

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: FL00000026 Entity: Ocala

State: FL

DATE OF LOSS: 10/02/21

LOSS STREET : NW 10TH ST AND 22ND CT AND 20TH AVE

LOSS CITY : Ocala

POLICE DEPT.: NOT IDENTIFIED PD

REPORT NUM. : 202100134109

Image Name: FL00000026_3331030809_211112_1971796.tif



3331030809

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 12:08 PM	Time of Crash 02/Oct/2021 12:08 PM	Date of Report 02/Oct/2021 12:00 AM	Invest. Agency Report Number 202100134109	HSMV Crash Report Number 24611032
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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 12:11 PM	Time Dispatched 02/Oct/2021 12:14 PM
Time on Scene 02/Oct/2021 12:35 PM	Time Cleared Scene 02/Oct/2021 01:31 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway US 27			1 At Street Address#		2 At Latitude 29.19694		and Longitude -82.15975	
At Feet 592	Or Miles	Direction East	3 From Intersection With Street, Road, Highway NW 22ND CT				4 Or From Milepost #	
Road System Identifier 2 U.S.			Type Of Shoulder 1 Paved			Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

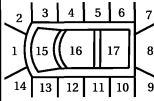
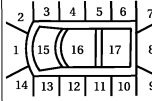
light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 3 Angle
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction
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 CFF52	State FL	Reg. Expires 22/Feb/2022	Permanent Reg. No	VIN 2C4RDGBG0CR263033			
Year 2012	Make DODGE	Model VAN	Style VN	Color WHI	Extent of Damage Minor	Est. Damage 2000	Towed Due To Damage No	Vehicle Removed By KENNETH THERRIEN	Rotation Driver	
Insurance Company ALLSTATE INDEMNITY COMPANY				Insurance Policy Number 9881334720417						
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> KENNETH S THERRIEN				Current Address (Number and Street) 14155 NE 14 STREET RD			City and State SILVER SPRINGS FL	Zip Code 34488		
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 US 27				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			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 2 Passenger Van	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 4 Two-Way, Divided, Positive Median Barrier	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		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 ICIY75	State FL	Reg. Expires 30/Jun/2022	Permanent Reg. No	VIN 1FTEW1EF9HKE23912		
Year 2017	Make FORD	Model 150	Style PK	Color BRZ	Extent of Damage None	Est. Damage 0	Towed Due To Damage No	Vehicle Removed By ANGEL TORRES	Rotation Driver
Insurance Company CONTINENTAL CASUALTY COMPANY				Insurance Policy Number BUA5085006214					

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Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> ANGEL RAMON TORRES			Current Address (Number and Street) 3130 SW 126TH LANE RD			City and State OCALA FL		Zip Code 34473	
Trailer One:	License Number QDJF80	State FL	Reg. Expires 05/07/2022 00:00	Permanent Reg. No	VIN 1XNC18145J1086502	Year 2018	Make TRIPL	Length 18	Axles 2
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling:	Direction East	On Street, Road, Highway US 27				At Est. Speed 45	Posted Speed 45	Total Lanes 4	
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR			Trailer Type (trailer one) Utility Trailer		Trailer Type (trailer two)		 18. Undercarriage 19. Overturn 20. Windshield 2). Trailer		 18. Undercarriage 19. Overturn 20. Windshield 2). Trailer
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 3 Pickup	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 4 Two-Way, Divided, Positive Median Barrier	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 KENNETH S THERRIEN			Date of Birth 11/Aug/1938	Sex 1 Male	Phone Number 3525539347	Re-Exam No
Address 14155 NE 14 STREET RD		City SILVER SPRINGS		State FL		Zip Code 34488			
Driver License Number 471098989		State NY	Expires 11/Aug/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 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) 6 Improper Turn			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# 2	Description 1 Driver	Vehicle # 2	Name ANGEL RAMON TORRES			Date of Birth 07/May/1982	Sex 1 Male	Phone Number 3523395173	Re-Exam No
Address 3130 SW 126TH LANE RD		City OCALA		State FL		Zip Code 34473			
Driver License Number T620016821670		State FL	Expires 07/May/2023	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) 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		

VIOLATIONS

Person# 1	Name KENNETH S THERRIEN	Florida Statute Number 316.151.1B	Charge IMPROPER LEFT TURN	Citation AEJSJ8E
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NARRATIVE

Date of Crash 02/Oct/2021 12:08 PM	Date of Report 02/Oct/2021 12:08 PM	Invest. Agency Report Number 202100134109	HSMV Crash Report Number 24611032
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VEHICLE 1 WAS AT A STOP SIGN ON A PRIVATE DRIVER (DOLLAR GENERAL LOCATED AT 2195 NW 10TH ST) FACING US 27. VEHICLE 2 HAD A TRAILER ATTACHED AND WAS TRAVELING EAST IN THE INSIDE LANE ON US 27 JUST PAST THE INTERSECTION OF NW 22ND CT. VEHICLE 1 HAD NO LEFT TURN SIGN, BUT MADE A LEFT TURN ONTO US 27, VEHICLE 2 CONTINUED EAST. AT THAT TIME VEHICLE 1'S FRONT RIGHT STRUCK VEHICLE 2'S TRAILER ON THE LEFT SIDE.

REPORTING OFFICER

ID/Badge # 6338	Rank and Name OFFICER J PAGANO	Department OCALA POLICE DEPARTMENT	Type of Department PD
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