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 Date 2/28/2016	Time of Crash 11:00 AM	Date of 1		Reporting			FEOFFIOR				-		ng Agency Ca	se Number		Report N	umber
2202010	11.00 AM	2/20/201	0	JACKSU	NVILLE	SHERIF	FSOFFICE		-			131388			84327370-01		
CRASH IDENTIFIE County Code City Code		Crash		Place	or City of	Crash			Muit	hin City I	imite IR	Panortad I	Pate/Time		Dispatched Dat	o/Timo	
2 38 DUVAL					Place or City of Crash JACKSONVILLE Investigation Completed Reason (if Investigation Not Complete) Reason (if Investigation Not Complete)						28/2016 11:04 AM			2/28/2016 11:05 AM			
On Scene Date/Time 2/28/2016 11:15 AM		/2016 3:51	PM	11111000	NO	Ji i piete	TFI ("	investiga	tion 140	Complet					Notified By LAWENFORCE	EMENT A	GENCY
Crash Occurred on Street		v						IA	t Stree	t Address	#	At I	atitude	Δ	and Longitude		
GILLESPIE AVE At Feet Or N		rection	IFrom In	tersection	withStre	et. Ro	ad, Highway		01.00	r riouross	100	N 30	7 0.84		W 81 36 9.		,
Road System Identifier	1200	20100000000	DRURY	LN			Shoulder		IT	pe of Inte	reaction	•			51 Frantivillepos	t Number	
LOCAL'					i	INPAVE	ED .			UR-WAY			N				
CRASH INFORMA		✓ Pictureather Con	res Taken		Roadway	Surfac	e Condition		School	Bus Rela	tod			Manner of	of Californ		
DĂYLIGHT		LEAR	on to		DRY	Ourrac	S CONDICOT		NO	Dus Neia	100			ANGLE	Collision		
First Harmful Event Type COLLISION WITH PERS VEHICLE, OR NON-FIX	SON, MOTOR	First Hari MOTOR	mful Event Detail VEHICLE IN TR	ANSPOR	т		First Harmfu ON ROADW		ocation			Within In YES	terchange	First Harmi	ful Event's Relat	ion to Ju	nction
Contributing Circumstand NONE	es: Road			Contribu	ting Circu	imstand	es: Road					Contributi	ng Circumstan	ces: Road			
Contributing Groumstand NONE	es: Environmen			Contribu	ting Circu	imstand	es: Environm	ient				Contributi	ng Circumstan	ces: Enviro	inment		
Work Zone Related (NO	Crash in Work Z	one			Type of W	ork Zo	ne			Workers	in Work	< Zone	Law Enforcem	ent in Worl	k Zone		
VEHICLE [Commercial	Motor Vehic	cle			- 5				511							
	LE IN TRANSP			YES	n (by this	vehicle)	License Num	22.7042	State	6/30	. Expire 0/ 2016	×s	Permanent F NO	eg. VIN	KURENING		
Year Make 2015 JEEP	Model CHEROKE	E E	ityle .L	Color BLK		Extent DISAE	of Damage LING	Est	. Dama 5,00	ge Towe VES	d Due t	o Damag	e Vehicle Rem JIMMIES W	oved By RECKER		Rotation	
Insurance Company UK											nsurano UK	e Policy	Number				
Name of Vehicle Owner RENTAL CAR FINANCE	CORP	ess 🗸	Current Address 5400 BUTLER	S NATION	AL DR				City ORL	ANDO			Zip Code Pi 32812	none Numbe	er(s)		
Trailer License Number One	er	State	Reg. Expires	NO	nanent Re	∍g. V	IN				Year	- 1	маке			Length	Axles
Trailer License Number	er er	State	Reg. Expires	Perr NO	nanent Re	eg. ∨	IN				Year	- 1	Make			Length	Axles
Vehicle Direction Traveling EAST	Į.	On Stre	et, Road, Highway LN	4									At Est.	Speed	Posted Speed 30	Tota	al Lanes
CMV Configuration		C	Cargo Body Type	<u> </u>					Area	of Initial I	Impact				Most Dam	aged Are	a
] _	110				Undercarria	ge 🔲			미디
Comm GVWR/GCWR		Trailer	Type (Trailer Or	ne)	Trailer Ty	/pe (Tra	ailer Two)			7		_ [Overturn	-	7. T.		i
Haz. Mat. Release [Haz	Mat Placard		Haz, Mat	Number	Haz	. Mat.	Clace	- 1 ₪	لحال	\Box	Ш	_ □ [Windshie	а 🗆 Г		ᆀᄓ	∐U
Motor Carrier Name	mat i lacara		Late Mot	. reamber				11		ПП	ПП	7	Trailer			ППГ	
Motor Carrier Address				Address	US DOT	Number						-	State 7 a C		Dhees No.		11
Comm/Non-Commerc ial	107	obiclo Rody		Address V		ofooto	(ana)		City	Defeate	/h=\		State Zip C		Phone Nurr		
PARTICULAR DESCRIPTION OF STREET STREET			Type LITYVEHICLE		Vehicle D NONE	1971 100AP 1 14 2000 1	• • • • • • • • • • • • • • • • • • • •			Defects	(two)		NO NO	cy Venicie	NO SPECI		
Vehicle Maneuver Action STRAIGHT AHEAD		ficway D-WAY, NO	T DIVIDED	LEVE	way Grad ≣L	le	Roadway STRAIGH	Alignmer IT		Most Harr COLLISION OBJECT	nful Eve ONWIT	ent 'H NON-F	IXED MOT	Harmful Eve OR VEHICL	ent Detail LE IN TRANSPO	RT	
Traffic Control Device for STOP SIGN			ence of Events	JECT	Secon	d (2) S	equence of E	ents		Third (3)	Sequen	nce of Ev	ents	Fourth ((4) Sequence of	Events	
	M	OTORVE	HICLE IN TRANS	PORT													
VEHICLE [Commercial I	Motor Vehic	10														
Vehicle Motor Vehicle T V02 MOTOR VEHIC	уре	Cartes and the Cartes		Hit & Rur NO	(by this	vehicle)	Licenso Num	ber	State	Reg.	Expire	s	Permanent R	eg. VIN			
Year Make 2007 CHRY	Model PT CRUIS		tyle D	Color		Extent	of Damage	Est	FL Damag 8,00	e Towe	/2016 d Due t	o Damag	NO Vehicle Remo	ved by		Rotation	1
Insurance Company	I i okolo	er ja		IDEO		DISAB	LING		0,00		nsuranc	e Policy	JIMMIES WI Number	RECKER		ROTAL	ION
Name of Vehicle Owner IRVIN MICHAEL BEST	Busine	ess 🔲	Current Address			-			City	SON III		State	Zip Code Ph	none Numbe	≆(s)		
Trailer License Number	er .	State	Reg. Expires	Pern	nanent Re	g. V	IN		JACK	SONVILL	Year	FL N	lake			Length	Axles
One Trailer License Number	er	State	Reg. Expires	Pern	nanent Re	g. Vi	IN				Year	N	lake			Length	Axles
Vehicle Direction		On Stree	et, Road, Highway	NO				=					At Est.	Speed	Posted Speed		al Lanes
Traveling NORTH		GILLES	PIEAVE										0		30	2	

Crash Date 2/28/2016		Time of Cras 11:00 AM		te of Report 28/2016	Re JA	eporting Ag	gency LLE SHEF	RIFFSOF	FICE					eporting A 1388	gency Case	Number	HSMV C 84327370	crash Report Number 0-01	
CMV Configuration	on			Cargo B	ody Type						Area	of Initial Ir	mpact	o _r ==			Mos	t Damaged Area	
										п	ı		٦١١	1 🗆	Indercarriage	• 🗆			ا،
Comm GVWR/0	GCWR		ľ	Trailer Type (Trailer One) Tra	iler Type (Trailer Tv	vo)	$\frac{1}{2}$		// 11	4		Overturn	□ `	∜⊢	// 	-
Haz. Mat. Releas	se [Haz	Mat Placard			Haz. Mat. N	lumbor	Hor M	at. Class					믜ㄷ		Windshield] [C]
Motor Carrier Na		Wat Flaculo			I KOZ. IVIOL. I	A SECULIAR SEC	DOT Num	TOOL WOODS IN		6	\Box				Trailer				1
Motor Carrier Ad					Ac	dress Oth		Del .			City			State	Zip Cox	10	Phone	Number	
Comm/Non-Com			Vehicle	Body Type		404001410000000000000000000000000000000	icle Defec	ts (one)		Me		Defects (turn)	State				ial Function of MV	
			PASSI	Body Type ENGER CAR		NO		13 (0110)	020	,	CI IICIC	Delects ((wo)		NO	venicie	NO S	SPECIAL FUNCTION	
Vehicle Maneuve STRAIGHT AHE			rafficway	Y, NOT DIVII	nen.	Roadway	Grade	Roa	adway A	lignment		Most Harm	ıful Event		Most Ha	rmful Eve			-
Onoxoni Ail	-70		******	NI, NOT DIVI	JED	LEVEL		511	RAIGHT			COLLISIO OBJECT	NWITHN	ON-FIXE	МОТО	RVEHICL	EINTRA	NSPORT	1
Traffic Control D STOP SIGN	Device for	this Vehicle	First (1 COLLI) Sequence of ISIONNON-F	f Events IXED OBJE	СТ	Second (2) Sequenc	e of Ev	ents		Third (3)	Sequence	of Events		Fourth (4) Sequen	ce of Events	
																			1
			MOTO	RVEHICLEI	N I KANSP	ORI													
PERSON RE	CORD)																10-200-12-	
# Person Ty 1 UNKNOW		Nar	ne					fress UK									Phone	Number	٦
PERSON RE	CORD																		
# Person Ty 2 DRIVER	/pe	V02		Name STEPHANIE	NN BEST			Inj F	jury Seve	erity ITHIN30	DAY	S)		jection NOT EJEC	TED			Driver ReExam	n
Date of Birth	Sex F	Condition a APPARENT	t Timeo	f Crash RMAL			Addr	ess	65 (gr)	NE RE							Phone No 000-000-0	umber 0000	٦
Driver License	100-1	e i	Sta FL	ete Expire		Type CLASS E	/OPERAT	OR	:N' 12		Ē ,		Requir	ed Endors	sements	1 -			
Restraint System SHOULDER AN	ID LAP B				Air E DEP	Bag Deploye LOYED - F	RONT	But :	(+)			He	elmet Use			,	ye Protec	tion	
Motor Vehicle S FRONT	- 2	sition: Row		N L	otor Vehicle EFT	e Seating F	Position: Se	eat		NOT A	PPLI		Position: C	Other					
Driver Distracted NOT DISTRACT	ľEĎ								VISI	r Vision (OBS	CURED							
Driver Actions at NO CONTRIBUT	TING AC	TION	1000	270	5	50 00000									ment of inv				
Driver Actions at				restriction over the contract									sh 4 (base	d on judge	ment of inv				
Suspected Alcoh NO		TEST GIVE	V	Alcohol Test BLOOD	500	PENDING		BAC		NO Suspect	ted D	rug Use	Drug Te	IVEN	BLOO	est Type D	P	rug Test Result PENDING	
Source of Transp EMS	port to ivi	edical Facility	8	JFRD Age	ncy Name	oriu		EMS Run 22018	Number		14	UF HEAL	acility Tra .TH	nsported 1	0	2 2			
# Person Ty		Nan	ne		- 100		Add	ress									Dhana	Number	_
3 PROPERT	Y OWNE	ER															Phone	Number	
NON VEHICI Property Damage			DAMA	\GE	Est. D	Damage B	usiness F	Person#]	Property	Owner									_
FENCE					400	I N	0 3	3	900										
	Rank			Name			Troop /					fficer Agen					Ph	none Number	_
5996	OFFICE	R		T.D. MANN			PATRO	L _e			JA	ACKSONV	ILLE SHE	RIFFS OF	FICE			4 630-0500	ᅵ
0 . 00 6	20.40	¥																	1
On 02-2 observed		I was Volisted	dispa	atched to	o a traff	ic cras	sh at th	ne inte	rsect	ion of	13	200 G	illespie	Rd.	and 200	Drur	y Ln.	Upon arrival	
ODSCIVEU	the tv	vo listed	VEH	cies at i	csi as	iisteu i	ii tile c	ılayıaı	11.										-
The est	imate	d speed	ls for	V-1 and	V-2 w	vere lis	ted as	zero	and v	vill be	de	termine	ed at	a later	date.				
This ca	se is	being in	vesti	gated by	the tra	affic ho	micide	unit.											
REPORTING	OFFIC	FR																	
ID Number	Rank OFFICE			Name T.D. MANN			Troop / PATRO				O	fficer Agend	cy ILLE SHE	RIFFSOF	FICE			none Number 4 630-0500	٦

4.

Crash Date	Time of Crash	Date of Report	Reporting Agency	Deporting Agency Cope Number	HSMV Crash Report Number
2/28/2016	11:00 AM			131388	84327370-01

DIAGRAM OF CRASH

