

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

County Code 61	City Code 53	County of Crash FLAGLER	Place or City of Crash PALM COAST	Within City Limits YES	Reported Date/Time 7/1/2017 1:34 PM	Dispatched Date/Time 7/1/2017 1:42 PM
On Scene Date/Time 7/1/2017 1:52 PM		Cleared Scene Date/Time 7/1/2017 5:30 PM	Investigation Completed NO	Reason (if Investigation Not Complete) PENDING TOXICOLOGY		Notified By LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway BELLE TERRE PKWY			At Street Address #	At Latitude N 29 29.4212	And Longitude W 81 13.2631
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway CENTRAL AVENUE	Or From Milepost Number	
Road System Identifier LOCAL		Type of Shoulder CURB	Type of Intersection FOUR-WAY INTERSECTION		

CRASH INFORMATION

<input checked="" type="checkbox"/> Pictures Taken		Light Condition DAYLIGHT		Weather Condition RAIN	Roadway Surface Condition WET	School Bus Related NO	Manner of Collision ANGLE
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 INTERSECTION
Contributing Circumstances: Road NONE		Contributing Circumstances: Road		Contributing Circumstances: Road		Contributing Circumstances: Road	
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment		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		

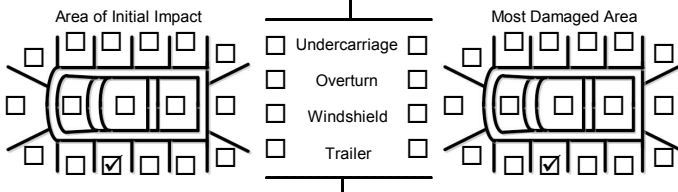
VEHICLE

<input type="checkbox"/> Commercial Motor Vehicle		Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number IDUT55	State FL	Reg. Expires 12/31/2017	Permanent Reg. NO	VIN 1C6RR6MT9HS55881	
Year 2017	Make DODGE	Model RAM	Style TK	Color ONG	Extent of Damage DISABLING	Est. Damage 10,000	Towed Due to Damage YES	Vehicle Removed By SAXONS	Rotation ROTATION	
Insurance Company USAA		Insurance Policy Number 016278230U71074								
Name of Vehicle Owner ROBERT MICHAEL DRAKES		Business <input type="checkbox"/>	Current Address 29 RAINTREE PLACE			City PALM COAST	State FL	Zip Code 32164-0001	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 NORTH	On Street, Road, Highway BELLE TERRE PKWY				At Est. Speed 45	Posted Speed 45	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 PICKUP	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, DIVIDED, POSITIVE MEDIAN BARRIER	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 TRAFFIC CONTROL SIGNAL	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 569WYG	State FL	Reg. Expires 3/26/2018	Permanent Reg. NO	VIN 4S2CY58V5S4306792	
Year 1995	Make ISU	Model RODEO	Style UT	Color BLK	Extent of Damage DISABLING	Est. Damage 10,000	Towed Due to Damage YES	Vehicle Removed By SAXONS	Rotation ROTATION	
Insurance Company GEICO		Insurance Policy Number 4090850217								
Name of Vehicle Owner THOMAS ROBERT REED		Business <input type="checkbox"/>	Current Address 14 PONCE DELEON DR			City PALM COAST	State FL	Zip Code 32164-675	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 WEST	On Street, Road, Highway BELLE TERRE PKWY				At Est. Speed 30	Posted Speed 45	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)				
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	US DOT Number			
Motor Carrier Name	Address Other		City	State	Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type (SPORT) UTILITY VEHICLE	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION	
Vehicle Maneuver Action TURNING LEFT	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	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 TRAFFIC CONTROL SIGNAL	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 AMANDA RENA DRAKES	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 12/09/1984	Sex F	Condition at Time of Crash UNKNOWN	Address 29 RAIN TREE PLACE, PALM COAST FL 32164		Phone Number	
Driver License Number D622016849490	State FL	Expires 12/09/2024	Type CLASS E / OPERATOR	Required Endorsements NO		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed DEPLOYED - COMBINATION		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 UNKNOWN			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) RAN RED LIGHT			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 GIVEN	Alcohol Test Type BLOOD	Alcohol Test Result PENDING	BAC	Suspected Drug Use NO	Drug Tested TEST GIVEN
Source of Transport to Medical Facility EMS		EMS Agency Name or ID RESCUE 92	EMS Run Number 4903	Medical Facility Transported To FLORIDA HOSPITAL FLAGLER		

PERSON RECORD

# 2	Person Type PASSENGER	Vehicle # V01	Name BREANNA DRAKES	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 09/23/2005	Sex F	Condition at Time of Crash UNKNOWN	Address 29 RAIN TREE PLACE, PALM COAST FL 32164		Phone Number	
Driver License Number R300836451060	State FL	Expires 03/26/2025	Type CLASS E / OPERATOR	Required Endorsements NO		
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 EMS		EMS Agency Name or ID RESCUE 92	EMS Run Number 4904	Medical Facility Transported To FLORIDA HOSPITAL FLAGLER		

PERSON RECORD

# 3	Person Type DRIVER	Vehicle # V02	Name THOMAS ROBERT REED	Injury Severity FATAL(WITHIN 30 DAYS)	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 03/26/1945	Sex M	Condition at Time of Crash UNKNOWN	Address 14 PONCE DELEON DR, PALM COAST FL 32164		Phone Number	
Driver License Number R300836451060	State FL	Expires 03/26/2025	Type CLASS E / OPERATOR	Required Endorsements NO		
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 GIVEN	Alcohol Test Type BLOOD	Alcohol Test Result PENDING	BAC	Suspected Drug Use NO	Drug Tested TEST GIVEN
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID SAINT JOHNS FAMILY	EMS Run Number 4904	Medical Facility Transported To DISTRICT 23 MEDICAL EXAMINERS		

WITNESS RECORD

# 4	Name JAIME MIQUEL	Address 79 EDWARD DRIVE, PALM COAST FL 32164	Phone Number 732-991-2309
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NARRATIVE

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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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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Traffic Homicide Investigation Case Number: FHP 717-61-019
Photographs taken by: Cpl. 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 3610	Rank TROOPER	Name A.E. BARKOSKIE	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
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Pending Toxicology.

NARRATIVE

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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Pending Toxicology.

REPORTING 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

