## FLORIDA TRAFFIC CRASH REPORT

LONG FORM X SHORT FORM

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

(Electronic Version) Date of Crash Time of Crash Date of Report Invest. Agency Report Number HSMV Crash Report Number 14/Sep/2022 12:00 AM 14/Sep/2022 12:00 AM FHP22ON0469354 14/Sep/2022 03:15 AM 88503832 **CRASH IDENTIFIERS** County Code Place or City of Crash Within City Limits City Code County of Crash Time Reported Time Dispatched 14/Sep/2022 01:45 AM 14/Sep/2022 01:48 AM **FLAGLER** BUNNELL No 30 Time on Scene Time Cleared Scene Reason (if Investigation NOT Completed) Notified By Completed 14/Sep/2022 05:44 14/Sep/2022 01:51 AM Νo PENDING TOXICOLOGY Law Enforcement ROADWAY INFORMATION Crash Occured On Street, Road, Highway At Lattitude At Street Address# Longitude US-1 -81.196991413649599 29.4067116053257 At Feet Or Miles Direction From Intersection With Street, Road, Highway Or From Milepost # East **OLD DIXIE HIGHWAY** Road System Identifier Type Of Shoulder Type Of Intersection 1 Paved 6 Roundabout CRASH INFORMATION (Check if Pictures Taken) Х light Condition Weather Condition Roadway Surface Condition School Bus Related Manner Of Collision 4 Dark-Lighted 2 Cloudy 77 Other, Explain in Narrative First Harmful Event Type First Harmful Event First Harmful Event Location Within Interchange First Harmful Event Relation to Junction Yes 1 On Roadway 2 Intersection Contributing Circumstances: Road Contributing Circumstances: Road Contributing Circumstances: Road 1 None Contributing Circumstances: Environment Contributing Circumstances: Environment Contributing Circumstances: Environment 1 None Work Zone Related Crash In Work Zone Type Of Work Zone Workers In Work Zone Law Enforcement In Work Zone 1 No VEHICLE (Check if Commercial) Vehicle Motor Vehicle Type Hit and Run Veh License Number State Reg. Expires Permanent Reg. 1 Vehicle in Transport 1 03/Apr/2023 WBAEV33493KL87189 1 No 42BXXH FL Year Make Model Color Extent of Damage Est. Damage Towed Due To Damage Vehicle Removed By Rotation **BMW** 3251 2D SIL Disabling 5000 **ROGERS TOWING** Rotation 2003 Insurance Company Insurance Policy Number PROGRESSIVE AMERICAN INSURANCE 48667070 Name of Vehicle Owner (Check Box If Business) Current Address (Number and Street) City and State Zip Code NOAH GABRIEL GARLOVSKY 44 SANCHEZ AVE ORMOND BEACH FL 32174-5334 Trailer License Number State Reg. Expires Permanent Reg. VIN Year Make Length Axles One: Trailer State VIN Make License Number Reg. Expires Permanent Reg. Year Length Axles Two: At Est. Speed Vehicle Direction On Street, Road, Highway Posted Speed Total Lanes Traveling: North US-1 25 25 2 CMV Configuration Area of Initial Impact Most Damaged Area Cargo Body Type 18. Undercarriage 18. Undercarriage Comm GVWR/GCWR Trailer Type (trailer one) Trailer Type (trailer two) (19). Overturn (19). Overturn 17 17 8 8 20. Windshield 20. Windshield Haz. Mat. Release Haz Mat. Placard Number Class 21. Trailer 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 Speciual Function of MV 1 Passenger Car 1 None 1 No 1 No Special Function Most Harmful Event Detail Vehicle Maneuver Action Trafficway Roadway Grade Roadway Alignment Most Harmful Event 1 Straight Ahead 5 One-Way Trafficway 1 Level 24 Curb 2 Curve Right 3 Collision with Fixed Object Traffic Control Device For This Vehicle | First (1) Sequence of Events Second (2) Sequence of Events Third (3) Sequence of Events Fourth (4) Sequence of Events 3 Collision with Fixed Object 1 Overturn/Rollover 24 Curb 32 Tree (standing) 24 Curb PERSON RECORD Person# Description Vehicle # Date of Birth Phone Number Re-Exam Sex 1 Driver NOAH GABRIEL GARLOVSKY 03/Apr/1982 1 Male City Address Zip Code 44 SANCHEZ AVE ORMOND BEACH FL 32174 Driver License Number State Expires DL Type Req. End. Injury Severity Eiection 03/Apr/2026 G641627821230 FL 5 Fatal (within 30 days)

5 E/Operator

2 No

2 Ejected, Totally

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Date of Crash 14/Sep/2022 12:00 AM		Date of Repor	ate of Report 14/Sep/2022 12:00 AM			Invest. Agency Report Number FHP22ON0469354				HSMV Crash Report Number 88503832			
Restraint System  2 None Used -Motor Vehicle Occupant	Air Bag Deployed 3 Deployed-Front		Helmet Us	elmet Use		on	Seating Location Seat  1 Left		Seating Location Row 1 Front		Seating Location Other		
Drivers Actions at Time of Crash (first)  2 Operated MV in Careless or Negligent Manner				Drivers Actions at Time of Cr.			h (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 88 Unknown					
Suspected Alcohol Use 88 Unknown	Alcohol Teste 3 Test Give		est Type Blood	Alcohol Te 1 Pe	st Result nding	BAC	Suspected Drug Use 88 Unknown	Drug Te	sted st Given	Drug Tes 1 BI		Drug Test Result 3 Pending	
Source of Transport to Medical Facility 77 Other, Explain in Narrative  EMS Agency F				Name or ID LAGG SERENITY			EMS Run Number <b>2022 13154</b>		Medical Facility Transported To DISTRIC 23 MEDICAL EXAMINER				
NON VEHICLE PROPE													
Vehicle# Person# Property	/ Damage - Oth CURE	ner Than Vehic <b>3</b>		mount Busin		r's Name <b>DOT</b>	Address	DOT RD	(	State State ST AUC	e SUSTINE	Zip Code FL 32084	
NARRATIVE													
	Y, ANDRE ound on US-1 of the roundal	approaching	ORIDA HĬ the rounc ame airbo	GHWAY PAT dabout of Old orne and trave	ROL 904 I Dixie Hig eled over t	l-695-400 hway and he grass	ate Created 0 Sep 14, 2022 I County Road 325. D roundabout and land fter striking the curb s ejected from V01 as	01 for un led on the and over s it strucl	known rea e roadway. turned sev	asons dro . V01 trave veral time: V01 came	ve V01 or eled acro s, as V01 to final r	nto the curb and ss the roadway overturned the est on its roof	
D01, Noah Gabriel Garlov													

THI Case Number: 722-61-017
REPORTING OFFICER

Photographs taken by: Corporal Andre Facey of the Florida Highway Patrol

ID/Badge #	Rank and Name	Department	Type of Department
4438	CPL FACEY, ANDRE	FHPG	FHP



