

# 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 2/19/2019	Time of Crash 6:05 AM	Date of Report 2/19/2019	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG19OFF005667	HSMV Crash Report Number 88019839-01
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## CRASH IDENTIFIERS

County Code 61	City Code 00	County of Crash FLAGLER	Place or City of Crash UNINCORPORATED	Within City Limits NO	Reported Date/Time 2/19/2019 6:10 AM	Dispatched Date/Time 2/19/2019 6:15 AM
On Scene Date/Time 2/19/2019 7:19 AM		Cleared Scene Date/Time 2/19/2019 8:45 AM	Investigation Completed YES	Reason (if Investigation Not Complete)		Notified By LAW ENFORCEMENT AGENCY

## ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway U.S. HIGHWAY ONE			At Street Address #	At Latitude N 29 29.8248	And Longitude W 81 15.9030
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway ROYAL PALMS PARKWAY		
Road System Identifier COUNTY		Type of Shoulder UNPAVED	Type of Intersection FOUR-WAY INTERSECTION		

## CRASH INFORMATION

Light Condition DAYLIGHT		Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision OTHER, EXPLAIN IN NARRATIVE
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: 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

Vehicle V01		Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT		Hit & Run (by this vehicle) NO	License Number TG3059	State FL	Reg. Expires	Permanent Reg. YES	VIN 1HTWGAZT49J093902		
Year 2009	Make PIRC	Model INT 7400	Style FT	Color RED	Extent of Damage FUNCTIONAL	Est. Damage 5,000	Towed Due to Damage NO	Vehicle Removed By		Rotation	
Insurance Company PREFERRED GOVERNMENTAL INSURANCE TRUST						Insurance Policy Number PK2FL1 0181018 16-15					
Name of Vehicle Owner FLAGLER COUNTY BOARD OF COUNTY		Business <input checked="" type="checkbox"/>	Current Address 1769 E MOODY BLVD BLDG 2			City BUNNELL	State FL	Zip Code 32110-0001	Phone Number(s)		
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles		
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles		
Vehicle Traveling	Direction NORTH	On Street, Road, Highway U.S. HIGHWAY ONE				At Est. Speed 15	Posted Speed 55	Total Lanes 4			
CMV Configuration		Cargo Body Type									
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)							
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 MEDIUM / HEAVY TRUCKS (MORE THAN 10000 LBS (4536 KG))		Vehicle Defects (one) NONE		Vehicle Defects (two)		Emergency Vehicle Use YES	Special Function of MV FIRE TRUCK		
Vehicle Maneuver Action MAKING U-TURN		Trafficway TWO-WAY DIVIDED UNPROTECTED (PAINTED >4		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 MOTOR VEHICLE IN TRANSPORT		Third (3) Sequence of Events		Fourth (4) Sequence of Events			

## VEHICLE

Vehicle V02		Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT		Hit & Run (by this vehicle) NO	License Number JCCD79	State FL	Reg. Expires 3/13/2019	Permanent Reg. NO	VIN 1B3BD4FB9BN616929		
Year 2011	Make DODG	Model AVENGER	Style 4D	Color GRY	Extent of Damage DISABLING	Est. Damage 6,000	Towed Due to Damage YES	Vehicle Removed By SAXON'S TOWING		Rotation ROTATION	
Insurance Company STATE FARM MUTUAL AUTOMOBILE INSURANCE CPOLIC						Insurance Policy Number D815224D2159P					
Name of Vehicle Owner LYNNZEE JANEILLE MATTHEWS		Business <input type="checkbox"/>	Current Address 12 WHITE HURST LN			City PALM COAST	State FL	Zip Code 32164	Phone Number(s)		
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles		
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles		
Vehicle Traveling	Direction NORTH	On Street, Road, Highway U.S. HIGHWAY ONE				At Est. Speed 55	Posted Speed 55	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 checked="" type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear		<input 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		City		State	Zip Code
Motor Carrier Address	Address Other		City		State	Zip Code
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 DIVIDED UNPROTECTED (PAINTED >4	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 ERIC KEILAN BURNLEY	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 12/14/1988	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 752 ACAPULCO RD, JACKSONVILLE FL 32216		Phone Number 904-233-7871	
Driver License Number B650211884540	State FL	Expires 12/14/2026	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) FAILED TO YIELD RIGHT-OF-WAY			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 PASSENGER	Vehicle # V01	Name NATHANIEL RANSOM WEBSTER	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 12/13/1985	Sex M	Address 8787 SOUTHSIDE BLVD APT 315, JACKSONVILLE FL 32256		Phone Number 850-259-1912		
Driver License Number M320530905930	State FL	Expires 03/13/2021	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 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**

# 3	Person Type DRIVER	Vehicle # V02	Name LYNNZEE JANEILLE MATTHEWS	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 03/13/1990	Sex F	Condition at Time of Crash APPARENTLY NORMAL	Address 4600 E MOODY BLVD BUILDING 19, BUNNELL FL 32110		Phone Number 386-264-0266	
Driver License Number M320530905930	State FL	Expires 03/13/2021	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 EMS		EMS Agency Name or ID RESCUE 51	EMS Run Number 19-2210	Medical Facility Transported To ADVENT HEALTH PALM COAST		

**NARRATIVE**

ID Number 3951	Rank TROOPER	Name GELSEY, R	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
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Vehicle One (V01) was traveling northbound on U.S. Highway One in the right lane approaching the traffic controlled intersection of Royal Palms Parkway. Vehicle Two (V02) was traveling northbound on U.S. Highway One in the left lane approaching the traffic controlled intersection of Royal Palms Parkway. While traveling northbound Driver One (D01) activated V01's emergency lights and sirens to make a U-turn to travel southbound on U.S. Highway One. Subsequently, V01 violated the path of travel of V02 when the front left of V01 collided into the front right of V02. After impact, V01 came to final rest on the southbound shoulder of U.S. Highway One. Upon my arrival, V02 came to final rest on the northbound center median of U.S. Highway One.

Manner of Collision/ Impact: V01 violated the path of travel of V02 when the front left of V01 collided into the front right of

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V02.

Note: Driver One of V01 stated while traveling northbound V01's emergency lights and sirens were activated when D01 attempted to make a U-turn and the collision occurred. Driver Two of V02 stated while traveling northbound it appeared V01 was making a right turn when suddenly V01 changed path of travel to the left with its emergency lights and sirens activated. Subsequently, D02 took evasive actions to the left to avoid a collision when the collision occurred.

**REPORTING OFFICER**

ID Number 3951	Rank TROOPER	Name GELSEY, R	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
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DIAGRAM OF CRASH

