

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM

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

(Electronic Version)

Date of Crash	Time of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number

CRASH IDENTIFIERS

County Code 20	City Code 50	County of Crash ST. JOHNS	Place or City of Crash ST. AUGUSTINE	Within City Limits No	Time Reported 10:06 AM	Time Dispatched 10:29 AM
Time on Scene	AM	55	Yes	Notified By Law Enforcement		

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway		1 At Street Address#	2 At Milepost #
At Feet	Or Miles .50	Direction North	3 Or From Milepost #
Road System Identifier 1 Interstate		Type Of Shoulder 1 Paved	Type Of Intersection 1 Not at Intersection

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 4 Sideswipe, same direction
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

VEHICLE (Check if Commercial)

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number GBE277	State VT	Reg. Expires 30/Nov/2014	Permanent Reg. No	VIN 2C4RDGEG6ER103978		
Year 2014	Make DODG	Model VAN	Style VAN	Color BLK	Extent of Damage Minor	Est. Damage 500	Towed Due To Damage No	Vehicle Removed By	Rotation
Insurance Company HARTFORD INS CO				Insurance Policy Number					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>									
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Vehicle Traveling:	Direction South	On Street, Road, Highway STATE ROAD 9 SB				At Est. Speed 70	Posted Speed 70	Total Lanes 6	
CMV Configuration	Cargo Body Type		Area of Initial Impact			Most Damaged Area			
Comm GVWR/GCWR	Trailer Type (trailer one)		Trailer Type (trailer two)						
Haz. Mat. Release	Haz Mat. Placard	Number	Class						
Motor Carrier Name				US DOT Number					
Motor Carrier Address				City and State			Zip Code	Phone Number	
Comm/Non-Commercial	Vehicle Body Type 2 Passenger Van	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function		
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 4 Two-Way, Divided, Positive Median Barrier	Roadway Grade 1 Level	Roadway Alignment 1 Straight	Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 14 Motor Vehicle in Transport			
Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

VEHICLE (Check if Commercial)

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number	State FL	Reg. Expires 17/Aug/2015	Permanent Reg. No	VIN		
Year 2007	Make INFI	Model G35	Style 4D	Color GRY	Extent of Damage Disabling	Est. Damage 12000	Towed Due To Damage Yes	Vehicle Removed By JOHNS TOWING	Rotation Rotation
Insurance Company STATE FARM INS CO				Insurance Policy Number 5853834594					

Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>		Current Address (Number and Street)				City and State		Zip Code			
ANGIE DIANE FONNER		466 CHARLES PINCKNEY ST				ORANGE PARK FL		32073-0000			
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Vehicle Traveling:	Direction	On Street, Road, Highway				At Est. Speed	Posted Speed	Total Lanes			
	South	STATE ROAD 9 SB				85	70	6			
GMV Configuration			Cargo Body Type			Area of Initial Impact			Most Damaged Area		
Comm GVWR/GCWR			Trailer Type (trailer one)			Trailer Type (trailer two)					
Haz. Mat. Release		Haz. Mat. Placard		Number		Class		18. Undercarriage 19. Overturn 20. Windshield 21. Trailer			
Motor Carrier Name				US DOT Number							
Motor Carrier Address				City and State				Zip Code		Phone Number	
Comm/Non-Commercial	Vehicle Body Type		Vehicle Defects (one)		Vehicle Defects (two)		Emergency Vehicle Use		Special Function of MV		
	1 Passenger Car		1 None				1 No		1 No Special Function		
Vehicle Maneuver Action		Trafficway		Roadway Grade		Roadway Alignment		Most Harmful Event		Most Harmful Event Detail	
6 Changing Lanes		4 Two-Way, Divided, Positive Median Barrier		1 Level		1 Straight		3 Collision with Fixed Object		28 Guardrail End	
Traffic Control Device For This Vehicle		First (1) Sequence of Events		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events			
1 No Controls		2 Collision with Non-Fixed Object		28 Guardrail End							
		14 Motor Vehicle in Transport									

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam No										
1	1 Driver	1			1 Male												
Address		City		State		Zip Code											
466 CHARLES PINCKNEY ST		ORANGE PARK		FL		32073											
Driver License Number		State	Expires	DL Type	Req. End.	Injury Severity	Ejection										
		FL		5 E/Operator	3 No Req Endorsement	4 Incapacitating	1 Not Ejected										
Restraint System		Air Bag Deployed		Helmel Use		Eye Protection		Seating Location Seat		Seating Location Row		Seating Location Other					
3 Shoulder and Lap Belt Used		6 Deployed-Combination				3 Not Applicable		1 Left		1 Front		1 Not Applicable					
Drivers Actions at Time of Crash (first)				Drivers Actions at Time of Crash (second)				Driver Distracted By		Vision Obstruction							
25 Failed to Keep in Proper Lane								1 Not Distracted		1 Vision Not Obscured							
Drivers Actions at Time of Crash (third)				Drivers Actions at Time of Crash (fourth)				Drivers Condition at Time of Crash									
								1 Apparently Normal									
Suspected Alcohol Use		Alcohol Tested		Alcohol Test Type		Alcohol Test Result		BAC		Suspected Drug Use		Drug Tested		Drug Test Type		Drug Test Result	
1 No		1 Test Not Given								1 No		1 Test Not Given					
Source of Transport to Medical Facility			EMS Agency Name or ID			EMS Run Number			Medical Facility Transported To								
2 EMS			TRAUMA 1						SHANDS								

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam No						
2	3 Passenger	1			2 Female								
Address		City		State		Zip Code							
466 CHARLES PINCKNEY ST		ORANGE PARK		FL		32073							
Restraint System		Air Bag Deployed		Helmel Use		Eye Protection		Seating Location Seat		Seating Location Row		Seating Location Other	
3 Shoulder and Lap Belt Used		6 Deployed-Combination				3 Not Applicable		1		1		1	
Source of Transport to Medical Facility			EMS Agency Name or ID			EMS Run Number			Medical Facility Transported To				
2 EMS			ST. JOHNS COUNTY EMS						FLAGLER HOSPITAL				

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam No						
3	1 Driver	2			1 Male								
Address		City		State		Zip Code							
1252 US 7		WALLINGFORD		VT		05773							
Driver License Number		State	Expires	DL Type	Req. End.	Injury Severity	Ejection						
		VT		5 E/Operator	3 No Req Endorsement	1 None	1 Not Ejected						
Restraint System		Air Bag Deployed		Helmel Use		Eye Protection		Seating Location Seat		Seating Location Row		Seating Location Other	
3 Shoulder and Lap Belt Used		2 Not Deployed				3 Not Applicable		1 Left		1 Front		1 Not Applicable	
Drivers Actions at Time of Crash (first)				Drivers Actions at Time of Crash (second)				Driver Distracted By		Vision Obstruction			
1 No Contributing Action								1 Not Distracted		1 Vision Not Obscured			
Drivers Actions at Time of Crash (third)				Drivers Actions at Time of Crash (fourth)				Drivers Condition at Time of Crash					
								1 Apparently Normal					

Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To		

PERSON RECORD

Person# 4	Description 3 Passenger	Vehicle # 2	Name [REDACTED]	Date of Birth [REDACTED]	Sex 2 Female	Injury Severity 1 None	Ejection 1 Not Ejected
Address 1253 US 7			City WALLINGFORD			State VT	Zip Code 05773
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 3	Seating Location Row 1	Seating Location Other 1	
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	

Person# 1	Name [REDACTED]	Florida Statute Number [REDACTED]	Charge IMPROPER-CHANGE-OF-LANE/ PASSING WHEN MEETING ONCOMING VEHIC	Citation A1A/NWE
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NON VEHICLE PROPERTY DAMAGE

Vehicle#	Person#	Property Damage - Other Than Vehicle GUARDRAIL	Est. Amount 5000	Business Yes	Owner's Name DOT	Address DOT ROAD	City & State ST AUGUSTINE FL	Zip Code 32084
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NARRATIVE

ID Number 2619	Rank TROOPER	Name J.H. BEDENBAUGH	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-695-4115	Date Created Nov 16, 2013
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REPORTING OFFICER

ID/Badge # [REDACTED]	Rank and Name [REDACTED]	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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State Road 9
(SB Lanes Only)

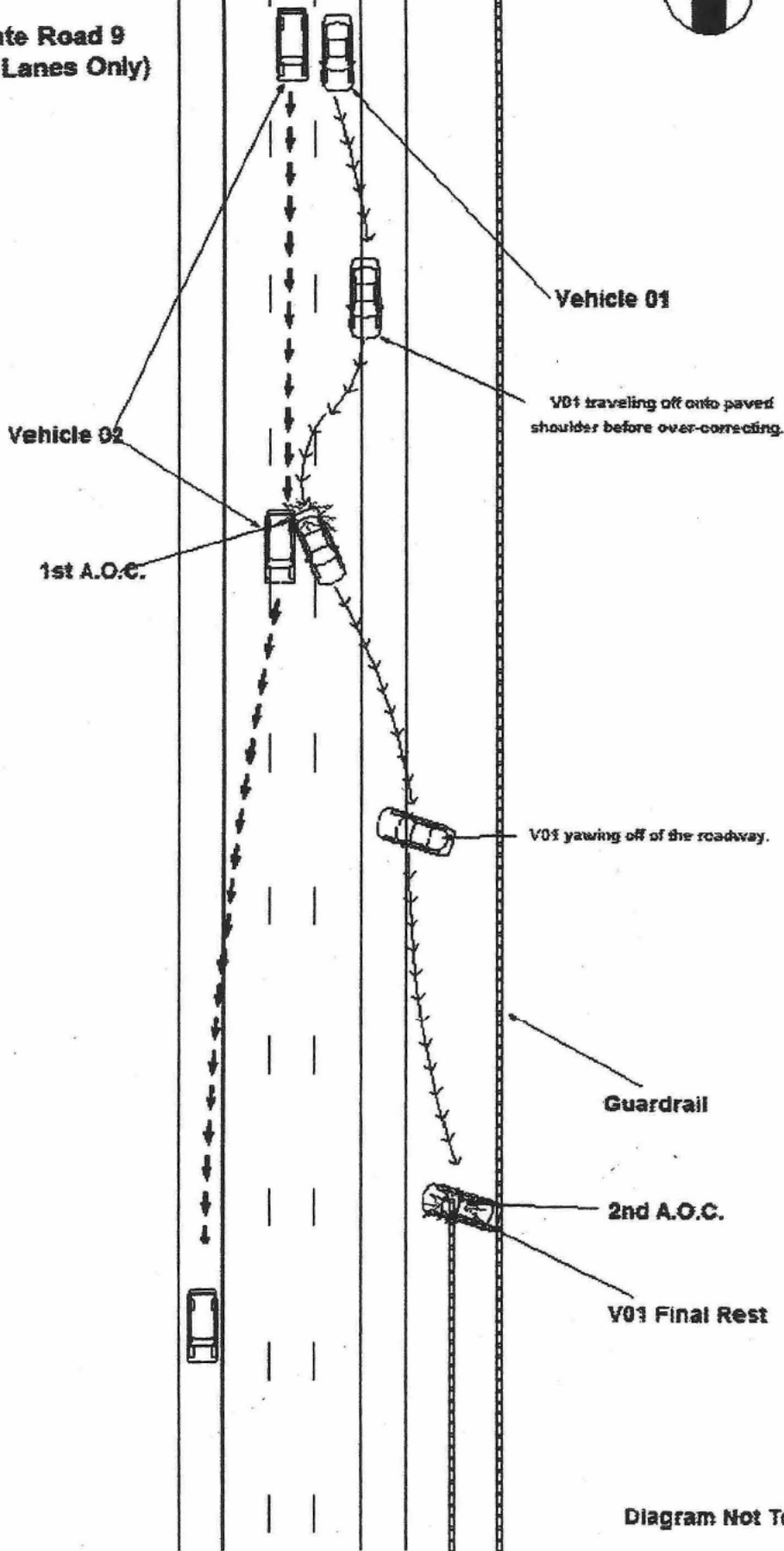


Diagram Not To Scale

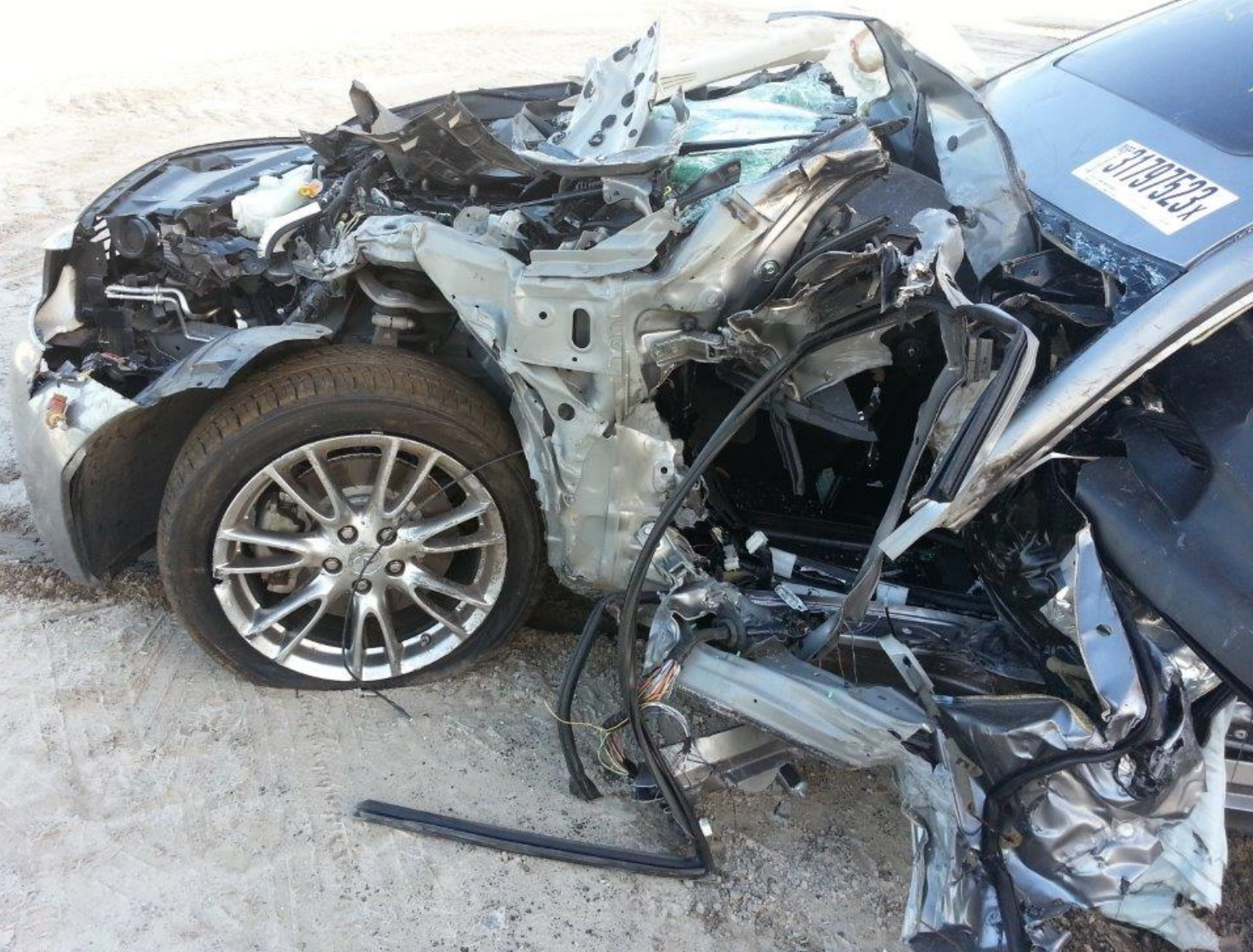
















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