

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

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

(Electronic Version)

Date of Crash 13/Apr/2019 04:16 PM	Time of Crash 13/Apr/2019 04:16 PM	Date of Report 13/Apr/2019 04:43 PM	Invest. Agency Report Number FHPG19OFF012225	HSMV Crash Report Number 83820432
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CRASH IDENTIFIERS

County Code 02	City Code 25	County of Crash DUVAL	Place or City of Crash JACKSONVILLE	Within City Limits Yes	Time Reported 13/Apr/2019 04:19 PM	Time Dispatched 13/Apr/2019 04:21 PM
Time on Scene 13/Apr/2019 04:23 PM	Time Cleared Scene 13/Apr/2019 05:46 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway COMMONWEALTH AVENUE			At Street Address#	At Latitude 30.33578	and Longitude -81.761359999999996
At Feet 300	Or Miles	Direction East	From Intersection With Street, Road, Highway INTERSTATE 295 NB	Or From Milepost #	
Road System Identifier 5 Local		Type Of Shoulder 3 Curb	Type Of Intersection 2 Four-Way 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 3 Angle
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 2 Intersection
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 971XGI	State FL	Reg. Expires 10/Jan/2020	Permanent Reg. No	VIN 2G1WC5E39G1157535		
Year 2016	Make CHEV	Model IMPALA LTZ	Style 4D	Color BLK	Extent of Damage Disabling	Est. Damage 10000	Towed Due To Damage Yes	Vehicle Removed By SOUTHERN WRECKER	Rotation Rotation
Insurance Company GEICO				Insurance Policy Number 4458738186/09170					
Name of Vehicle Owner (Check Box If Business) FRENCHESS JEVON WILLIAMS			Current Address (Number and Street) 5111 ARROWSMITH RD			City and State JACKSONVILLE FL		Zip Code 32208-0000	
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 East	On Street, Road, Highway COMMONWEALTH AVENUE				At Est. Speed 35	Posted Speed 45	Total Lanes 4	
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 1 Passenger Car	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 5 Traffic Control Signal	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 IPGL78	State FL	Reg. Expires 05/Apr/2019	Permanent Reg. No	VIN JTEGF21AX20051939		
Year 2002	Make TOYOTA	Model HIGHLANDER	Style UT	Color BLU	Extent of Damage Disabling	Est. Damage 8000	Towed Due To Damage Yes	Vehicle Removed By DRIVER	Rotation Driver
Insurance Company PROGRESSIVE AMERICAN INSURANCE				Insurance Policy Number 909228070					

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Name of Vehicle Owner (Check Box If Business) ASHLEIGH ALEXSANDRA PEREZ		Current Address (Number and Street) 4386 HANGING MOSS DR		City and State ORANGE PARK FL		Zip Code 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 North	On Street, Road, Highway COMMONWEALTH AVENUE				At Est. Speed 25	Posted Speed 45	Total Lanes 4	
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 16 (Sport) Utility Vehicle	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function		
Vehicle Maneuver Action 3 Turning Left	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 5 Traffic Control Signal		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	

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name MARCOS ANTONIO PEREZ		Date of Birth 25/Apr/1955	Sex 1 Male	Phone Number 904-534-4197	Re-Exam No
Address 4386 HANGING MOSS DR		City ORANGE PARK		State FL		Zip Code 32073		
Driver License Number P620541551450		State FL	Expires 25/Apr/2022	DL Type 5 E/Operator	Req. End. 2 No	Injury Severity 1 None		Ejection 1 Not Ejected
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use		Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other 1 Not Applicable	
Drivers Actions at Time of Crash (first) 11 Ran Red Light			Drivers Actions at Time of Crash (second)			Driver Distracted By 1 Not Distracted	Vision Obstruction 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# 2	Description 3 Passenger	Vehicle # 1	Name CAROL JACQUELINE MENDEZ		Date of Birth 26/Aug/1966	Sex 2 Female	Injury Severity 2 Possible	Ejection 1 Not Ejected
Address 4386 HANGING MOSS DR			City ORANGE PARK			State FL	Zip Code 32073	
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 RECORD

Person# 3	Description 1 Driver	Vehicle # 2	Name HENRY LEE WILLIAMS		Date of Birth 06/Nov/1971	Sex 1 Male	Phone Number 904-233-0547	Re-Exam No
Address 5111 ARROW SMITH RD		City JACKSONVILLE		State FL		Zip Code 32208		
Driver License Number W452392714060		State FL	Expires 06/Nov/2023	DL Type 5 E/Operator	Req. End. 2 No	Injury Severity 1 None		Ejection 1 Not Ejected
Restraint System 2 None Used -Motor Vehicle Occupant	Air Bag Deployed 3 Deployed-Front	Helmet Use		Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other 1 Not Applicable	
Drivers Actions at Time of Crash (first) 1 No Contributing Action			Drivers Actions at Time of Crash (second)			Driver Distracted By 1 Not Distracted	Vision Obstruction 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		

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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		

WITNESSES

Name CHRISTOPHER ALLEN HINO	Address 9748 WATERSHED DR S	City JACKSONVILLE	State FL	Zip Code 32220
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VIOLATIONS

Person# 1	Name MARCOS ANTONIO PEREZ	Florida Statute Number 316.074(1)	Charge FAIL TO OBEY TRAFFIC CONTROL SIGNAL (FAILED TO STOP AT TRAFF	Citation AB4X9KE
Person# 3	Name HENRY LEE WILLIAMS	Florida Statute Number 316.614(4)(b)	Charge DRIVER NOT BELTED - TO BE CITED	Citation AB4X9LE

NARRATIVE

ID Number 1815	Rank TROOPER	Name T.L. KEPLINGER	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-695-4000	Date Created Apr 13, 2019
<p>Vehicle 1 (V01) was traveling north on Interstate 295 (State Road 9A), on the exit ramp to Commonwealth Avenue. V01 was traveling in the right/outside left only turn lane. Vehicle 2 (V02) was traveling east on Commonwealth Avenue in the right/outside through lane. V02 was traveling east on Commonwealth Avenue in the right/outside lane.</p> <p>According to the driver (D02) of V02 and the independent eye witness (included in the witness section of the traffic crash report), the overhead traffic signal for the traffic traveling eastbound on Commonwealth traffic was green. The independent eye witness and V02 were traveling east on Commonwealth proceeding through the green light. As V01 exited from the Interstate 295 northbound exit ramp and attempted to turn left/west onto Commonwealth Avenue, D01 violated the traffic control signal (ran the red light).</p> <p>V02's front struck the left side (rear quarter-panel) of V01. Upon V02's impact with V01, V01 rotated in a counter-clock manner, traveled over top of the raised center grass median and came to final rest obstructing the westbound lanes of Commonwealth Avenue, facing south. V01 was relocated prior to my arrival into the eastbound lanes of Commonwealth Avenue by D01. V02 came to final rest obstructing the left/inside eastbound lane of Commonwealth Avenue.</p>						

REPORTING OFFICER

ID/Badge # 1815	Rank and Name TROOPER T.L. KEPLINGER	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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