1975	Sex F	Condition at Time of Crash APPARENTLY NORMAL	Address 4259 PHILIPS HWY #62, JACKSONVILLE FL 32207		Phone Number 978-237-1860	
Driver License Number B69825643	State VA	Expires 12/09/2022	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed DEPLOYED - SIDE		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		
Driver Distracted By UNKNOWN			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) IMPROPER TURN			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 EMS		EMS Agency Name or ID JFRD	EMS Run Number 23116	Medical Facility Transported To MEMORIAL HOSPITAL		

**NARRATIVE**

ID Number 73751	Rank OFFICER	Name T.J. KNOX	Troop / Post G330	Officer Agency JACKSONVILLE SHERIFFS OFFICE	Phone Number 904 630-0500
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On 3-2-16 I was dispatched to the intersection of University Boulevard and Beach Boulevard in response to a vehicle crash with injuries.

My investigation revealed V2 was in the left turn lane slowed in traffic and V1 merged into V2 causing a collision.

D2 was transported to Memorial Hospital via JFRD for precautionary purposes due to her being pregnant.

D2's husband arrived on scene and recieved V2 at the scene.

V1 did not require tow.

I observed minor damage to the front bumper of V1.

I observed functional damage to the right side of V2.

My investigation revealed

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Total investigative time: 1 hour 30 minutes

**REPORTING OFFICER**

ID Number 73751	Rank OFFICER	Name T.J. KNOX	Troop / Post G330	Officer Agency JACKSONVILLE SHERIFFS OFFICE	Phone Number 904 630-0500
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DIAGRAM OF CRASH

