

# 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<br>29/Jul/2021 06:00 PM | Time of Crash<br>29/Jul/2021 06:00 PM | Date of Report<br>29/Jul/2021 07:03 PM | Invest. Agency Report Number<br>FHPH21OFF011208 | HSMV Crash Report Number<br>88450098 |
|---------------------------------------|---------------------------------------|--|---|--------------------------------------|

## CRASH IDENTIFIERS

|                                       |  |                            |   |                          |                                       |   |
|---------------------------------------|--|----------------------------|---|--------------------------|---------------------------------------|---|
| County Code<br>21                     | City Code<br>50                            | County of Crash<br>GADSDEN | Place or City of Crash<br>QUINCY        | Within City Limits<br>No | Time Reported<br>29/Jul/2021 06:03 PM | Time Dispatched<br>29/Jul/2021 06:09 PM |
| Time on Scene<br>29/Jul/2021 06:40 PM | Time Cleared Scene<br>29/Jul/2021 07:03 PM | Completed<br>Yes           | Reason (if Investigation NOT Completed) |                          |                                       | Notified By<br>Law Enforcement          |

## ROADWAY INFORMATION

|   |          |                               |   |   |                                      |
|---|----------|-------------------------------|---|---|--------------------------------------|
| Crash Occured On Street, Road, Highway<br>COUNTY ROAD 270 (SYCAMORE ROAD) |          |                               | ① At Street Address#  | ② At Latitude<br>30.581029535511799           | and Longitude<br>-84.795032275152295 |
| At Feet<br>200  | Or Miles | Direction<br>East             | ③ From Intersection With Street, Road, Highway<br>OLD CHURCH ROAD |   | ④ Or From Milepost #                 |
| Road System Identifier<br>4 County  |          | Type Of Shoulder<br>2 Unpaved |   | Type Of Intersection<br>1 Not at Intersection |                                      |

## CRASH INFORMATION (Check if Pictures Taken) ☐

|   |                              |  |                            |  |
|---|------------------------------|--|----------------------------|--|
| Light Condition<br>1 Daylight                     | Weather Condition<br>1 Clear | Roadway Surface Condition<br>1 Dry           | School Bus Related<br>1 No | Manner Of Collision<br>3 Angle                             |
| First Harmful Event Type                          | First Harmful Event<br>14    | First Harmful Event Location<br>1 On Roadway | Within Interchange<br>No   | First Harmful Event Relation to Junction<br>1 Non-Junction |
| Contributing Circumstances: Road<br>1 None        |                              | Contributing Circumstances: Road             |                            | Contributing Circumstances: Road                           |
| Contributing Circumstances: Environment<br>1 None |                              | Contributing Circumstances: Environment      |                            | Contributing Circumstances: Environment                    |
| Work Zone Related<br>1 No                         | Crash In Work Zone           | Type Of Work Zone                            | Workers In Work Zone       | Law Enforcement In Work Zone                               |

## VEHICLE (Check if Commercial) ☐

|   |   |  |                              |  |                                       |   |   |  |                      |
|---|---|--|------------------------------|--|---------------------------------------|---|---|--|----------------------|
| Vehicle<br>1  | Motor Vehicle Type<br>1 Vehicle in Transport    | Hit and Run<br>1 No  | Veh License Number<br>QGHJ77 | State<br>FL  | Reg. Expires<br>07/Mar/2022           | Permanent Reg.<br>No                                    | VIN<br>5N1AR1NN9BC631945                        |  |                      |
| Year<br>2011  | Make<br>NISS                                    | Model<br>PATHFINDER  | Style<br>UT                  | Color<br>BLK   | Extent of Damage<br>Disabling         | Est. Damage<br>5000                                     | Towed Due To Damage<br>Yes                      | Vehicle Removed By<br>LAWSONS P AND B                      | Rotation<br>Rotation |
| Insurance Company<br>GEICO  |   |  |                              |  | Insurance Policy Number<br>6046772601 |   |   |  |                      |
| Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/><br>SAVANNAH MARIE WATSON |   |  |                              | Current Address (Number and Street)<br>218 S LOWE ST |                                       |   | City and State<br>QUINCY FL                     | Zip Code<br>32351-3329                                     |                      |
| 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<br>West                               | On Street, Road, Highway<br>COUNTY ROAD 270 (SYCAMORE ROAD)  |                              |  |                                       |   | At Est. Speed<br>55                             | Posted Speed<br>55   | Total Lanes<br>2     |
| 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<br>16 (Sport) Utility Vehicle | Vehicle Defects (one)<br>1 None  |                              | Vehicle Defects (two)                                |                                       | Emergency Vehicle Use<br>1 No                           | Special Function of MV<br>1 No Special Function |  |                      |
| Vehicle Maneuver Action<br>1 Straight Ahead   | Trafficway<br>1 Two-Way, Not Divided            | Roadway Grade<br>1 Level   |                              | Roadway Alignment<br>3 Curve Left                    |                                       | Most Harmful Event<br>2 Collision with Non-Fixed Object |   | Most Harmful Event Detail<br>14 Motor Vehicle in Transport |                      |
| Traffic Control Device For This Vehicle<br>1 No Controls  |   | First (1) Sequence of Events<br>2 Collision with Non-Fixed Object<br>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<br>2                     | Motor Vehicle Type<br>1 Vehicle in Transport | Hit and Run<br>1 No | Veh License Number<br>LNQW95 | State<br>FL  | Reg. Expires<br>05/Nov/2021         | Permanent Reg.<br>No | VIN<br>SAJBD4BV8HCY37670   |                                       |                      |
| Year<br>2017                     | Make<br>JAGU                                 | Model<br>XF         | Style<br>4D                  | Color<br>BLK | Extent of Damage<br>Disabling       | Est. Damage<br>20000 | Towed Due To Damage<br>Yes | Vehicle Removed By<br>LAWSONS P AND B | Rotation<br>Rotation |
| Insurance Company<br>PROGRESSIVE |  |                     |                              |              | Insurance Policy Number<br>49069170 |                      |                            |                                       |                      |

|   |                          |  |  |  |                               |   |                              |  |                               |   |
|---|--------------------------|--|--|--|-------------------------------|---|------------------------------|--|-------------------------------|---|
| Date of Crash<br><b>29/Jul/2021 06:00 PM</b>  |                          | Date of Report<br><b>29/Jul/2021 06:00 PM</b>  |  | Invest. Agency Report Number<br><b>FHPH21OFF011208</b> |                               | HSMV Crash Report Number<br><b>88450098</b> |                              |  |                               |   |
| Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/><br><b>PEGGY MILLS DENTON</b> |                          |  | Current Address (Number and Street)<br><b>5620 SYCAMORE ROAD</b> |  |                               | City and State<br><b>QUINCY FL</b>          |                              | Zip Code<br><b>32351-0000</b>                                  |                               |   |
| 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<br><b>West</b> | On Street, Road, Highway<br><b>COUNTY ROAD 270 (SYCAMORE ROAD)</b>   |  |  |                               | At Est. Speed<br><b>15</b>                  | Posted Speed<br><b>55</b>    | Total Lanes<br><b>2</b>  |                               |   |
| 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<br><b>1 Passenger Car</b>  |  | Vehicle Defects (one)<br><b>1 None</b>                 |                               | Vehicle Defects (two)                       |                              | Emergency Vehicle Use<br><b>1 No</b>                           |                               | Special Function of MV<br><b>1 No Special Function</b>            |
| Vehicle Maneuver Action<br><b>14 Slowing</b>  |                          | Trafficway<br><b>1 Two-Way, Not Divided</b>  |  | Roadway Grade<br><b>1 Level</b>                        |                               | Roadway Alignment<br><b>3 Curve Left</b>    |                              | Most Harmful Event<br><b>2 Collision with Non-Fixed Object</b> |                               | Most Harmful Event Detail<br><b>14 Motor Vehicle in Transport</b> |
| Traffic Control Device For This Vehicle<br><b>1 No Controls</b>                                     |                          | First (1) Sequence of Events<br><b>2 Collision with Non-Fixed Object</b><br><b>14 Motor Vehicle in Transport</b> |  |  | Second (2) Sequence of Events |   | Third (3) Sequence of Events |  | Fourth (4) Sequence of Events |   |

#### PERSON RECORD

|  |                                |   |                                      |   |                    |   |                          |  |                                   |  |  |   |                  |
|--|--------------------------------|---|--------------------------------------|---|--------------------|---|--------------------------|--|-----------------------------------|--|--|---|------------------|
| Person#<br><b>1</b>  | Description<br><b>1 Driver</b> | Vehicle #<br><b>1</b>                             | Name<br><b>SAVANNAH MARIE WATSON</b> |   |                    | Date of Birth<br><b>07/Mar/1994</b>       | Sex<br><b>2 Female</b>   | Phone Number   | Re-Exam<br><b>No</b>              |  |  |   |                  |
| Address<br><b>218 S LOWE ST</b>  |                                | City<br><b>QUINCY</b>                             |                                      |   | State<br><b>FL</b> |   | Zip Code<br><b>32351</b> |  |                                   |  |  |   |                  |
| Driver License Number<br><b>W325793945870</b>  |                                | State<br><b>FL</b>                                |                                      | Expires<br><b>07/Mar/2029</b>             |                    | DL Type<br><b>5 E/Operator</b>            |                          | Req. End.<br><b>3 No Req Endorsement</b>                         |                                   | Injury Severity<br><b>3 Non-incapacitating</b>     | Ejection<br><b>1 Not Ejected</b>       |   |                  |
| Restraint System<br><b>3 Shoulder and Lap Belt Used</b>  |                                | Air Bag Deployed<br><b>6 Deployed-Combination</b> |                                      | Helmet Use                                |                    | Eye Protection<br><b>3 Not Applicable</b> |                          | Seating Location Seat<br><b>1 Left</b>                           |                                   | Seating Location Row<br><b>1 Front</b>             |  | Seating Location Other<br><b>1 Not Applicable</b> |                  |
| Drivers Actions at Time of Crash (first)<br><b>2 Operated MV in Careless or Negligent Manner</b> |                                |   |                                      | Drivers Actions at Time of Crash (second) |                    |   |                          | Driver Distracted By<br><b>7 Inattentive</b>                     |                                   | Vision Obstruction<br><b>1 Vision Not Obscured</b> |  |   |                  |
| Drivers Actions at Time of Crash (third)   |                                |   |                                      | Drivers Actions at Time of Crash (fourth) |                    |   |                          | Drivers Condition at Time of Crash<br><b>1 Apparently Normal</b> |                                   |  |  |   |                  |
| Suspected Alcohol Use<br><b>1 No</b>   |                                | Alcohol Tested<br><b>1 Test Not Given</b>         |                                      | Alcohol Test Type                         |                    | Alcohol Test Result                       |                          | BAC  | Suspected Drug Use<br><b>1 No</b> |  | Drug Tested<br><b>1 Test Not Given</b> | Drug Test Type                                    | Drug Test Result |
| Source of Transport to Medical Facility<br><b>1 Not Transported</b>                              |                                | EMS Agency Name or ID                             |                                      |   |                    | EMS Run Number                            |                          | Medical Facility Transported To                                  |                                   |  |  |   |                  |

#### PERSON RECORD

|   |                                |  |                                   |   |                    |   |                          |  |                                   |  |  |   |                  |
|---|--------------------------------|--|-----------------------------------|---|--------------------|---|--------------------------|--|-----------------------------------|--|--|---|------------------|
| Person#<br><b>2</b>   | Description<br><b>1 Driver</b> | Vehicle #<br><b>2</b>                              | Name<br><b>PEGGY MILLS DENTON</b> |   |                    | Date of Birth<br><b>05/Nov/1952</b>       | Sex<br><b>2 Female</b>   | Phone Number   | Re-Exam<br><b>No</b>              |  |  |   |                  |
| Address<br><b>5620 SYCAMORE ROAD</b>  |                                | City<br><b>QUINCY</b>                              |                                   |   | State<br><b>FL</b> |   | Zip Code<br><b>32351</b> |  |                                   |  |  |   |                  |
| Driver License Number<br><b>D535673529050</b>                               |                                | State<br><b>FL</b>                                 |                                   | Expires<br><b>05/Nov/2028</b>             |                    | DL Type<br><b>5 E/Operator</b>            |                          | Req. End.<br><b>3 No Req Endorsement</b>                         |                                   | Injury Severity<br><b>3 Non-incapacitating</b>     | Ejection<br><b>1 Not Ejected</b>       |   |                  |
| Restraint System<br><b>3 Shoulder and Lap Belt Used</b>                     |                                | Air Bag Deployed<br><b>6 Deployed-Combination</b>  |                                   | Helmet Use                                |                    | Eye Protection<br><b>3 Not Applicable</b> |                          | Seating Location Seat<br><b>1 Left</b>                           |                                   | Seating Location Row<br><b>1 Front</b>             |  | Seating Location Other<br><b>1 Not Applicable</b> |                  |
| Drivers Actions at Time of Crash (first)<br><b>1 No Contributing Action</b> |                                |  |                                   | Drivers Actions at Time of Crash (second) |                    |   |                          | Driver Distracted By<br><b>1 Not Distracted</b>                  |                                   | Vision Obstruction<br><b>1 Vision Not Obscured</b> |  |   |                  |
| Drivers Actions at Time of Crash (third)                                    |                                |  |                                   | Drivers Actions at Time of Crash (fourth) |                    |   |                          | Drivers Condition at Time of Crash<br><b>1 Apparently Normal</b> |                                   |  |  |   |                  |
| Suspected Alcohol Use<br><b>1 No</b>  |                                | Alcohol Tested<br><b>1 Test Not Given</b>          |                                   | Alcohol Test Type                         |                    | Alcohol Test Result                       |                          | BAC  | Suspected Drug Use<br><b>1 No</b> |  | Drug Tested<br><b>1 Test Not Given</b> | Drug Test Type                                    | Drug Test Result |
| Source of Transport to Medical Facility<br><b>2 EMS</b>                     |                                | EMS Agency Name or ID<br><b>GADSDEN COUNTY EMS</b> |                                   |   |                    | EMS Run Number<br><b>5824</b>             |                          | Medical Facility Transported To<br><b>TMH NE</b>                 |                                   |  |  |   |                  |

#### VIOLATIONS

|                     |                                      |  |   |                            |
|---------------------|--------------------------------------|--|---|----------------------------|
| Person#<br><b>1</b> | Name<br><b>SAVANNAH MARIE WATSON</b> | Florida Statute Number<br><b>322.15(1)</b>   | Charge<br><b>DL NOT CARRIED/EXHIBIT ON DEMAND</b> | Citation<br><b>ACYIKPE</b> |
| Person#<br><b>1</b> | Name<br><b>SAVANNAH MARIE WATSON</b> | Florida Statute Number<br><b>316.1925(1)</b> | Charge<br><b>CARELESS DRIVING</b>                 | Citation<br><b>ACYIKOE</b> |

|                                       |  |   |                                      |
|---------------------------------------|--|---|--------------------------------------|
| Date of Crash<br>29/Jul/2021 06:00 PM | Date of Report<br>29/Jul/2021 06:00 PM | Invest. Agency Report Number<br>FHPH21OFF011208 | HSMV Crash Report Number<br>88450098 |
|---------------------------------------|--|---|--------------------------------------|

## NARRATIVE

| ID Number | Rank | Name           | Troop / Post | Officer Agency         | Phone Number | Date Created |
|-----------|------|----------------|--------------|------------------------|--------------|--------------|
| 4869      | TPR  | COTE, JUSTIN T | H            | FLORIDA HIGHWAY PATROL | 850-410-3046 | Jul 30, 2021 |

Vehicle 2 (V02) was traveling westbound on County Road 270 (Sycamore Road), approaching Old Church Road and had begun slowing in preparation for a left turn into her residence just before the intersection. Vehicle 1 (V01) was traveling westbound behind V02 on County Road 270. The driver of V01 (D01) stated she was looking down in her vehicle while driving and did not see V02 in front of her. The front right bumper of V01 struck the left rear bumper of V02. V02 spun counter clockwise 90 degrees and came to final rest on the paved shoulder at the intersection of County Road 270 and Old Church Road where it remained for final rest facing south. V01 ran off the roadway to the left, onto the south shoulder. V01 yawed in a clockwise direction and then rolled approximately two times. V01 came to final rest on the south shoulder of County Road 270 in front of Old Church Road, resting on its driver's side facing east.

## REPORTING OFFICER

|                    |                                     |                                      |                           |
|--------------------|-------------------------------------|--------------------------------------|---------------------------|
| ID/Badge #<br>4869 | Rank and Name<br>TPR COTE, JUSTIN T | Department<br>FLORIDA HIGHWAY PATROL | Type of Department<br>FHP |
|--------------------|-------------------------------------|--------------------------------------|---------------------------|

