

CFBatch-Cover-w10

*Type of Report:* AUTO ACCIDENT

PayorID: FL00000036 Entity: New Port Richey

State: FL

DATE OF LOSS: 10/16/21

LOSS STREET : 6930 US HWY 19 UNIT B

LOSS CITY : NEW PORT RICHEY

POLICE DEPT.: NEW PORT RICHEY

REPORT NUM. :

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3331029345

# 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 16/Oct/2021 03:31 AM	Time of Crash 16/Oct/2021 03:31 AM	Date of Report 16/Oct/2021 12:00 AM	Invest. Agency Report Number 21-03645	HSMV Crash Report Number 24676114
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## CRASH IDENTIFIERS

County Code 28	City Code 40	County of Crash PASCO	Place or City of Crash NEW PORT RICHEY	Within City Limits Yes	Time Reported 16/Oct/2021 03:31 AM	Time Dispatched 16/Oct/2021 03:31 AM
Time on Scene 16/Oct/2021 03:34 AM	Time Cleared Scene 16/Oct/2021 04:49 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

## ROADWAY INFORMATION

Crash Occured On Street, Road, Highway US HIGHWAY 19			1 At Street Address# 7000	2 At Latitude 28.258937	and Longitude -82.7274
At Feet	Or Miles	Direction	3 From Intersection With Street, Road, Highway		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)

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light Condition 4 Dark-Lighted	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision
First Harmful Event Type	First Harmful Event 36	First Harmful Event Location 2 Off 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)

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Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number V611XH	State UT	Reg. Expires 31/Dec/2021	Permanent Reg.	VIN 1VWSA7A37LC007020		
Year 2020	Make VOLKS	Model PASSAT	Style 4D	Color WHI	Extent of Damage Disabling	Est. Damage 20000	Towed Due To Damage Yes	Vehicle Removed By S AND S TOWING	Rotation Rotation
Insurance Company NA				Insurance Policy Number NA					
Name of Vehicle Owner (Check Box If Business) ENTERPRISE			Current Address (Number and Street) 600 CORPORATE PARK DR			City and State ST.LOUIS MO		Zip Code 63105	
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 North	On Street, Road, Highway US HWY 19				At Est. Speed 45	Posted Speed 45	Total Lanes 7	
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR 4 Not Applicable			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 16 Leaving Traffic Lane	Trafficway 4 Two-Way, Divided, Positive Median Barrier	Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 3 Collision with Fixed Object	Most Harmful Event Detail 39 Other Fixed Object (wall, building, tunnel, etc.)		
Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 3 Collision with Fixed Object 33 Utility Pole/Light Support		Second (2) Sequence of Events 39 Other Fixed Object (wall, building, tunnel, etc.)		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

## PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name DESTINY MARANDA LUMPKIN	Date of Birth 03/Oct/1998	Sex 2 Female	Phone Number	Re-Exam No
Address 6905 TWILITE DR		City PORT RICHEY		State FL		Zip Code 34668	
Driver License Number L512173988630		State FL	Expires 03/Oct/2024	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 1 None	Ejection 1 Not Ejected

Date of Crash <b>16/Oct/2021 03:31 AM</b>	Date of Report <b>16/Oct/2021 03:31 AM</b>	Invest. Agency Report Number <b>21-03645</b>	HSMV Crash Report Number <b>24676114</b>
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Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other 1 Not Applicable		
Drivers Actions at Time of Crash (first) 26 Ran off Roadway		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 7 Physically Impaired			
Suspected Alcohol Use 1 No	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 2 Yes	Drug Tested 3 Test Given	Drug Test Type 3 Urine	Drug Test Result 3 Pending
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID NA		EMS Run Number NA		Medical Facility Transported To NA		

#### VIOLATIONS

Person# <b>1</b>	Name <b>DESTINY MARANDA LUMPKIN</b>	Florida Statute Number <b>316.193(3)(c)1</b>	Charge <b>D.U.I. - PROPERTY DAMAGE/PERSONAL INJURY</b>	Citation <b>AF6MROE</b>
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#### NON VEHICLE PROPERTY DAMAGE

Vehicle# <b>1</b>	Person#	Property Damage - Other Than Vehicle <b>POLE (UTILITY POLE OR LIGHT POLE)</b>	Est. Amount <b>5000</b>	Business <b>Yes</b>	Owner's Name <b>CITY OF NEW PORT RICHEY</b>	Address <b>5919 MAIN ST</b>	City & State <b>NEW PORT RICHEY FL</b>	Zip Code <b>34652</b>
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#### NON VEHICLE PROPERTY DAMAGE

Vehicle# <b>1</b>	Person#	Property Damage - Other Than Vehicle <b>BUILDING/GARAGE</b>	Est. Amount <b>20000</b>	Business <b>Yes</b>	Owner's Name <b>HIGHWAY 19 TIRE</b>	Address <b>6930 US HWY 19</b>	City & State <b>NEW PORT RICHEY FL</b>	Zip Code <b>34652</b>
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#### NARRATIVE

V1 was traveling NB on US Hwy 19. The driver claimed she fell asleep and left the roadway in the driveway of 6918 US Hwy 19. V1 continued in the grass shoulder, striking a light pole (# C-2-120). V1 then collided with the southwest corner of a building (6930 US Hwy 19).

#### REPORTING OFFICER

ID/Badge # <b>495</b>	Rank and Name <b>OFC N CAMPANA</b>	Department <b>NEW PORT RICHEY POLICE DEPARTMENT</b>	Type of Department <b>PD</b>
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NOT TO SCALE

