

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE

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

Crash Date 4/26/2013	Time of Crash 8:25 AM	Date of Report 4/26/2013	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD13OFF034094	HSMV Crash Report Number 81979616-01
-------------------------	--------------------------	-----------------------------	--	---	---

## CRASH IDENTIFIERS

County Code 8	City Code 37	County of Crash VOLUSIA	Place or City of Crash DELTONA	Within City Limits YES	Reported Date/Time 4/26/2013 8:38 AM	Dispatched Date/Time 4/26/2013 8:45 AM
On Scene Date/Time 4/26/2013 9:15 AM		Cleared Scene Date/Time 4/26/2013 11:42 AM	Investigation Completed YES	Reason (if Investigation Not Complete)		Notified By LAW ENFORCEMENT AGENCY

## ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway HOWLAND BLVD			At Street Address #	At Latitude N 28 52.9893	And Longitude W 81 9.9424
At Feet 20	Or Miles	Direction N	From Intersection With Street, Road, Highway TRADE ST		Or From Milepost Number
Road System Identifier COUNTY		Type of Shoulder UNPAVED	Type of Intersection NOT AT INTERSECTION		

## CRASH INFORMATION

<input type="checkbox"/> Pictures Taken					
Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision SIDESWIPE, SAME DIRECTION	
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	First Harmful Event Location ON ROADWAY	Within Interchange NO	First Harmful Event's Relation to Junction NON-JUNCTION	
Contributing Circumstances: Road NONE		Contributing Circumstances: Road		Contributing Circumstances: Road	
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment		Contributing Circumstances: Environment	
Work Zone Related NO	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone	

## VEHICLE

<input type="checkbox"/> Commercial Motor Vehicle								
Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number SHERF410	State FL	Reg. Expires	Permanent Reg. YES	VIN 2G1WD5EM6A1229529	
Year 2010	Make CHEV	Model IMPALA	Style 4D	Color WHI	Extent of Damage MINOR	Est. Damage 800	Towed Due to Damage NO	
Insurance Company COUNTY OF VOLUSIA SELF						Insurance Policy Number 82-99		
Name of Vehicle Owner COUNTY OF VOLUSIA		Business <input type="checkbox"/>	Current Address 1270 INDIAN LAKE ROAD		City DAYTONA BEACH	State Zip Code FL 32124-1031	Phone Number(s) 3867365963	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	
Vehicle Traveling	Direction SOUTH	On Street, Road, Highway HOWLAND BLVD				At Est. Speed 45	Posted Speed 45	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)		<input type="checkbox"/> Undercarriage <input type="checkbox"/> <input type="checkbox"/> Overturn <input type="checkbox"/> <input type="checkbox"/> Windshield <input type="checkbox"/> <input type="checkbox"/> Trailer <input type="checkbox"/>		
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class					
Motor Carrier Name		US DOT Number						
Motor Carrier Address		Address Other		City	State	Zip Code	Phone Number	
Comm/Non-Commercial	Vehicle Body Type PASSENGER CAR	Vehicle Defects (one) NONE		Vehicle Defects (two)		Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION	
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, NOT DIVIDED	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT		Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT		
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	
		MOTOR VEHICLE IN TRANSPORT						

## VEHICLE

<input type="checkbox"/> Commercial Motor Vehicle								
Vehicle V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number 344WEV	State FL	Reg. Expires 10/27/2013	Permanent Reg. NO	VIN 5YFBU4EE8CP036764	
Year 2012	Make TOYT	Model CORROLA	Style 4D	Color SIL	Extent of Damage MINOR	Est. Damage 800	Towed Due to Damage NO	
Insurance Company LIBERTY INSURANCE CORP.						Insurance Policy Number A07-251-648210-70-26		
Name of Vehicle Owner BRENDA MAY PANTON		Business <input type="checkbox"/>	Current Address 3805 TRADE ST		City DELTONA	State Zip Code FL 32738-0001	Phone Number(s)	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	
Vehicle Traveling	Direction SOUTH	On Street, Road, Highway HOWLAND BLVD				At Est. Speed 10	Posted Speed 45	Total Lanes 2

Crash Date 4/26/2013	Time of Crash 8:25 AM	Date of Report 4/26/2013	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD13OFF034094	HSMV Crash Report Number 81979616-01
-------------------------	--------------------------	-----------------------------	--	---	---

CMV Configuration	Cargo Body Type		Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input checked="" type="checkbox"/> Trailer	
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	US DOT Number		City State Zip Code Phone Number	
Motor Carrier Name	Address Other		City		State	Zip Code Phone Number
Comm/Non-Commercial	Vehicle Body Type PASSENGER CAR	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION	
Vehicle Maneuver Action SLOWING	Trafficway TWO-WAY, NOT DIVIDED	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT  MOTOR VEHICLE IN TRANSPORT	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events		

**PERSON RECORD**

# 1	Person Type DRIVER	Vehicle # V01	Name ANDREW SCOTT OLIVER	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 09/13/1989	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 1930 W FINLAND DR, DELTONA FL 32725		Phone Number 3867365963	
Driver License Number O416017893330	State FL	Expires 09/13/2019	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OPERATED MOTOR VEHICLE IN CARELESS OR NEGLIGENT MANNER			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)			
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

**PERSON RECORD**

# 2	Person Type DRIVER	Vehicle # V02	Name KYMAR JEROME PANTON	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 07/02/1993	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 3805 TRADE ST, DELTONA FL 32738		Phone Number 3868483760	
Driver License Number P535510932420	State FL	Expires 07/02/2019	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)			
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

**VIOLATION**

Person# 1	Violator Name Andrew Scott Oliver	FL Statute Number 316.1925(1)	Violation Description CARELESS DRIVING	Citation Number 8634-SWI
--------------	--------------------------------------	----------------------------------	---	-----------------------------

**NARRATIVE**

ID Number 0313	Rank SERGEANT	Name M.F. MEDEI	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 386-736-5350
-------------------	------------------	--------------------	-------------------	--	------------------------------

V01 and V02 were traveling south on Howland Blvd. V02 slowed to make a right turn to go west on Trade St. V01 could not stop and was driven to left in an attempt to avoid V02. V01 struck with its right side V02's left rear and left side. Both vehicles were moved prior to this Troopers arrival.

**REPORTING OFFICER**

ID Number 0313	Rank SERGEANT	Name M.F. MEDEI	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 386-736-5350
-------------------	------------------	--------------------	-------------------	--	------------------------------

Crash Date 4/26/2013	Time of Crash 8:25 AM	Date of Report 4/26/2013	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD13OFF034094	HSMV Crash Report Number 81979616-01
-------------------------	--------------------------	-----------------------------	--	---	---

DIAGRAM OF CRASH

