

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: FL00000081 Entity: Lee County

State: FL

DATE OF LOSS: 10/18/21

LOSS STREET : Leonard Blvd

LOSS CITY : LEHIGH ACRES

POLICE DEPT.: LEE COUNTY SHERIF

REPORT NUM. : 21519069

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1131481587

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 18/Oct/2021 06:10 PM	Time of Crash 18/Oct/2021 06:10 PM	Date of Report 18/Oct/2021 12:00 AM	Invest. Agency Report Number 21-519069	HSMV Crash Report Number 24691351
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CRASH IDENTIFIERS

County Code 18	City Code 00	County of Crash LEE	Place or City of Crash UNINCORPORATED	Within City Limits No	Time Reported 18/Oct/2021 06:16 PM	Time Dispatched 18/Oct/2021 06:23 PM
Time on Scene 18/Oct/2021 06:33 PM	Time Cleared Scene 18/Oct/2021 07:00 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

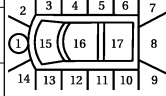
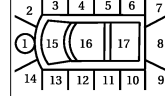
ROADWAY INFORMATION

Crash Occured On Street, Road, Highway LEONARD BLVD S			① At Street Address# 4808	② At Latitude 26.598584	and Longitude -81.732394
At Feet 245	Or Miles	Direction West	③ From Intersection With Street, Road, Highway ANSEL AVE S		④ Or From Milepost #
Road System Identifier 5 Local		Type Of Shoulder 2 Unpaved		Type Of Intersection 77 Other, Explain in Narrative	

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 18 Through Roadway
Contributing Circumstances: Road 88 Unknown		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 88 Unknown		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 GUBM58	State FL	Reg. Expires 31/Dec/2021	Permanent Reg.	VIN 1FTBF3A60HED71766			
Year 2017	Make FORD	Model TRUCK	Style TK	Color WHI	Extent of Damage Minor	Est. Damage 1000	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation Driver	
Insurance Company FEDERATED MUTUAL INSURANCE COMPANY				Insurance Policy Number 0758598						
Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> R. T. MOORE CO. INC.			Current Address (Number and Street) 5009 LENA RD			City and State BRADENTON FL		Zip Code 34211		
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 LEONARD BLVD S				At Est. Speed 20	Posted Speed 45	Total Lanes 2		
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area		
Comm GVWR/GCWR 4 Not Applicable			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 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))	Vehicle Defects (one) 10 Body, Doors		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function			
Vehicle Maneuver Action 14 Slowing	Trafficway 1 Two-Way, Not Divided	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		

VEHICLE (Check if Commercial) ☐

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number HADC98	State FL	Reg. Expires 20/Feb/2022	Permanent Reg.	VIN 1G11E5SA7GF152852		
Year 2016	Make CHEV	Model SEDAN	Style 4D	Color SIL	Extent of Damage Minor	Est. Damage 4000	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation Driver

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Insurance Company PROGRESSIVE SELECT INSU						Insurance Policy Number 941321825					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> ASIA NAIKEE GARCIA				Current Address (Number and Street) 833 JARAMILLA LN				City and State FT MYERS FL		Zip Code 33905	
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 LEONARD BLVD S					At Est. Speed 0	Posted Speed 45	Total Lanes 2		
CMV Configuration				Cargo Body Type		Area of Initial Impact			Most Damaged Area		
Comm GVWR/GCWR 4 Not Applicable				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) 10 Body, Doors		Vehicle Defects (two) 9 Exhaust System		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 13 Stopped in Traffic		Trafficway 1 Two-Way, Not Divided		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 DEMARIUS SHAKAI MCMILLION			Date of Birth 20/Apr/1986	Sex 1 Male	Phone Number	Re-Exam No
Address 5252 BRISTO ST		City LEHIGH ACRES		State FL		Zip Code 33971			
Driver License Number M254177861400		State FL	Expires 20/Apr/2028	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	Eye Protection	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other	
Drivers Actions at Time of Crash (first) 77 Other Contributing Action			Drivers Actions at Time of Crash (second)			Driver Distracted By 88 Unknown		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 LEHIGH ACRES FIRE RESCUE			EMS Run Number F2110180289		Medical Facility Transported To		

PERSON RECORD

Person# 2	Description 1 Driver	Vehicle # 2	Name KEARA JASHAE LAKIA PRICE			Date of Birth 02/Jun/1998	Sex 2 Female	Phone Number	Re-Exam No
Address 4808 LEONARD BLVD S		City LEHIGH ACRES		State FL		Zip Code 33973			
Driver License Number P620510987020		State FL	Expires 02/Jun/2023	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	Eye Protection	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other	
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 LEHIGH ACRES FIRE RESCUE			EMS Run Number F2110180289		Medical Facility Transported To DECLINED TRANSPORT		

NARRATIVE

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V2 was stopped in the eastbound lane of Leonard Blvd S while attempting to make a left hand turn into V2's driveway. As V2 was waiting a blue truck was coming from behind and did not stop in time and swerved to the right of V2 and avoided hitting V2. V1 who was behind the blue truck did not have time to react to the sudden appearance of V2 due to the blue truck swerving off of the road way. V1 then struck with the front bumper to the rear bumper of V1. The blue truck did not make contact with either V1 or V2.

V2 pulled into her driveway and V1 pulled off of the roadway on the south side of Leonard Blvd S.

V2 had complaints of head pain and Lehigh Acres Fire Rescue responded. V2 declined medical transport by Fire Rescue.

V1 had no complaints of injuries during the on scene investigation of the traffic accident.

Both vehicles were removed by the drivers and in no need of a tow truck.

REPORTING OFFICER

ID/Badge # 17093	Rank and Name DEPUTY K. BUTLER	Department LEE COUNTY SHERIFFS OFFICE	Type of Department SO
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