

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 11/5/2013	Time of Crash 6:11 PM	Date of Report 11/5/2013	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD13OFF094790	HSMV Crash Report Number 83647602-01
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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 11/5/2013 6:13 PM	Dispatched Date/Time 11/5/2013 7:29 PM
On Scene Date/Time 11/5/2013 8:01 PM		Cleared Scene Date/Time 11/5/2013 9:14 PM	Investigation Completed YES	Reason (if Investigation Not Complete)		Notified By LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway COUNTY ROAD 4155 (PROVIDENCE BLVD)			At Street Address #	At Latitude N 28 54.3306	And Longitude W 81 13.6317
At Feet 150	Or Miles	Direction S	From Intersection With Street, Road, Highway ALLEY 500	Or From Milepost Number	
Road System Identifier COUNTY		Type of Shoulder CURB	Type of Intersection NOT AT INTERSECTION		

CRASH INFORMATION

<input type="checkbox"/> Pictures Taken		Light Condition DARK-LIGHTED	Weather Condition RAIN	Roadway Surface Condition WET	School Bus Related NO	Manner of Collision FRONT TO REAR
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 DRIVEWAY/ALLEY ACCESS RELATED	
Contributing Circumstances: Road NONE		Contributing Circumstances: Road		Contributing Circumstances: Road		
Contributing Circumstances: Environment WEATHER CONDITIONS		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 ZDN78	State FL	Reg. Expires	Permanent Reg. YES	VIN 1FAHP2L83DG198135
Year 2013	Make FORD	Model TAURUS	Style 4D	Color WHI	Extent of Damage MINOR	Est. Damage 350	Towed Due to Damage NO	Vehicle Removed By	Rotation
Insurance Company COUNTY OF VOLUSIA		Insurance Policy Number RESOLUTION 82-99							
Name of Vehicle Owner COUNTY OF VOLUSIA		Business <input checked="" type="checkbox"/>	Current Address 1270 INDIAN LAKE ROAD		City DAYTONA BEACH	State FL	Zip Code 32124-1031	Phone Number(s)	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes
Vehicle Traveling	Direction SOUTH	On Street, Road, Highway COUNTY ROAD 4155 (PROVIDENCE BLVD)				At Est. Speed 35	Posted Speed 35	Total Lanes 4	
CMV Configuration		Cargo Body Type		Area of Initial Impact			Most Damaged Area		
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)		<input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer			
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 POLICE		
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, NOT DIVIDED, WITH A CONTINUOUS LEFT TURN	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 CGK191	State FL	Reg. Expires 6/15/2014	Permanent Reg. NO	VIN WBADM6333XBY28957
Year 1999	Make BMW	Model 528i	Style 4D	Color BLU	Extent of Damage FUNCTIONAL	Est. Damage 1,500	Towed Due to Damage NO	Vehicle Removed By	Rotation
Insurance Company GEICO		Insurance Policy Number 4247-29-57-95							
Name of Vehicle Owner JUAN CARLOS RODRIGUEZ FLORES		Business <input type="checkbox"/>	Current Address 118 LAUREL VILLAS CIR		City DELAND	State FL	Zip Code 32724-0001	Phone Number(s)	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes
Vehicle Traveling	Direction SOUTH	On Street, Road, Highway COUNTY ROAD 4155 (PROVIDENCE BLVD)				At Est. Speed 10	Posted Speed 35	Total Lanes 4	

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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"/> Undercarriage	<input type="checkbox"/> Undercarriage
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class	<input type="checkbox"/> Overturn	<input type="checkbox"/> Overturn
Motor Carrier Name	US DOT Number		<input type="checkbox"/> Windshield	<input type="checkbox"/> Windshield	<input type="checkbox"/> Windshield
Motor Carrier Address	Address Other	City	State	Zip Code	Phone 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 SLOWING	Trafficway TWO-WAY, NOT DIVIDED, WITH A CONTINUOUS LEFT TURN	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 COLLISION NON-FIXED OBJECT	Third (3) Sequence of Events	Fourth (4) Sequence of Events	
	MOTOR VEHICLE IN TRANSPORT	MOTOR VEHICLE IN TRANSPORT			

VEHICLE Commercial Motor Vehicle

Vehicle V03	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number N968YN	State FL	Reg. Expires 3/23/2014	Permanent Reg. NO	VIN 2HGEJ6679VH536086
Year 1997	Make HOND	Model CIVIC	Style 4D	Color BLU	Extent of Damage DISABLING	Est. Damage 3,500	Towed Due to Damage NO
Insurance Company STATE FARM	Insurance Policy Number C304315-D02-59						
Name of Vehicle Owner LUIS VEGA	Business <input type="checkbox"/>	Current Address 1368 AZORA DR	City DELTONA	State FL	Zip Code 32725-0001	Phone Number(s)	
Trailer One License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length
Trailer Two License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length
Vehicle Traveling	Direction SOUTH	On Street, Road, Highway COUNTY ROAD 4155 (PROVIDENCE BLVD)			At Est. Speed 35	Posted Speed 35	Total Lanes 4
CMV Configuration	Cargo Body Type	Area of Initial Impact		Most Damaged Area			
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	<input checked="" type="checkbox"/> Undercarriage	<input type="checkbox"/> Undercarriage	<input type="checkbox"/> Undercarriage	<input type="checkbox"/> Undercarriage	<input type="checkbox"/> Undercarriage
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class	<input type="checkbox"/> Overturn	<input type="checkbox"/> Overturn	<input type="checkbox"/> Overturn	<input type="checkbox"/> Overturn
Motor Carrier Name	US DOT Number		<input type="checkbox"/> Windshield	<input type="checkbox"/> Windshield	<input type="checkbox"/> Windshield	<input type="checkbox"/> Windshield	<input type="checkbox"/> Windshield
Motor Carrier Address	Address Other	City	State	Zip Code	Phone 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, WITH A CONTINUOUS LEFT TURN	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						

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 1691 PROVIDENCE BLVD, DELTONA FL 32725		Phone Number	
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 INATTENTIVE		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 JUAN CARLOS RODRIGUEZ FLORES	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 06/15/1986	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 1931 W NEMO DR, DELAND FL 32725		Phone Number	
Driver License Number R362423862150	State FL	Expires 06/15/2020	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		

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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
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To	Drug Tested TEST NOT GIVEN	Drug Test Type
Drug Test Result					

PERSON RECORD

# 3	Person Type PASSENGER	Vehicle # V02	Name NASHLEY MARIE VASQUEZ	Injury Severity NONE	Ejection NOT EJECTED
Date of Birth 07/20/2001	Sex F	Address 1931 W NEMO DR, DELTONA FL 32725			Phone Number
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 RIGHT		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

PERSON RECORD

# 4	Person Type DRIVER	Vehicle # V03	Name CHRISTIAN RAFAEL RIVERA	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 12/12/1995	Sex M	Condition at Time of Crash APPARENTLY NORMAL		Address 1368 AZORA DR, DELTONA FL 32725		Phone Number
Driver License Number R160116954520	State FL	Expires 12/12/2019	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 INATTENTIVE			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

# 5	Person Type PASSENGER	Vehicle # V03	Name JESSINIA RIVERA	Injury Severity NONE	Ejection NOT EJECTED
Date of Birth 04/21/1998	Sex F	Address 1368 AZORA DRIVE, DELTONA FL 32725			Phone Number
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Air Bag Deployed NOT DEPLOYED	Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other	
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 A19ASQE
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VIOLATION

Person# 4	Violator Name Christian Rafael Rivera	FL Statute Number 316.1925(1)	Violation Description CARELESS DRIVING	Citation Number A19ASRE
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NARRATIVE

ID Number 2141	Rank SERGEANT	Name J.A. VAUGHN	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 386-736-5350
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V1 was traveling southbound on County Road 4155 (Providence Blvd) in the outside lane. V2 was traveling southbound on County Road 4155 in the outside lane, ahead of V1. V3 was traveling southbound on County Road 4155 in the outside lane, behind V1. V2 slowed in preparation to turn right into a parking area on the west side of the roadway. V1 driver failed to observe V2 slowing until the last moment. V1 driver swerved to the left in an attempt to avoid V2. The right front of V1 struck the left rear of V2. After the initial impact, V1 had swerved to the inside lane, exposing V2 to V3 driver's view. V3 driver swerved to the left in an attempt to avoid V2. The right front of V3 struck the left rear of V2. All vehicles were moved prior to my arrival.

Note: V1 driver stated that he was traveling in the inside lane and that V2 was in the outside lane next to (and slightly ahead of) him, with V3 directly behind V2 in the outside lane. He stated that V3 swerved to the left and struck V2, and then the left front of V3 struck the right front of V1. There was a small paint scuff to the left front of V3 that was inconsistent with striking V1. The height of the damage did not match the damage to V1. The black markings and blue paint transfer to the right front bumper of V1 were consistent in type, and height, with striking the left rear bumper of V3. The rear bumper of V3 was blue in color with black plastic molding. There were no parts on V3 that would have caused the black scuff observed on V1. Additionally, the statements of both V2 and V3 drivers are contrary to V1 driver's statement, and corroborated the damage observed to all vehicles.

REPORTING OFFICER

ID Number 2141	Rank SERGEANT	Name J.A. VAUGHN	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 386-736-5350
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DIAGRAM OF CRASH

