

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 31/Jan/2024 05:44 PM	Time of Crash 31/Jan/2024 05:44 PM	Date of Report 31/Jan/2024 05:56 PM	Invest. Agency Report Number FHP24ON0052433	HSMV Crash Report Number 88494431
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CRASH IDENTIFIERS

County Code 13	City Code 50	County of Crash LEON	Place or City of Crash TALLAHASSEE	Within City Limits No	Time Reported 31/Jan/2024 05:49 PM	Time Dispatched 31/Jan/2024 05:51 PM
Time on Scene 31/Jan/2024 05:51 PM	Time Cleared Scene 31/Jan/2024 06:24 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

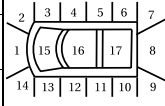
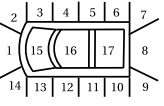
ROADWAY INFORMATION

Crash Occured On Street, Road, Highway INTERSTATE 10 (STATE ROAD 8)			① At Street Address#		② At Latitude 30.49755		and Longitude -84.267139999999998	
At Feet 20	Or Miles	Direction South	③ From Intersection With Street, Road, Highway US HIGHWAY 319 (THOMASVILLE ROAD)					④ Or From Milepost #
Road System Identifier 1 Interstate			Type Of Shoulder 1 Paved			Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 1 Front to Rear		
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On 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		

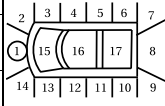
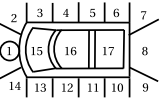
VEHICLE (Check if Commercial) ☒

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number R615824	State TX	Reg. Expires 30/Apr/2023	Permanent Reg. No	VIN 3AKJGLBG4ESFX9172							
Year 2014	Make FREIG	Model 6X4	Style 6x4	Color WHI	Extent of Damage Functional	Est. Damage 10000	Towed Due To Damage No	Vehicle Removed By	Rotation					
Insurance Company ALLICO INSURANCE AGENCY					Insurance Policy Number 218311-002TGL-142600-AIAT									
Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> SMILE TRUCK LINE LLC			Current Address (Number and Street) 3443 ADDICKS CLODINE RD APT 61			City and State HOUSTON TX		Zip Code 77082						
Trailer One:	License Number D195150	State MI	Reg. Expires	Permanent Reg. Yes	VIN 1GRAA06242W020509	Year 2002	Make GREA	Length 53	Axles 2					
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles					
Vehicle Traveling:	Direction West	On Street, Road, Highway INTERSTATE 10 (STATE ROAD 8)				At Est. Speed 25	Posted Speed 70	Total Lanes 6						
CMV Configuration 4		Cargo Body Type 3		Area of Initial Impact			Most Damaged Area							
Comm GVWR/GCWR 2 10,001-26,000 lbs (4,536-11,793 kg)		Trailer Type (trailer one) Single Semi Trailer												
Haz. Mat. Release 1	Haz. Mat. Placard 1	Number	Class											
Motor Carrier Name SMILE TRUCK LINE LLC			US DOT Number 3067766											
Motor Carrier Address 3443 ADDICKS CLODINE RD APT 61				City and State HOUSTON TX		Zip Code 77082	Phone Number							
Comm/Non-Commercial 1	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 14 Slowing	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 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 1 No	Veh License Number P9765G		State FL	Reg. Expires 31/Dec/2024	Permanent Reg. No	VIN 5VCACDCEXNC238702	
Year 2022	Make AUTC	Model SANITATION	Style TK	Color GRN	Extent of Damage Functional		Est. Damage 10000	Towed Due To Damage No		Vehicle Removed By	Rotation

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Insurance Company GREENWICH INSURANCE COMP					Insurance Policy Number RAE943788406						
Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> WASTE PRO OF FLORIDA INC			Current Address (Number and Street) 2101 WEST SR 434 #315			City and State LONGWOOD FL		Zip Code 32779-0000			
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 West	On Street, Road, Highway INTERSTATE 10 (STATE ROAD 8)				At Est. Speed 35	Posted Speed 70	Total Lanes 6			
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 77 Other, Explain in Narrative		Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 14 Slowing		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 14 Motor Vehicle in Transport			Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name DARVIS DEMOND PENNEY			Date of Birth 14/Feb/1979	Sex 1 Male	Phone Number	Re-Exam No		
Address 950 EDGEHILL CIRCLE		City TALLAHASSEE			State FL		Zip Code 32303				
Driver License Number P500164790540		State FL	Expires 14/Feb/2031	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) 2 Operated MV in Careless or Negligent Manner			Drivers Actions at Time of Crash (second)			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	Drug Test Result	
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 OLANREWAJU YINKA ADIO			Date of Birth 16/Jun/1969	Sex 1 Male	Phone Number	Re-Exam No		
Address 13855 COALTOWN RD		City WILLIS			State TX		Zip Code 77375				
Driver License Number 24990789		State TX	Expires 16/Jun/2031	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	Drug Test Result	
Source of Transport to Medical Facility 1 Not Transported			EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To			

NARRATIVE

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ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
3490	SGT	J.D. SMITH	H	FLORIDA HIGHWAY PATROL	850-410-3046	Jan 31, 2024

Vehicle 1 (V01) was traveling westbound on Interstate 10 in the outside lane. Vehicle 2 (V02) was traveling westbound on Interstate 10 in the outside lane in front of V01. Traffic began to slow due to another crash in the area. Driver 1 (D01) failed to reduce V01's speed in time which resulted in the front of V01 colliding with the rear of V02. Following this collision, both vehicles came to a controlled stop facing west on the northern shoulder of the roadway.

REPORTING OFFICER

ID/Badge # 3490	Rank and Name SGT J.D. SMITH	Department FHPH	Type of Department FHP
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Final Rest



Not to Scale

