

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: FL00000026 Entity: Ocala

State: FL

DATE OF LOSS: 10/02/21

LOSS STREET : SW college Rd

LOSS CITY : ocala

POLICE DEPT.: OCALA

REPORT NUM. : 202100134175

Image Name: FL00000026_1131481588_211112_1977624.tif



1131481588

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

(Electronic Version)

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

Date of Crash 02/Oct/2021 03:20 PM	Time of Crash 02/Oct/2021 03:20 PM	Date of Report 02/Oct/2021 12:00 AM	Invest. Agency Report Number 202100134175	HSMV Crash Report Number 24610991
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CRASH IDENTIFIERS

County Code 14	City Code 40	County of Crash MARION	Place or City of Crash OCALA	Within City Limits Yes	Time Reported 02/Oct/2021 03:24 PM	Time Dispatched 02/Oct/2021 03:38 PM
Time on Scene 02/Oct/2021 03:46 PM	Time Cleared Scene 02/Oct/2021 04:01 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway SR 200			① At Street Address#		② At Latitude 29.095543		and Longitude -82.10106	
At Feet 230	Or Miles	Direction West	③ From Intersection With Street, Road, Highway CR 475A				④ Or From Milepost #	
Road System Identifier 3 State			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 1 Front to Rear	
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 3 Intersection.Related	
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	

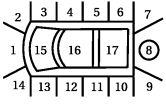
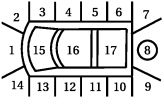
VEHICLE (Check if Commercial) ☐

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number DAU7166	State FL	Reg. Expires 28/Oct/2021	Permanent Reg. No	VIN 5N1AT2MT2FC858505	
Year 2015	Make NISS	Model ROGUE	Style UT	Color WHI	Extent of Damage Functional	Est. Damage 2000	Towed Due To Damage No	Vehicle Removed By DENISE BATHAM
Insurance Company STATE FARM			Insurance Policy Number J160782B1159					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> PATRICIO JAIME LASAGA			Current Address (Number and Street) 6415 SW 64TH AVE			City and State OCALA FL		Zip Code 34474
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length
Vehicle Traveling:	Direction East	On Street, Road, Highway SR 200				At Est. Speed 5	Posted Speed 45	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 1	Haz Mat. Placard 1	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		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events
		14 Motor Vehicle in Transport						

VEHICLE (Check if Commercial) ☐

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number LQCQ33	State FL	Reg. Expires 04/Jul/2023	Permanent Reg. No	VIN JM1BM1V72E1120943	
Year 2014	Make MAZD	Model 3I TOURING	Style 4D	Color SIL / SIL	Extent of Damage Functional	Est. Damage 2000	Towed Due To Damage No	Vehicle Removed By FRANCES ROGERS
			Rotation Driver					

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Insurance Company ASSURANCEAMERICA INSURANCE COMPANY						Insurance Policy Number PFL1849892				
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> FRANCES MARIE ROGERS				Current Address (Number and Street) 5100 NW GAINESVILLE RD LOT 10				City and State OCALA FL		Zip Code 34475
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 SR 200				At Est. Speed 0		Posted Speed 45	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 1	Haz Mat. Placard 1	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 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		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		
		14 Motor Vehicle in Transport								

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name DENISE ROSE-ANN BATHAM			Date of Birth 01/Apr/2003	Sex 2 Female	Phone Number 7378811113	Re-Exam No
Address 2912 NE 24TH AVE		City OCALA			State FL		Zip Code 34479		
Driver License Number B350176036210		State FL	Expires 01/Apr/2030	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 1 None		Ejection 1 Not Ejected	
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 2 Not Deployed		Helmet Use 3 No Helmet	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) 2 Operated MV in Careless or Negligent Manner			Drivers Actions at Time of Crash (second)			Driver Distracted By 2 Electronic Communication Devices (cell phone, etc.)		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	Alcohol Test Type	Alcohol Test Result	BAC	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 or ID			EMS Run Number		Medical Facility Transported To		

PERSON RECORD

Person# 2	Description 1 Driver	Vehicle # 2	Name FRANCES MARIE ROGERS			Date of Birth 04/Jul/1975	Sex 2 Female	Phone Number 3528045323	Re-Exam No
Address 5100 NW GAINESVILLE RD LOT 10		City OCALA			State FL		Zip Code 34475		
Driver License Number R262253757440		State FL	Expires 04/Jul/2022	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 2 Possible		Ejection 1 Not Ejected	
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 2 Not Deployed		Helmet Use 3 No Helmet	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	Alcohol Test Type	Alcohol Test Result	BAC	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 or ID			EMS Run Number		Medical Facility Transported To		

PERSON RECORD

Person# 3	Description 3 Passenger	Vehicle # 2	Name WILL TRAVONE HENDON			Date of Birth 11/Jun/1994	Sex 1 Male	Injury Severity 3 Non-incapacitating	Ejection 1 Not Ejected
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Address 5100 NW GAINESVILLE RD LOT 10				City OCALA		State FL	Zip Code 34475
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use 3 No Helmet	Eye Protection 3 Not Applicable	Seating Location Seat 3	Seating Location Row 1	Seating Location Other 1	
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID MARION COUNTY FIRE RESCUE		EMS Run Number 202102121819		Medical Facility Transported To OCALA REGIONAL MEDICAL CENTER	
VIOLATIONS							
Person# 1	Name DENISE ROSE-ANN BATHAM		Florida Statute Number 316.1925 (1)	Charge CARELESS DRIVING - REAR END		Citation A3F0DMP	
NARRATIVE							
<p>VEHICLE 2 WAS STOPPED BEHIND TRAFFIC IN THE EASTBOUND LEFT THROUGH LANE OF THE 2700 BLOCK OF SR 200. VEHICLE 1 WAS STOPPED BEHIND VEHICLE 2, IN THE SAME LANE. VEHICLE 1 DRIVER ADVISED SHE OBSERVED THE TRAFFIC LIGHT TURN GREEN AT SR 200 AND CR 475A AND THOUGHT TRAFFIC BEGAN MOVING. VEHICLE 1 DRIVER ADVISED SHE LOOKED DOWN TO MOVE HER PHONE FROM HER LAP AND BEGAN ACCELERATING. VEHICLE 1'S FRONT END THEN COLLIDED WITH VEHICLE 2'S REAR END.</p> <p>BOTH VEHICLES SUSTAINED DAMAGE BUT WERE REMOVED FROM THE SCENE BY THE DRIVERS. PASSENGER IN VEHICLE 2 WAS TRANSPORTED TO OCALA REGIONAL MEDICAL CENTER FOR MINOR INJURIES.</p> <p>DRIVER 1 WAS ISSUED A CITATION FOR CARELESS DRIVING- REAR END.</p>							
REPORTING OFFICER							
ID/Badge # 2595	Rank and Name OFFICER KRISTEN WHITSTON			Department OCALA POLICE DEPARTMENT		Type of Department PD	

