

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: FL00000081 Entity: Lee County

State: FL

DATE OF LOSS: 09/27/21

LOSS STREET : PONDELLA RD

LOSS CITY : LEE COUNTY

POLICE DEPT.: LEE COUNTY SHERRIFS OFFICE

REPORT NUM. : 21478566

Image Name: FL00000081_3331029341_211112_1973568.tif



3331029341

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 27/Sep/2021 06:25 AM	Time of Crash 27/Sep/2021 06:25 AM	Date of Report 27/Sep/2021 12:00 AM	Invest. Agency Report Number 21-478566	HSMV Crash Report Number 24284759
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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 27/Sep/2021 06:28 AM	Time Dispatched 27/Sep/2021 06:30 AM
Time on Scene 27/Sep/2021 06:39 AM	Time Cleared Scene 27/Sep/2021 06:39 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway PONDELLA RD			1 At Street Address#	2 At Latitude 26.667324	and Longitude -81.888735
At Feet 106	Or Miles	Direction East	3 From Intersection With Street, Road, Highway PINEY RD		4 Or From Milepost #
Road System Identifier 4 County		Type Of Shoulder 3 Curb		Type Of Intersection 1 Not at Intersection	

CRASH INFORMATION (Check if Pictures Taken) ☐

light Condition 3 Dawn	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 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 Y24PGB	State FL	Reg. Expires 12/Feb/2022	Permanent Reg.	VIN 1GNEC13TX1J140987		
Year 2001	Make CHEV	Model TAHOE	Style UT	Color GRN	Extent of Damage Minor	Est. Damage 1000	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation Driver
Insurance Company INFINITY AUTO INSURANCE					Insurance Policy Number 109901152126001				
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> JOSE LUIS RAMOS			Current Address (Number and Street) 407 RUSHMORE AVE S			City and State LEHIGH ACRES FL		Zip Code 33936	
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 West	On Street, Road, Highway PONDELLA RD				At Est. Speed 40	Posted Speed 45	Total Lanes 4	
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 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			

VEHICLE (Check if Commercial) ☐

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number 783RDI	State FL	Reg. Expires 21/Feb/2023	Permanent Reg.	VIN 1C4BJWDG9GL170298		
Year 2016	Make JEEP	Model WRANGLER	Style SW	Color SIL	Extent of Damage Disabling	Est. Damage 1500	Towed Due To Damage Yes	Vehicle Removed By WANTED TOWING AND RECOVERY LLC	Rotation Rotation

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Insurance Company AUTO CLUB SOUTH INSURAN					Insurance Policy Number AUT700110557						
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> DEBRA LYNN PFALZ			Current Address (Number and Street) 92 CARDINAL DR			City and State N FT MYERS FL		Zip Code 33917			
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 West	On Street, Road, Highway PONDELLA RD				At Est. Speed 0	Posted Speed 45	Total Lanes 4			
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 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 JOSE LUIS RAMOS			Date of Birth 12/Feb/1981	Sex 1 Male	Phone Number	Re-Exam No
Address 407 RUSHMORE AVE S		City LEHIGH ACRES			State FL		Zip Code 33936		
Driver License Number R520432810520		State FL	Expires 12/Feb/2027	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 1 Not Applicable		Helmet Use	Eye Protection	Seating Location Seat 1 Left		Seating Location Row 1 Front	Seating Location Other
Drivers Actions at Time of Crash (first) 10 Followed too Closely			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 NOT TRANSPORTED			EMS Run Number NOT TRANSPORTED		Medical Facility Transported To NOT TRANSPORTED		

PERSON RECORD

Person# 2	Description 1 Driver	Vehicle # 2	Name DEBRA LYNN PFALZ			Date of Birth 21/Feb/1957	Sex 2 Female	Phone Number	Re-Exam No
Address 92 CARDINAL DR		City N FT MYERS			State FL		Zip Code 33917		
Driver License Number P420172575610		State FL	Expires 21/Feb/2026	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 1 Not Applicable		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 NOT TRANSPORTED			EMS Run Number NOT TRANSPORTED		Medical Facility Transported To NOT TRANSPORTED		

VIOLATIONS

Person# 1	Name JOSE LUIS RAMOS	Florida Statute Number 322.34(1)	Charge UNKNOWNLY OPERATING VEHICLE WHILE DL SUSPENDED/CANCELED/RE	Citation AEZTLME
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NARRATIVE

V1 and V2 were traveling westbound on Pondella Road approaching Piney Road. V2 stopped for traffic at the red light at Pondella Road and North Cleveland Avenue. V1 attempted to stop but was unable to stop in time striking the rear of V2.

V1 was found at fault for the collision due to following to closely. No complainants of injuries were made. V1 was removed by the driver and V2 was removed by Wanted Towing and Recovery.

REPORTING OFFICER

ID/Badge # 05072	Rank and Name DEPUTY WINCELOWICZ	Department LEE COUNTY SHERIFFS OFFICE	Type of Department SO
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