FLORIDA TRAFFIC CRASH REPORT

LONG FORM X SHORT FORM UPDATE (Electronic Version)

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

Date of Crash Date of Report Invest. Agency Report Number **HSMV Crash Report Number** ime of Crash 29/Nov/2019 06:47 PM 89146228 29/Nov/2019 06:47 PM 29/Nov/2019 12:00 AM 2019-00182934 **CRASH IDENTIFIERS** Within City Limits Time Dispatched Place or City of Crash County Code City Code County of Crash Time Reported 29/Nov/2019 06:48 PM 29/Nov/2019 13 50 LEON **TALLAHASSEE** Yes 06:48 PM Time Cleared Scene Completed Yes Reason (if Investigation NOT Completed) Notified By Time on Scene 29/Nov/2019 08:49 PM 29/Nov/2019 07:51 Law Enforcement **ROADWAY INFORMATION** Crash Occured On Street, Road, Highway
BLAIR STONE RD At Street Address# At Lattitude Longitude and -84.249603 30.432093 OFrom Intersection With Street, Road, Highway Or From Milepost # At Feet Or Miles Direction South 42 **APALACHEE PKWY** Type Of Shoulder Type Of Intersection Road System Identifier 5 Local 1 Not at Intersection 3 Curb **CRASH INFORMATION (Check if Pictures Taken)** Weather Condition Roadway Surface Condition Manner Of Collision School Bus Related light Condition 4 Dark-Lighted 1 Clear 1 No 1 Dry Within Interchange First Harmful Event Type First Harmful Event First Harmful Event Location First Harmful Event Relation to Junction 10 1 On Roadway No 3 Intersection.Related Contributing Circumstances: Road Contributing Circumstances: Road Contributing Circumstances: Road 1 None Contributing Circumstances: Environment Contributing Circumstances: Environment Contributing Circumstances: Environment 1 None Work Zone Related Crash in Work Zone Type Of Work Zone Workers In Work Zone Law Enforcement In Work Zone 1 No **VEHICLE (Check if Commercial)** Vehicle | Motor Vehicle Type Hit and Run Veh License Number State Reg. Expires Permanent Reg. VIN 1 Vehicle in Transport FL 04/Sep/2020 1HGCM56865A112378 1 1 No 0793X.I Towed Due To Damage Vehicle Removed By Make Model Style Color Extent of Damage Est. Damage Year Driver None No 2005 HOND ACCORD 40 GRY DRIVER Insurance Policy Number Insurance Company **SOUTHERN-OWNERS INSURAN** 4877150200 Current Address (Number and Street) City and State Zip Code Name of Vehicle Owner (Check Box If Business) LINDA MARIE 1966 LARETTE DR 32301 Permanent Reg. Make Axles Length Trailer License Number State Reg. Expires Year Trailer License Number State Reg. Expires Permanent Reg. Year Make **Length** Axles At Est. Speed Total Lanes Vehicle Posted Speed Direction On Street, Road, Highway Traveling: North **BLAIR STONE RD** 5 30 5 **CMV Configuration** Area of Initial Impact Most Damaged Area Cargo Body Type 14 5 6 7 3 4 5 6 18. Undercarriage Comm GVWR/GCWR 18 Undercerts Trailer Type (trailer one) Trailer Type (trailer two) 4 Not Applicable 19. Overturn || 17 19. Overturn 16 17 8 8 16 20. Windshield 20. Windshield Haz Mat, Placard Number Class Haz, Mat, Release 21. Trailer 21. Trailer US DOT Number Motor Carrier Name Motor Carrier Address City and State Zip Code Phone Number Vehicle Body Type Vehicle Defects (two) **Emergency Vehicle Use** Speciual Function of MV Comm/Non-Commercial Vehicle Defects (one) 1 Passenger Car 1 No Special Function 1 None 1 No Most Harmful Évent Most Harmful Event Detail Vehicle Maneuver Action Roadway Grade Roadway Alignment Trafficway 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 5 Turning Right 2 Collision with Non-Fixed Object 1 Level 1 Straight 14 Motor Vehicle in Transport 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 2 Collision with Non-Fixed Object **5 Traffic Control Signal** 14 Motor Vehicle in Transport PERSON RECORD Date of Birth Person# Description Phone Number Vehicle # Name Re-Exam 1 Driver LINDA MARIE 04/Sep/1957 2 Female 8502966891 No 1 Address Zip Code City State FL 1966 LARETTE DR **TALLAHASSEE** 32301 Driver License Number State Expires DL Type Rea. End. Injury Severity Election 04/Sep/2025 5 E/Operator 3 No Req M-600-520-57-824-2 FL 1 Not Ejected 1 None Endorsement

Date of Crash 29/Nov/2019 06:47 PM			Date	ate of Report 29/Nov/2019 06:47 PM				Invest.	Invest. Agency Report Number 2019-00182934					H	HSMV Crash Report Number 89146228				
3 Shoulder	raint System noulder and Lap Belt Used 2 Not Deple					Use	se Eye Prote		ion Seating			Location Seat 1 Left		Seating Location Ro			Seating Location Other		
Drivers Actions at Time of Crash (first) 3 Falled to Yield Right.of.Wa							vers Actions at Time of Cra			ish (second)			Driver Distracted By 1 Not Distracted			, ,	Vision Obstruction 1 Vision Not Obscured		
Drivers Actions at Time of Crash (third)				Drivers a			Actions at Time of Crash ((fourth) D			Drive	Drivers Condition at Time of Cra 1 Apparently					
Suspected A	Ncohol Use Alcohol Tested			Alcohol Test Type		99	Alcohol Test Result		BAC	c s	Suspected Drug Use 1 No		Drug Tested		Drug Test Type		Drug Test Result		
Source of Transport to Medical Facility 1 Not Transported				EMS Agency Name of			or ID			EMS Run Number N/A			Medical Facility Transported To						
PERSON R	ECORD				100				-				-					0.100	
Person# Description Name 2 Non-Motorist				DARIEN KNIGHT			т	Date of Birth 09/Apr/1993			1.			y Severity 2 Possible		none Number 8506924889			
Address 1583 JACKS DR UNIT A				City TALLAHASSEE					State FL.				Zip Code			32301			
Non-Motorist Description Detail 1 Pedestrian				Non-Motorist Action Prior t 1 Cross					Crash ng Roadway				Non-N		torist Location at Time of Crash 1 Intersection - Marked Crosswalk			osswaik	
Non-Motorist Actions/Circumstance (First) Non-Mo					torist Actions/Circumstance (Second)				f) [1	Non-Motorist Safety Equipme				nt (One) Non-Motorist Safety Equipment (To				uipment (Two)	
Suspected Alcohol Use Alcohol Tested			Alcohol Test Type Alcohol T			Test Result	BAC	S		ected Drug Use Drug Tes			1	Drug Test	Туре	Drug Test Result			
Source of Transport to Medical Facility 2 EMS				EMS Agency Name or iD MED 26					EMS Run Number 19-0042028					Medical Facility Transported To TMH					
WITNESSE	S			1					_										
Name STACI LYNN GOLDBERG				ress 1238 SANDY ACRES TRL				RL	City				E		State Zip Code 32317			Zip Code 32317	
VIOLATION	IS								-										
Person# 1	Name	lame LINDA MARIE				Florida Statute Numb 316.075(1)(a)1			ber (oer Charge FAILED TO YIELD RIGHT-O				F-WAY TO PEDESTRIAN				Citation ACFY1TE	
NARRATIV	E						•		_		O MANAGE								
This report v	vas authored	by Ofc. R.	Miller#	632.															
P-1 was at th V-1 was wes	ne crosswalk t on Apalach	at the Inter	section appro	n of Blair aching ti	stone R he inter	Road / rsectio	Apalaci n of Bla	hee Parkway airstone Roa	d.										
P-1 stated he Moments late	e press the ca er V-1's front	rosswalk be bumper st	utton a	nd after i -1, knock	eing g ing P-1	iven ti down	he walk onto tr	symbol, he ne roadway.	proce	eded c	ross the cro	sswall	from	the ea	ast sid	e of the inte	rsectio	n to the west side.	
D-1 stated w P-1 appeared	hen she got (d in front of V	to the inter /-1. D-1 stat	section ed eve	n, she sto crything h	pped a	nd ma	de sure fast and	it was clear IV-1 had str	to ma	ake the	right turn c ore she coul	nto Bla d react	irsto	ne Ros	id. D-1	stated after	r making	g the right turn,	
W-1 was stop proceeded a	pped in the le	oft turn land dway insid	at the	intersec crosswall	tion of c. W-1 s	Blairs tated	tone Ro she the	ad / Apalach n saw V-1 m	ee Pa ake th	arkway he righ	r. W-1 stated It turn onto E	she sa Blairsto	w P-1 ne Ro	wait u	intil th	ie walk symi ilachee Parl	bol appoway an	eared and P-1 d hit P-1.	
P-1 complair bruising and	ned of leg and swelling. P-	d arm pain, 1 was trans	pain to	o his butt I to TMH I	locks ar	nd tole MS Me	d me he ad 26 (R	had a head: un#19-00420	ache. 028).	The do	octors advis	ed P-1	did no	t have	any t	oroken bone	s but th	ere was some	
D-1 told me s	she was not i	injured.																	
V-1 dld not h	ave any visit	ole damage	, There	were str	eaks al	long ti	he left s	ide of the ho	od, w	vhere it	appeared P	'-1 had	lande	d and	rolled	off. V-1 was	not tov	ved.	
V-1 was dete	rmined to be	at fault in	the trai	ffic crash	. D-1 w	vas iss	sued a c	itation for F	aiture	to Yie	ld the Right	-Away	of Ped	lestria	n (Cita	tion# ACFY	1TE).		
This case is	closed with o	citation issu	ied.																
REPORTIN	G OFFICER	1177271576	4333																
ID/Badge # 632	Rank an	d Name	Time City	OFFICI	ER RO	ODDRICK MILLER					Department TALLAHAS			POLICE DEPARTMENT			Туре о	f Department PD	

