

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: FL00000134 Entity: Hillsborough County

State: FL

DATE OF LOSS: 10/10/21

LOSS STREET : TRUCK STOP

LOSS CITY : HILLSBOROUGH

POLICE DEPT.: HILLSBOROUGH CO SHERIFF'S OFC

REPORT NUM. : 21-880771

Image Name: FL00000134_3331029335_211112_1973261.tif



3331029335

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 10/Oct/2021 12:00 AM	Time of Crash 10/Oct/2021 12:00 AM	Date of Report 11/Oct/2021 12:27 PM	Invest. Agency Report Number 21-680771	HSMV Crash Report Number 24628476
---------------------------------------	---------------------------------------	--	---	--------------------------------------

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 11/Oct/2021 10:42 AM	Time Dispatched 11/Oct/2021 10:53 AM
Time on Scene 11/Oct/2021 11:13 AM	Time Cleared Scene 11/Oct/2021 01:17 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway 301 HW N			1 At Street Address# 6503	2 At Latitude and Longitude
At Feet 200	Or Miles	Direction North	3 From Intersection With Street, Road, Highway HAMPTON OAKS PW	4 Or From Milepost #
Road System Identifier 9 Parking Lot		Type Of Shoulder 3 Curb	Type Of Intersection 1 Not at Intersection	

CRASH INFORMATION (Check if Pictures Taken)

☒

Light Condition 88 Unknown	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 88 Unknown
First Harmful Event Type	First Harmful Event 15	First Harmful Event Location 8 In Parking Lane or Zone	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 2	Motor Vehicle Type 2 Parked Motor Vehicle	Hit and Run 1 No	Veh License Number JC86AV	State FL	Reg. Expires 28/Feb/2022	Permanent Reg. No	VIN 3AKJHHRXKSKB2578
Year 2019	Make FRHT	Model TR	Style TR	Color MAR	Extent of Damage Functional	Est. Damage 3000	Towed Due To Damage No
Insurance Company				Insurance Policy Number			
Name of Vehicle Owner (Check Box If Business) DARNGAVIL ENTERPRISES LLC			Current Address (Number and Street) 465 COSTA DEL SOL DR			City and State ST AUGUSTINE FL	
						Zip Code 32095	
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 Off-Road	On Street, Road, Highway 6503 301 HW N				At Est. Speed	Posted Speed 15
CMV Configuration 4		Cargo Body Type 3		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 DARNGAVIL ENTERPRISES LLC			US DOT Number 1848573				
Motor Carrier Address 465 COSTA DEL SOL DR			City and State ST AUGUSTINE FL			Zip Code 32095	Phone Number
Comm/Non-Commercial 2	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 8 Parked	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 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 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 2 Yes	Veh License Number	State UK	Reg. Expires	Permanent Reg. No	VIN UK
Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage No
						Vehicle Removed By	
						Rotation	

Date of Crash 10/Oct/2021 12:00 AM	Date of Report 10/Oct/2021 12:00 AM	Invest. Agency Report Number 21-680771	HSMV Crash Report Number 24628476
--	---	--	---

Insurance Company					Insurance Policy Number				
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>			Current Address (Number and Street)				City and State		Zip Code
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 Unknown	On Street, Road, Highway				At Est. Speed		Posted Speed 15	Total Lanes 2
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		Vehicle Defects (one)		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 88 Unknown	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 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							

NARRATIVE

ID Number 250516	Rank DEP	Name D. SAMOS	Troop / Post HILLSBOROUGH COUNTY SHERIFF	Agency 813-247-8555	Phone Number Oct 15, 2021	Date Created
----------------------------	--------------------	-------------------------	--	-------------------------------	-------------------------------------	--------------

V1's assigned driver, Luis Padilla FL DL P340525691710, moved the truck from a parking area on the south side of the truck stop to the north side parking area of the truck stop some time Sunday morning. When the driver returned to the parked truck on Monday morning he observed damage on the left front of V1. The driver learned of another accident that occurred on Sunday involving a parked truck near his truck and initially thought that vehicle was also responsible for his trucks damage. A review of the facilities video surveillance system did not show that vehicle strike his truck. The damage was determined to have been caused by an unknown vehicle at an unknown time or location.

REPORTING OFFICER

ID/Badge # 250516	Rank and Name DEP D. SAMOS	Department HILLSBOROUGH COUNTY SHERIFF'S OFFICE	Type of Department SO
-----------------------------	--------------------------------------	---	---------------------------------

Diagram not to scale
All measurements are approximate
Lanes are 12' wide
Grade is 0%

