

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 20/Mar/2022 02:05 PM	Time of Crash 20/Mar/2022 02:05 PM	Date of Report 20/Mar/2022 02:23 PM	Invest. Agency Report Number PPD22OFF000630	HSMV Crash Report Number 24569633
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CRASH IDENTIFIERS

County Code 22	City Code 40	County of Crash PUTNAM	Place or City of Crash PALATKA	Within City Limits Yes	Time Reported 20/Mar/2022 02:09 PM	Time Dispatched 20/Mar/2022 02:11 PM
Time on Scene 20/Mar/2022 02:15 PM	Time Cleared Scene 20/Mar/2022 02:23 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway STATE ROAD 19			① At Street Address#		② At Latitude 29.645669999999999 and Longitude -81.671719999999993	
At Feet 0	Or Miles	Direction East	③ From Intersection With Street, Road, Highway TOWN N COUNTRY DRIVE			④ Or From Milepost #
Road System Identifier 3 State		Type Of Shoulder 1 Paved		Type Of Intersection 3 T-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 Yes	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

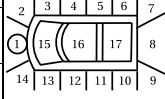
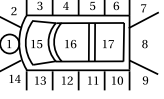
VEHICLE (Check if Commercial) ☐

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number DIWD59	State FL	Reg. Expires 03/Apr/2023	Permanent Reg. No	VIN 1FTFW1ET5BFC17576			
Year 2011	Make FORD	Model F150 PICKUP	Style TK	Color GRY	Extent of Damage Minor	Est. Damage 2000	Towed Due To Damage No	Vehicle Removed By	Rotation	
Insurance Company STATE FARM MUTUAL AUTOMOBILE INSURANCE					Insurance Policy Number 6523394594					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> JEFFREY SCOTT THOMAS			Current Address (Number and Street) 1035 S MOODY RD			City and State PALATKA FL		Zip Code 32177-8804		
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 Travelling:	Direction West	On Street, Road, Highway TOWN N COUNTRY DRIVE WB					At Est. Speed 15	Posted Speed 40	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 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 3 Turning Left	Trafficway 2 Two-Way, Not Divided, with a Continuous Left Turn Lane	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 6 Stop Sign		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 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number DAFC24	State FL	Reg. Expires 07/Jul/2022	Permanent Reg. No	VIN JN8AT3CA8MW020781		
Year 2021	Make NISS	Model ROGUE	Style UT	Color SIL	Extent of Damage Disabling	Est. Damage 10000	Towed Due To Damage Yes	Vehicle Removed By JOHNSONS TOWING	Rotation Owner Request

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Insurance Company STATE FARM MUTUAL AUTOMOBILE INSURANCE						Insurance Policy Number 6499728594							
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> BRETT MICHAEL EDWARDS				Current Address (Number and Street) 2321 ST JOHNS AVE				City and State PALATKA FL		Zip Code 32177-0000			
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 STATE ROAD 19 NB					At Est. Speed 25	Posted Speed 40	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 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 1 Straight Ahead	Trafficway 2 Two-Way, Not Divided, with a Continuous Left Turn Lane		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					

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name JEFFREY SCOTT THOMAS			Date of Birth 03/Apr/1955	Sex 1 Male	Phone Number 3863284806	Re-Exam No		
Address 1035 S MOODY RD		City PALATKA			State FL		Zip Code 32177				
Driver License Number T520437551230		State FL	Expires 03/Apr/2027	DL Type 5 E/Operator	Req. End.	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) 3 Failed to Yield Right.of.Way			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 1 Driver	Vehicle # 2	Name TINA MARIE EDWARDS			Date of Birth 03/Jan/1991	Sex 2 Female	Phone Number 3863013445	Re-Exam No		
Address 2321 ST JOHNS AVE		City PALATKA			State FL		Zip Code 32177				
Driver License Number E363813915030		State FL	Expires 03/Jan/2024	DL Type 5 E/Operator	Req. End.	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) 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					
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# 3	Description 3 Passenger	Vehicle # 2	Name AMBER N RUNDELS			Date of Birth 05/Sep/2008	Sex 2 Female	Injury Severity 1 None	Ejection 1 Not Ejected	
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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	

NARRATIVE

ID Number Rank Name Troop / Post Officer Agency Phone Number Date Created
1P51 OFFICER PLEIMAN, ERIC MATTHEP PD\LA W ENFORC PALATKA POLICE DEPARTMENT 3863290115 Mar 20, 2022

V02 was traveling Northbound on State Road 19 in the left lane approaching the intersection of Town N Country Drive. V01 was on Town N Country Drive waiting to turn left (Southbound) on State Road 19. V01 did not see V02 approaching the intersection and pulled out to make the turn. V01 failed to yield and crashed into the front of V02.

V01 was determined to be at fault for failure to yield to oncoming traffic.

There were no injuries reported on scene, no citations issued, and V02 was towed by Johnson's Towing (Owner's Request).

There is nothing further to report.

REPORTING OFFICER

ID/Badge # 1P51	Rank and Name OFFICER PLEIMAN, ERIC MATTHE	Department PALATKA POLICE DEPARTMENT	Type of Department PD
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