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



FLORIDA TRAFFIC CRASH REPORT

LONG FORM X SHORT FORM UPDATE

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

(Electronic Version) Date of Crash Time of Crash Date of Report Invest. Agency Report Number **HSMV Crash Report Number** 02/Oct/2021 03:20 PM 02/Oct/2021 03:20 PM 02/Oct/2021 12:00 AM 202100134175 24610991 **CRASH IDENTIFIERS** County Code County of Crash Place or City of Crash Within City Limits Time Reported Time Dispatched City Code 02/Oct/2021 03:24 PM 02/Oct/2021 03:38 PM MARION **OCALA** Yes Time on Scene Time Cleared Scene Completed Reason (if Investigation NOT Completed) Notified By 02/Oct/2021 03:46 PM 02/Oct/2021 04:01 Yes Law Enforcement **ROADWAY INFORMATION** At Lattitude Crash Occured On Street, Road, Highway At Street Address# Longitude SR 200 -82.10106 29 095543 From Intersection With Street, Road, Highway Or From Milepost # At Feet Or Miles Direction West CR 475A Road System Identifier Type Of Shoulder Type Of Intersection 3 State 1 Paved 1 Not at Intersection **CRASH INFORMATION (Check if Pictures Taken)** light Condition Weather Condition Roadway Surface Condition School Bus Related Manner Of Collision 1 Davlight 1 Clear 1 Front to Rear First Harmful Event Relation to Junction First Harmful Event Type First Harmful Event Within Interchange First Harmful Event Location 1 On Roadway 3 Intersection.Related Contributing Circumstances: Road Contributing Circumstances: Road Contributing Circumstances: Road Contributing Circumstances: Environment Contributing Circumstances: Environment Contributing Circumstances: Environment 1 None Work Zone Related Crash In Work Zone Type Of Work Zone Workers In Work Zone Law Enforcement In Work Zone 1 No **VEHICLE (Check if Commercial)** Motor Vehicle Type Hit and Run Veh License Number Reg. Expires Permanent Reg. 1 Vehicle in Transport No 1 1 No **DAU7166** FL 28/Oct/2021 5N1AT2MT2FC858505 Year Make Model Color Extent of Damage Est. Damage Towed Due To Damage Vehicle Removed By Functional No **DENISE BATHAM** Driver 2015 NISS **ROGUE** UT WHI 2000 Insurance Company Insurance Policy Number STATE FARM J160782B1159 Name of Vehicle Owner (Check Box If Business)
PATRICIO JAIME LASAGA City and State Current Address (Number and Street) Zip Code **OCALA FL** 6415 SW 64TH AVE 34474 Make Trailer License Number State Reg. Expires Permanent Reg. Year Length Axles One: License Number Trailer Permanent Reg. Year State Rea. Expires VIN Make Axles Lenath Vehicle At Est. Speed Posted Speed Direction On Street, Road, Highway Total Lanes East **SR 200** 5 45 6 Area of Initial Impact CMV Configuration Cargo Body Type Most Damaged Area 3 4 5 6 Comm GVWR/GCWR 18. Undercarriage 18. Undercarriage Trailer Type (trailer one) Trailer Type (trailer two) 19. Overturn 19. Overturn 20. Windshield 20. Windshield Haz Mat. Placard Haz. Mat. Release Number 21. Trailer 21. Trailer 1 Motor Carrier Name **US DOT Number** Motor Carrier Address City and State Zip Code Phone Number Vehicle Body Type Emergency Vehicle Use Speciual Function of MV Comm/Non-Commercial Vehicle Defects (one) Vehicle Defects (two) 16 (Sport) Utility Vehicle 1 No Special Function 1 None 1 No Vehicle Maneuver Action Roadway Grade Roadway Alignment Most Harmful Event Most Harmful Event Detail 2 Two-Way, Not Divided, with a Continuous Left Turn 1 Straight Ahead 1 Level 1 Straight 2 Collision with Non-Fixed 14 Motor Vehicle in Transport Object Lane Traffic Control Device For This Vehicle | First (1) Sequence of Events Second (2) Sequence of Events Third (3) Sequence of Events Fourth (4) Sequence of Events 1 No Controls 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport **VEHICLE (Check if Commercial)** Permanent Reg. Motor Vehicle Type Hit and Run Vehicle Veh License Number State Rea. Expires VIN 1 Vehicle in Transport No 2 1 No LQCQ33 FL 04/Jul/2023 JM1BM1V72E1120943 Towed Due To Damage Style Extent of Damage Year Make Model Color Est. Damage Vehicle Removed By Rotation Functional No Driver SIL / SIL 2014 MAZD 4D 2000 FRANCES ROGERS

HSMV 90010 S Page 1 of 4

TOURING

Date of (Crash 02/Oct/2021 03:2	0 PM	Date of Re		2021 03:20 F	РМ	Inve	est. Age		port Num 20210013		5		HSMV (Crash F		Number 1610991		
Insuranc	e Company ASSU	RANCEAME	RICA INSUI	RANCE	COMPANY	<i>'</i>		Ins	suranc	e Policy N	Numb	oer	F	PFL18498	392				
Name of	Vehicle Owner (C FRANCES MAR						dress (N							City ar	nd State	Э			Zip Code 34475
Trailer One:	License Number	State	Reg. Exp	oires	Permanent	Reg.	VIN						Yea	ar	Make)	Length		Axles
Trailer Two:	License Number	State	Reg. Ex	oires	Permanent	Reg.	VIN						Yea	ar	Make)	Length		Axles
Vehicle Traveling	Direction g: East	On Street, R	oad, Highw	ay	1	s	SR 200							At Est	. Spee 0	d Pos	ted Spee 45	d	Total Lanes 6
CMV Co	onfiguration			Car	go Body Ty	ре						Area of	Initial Imp	pact		Мо	st Damag	jed A	rea
Comm G	GVWR/GCWR			Trailer 7	Type (trailer one) Trailer Type (trailer two)			7	3 4 5	7/ ;	18. Undercai 19. Overtur		<i>√/~</i>	5 6 7	- 10	3. Undercarriage 9. Overturn			
20. Windshield 1 (13 (16 17) 20. Windshield 20. Windshield 1 (13 (16 17) 20. Windshield 20). Windshield I. Trailer										
Motor Ca	arrier Name					US C	OT Nun	nber											
	Moto	or Carrier Add	Iress						Cit	y and Sta	ate				Z	ip Code) I	Phone	e Number
Comm/N	lon-Commercial	Vehicle Body	/ Type senger Car	,	Vehicle Def	ects (on	,		Vehicle	Defects	(two))	En	nergency 1	Vehicl No	e Use	1 '		ction of MV al Function
	Maneuver Action raight Ahead	Trafficway 2 Two-Wa with a Conti	y, Not Divi inuous Left Lane	ded, t Turn	Roadway G 1 I	rade L evel		Roadwa	ay Aligr 1 Stra		N		mful Eve lision wit Obje	th Non-F	ixed	1	larmful E otor Veh		Detail n Transport
Traffic C	ontrol Device For 1 No Controls	This Vehicle	First (1) Se	ion wit	th Non-Fixe	Se Se	econd (2) Seque	ence of	Events	Th	ird (3) S) Sequence of Events Fourth (4) Sec				(4) Seque	ence o	of Events
	Object 14 Motor Vehicle in Transport																		
	N RECORD		Vahiala #	Non	ma							Date of	Dieth	Sex	Ir	Dhana N	lumbar		Re-Exam
1	Description 1 Driv	er	Vehicle #	Nan		NISE R	OSE-AN						or/2003	2 Fem	ale	Phone N 737	8811113		No No
	Address 2912 NE 24TH AVE City OCALA State TL Zip Code 34479																		
Driver Li	cense Number B350176036210	Sta	te FL		Expires 01/Ap	r/2030		Туре 5 Е/Ор	erator	'	. End 3 N Endo	d. No Req orsemen	'	ıry Severi 1 N	ity lone		Ejection 1 i		jected
	t System der and Lap Belt	Air Bag Depl	oyed eployed	Helr	met Use 3 No Helm	t Use Eye Protection Seating Location Seating Location 1 Le									tion Other plicable				
	Used Drivers Actions at Time of Crash (first) 2 Operated MV in Careless or Negligent Manner Drivers Actions at Time of Crash (second) Drivers Actions at Time of Crash (second) Driver Distracted By 2 Electronic Communication Devices (cell phone, etc.)																		
Drivers A	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 Alcohol Tested Alcohol Test			ol Test	Type A	Type Alcohol Test Result			AC	Suspecte 1	ed Dr 1 No		Drug Tested Drug Test Type		Туре	Drug	Test Result			
Source of	of Transport to Med 1 Not Transport		EMS	Agency	Name or IE)		EN	MS Rur	Number	r		Ме	dical Fac	ility Tra	ansporte	ed To		
	N RECORD												l						
Person#	Description 1 Driv	er	Vehicle #	Nan		RANCE	S MARI	E ROG	ERS			Date of 04/Ju	Birth II/1975	Sex 2 Fem		Phone N 352	lumber 2 8045323		Re-Exam No
Address 5100	NW GAINESVILI	LE RD LOT 1	City		OCAL	A		St	tate		F	L		Zip	Code		34475		
Driver Li	cense Number R262253757440	Sta	te FL		Expires 04/Ju	I/2022		Type 5 E/Op	erator		. End 3 N Endo	d. No Req orsemen	'	ry Severi 2 Pos	ity ssible		Ejection 1 I		jected
					Eye Prot 3 Not		tion Seating Location Seat pplicable 1 Left			t Sea	1 Front 1					tion Other plicable			
Drivers A	Drivers Actions at Time of Crash (first) 1 No Contributing Action Drivers Actions at Time of Crash (second) Driver Distracted By 1 Not Distracted 1 Vision Obstruction 1 Vision Not Obscured																		
Drivers Actions at Time of Crash (third)				Drivers Actions at Time of Crash			ı (fourth	(fourth)		Drivers Condition at Time 1 Appa		ne of Crash parently Normal							
Suspect	ed Alcohol Use 1 No	Alcohol Test	ed Alcoh	ol Test	Type Alcohol Test Result			ult BA	BAC Suspected Drug Use D			Drug Te	Drug Tested Drug Test Type Drug			Test Result			
Source of	of Transport to Med 1 Not Transport		EMS	Agency	Name or ID	Name or ID EMS Run Number			r	Medical Facility Transported To									
	N RECORD		1										ı						
Person# Description 3 Passenger 2 Vehicle # Na			Nan		WILL TF	RAVONE	E HEND	OON			Date of 11/Ju	Birth n/1994	Sex 1 Ma	le	njury Se Non-in e	everity 3 capacitat		Ejection 1 Not Ejected	

Date of Crash 02/Oct/2021 03:20		ite of Repo 02 /C	ort Oct/2021 03:20 PM	I	Invest. A		eport Number 202100134175	HSMV Cra	sh Report I 2 4	Number 1610991		
Address 5100 NW	GAINESVILLE F	RD LOT 10		City			OCALA		State F	-L	Zip Code 34475	
Restraint System	Air Bag Deploye	d	Helmet Use	Eye	Protectio	n	Seating Location Seat	Seating Location	n Row	Seating	Location Other	
3 Shoulder and Lap Belt Used 2 Not Depl		bloyed 3 No Helmet		3 Not Appl		icable	3	1	1		1	
Source of Transport to Med	EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To						
2 EMS MA			MARION COUNTY FIRE RESCUE			202102121819			OCALA REGIONAL MEDICAL CENTER			

VIOLATIONS

Person#	Name	Florida Statute Number	Charge	Citation
1	DENISE ROSE-ANN BATHAM	316.1925 (1)	CARELESS DRIVING - REAR END	A3F0DMP

NARRATIVE

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.

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.

DRIVER 1 WAS ISSUED A CITATION FOR CARELESS DRIVING- REAR END.

REPORTING OFFICER

ID/Badge #	Rank and Name	Department	Type of Department
2595	OFFICER KRISTEN WHITSTON	OCALA POLICE DEPARTMENT	PD

