

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: FL00000134 Entity: Hillsborough County

State: FL

DATE OF LOSS: 10/15/21

LOSS STREET : 6201 EHRLICH ROAD

LOSS CITY : TAMPA

POLICE DEPT.: HILLSBOROUGH CO SHERIFF OFFICE

REPORT NUM. : 21-691139

Image Name: FL00000134_3331028302_211112_1977664.tif



3331028302

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 15/Oct/2021 09:51 AM	Time of Crash 15/Oct/2021 09:51 AM	Date of Report 15/Oct/2021 09:51 AM	Invest. Agency Report Number 21-691139	HSMV Crash Report Number 24628695
---------------------------------------	---------------------------------------	--	---	--------------------------------------

CRASH IDENTIFIERS

County Code 03	City Code 0	County of Crash HILLSBOROUGH	Place or City of Crash UNINCORPORATED H.C.	Within City Limits No	Time Reported 15/Oct/2021 09:51 AM	Time Dispatched 15/Oct/2021 09:54 AM
Time on Scene 15/Oct/2021 10:10 AM	Time Cleared Scene 15/Oct/2021 10:29 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway EHRlich RD			1 At Street Address#	2 At Latitude and Longitude
At Feet	Or Miles	Direction	3 From Intersection With Street, Road, Highway CLWD MEADOWS DR	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 1 Daylight	Weather Condition 2 Cloudy	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 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 HTWK77	State FL	Reg. Expires 21/Oct/2022	Permanent Reg. No	VIN 5Y2SL62893Z433628
Year 2003	Make PONT	Model VIBE	Style 4D	Color RED	Extent of Damage Functional	Est. Damage 5000	Towed Due To Damage No
Insurance Company PROGRESSIVE AMERICAN				Insurance Policy Number 934433542			
Name of Vehicle Owner (Check Box If Business) CAMILA RENDON MONTOYA			Current Address (Number and Street) 7702 POWHATAN AV W		City and State TAMPA FL		Zip Code 33615
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 North	On Street, Road, Highway CLWD MEADOWS DR				At Est. Speed 10	Posted Speed 25
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	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) 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 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 6 Stop Sign	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 N0022V	State FL	Reg. Expires 31/Dec/2021	Permanent Reg. No	VIN 3BPZL20X9EF240812
Year 2014	Make PTRB	Model GARBAGE TRUC	Style GG	Color WHI	Extent of Damage Functional	Est. Damage 500	Towed Due To Damage No
Insurance Company ACE AMERICAN				Insurance Policy Number MMTH25308645			

Date of Crash 15/Oct/2021 09:51 AM			Date of Report 15/Oct/2021 09:51 AM			Invest. Agency Report Number 21-691139			HSMV Crash Report Number 24628695		
Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> WASTE MANAGEMENT INC OF FL				Current Address (Number and Street) 3411 40TH ST N				City and State TAMPA FL		Zip Code 33605-1698	
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 EHRlich RD					At Est. Speed 45	Posted Speed 45	Total Lanes 4		
CMV Configuration 3			Cargo Body Type 11			Area of Initial Impact			Most Damaged Area		
Comm GVWR/GCWR 3 More than 26,000 lbs (11,793 kg)			Trailer Type (trailer one)		Trailer Type (trailer two)						
Haz. Mat. Release 1		Haz Mat. Placard 1		Number		Class					
Motor Carrier Name WASTE MANAGEMENT INC OF FL				US DOT Number							
Motor Carrier Address 3411 40TH ST N				City and State TAMPA FL				Zip Code 33605-1698		Phone Number	
Comm/Non-Commercial 3		Vehicle Body Type 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))		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		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 CAMILA RENDON MONTOYA			Date of Birth 17/Mar/2000	Sex 2 Female	Phone Number	Re-Exam No
Address 7702 POWHATAN AV W		City TAMPA			State FL		Zip Code 33615		
Driver License Number R535100005970		State FL	Expires 17/Mar/2025	DL Type 5 E/Operator	Req. End.	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 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) 2 Operated MV in Careless or Negligent Manner			Drivers Actions at Time of Crash (second) 3 Failed to Yield Right.of.Way			Driver Distracted By 7 Inattentive		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 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No		Drug Tested 1 Test Not Given	Drug Test Type
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 JUAN CARLOS RODRIGUEZ POLIER			Date of Birth 18/Jun/1976	Sex 1 Male	Phone Number	Re-Exam No
Address 6009 HANNA AV W		City TAMPA			State FL		Zip Code 33634		
Driver License Number R362423762181		State FL	Expires 18/Jun/2026	DL Type 1 A	Req. End. 1 Yes	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 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 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No		Drug Tested 1 Test Not Given	Drug Test Type
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To		

NARRATIVE

Date of Crash 15/Oct/2021 09:51 AM	Date of Report 15/Oct/2021 09:51 AM	Invest. Agency Report Number 21-691139	HSMV Crash Report Number 24628695
---------------------------------------	--	---	--------------------------------------

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
5107	M/DEP	R. GOGOLIN	D3 - SQUAD 301	HILLSBOROUGH COUNTY SHERIFF	813-247-0330	Oct 15, 2021

Upon my arrival, I observed both vehicles in the Hillsdale Baptist Church parking lot (6201 Ehrlich Road).

Both drivers were standing and walking around outside of their vehicles, both prior to my arrival and while I was on scene.

I observed Vehicle #1 to have major damage to the left side and Vehicle #2 to have moderate damage to the front.

Below is a synopsis and/or summary of the event as told to me, as writer did not witness the incident and has no first-hand knowledge of the event:

Vehicle #1 was northbound on Carrollwood Meadows Drive in the travel lane, at a stop for a stop sign, south of Ehrlich Road.

Vehicle #2 was traveling eastbound on Ehrlich Road in the outside (right) travel lane, approaching Carrollwood Meadows Drive.

The driver of Vehicle #1 failed to properly observe Vehicle #2 approaching and made a left turn, thus pulling into the path of Vehicle #2.

The front of Vehicle #2 struck the left side of Vehicle #1.

No injuries were noted on-scene.

I have no further information at this time.

REPORTING OFFICER

ID/Badge # 5107	Rank and Name M/DEP R. GOGOLIN	Department HILLSBOROUGH COUNTY SHERIFF'S OFFICE	Type of Department SO
--------------------	-----------------------------------	---	--------------------------

Measurements Are Approximate
Not To Scale
Level Grade

