

CFBatch-Cover-w10

*Type of Report:* AUTO ACCIDENT

PayorID: FL00000106 Entity: Jupiter

State: FL

DATE OF LOSS: 10/06/21

LOSS STREET : TONEY PENNA DR AND MILITARY TRL

LOSS CITY : JUPITER

POLICE DEPT.: JUPITER PD

REPORT NUM. : 21003525

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3331009512

# FLORIDA TRAFFIC CRASH REPORT

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

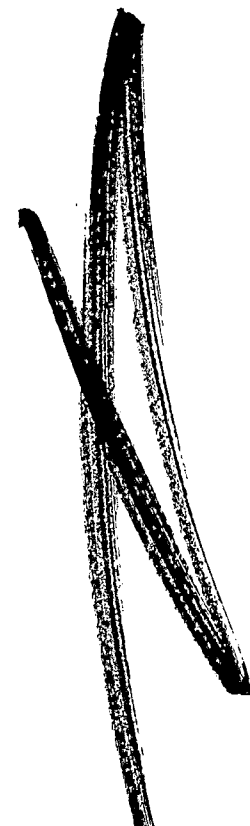
LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

(Electronic Version)

Crash Date <b>OCTOBER 6, 2021</b>		Time of Crash <b>05:49 PM</b>		Date of Report <b>OCTOBER 6, 2021</b>		Reporting Agency Case Number <b>21003525</b>		HSMV Crash Report Number <b>24537881</b>		
<b>CRASH IDENTIFIERS</b>										
County Code <b>06</b>	City Code <b>54</b>	County of Crash <b>PALM BEACH</b>			Place or City of Crash <b>JUPITER</b>			Within City Limits <b>YES</b>	Time Reported <b>05:50 PM</b>	Time Dispatched <b>05:52 PM</b>
Time on Scene <b>05:58 PM</b>		Time Cleared Scene <b>06:30 PM</b>		Completed <b>YES</b>	Reason (if Investigation NOT Complete)				Notified By <b>LAW ENFORCEMENT</b>	
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>										
Crash Occurred On Street, Road, Highway <b>MILITARY TRL</b>					1 At Street Address #		2 At Latitude		And Longitude	
At Feet <b>180</b>	Miles	Direction <b>S</b>	3 At / From Intersection With Street, Road, Highway <b>AT TONEY PENNA DR</b>					4 Or From Milepost #		
Road System Identifier <b>5 LOCAL</b>			Type of Shoulder <b>3 CURB</b>			Type of Intersection <b>2 FOUR-WAY INTERSECTION</b>				
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN)</b>										
Light Condition <b>1 DAYLIGHT</b>		Weather Condition <b>1 CLEAR</b>		Roadway Surface Condition <b>1 DRY</b>		School Bus Related <b>1 NO</b>		Manner of Collision <b>4 SIDESWIPE, SAME DIRECTION</b>		
First Harmful Event Type <b>2 COLLISION WITH NON-FIXED OBJECT</b>		First Harmful Event <b>14 COLLISION WITH MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>1 ON ROADWAY</b>		Within Interchange <b>1 NO</b>		First Harmful Event Relation to Junction <b>1 NON-JUNCTION</b>		
Contributing Circumstances: Road <b>1 NONE</b>			Contributing Circumstances: Road			Contributing Circumstances: Road				
Contributing Circumstances: Environment <b>1 NONE</b>			Contributing Circumstances: Environment			Contributing Circumstances: Environment				
Work Zone Related <b>1 NO</b>		Crash in Work Zone		Type of Work Zone		Workers in Work Zone		Law Enforcement in Work Zone		
<b>VEHICLE</b> Check if Commercial <input type="checkbox"/>										
Vehicle <b>01</b>	Motor Vehicle Type <b>1 VEH IN TRANSPORT</b>		Hit and Run <b>1 NO</b>	Veh License Number <b>TS4PZ</b>		State <b>FL</b>	Reg. Expires <b>MARCH 16, 2023</b>	Permanent Reg <b>1 NO</b>	VIN <b>3VWC17AU7GM507809</b>	
Year <b>2016</b>	Make <b>VOLK</b>	Model <b>GOLF SPORT</b>	Style <b>4D</b>	Color <b>SIL</b>	Extent of Damage <b>2 FUNCTIONAL</b>	Est. Damage <b>\$1000</b>	Towed Due To Damage <b>2 YES</b>	Vehicle Removed By <b>TOWING ROTATION</b>	Rotation <b>1 TOW ROTATION LIST</b>	
Insurance Company (Driver) <b>PROGRESSIVE AMERICAN INSURANCE COMP</b>							Insurance Policy Number <b>946574051</b>			
Name of Vehicle Owner (Business) <input type="checkbox"/>			Current Address <b>4702 BROOK DR</b>				City & State <b>WEST PALM BCH, FL</b>		Zip Code <b>33417</b>	
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 <b>N</b>	Direction <b>MILITARY TRL</b>	On Street, Road, Highway					At Est. Speed <b>45</b>	Posted Speed <b>45</b>	Total Lanes <b>07</b>	
CMV Configuration			Cargo Body Type <b>1 NO CARGO</b>			Area of Initial Impact				Most Damaged Area
Comm GVWR/GCWR			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 & State				Zip Code		Phone Number
Comm/Non-Commercial		Vehicle Body Type <b>1 PASSENGER CAR</b>		Vehicle Defects (one) <b>1 NONE</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 NO</b>	Special Function of MV <b>1 NO SPECIAL FUNCTION</b>	
Vehicle Maneuver Action <b>6 CHANGING LANES</b>		Trafficway <b>1 TWO-WAY, NOT DIVIDED</b>		Roadway Grade <b>1 LEVEL</b>	Roadway Alignment <b>1 STRAIGHT</b>	Most Harmful Event <b>2 COLLISION WITH NON-FIXED OBJECT</b>		Most Harmful Event Detail <b>15 COLLISION WITH PARKED MOTOR VEHICLE</b>		
Traffic Control Device For This Vehicle <b>1 NO CONTROLS</b>		First (1) Sequence of Events <b>15 COLLISION WITH PARKED MOTOR VEHICLE</b>			Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

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<b>VEHICLE</b> Check if Commercial <input type="checkbox"/>										
Vehicle <b>02</b>	Motor Vehicle Type <b>1 VEH IN TRANSPORT</b>			Hit and Run <b>1 NO</b>	Veh License Number <b>1I60AH</b>	State <b>FL</b>	Reg. Expires <b>FEBRUARY 27, 2022</b>	Permanent Reg <b>1 NO</b>	VIN <b>JT8BF28G4W0097800</b>	
Year <b>1998</b>	Make <b>LEXS</b>	Model <b>ES</b>	Style <b>4D</b>	Color <b>BLK</b>	Extent of Damage <b>1 DISABLING</b>	Est. Damage <b>\$2000</b>	Towed Due To Damage <b>2 YES</b>	Vehicle Removed By <b>TOWING ROTATION</b>		
Insurance Company (Driver) <b>AUTO CLUB SOUTH INSURANCE COMPANY</b>								Insurance Policy Number <b>AUT700218616</b>		
Name of Vehicle Owner (Business) <input type="checkbox"/> <b>RICKY J. KING</b>				Current Address <b>8756 COCONUT BLVD</b>				City & State <b>WEST PALM BEACH, FL</b>		
								Zip Code <b>33412</b>		
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN			Year	Make	
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN			Year	Make	
Vehicle Traveling	Direction <b>N</b>	On Street, Road, Highway <b>MILITARY TRL</b>						At Est. Speed <b>45</b>	Posted Speed <b>45</b>	
CMV Configuration		Cargo Body Type <b>1 NO CARGO</b>			Area of Initial Impact 			Most Damaged Area 		
Comm GVWR/GCWR		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 & State				Zip Code		
Phone Number										
Comm/Non-Commercial		Vehicle Body Type <b>1 PASSENGER CAR</b>		Vehicle Defects (one) <b>1 NONE</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 NO</b>		
Special Function of MV <b>1 NO SPECIAL FUNCTION</b>										
Vehicle Maneuver Action <b>1 STRAIGHT AHEAD</b>		Trafficway <b>4 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER</b>		Roadway Grade <b>1 LEVEL</b>		Roadway Alignment <b>1 STRAIGHT</b>		Most Harmful Event <b>2 COLLISION WITH NON-FIXED OBJECT</b>		
Most Harmful Event Detail <b>14 COLLISION WITH MOTOR VEH IN TRANSPORT</b>										
Traffic Control Device For This Vehicle <b>1 NO CONTROLS</b>		First (1) Sequence of Events <b>14 COLLISION WITH MOTOR VEH IN TRANSPORT</b>		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		
<b>PERSON</b>										
Person # <b>01</b>	Description <b>1 DRIVER</b>	Vehicle # <b>01</b>	Name <b>PATRICIA A. SYVERTSEN</b>			Date of Birth <b>MARCH 16, 1946</b>		Sex <b>2 FEMALE</b>	Phone Number	
Address <b>4702 BROOK DR</b>		City & State <b>WEST PALM BCH, FL</b>		Zip Code <b>33417</b>						
Driver License Number <b>S163681465960</b>		State <b>FL</b>	Expires <b>MARCH 16, 2028</b>	DL Type <b>5 E / OPERATOR</b>		Req. End. <b>3 NO ENDORSEMENT...</b>		Injury Severity <b>3 NON-INCAPACITATING</b>	Ejection <b>1 NOT EJECTED</b>	
Restraint Systems <b>3 SHOULDER AND LAP BELT USED</b>		Air Bag Deployed <b>6 DEPLOYED - COMBINATION</b>		Helmet Use <b>3 NO HELMET</b>		Eye Protection <b>3 NOT APPLICABLE</b>		Seating Location Seat <b>1 LEFT</b>	Seating Location Row <b>1 FRONT</b>	
Seating Location Other <b>1 NOT APPLICABLE</b>										
Drivers Actions at Time of Crash (First) <b>2 OPERATED MV IN CARELESS/NEGLIGENT MANNER</b>				Drivers Actions at Time of Crash (Second)				Driver Distracted By <b>7 INATTENTIVE</b>		
Vision Obstruction <b>1 VISION NOT OBSCURED</b>										
Drivers Actions at Time of Crash (Third)				Drivers Actions at Time of Crash (Fourth)				Drivers Condition at Time of Crash <b>1 APPARENTLY NORMAL</b>		
Suspected Alcohol Use <b>1 NO</b>		Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC		Suspected Drug Use <b>1 NO</b>	Drug Tested	Drug Test Type	
Drug Test Result										
Source of Transport to Medical Facility <b>1 NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To				
<b>PERSON</b>										
Person # <b>02</b>	Description <b>1 DRIVER</b>	Vehicle # <b>02</b>	Name <b>RICKY J. KING</b>			Date of Birth <b>FEBRUARY 27, 1955</b>		Sex <b>1 MALE</b>	Phone Number <b>(561) 373-8843</b>	
Address <b>8756 COCONUT BLVD</b>		City & State <b>WEST PALM BEACH, FL</b>		Zip Code <b>33412</b>						
Driver License Number <b>K520730550670</b>		State <b>FL</b>	Expires <b>FEBRUARY 27, 2029</b>	DL Type <b>5 E / OPERATOR</b>		Req. End. <b>3 NO ENDORSEMENT...</b>		Injury Severity <b>1 NONE</b>	Ejection <b>1 NOT EJECTED</b>	
Restraint Systems <b>3 SHOULDER AND LAP BELT USED</b>		Air Bag Deployed <b>1 NOT APPLICABLE</b>		Helmet Use <b>3 NO HELMET</b>		Eye Protection <b>3 NOT APPLICABLE</b>		Seating Location Seat <b>1 LEFT</b>	Seating Location Row <b>1 FRONT</b>	
Seating Location Other <b>1 NOT APPLICABLE</b>										
Drivers Actions at Time of Crash (First) <b>1 NO CONTRIBUTING ACTION</b>				Drivers Actions at Time of Crash (Second)				Driver Distracted By <b>1 NOT DISTRACTED</b>		
Vision Obstruction <b>1 VISION NOT OBSCURED</b>										
Drivers Actions at Time of Crash (Third)				Drivers Actions at Time of Crash (Fourth)				Drivers Condition at Time of Crash <b>1 APPARENTLY NORMAL</b>		
Suspected Alcohol Use <b>1 NO</b>		Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC		Suspected Drug Use <b>1 NO</b>	Drug Tested	Drug Test Type	
Drug Test Result										
Source of Transport to Medical Facility <b>1 NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To				

Crash Date <b>OCTOBER 6, 2021</b>	Time of Crash <b>05:49 PM</b>	Date of Report <b>OCTOBER 6, 2021</b>	Reporting Agency Case Number <b>21003525</b>	HSMV Crash Report Number <b>24537881</b>
<b>NARRATIVE</b>				
V2 was northbound on Military trail in the inside through lane. V1 was northbound on Military Trail in the inside through lane. D1 changed lanes into the direct path of V2, which was likely in the blind spot of V1. This caused the left side of V1 to crash into the right side of V2. V2 then spun out and came to final rest on the median. Neither driver was entirely sure of the sequence of events and there were no independent witnesses. Each driver was issued copies of the insurance exchange. North county towing towed both vehicles. BWC.				
<b>REPORTING OFFICER</b>				
ID/Badge Number <b>1216</b>	Rank and Name <b>MCGILLICUDDY, STEVEN</b>	Department <b>JUPITER POLICE DEPARTMENT</b>	Type of Department <b>2 PD</b>	

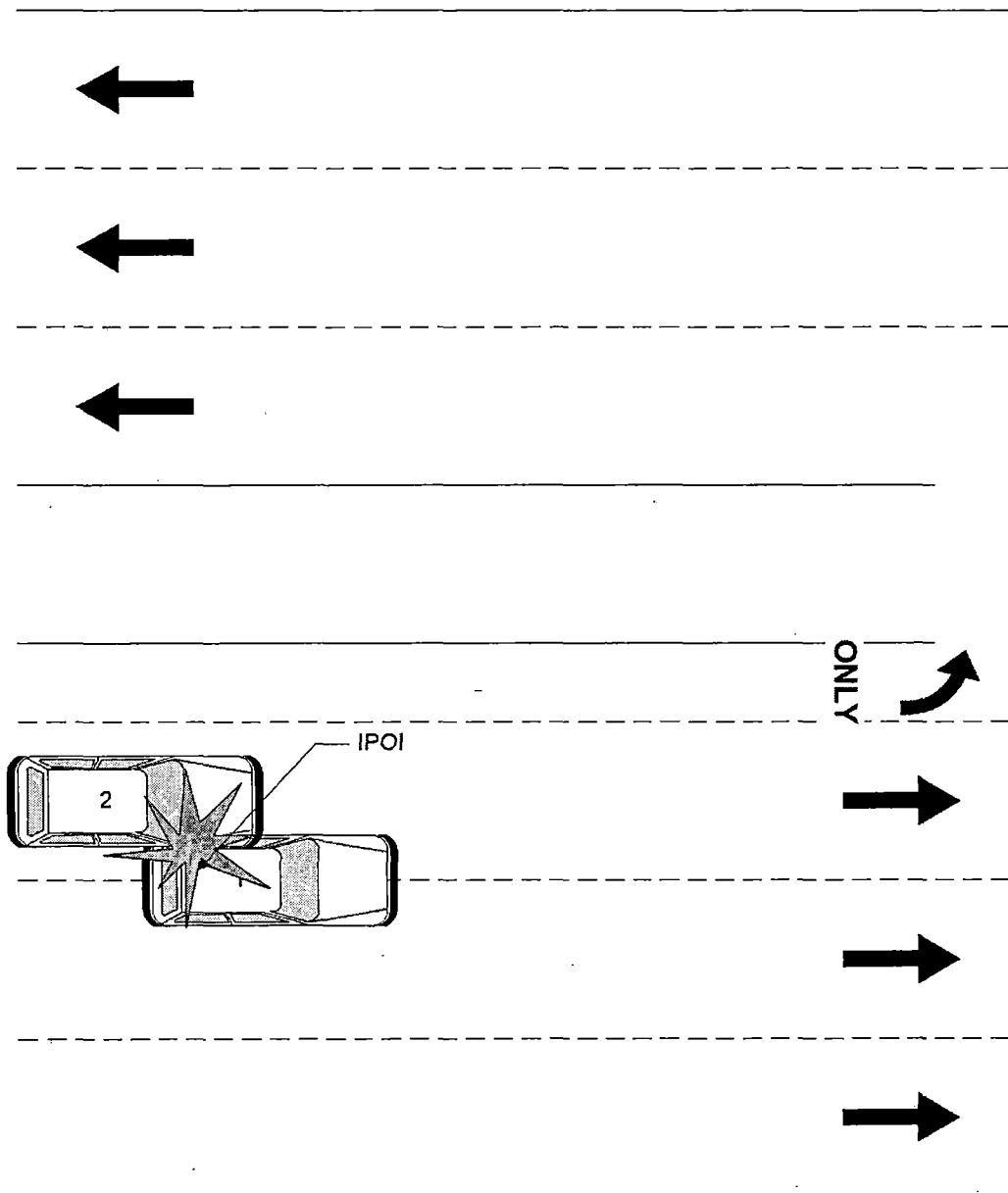


**DIAGRAM**



Indicate North

**#21-003525**



**MILITARY TRL**

Drawing Not To Scale.