

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 2/28/2016	Time of Crash 11:00 AM	Date of Report 2/28/2016	Reporting Agency JACKSONVILLE SHERIFFS OFFICE	Reporting Agency Case Number 131388	HSMV Crash Report Number 84327370-01
-------------------------	---------------------------	-----------------------------	--	--	---

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 2/28/2016 11:04 AM	Dispatched Date/Time 2/28/2016 11:05 AM
On Scene Date/Time 2/28/2016 11:15 AM	Cleared Scene Date/Time 2/28/2016 3:51 PM	Investigation Completed NO	Reason (if Investigation Not Complete) TF1	Notified By LAW ENFORCEMENT AGENCY		

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway GILLESPIE AVE	At Street Address #	At Latitude N 30 7 0.84	And Longitude W 81 36 9.36
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway DRURY LN
Road System Identifier LOCAL	Type of Shoulder UNPAVED	Type of Intersection FOUR-WAY INTERSECTION	

CRASH INFORMATION

☒ Pictures Taken

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision ANGLE
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 YES	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

☐ Commercial Motor Vehicle

Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) YES	License Number	State FL	Reg. Expires 6/30/2016	Permanent Reg. VIN
Year 2015	Make JEEP	Model CHEROKEE	Style LL	Color BLK	Extent of Damage DISABLING	Est. Damage 5,000
Insurance Company UK		Insurance Policy Number		Vehicle Removed By JIMMIES WRECKER		
Name of Vehicle Owner RENTAL CAR FINANCE CORP		Business <input checked="" type="checkbox"/>	Current Address 5400 BUTLER NATIONAL DR	City ORLANDO	State FL	Zip Code 32812
Trailer License Number One	State	Reg. Expires	Permanent Reg. VIN	Year	Make	Length
Trailer License Number Two	State	Reg. Expires	Permanent Reg. VIN	Year	Make	Length
Vehicle Direction EAST	On Street, Road, Highway DRURY LN	At Est. Speed 0	Posted Speed 30	Total Lanes 2		
CMV Configuration	Cargo Body Type	Area of Initial Impact				
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	Most Damaged Area			
Haz. Mat. Release	Haz. Mat. Placard	Haz. Mat. Number	Haz. Mat. Class	Undercarriage		
Motor Carrier Name	US DOT Number	Overturn				
Motor Carrier Address	Address Other	City	State	Zip Code	Windshield	
Comm/Non-Commercial	Vehicle Body Type SPORT UTILITY VEHICLE	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Use NO	Trailer	
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, NOT DIVIDED	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 STOP SIGN	First (1) Sequence of Events COLLISION WITH NON-FIXED OBJECT	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events		
	MOTOR VEHICLE IN TRANSPORT					

VEHICLE

☐ Commercial Motor Vehicle

Vehicle V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number	State FL	Reg. Expires 6/12/2016	Permanent Reg. VIN
Year 2007	Make CHRY	Model PT CRUISER	Style 4D	Color BLU	Extent of Damage DISABLING	Est. Damage 8,000
Insurance Company		Insurance Policy Number		Vehicle Removed By JIMMIES WRECKER		
Name of Vehicle Owner IRVIN MICHAEL BEST		Business <input type="checkbox"/>	Current Address	City JACKSONVILLE	State FL	Zip Code
Trailer License Number One	State	Reg. Expires	Permanent Reg. VIN	Year	Make	Length
Trailer License Number Two	State	Reg. Expires	Permanent Reg. VIN	Year	Make	Length
Vehicle Direction NORTH	On Street, Road, Highway GILLESPIE AVE	At Est. Speed 0	Posted Speed 30	Total Lanes 2		

Crash Date 2/28/2016	Time of Crash 11:00 AM	Date of Report 2/28/2016	Reporting Agency JACKSONVILLE SHERIFFS OFFICE	Reporting Agency Case Number 131388	HSMV Crash Report Number 84327370-01
CMV Configuration		Cargo Body Type		Area of Initial Impact	
Comm GVWR/GCWR		Trailer Type (Trailer One)	Trailer Type (Trailer Two)	Most Damaged Area	
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class	<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer	
Motor Carrier Name		US DOT Number		City	
Motor Carrier Address		Address Other		State	Zip Code
Comm/Non-Commercial	Vehicle Body Type PASSENGER CAR	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	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION WITH NON-FIXED OBJECT	Most Harmful Event Detail MOTORVEHICLE IN TRANSPORT
Traffic Control Device for this Vehicle STOP SIGN	First (1) Sequence of Events COLLISION WITH NON-FIXED OBJECT	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events	
MOTORVEHICLE IN TRANSPORT					

PERSON RECORD

# 1	Person Type UNKNOWN	Name	Address UK, UK	Phone Number
--------	------------------------	------	-------------------	--------------

PERSON RECORD

# 2	Person Type DRIVER	Vehicle # V02	Name STEPHANIE ANN BEST	Injury Severity FATAL (WITHIN 30 DAYS)	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth	Sex F	Condition at Time of Crash APPARENTLY NORMAL	Address	Phone Number 000-000-0000		
Driver License Number	State FL	Expires	Type CLASS E / OPERATOR	Required Endorsements NO		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed DEPLOYED - FRONT	Helmet Use	Eye Protection		
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 GIVEN	Alcohol Test Type BLOOD	Alcohol Test Result PENDING	BAC	Suspected Drug Use NO	Drug Tested TEST GIVEN
Source of Transport to Medical Facility EMS	EMS Agency Name or ID JFRD	EMS Run Number 22018	Medical Facility Transported To UF HEALTH			

PERSON RECORD

# 3	Person Type PROPERTY OWNER	Name	Address	Phone Number
--------	-------------------------------	------	---------	--------------

NON VEHICLE PROPERTY DAMAGE

Property Damage (Other than Vehicle) FENCE	Est. Damage 400	Business NO	Person# 3	Property Owner
---	--------------------	----------------	--------------	----------------

NARRATIVE

ID Number 5996	Rank OFFICER	Name T.D. MANN	Troop / Post PATROL	Officer Agency JACKSONVILLE SHERIFFS OFFICE	Phone Number 904 630-0500
-------------------	-----------------	-------------------	------------------------	--	------------------------------

On 02-29-16. I was dispatched to a traffic crash at the intersection of 13200 Gillespie Rd. and 200 Drury Ln. Upon arrival, observed the two listed vehicles at rest as listed in the diagram.

The estimated speeds for V-1 and V-2 were listed as zero and will be determined at a later date.

This case is being investigated by the traffic homicide unit.

REPORTING OFFICER

ID Number 5996	Rank OFFICER	Name T.D. MANN	Troop / Post PATROL	Officer Agency JACKSONVILLE SHERIFFS OFFICE	Phone Number 904 630-0500
-------------------	-----------------	-------------------	------------------------	--	------------------------------

Crash Date 2/28/2016	Time of Crash 11:00 AM	Date of Report 2/28/2016	Reporting Agency JACKSONVILLE SHERIFFS OFFICE	Reporting Agency Case Number 131388	HSMV Crash Report Number 84327370-01
-------------------------	---------------------------	-----------------------------	--	--	---

DIAGRAM OF CRASH

