FLORIDA TRAFFIC CRASH REPORT

LONG FORM X SHORT FORM UPDATE X

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

Crash D 7/1/2017		Time of Crash 1:34 PM	Date of 10/2/20			ng Agency DA HIGHWAY	PATROL					ing Agency Ca 17OFF025297	se Number	HSMV Crash R 85312131-03	eport Number
CRASH IDENTIFIERS															
County 0	Code City Cod 53	FLAGLER	₹		PALI	e or City of Cra M COAST				YES	its Reported I 7/1/2017	Date/Time I:34 PM	ļ	Dispatched Date 7/1/2017 1:42 P	/Time M
On Scen 7/1/2017	e Date/Time 1:52 PM	Clea 7/1/2	red Scene 2017 5:30	Date/Time PM	Inves	stigation Comp NO	Reason (if PENDING	nvestigati	ion Not OGY	Complete)	_		[Notified By LAW ENFORCE	MENT AGENCY
ROAD	WAY INFO	RMATION			•		'						•		
Crash O BELLE	ccurred on Stre TERRE PKWY	et, Road, Highwa	ay					At	Street	Address #		atitude 9 29.4212	A	nd Longitude W 81 13.26	31
At Feet	Or N	files D	irection	From I	ntersection	n With Street,	Road, Highway						C	Or From Milepos	t Number
Road Sy LOCAL	stem Identifier			,			e of Shoulder		Typ	e of Inters	ection NTERSECTIO	N.			
	H INFORMA	ATION	√ Pict	ures Taken		100.			1.0	OK 11741 II	***************************************				
Light Co DAYLIG	ndition	W	eather Co		-	Roadway Su WET	rface Condition	S	School E NO	Bus Relate	i	_	Manner of ANGLE	Collision	_
COLLIS	mful Event Typ ION WITH PER E, OR NON-FIX	SON, MOTOR		armful Event Deta R VEHICLE IN T		RT	First Harmfu ON ROADW	I Event Lo	cation		Within Ir NO	iterchange	First Harmi	ful Event's Relat CTION	ion to Junction
	ting Circumstar		1		Contrib	outing Circums	stances: Road				Contribut	ing Circumstar	ices: Road		
Contribu NONE	ting Circumstar	ices: Environmer	nt		Contrib	outing Circums	stances: Environn	nent			Contribut	ing Circumstar	ices: Enviro	nment	
Work Zo	ne Related	Crash in Work Z	one			Type of Worl	k Zone		ľ	Workers in	Work Zone	Law Enforcem	nent in Wor	k Zone	
VEHIC	LE	Commercial	Motor Veh	icle		1						1			
Vehicle V01	Motor Vehicle			iioic	Hit & R	un (by this veh	nicle)License Nur	nber	State	Reg. E	xpires	Permanent R		R6MT9HS55588	
Year	Make	Model	OKI	Style	Colo		tent of Damage	Est.	Damag	e Towed		eVehicle Rem		KOWI I SI I SSSSSSS	Rotation
	DODGE ce Company	RAM		TK	ONG	i jui	SABLING		10,00	Ins	urance Policy	Number Number			ROTATION
Name of	f Vehicle Owner	Busin	ess 🗍	Current Addre	SS				City	01	6278230U710 State		none Numb	er(s)	
ROBER Trailer	T MICHAEL DE License Numb	RAKES	State	29 RAINTREE Reg. Expires	PLACE	rmanent Reg.	IVIN			COAST	FL	32164-000 (Make		- (-)	Length Axles
One					NC	<u> </u>									
Trailer Two	License Numb		State	Reg. Expires	NC	rmanent Reg.)	VIN				Year	Make			Length Axles
Vehicle Travelin	Direction NORTH			eet, Road, Highv TERRE PKWY	<i>l</i> ay							At Est. 45	Speed	Posted Speed 45	Total Lanes 4
CMV Co	nfiguration			Cargo Body Typ	е				Area	of Initial Im	pact .			Most Dam	aged Area
								╛┌	 			Undercarri	age 🔲		
Comm G	SVWR/GCWR		Traile	er Type (Trailer (One)	Trailer Type	(Trailer Two)	/	$\sqrt{-}$	7 II	╗/	Overtur	□ `	\\rightarrow\rightarro	
									(□(ן ⊡ון⊏	Windshie	eld 🔲 🛭	∅ ((□((□] □ □
Haz. Ma	t. Release Ha	z Mat Placard		Haz. Ma	at. Numbe	er Haz. N	Mat. Class		1=			☐ Trailer			
Motor C	arrier Name					US DOT Nu	mber	7 7	ш.	יטיטי				_ _ _	
Motor C	arrier Address				Address	Other			City			State Zip C	ode	Phone Num	ber
Comm/N	Ion-Commercia		ehicle Boo	dy Type		Vehicle Defe NONE	ects (one)	V	/ehicle	Defects (tv	<i>(</i> 0)	Emerger NO	ncy Vehicle	Use Special Fui	nction of MV AL FUNCTION
	Maneuver Action	TWO	ficway D-WAY, D DIAN BAR	IVIDED, POSITI		adway Grade /EL	Roadway STRAIGH	Alignmen IT	c	Most Harmf	ul Event I NON-FIXED		Harmful Evo OR VEHICL	ent Detail E IN TRANSPO	RT
		or this Vehicle F	irst (1) Se	quence of Event		Second	(2) Sequence of E	vents			equence of E	vents	Fourth (4) Sequence of	Events
TRAFFI	C CONTROL S	IGNAL C	OLLISION	N NON-FIXED O	BJECT										
		M	OTOR VE	EHICLE IN TRAN	ISPORT										
VEHIC		Commercial	Motor Veh	icle					'						
Vehicle V02		 Гуре CLE IN TRANSP	ORT		Hit & R	un (by this veh	nicle) License Nur 569WYG	nber	State	Reg. E 3/26/2	xpires 018	Permanent R		/58V5S4306792	
Year 1995	Make ISU	Model RODEO		Style UT	Colo		tent of Damage	Est.	Damag 10,00	e Towed I		eVehicle Rem			Rotation ROTATION
Insuranc	ce Company	INODEO		101	IDEN	. JDI.	UNDENING.		10,00	Ins	urance Policy				INDIATION
	f Vehicle Owner	Busin	ess 🗌	Current Addre		_			City				none Numb	er(s)	_
THOMA Trailer	S ROBERT RE License Numb		State	Reg. Expires	Pe	rmanent Reg.	VIN		PALN	COAST		32164-675 ' Make			Length Axles
One Trailer	License Numb	per	State	Reg. Expires	NC Pe	rmanent Reg.	VIN				Year I	Make			Length Axles
Two Vehicle	Directio			eet, Road, Highv	NC							At Est.	Sneed	Posted Speed	Total Lanes
Travelin		""		TERRE PKWY	, u y							30		45	4

Crash Date 7/1/2017	Time of Cra 1:34 PM	sh Date 10/2/2	of Report 2017	Reporting A FLORIDA H	gency I IGHWAY PATF	ROL			Reporting / FHPG170F	Agency Case I F025297		MV Crash Report Number 312131-03
CMV Configuration			Cargo Body Typ	pe			Area	of Initial Ir	. — —	Jndercarriage		Most Damaged Area
Comm GVWR/GCWR		Tra	 ailer Type (Trailer (One) Tr	ailer Type (Trai	iler Two)				Overturn		
Haz. Mat. Release Haz	Mat Placard		Haz. Ma	at. Number	Haz. Mat. C	Class		<u>//1</u>		Windshield		
Motor Carrier Name				US	S DOT Number		⊐ا ⁻ "⊔□		[[[[[[[[[[[[[[[[[[[[Trailer	<u> </u>	
Motor Carrier Address				Address Oth	ner		City	/	State	z Zip Code	•	Phone Number
Comm/Non-Commercial		Vehicle E	Body Type	Ve	hicle Defects (c	one)	Vehicle	Defects (t	wo)	Emergency	Vehicle Use	Special Function of MV
Vehicle Maneuver Action	n 17	rafficway) UŤILÍŤY VEHICL		one ay Grade	IPoadwa	y Alignment	Most Harm	oful Event	NO Most Har	mful Event D	NO SPECIAL FUNCTION
TURNING LEFT	T N	WO-WAY, MEDIAN BA		VE LEVEL		STRAIG	HT T	COLLISIO OBJECT	N NON-FIXED	MOTOR	VEHICLE IN	I TRANSPORT
Traffic Control Device fo TRAFFIC CONTROL SI			Sequence of Event ON NON-FIXED O		Second (2) Se	equence of	Events	Third (3) S	Sequence of Events	s	Fourth (4) S	equence of Events
		MOTOR	VEHICLE IN TRAN	ISPORT								
PERSON RECORI	 D											
# Person Type 1 DRIVER		nicle # Na 1 AN	me IANDA RENA DRA	AKES		Injury S POSSI			Ejection NOT EJE	CTED		Driver ReExam NO
Date of Birth Sex 12/09/1984 F		at Time of 0			Address 29 RAIN	3	ACE, PALM COA	ST FL 321			Ph	one Number
Driver License Number D622016849490		State FL	Expires 12/09/2024	Type CLASS	E / OPERATOR		,		Required Endo	rsements		
Restraint Systems SHOULDER AND LAP I	RELT LISED		1/	Air Bag Deplo				H	elmet Use		Eye F	Protection APPLICABLE
Motor Vehicle Seating P					Position: Seat		Motor Vehic	le Seating	Position: Other			
Driver Distracted By UNKNOWN			JEET 1			75	Driver Vision Obst	ructions				
Driver Actions at Time of	f Crash 1 (ba	sed on jud	gement of investiga	ation officer)					sh 2 (based on jud	gement of inve	estigation off	ficer)
Priver Actions at Time o	f Crash 3 (ba	sed on jud	gement of investiga	ation officer)			Priver Actions at T	ime of Cra	sh 4 (based on jud	gement of inve	stigation off	ficer)
Suspected Alcohol Use			Icohol Test Type	Alcohol	Test Result	BAC	Suspected [Orug Use	Drug Tested	Drug Te	st Type	Drug Test Result
NO Source of Transport to N	TEST GIVE Medical Facili		EMS Agency Na	PENDIN Ime or ID	EM	S Run Nun	nber	Medical I	TEST GIVEN -acility Transported	BLŐOD		PENDING
EMS			RESCUE 92		490	J3		FLORIDA	A HOŚPITAL FLAC	iLER	-	
# Person Type PASSENGER	Vel	nicle # Na					Injury Sever	rity		Ejection		
Date of Birth Sex	Address		EANNA DRAKES				POSSIBLE			NOT EJEC		one Number
09/23/2005 F Restraint Systems	•	REE PLAC		Air Bag Deplo				Тн	elmet Use			Protection
Motor Vehicle Seating P					Position: Seat	N	Motor Vehic	le Seating	Position: Other		NOT	APPLICABLE
FRONT Source of Transport to N	Medical Facili	tv	RIGHT EMS Agency Na	me or ID	IEM	S Run Nun	nber	I Medical I	Facility Transported	То		
EMS			RESCŬE 92		490)4		FLORIDA	A HOŚPITAL FLAC	LER		
# Person Type		nicle # Na	me			Injury S	Severity		Ejection			Driver ReExam
3 DRIVER Sex	Condition		OMAS ROBERT F	REED	Address		(WITHIN 30 DAY	/S)	NOT EJE	CTED	Ph	one Number
03/26/1945 M Driver License Number	UNKNOW		Expires	Туре	14 PON	CE DELEC	ON DR, PALM CO	DAST FL 3	Required Endo	rsements		_
R300836451060 Restraint Systems		FL	03/26/2025	CLASS I	E / OPERATOR	₹		Тн	NO elmet Use		Fve	Protection
SHOULDER AND LAP I Motor Vehicle Seating P				NOT DEPLOY			TMotor Vehic		Position: Other		NOT	APPLICABLE
FRONT Driver Distracted By	- CONTROLL TOW		LEFT	oc ocaling	T CORROTT CCCC		Driver Vision Obst		T GOIGHT. GUICE			
NOT DISTRACTED	f Crook 1 /ha	امرين مماممي	annest of invention	ation officer\		\	ISION NOT OBS	CURED	ab O (based on ited	noment of inve	actication of	Faces\
Driver Actions at Time on NO CONTRIBUTING AC	CTION	•		,					sh 2 (based on jud			
Driver Actions at Time o	•		•	,	T				sh 4 (based on jud			,
Suspected Alcohol Use NO	TEST GIVE	N E	Icohol Test Type	PENDIN		BAC	Suspected I		Drug Tested TEST GIVEN	Drug Te	ы гуре ———	Drug Test Result PENDING
Source of Transport to NOTHER, EXPLAIN IN NO		ty	EMS Agency Na SAINT JOHNS I		EM 490	IS Run Nun)4	nber		Facility Transported T 23 MEDICAL EX			
WITNESS RECOR	RD											DI
# Name 4 JAIME MIQUEL					Addres 79 EDV		VE, PALM COAS	ST FL 3216	4			Phone Number 732-991-2309
NARRATIVE			<u> </u>									
ID Number Rank TROOP	PER		ame .E. BARKOSKIE		Troop / Pos G	st	C	Officer Ager LORIDA H	ncy IIGHWAY PATROL			Phone Number 904-417-4272

V01 was traveling northbound on Belle Terre Parkway in the outside lane. The driver of V02 was traveling westbound on Central Avenue. The driver of V02 was attempting to turn south onto Belle Terre Parkway from Central Avenue. The driver of V01 entered the intersection and V01's front bumper made contact with V02's left side. V01 came to final rest in the southbound lanes of Belle Terre Parkway facing northwest. V02 came to final rest in the northbound lanes of Belle Terre Parkway facing northwest.

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Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number	HSMV Crash Report Number
7/1/2017	1:34 PM	10/2/2017	FLORIDA HIGHWAY PATROL	FHPG17OFF025297	85312131-03

Traffic Homicide Investigation Case Number: FHP 717-61-019 Photographs taken by: Čpl. B. Timmons, Florida Highway Patrol Driver V02, Thomas Robert Reed, DOB 03/26/1945, Expired 07/01/2017 at 01:39 PM. Driver 02 Pronounced By: Paramedic Driscoll, Palm Coast Fire Department.

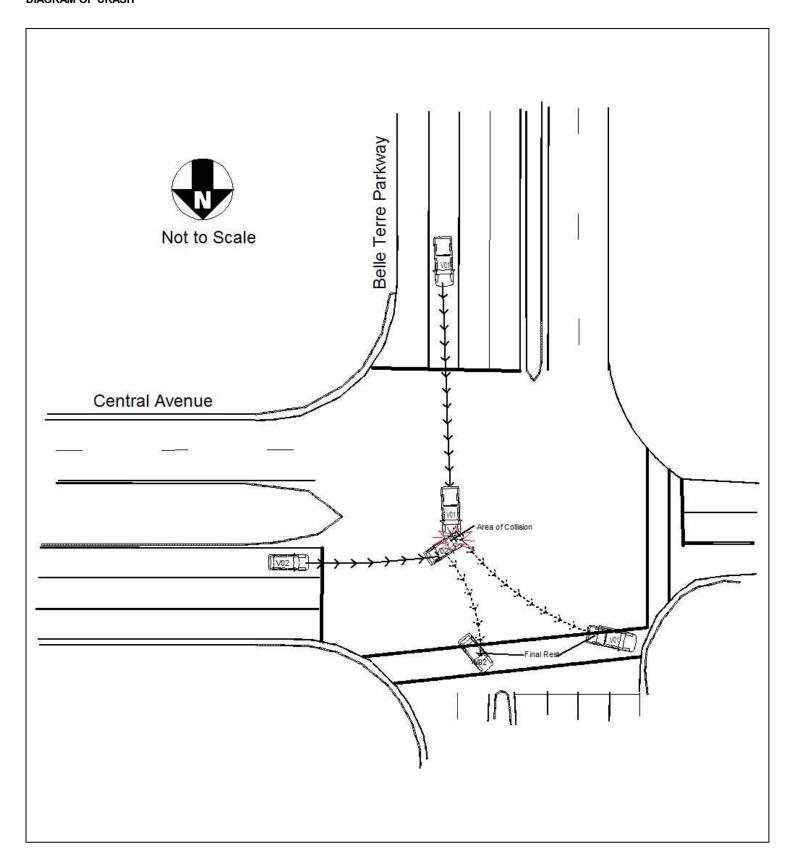
NARRATIVE

ID Number Rank
TROOPER

VARRAIIV	<u> </u>	_	_		
ID Number 3610	Rank TROOPER	Name A.E. BARKOSKIE	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
Pending	Toxicology.				
NARRATIV			_		
ID Number 3610	Rank TROOPER	Name A.E. BARKOSKIE	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
Pending	Toxicology.				
	IG OFFICER				
ID Number 3610	Rank TROOPER	Name A.E. BARKOSKIE	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272

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DIAGRAM OF CRASH



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