

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 5/11/2019	Time of Crash 6:57 PM	Date of Report 5/11/2019	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG19OFF015797	HSMV Crash Report Number 88074992-01
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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 5/11/2019 7:00 PM	Dispatched Date/Time 5/11/2019 7:03 PM
On Scene Date/Time 5/11/2019 7:43 PM		Cleared Scene Date/Time 5/11/2019 8:37 PM	Investigation Completed YES	Reason (if Investigation Not Complete)		Notified By LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway COUNTY ROAD 305			At Street Address #	At Latitude N 29 28.0416	And Longitude W 81 22.3308
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway COUNTY ROAD 302		Or From Milepost Number
Road System Identifier COUNTY		Type of Shoulder UNPAVED	Type of Intersection FOUR-WAY INTERSECTION		

CRASH INFORMATION

<input type="checkbox"/> Pictures Taken					
Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	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: 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

<input type="checkbox"/> Commercial Motor Vehicle									
Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number IWQK57	State FL	Reg. Expires 6/19/2020	Permanent Reg. NO	VIN 5Y2SL63855Z411837		
Year 2005	Make PONT	Model VIBE	Style 4D	Color RED	Extent of Damage DISABLING	Est. Damage 5,000	Towed Due to Damage YES	Vehicle Removed By SAXON'S TOWING	Rotation ROTATION
Insurance Company ALLSTATE INS						Insurance Policy Number 9811739391128			
Name of Vehicle Owner MARC ALAN SCHWARTZ		Business <input type="checkbox"/>	Current Address 1337 HANSBERRY LN		City ORMOND BEACH	State Zip Code FL 32174-101	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 COUNTY ROAD 302				At Est. Speed 25	Posted Speed 50	Total Lanes 2	
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"/> <input type="checkbox"/> Overturn <input type="checkbox"/> <input type="checkbox"/> Windshield <input type="checkbox"/> <input type="checkbox"/> Trailer <input checked="" type="checkbox"/>			
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 NO SPECIAL FUNCTION		
Vehicle Maneuver Action TURNING LEFT	Trafficway TWO-WAY, NOT DIVIDED	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 STOP SIGN	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 KBKS43	State FL	Reg. Expires 12/31/2019	Permanent Reg. NO	VIN 1C6RR7LT0JS115688		
Year 2018	Make DODG	Model RAM	Style TK	Color SIL	Extent of Damage DISABLING	Est. Damage 8,000	Towed Due to Damage NO	Vehicle Removed By	Rotation
Insurance Company PROGRESSIVE INS						Insurance Policy Number 28276280			
Name of Vehicle Owner MICHAEL EMERSON SNYDER		Business <input type="checkbox"/>	Current Address 263 ARCHIE LANE		City BUNNELL	State Zip Code FL 32110-5591	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 COUNTY ROAD 305				At Est. Speed 55	Posted Speed 50	Total Lanes 2	

Crash Date 5/11/2019	Time of Crash 6:57 PM	Date of Report 5/11/2019	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG19OFF015797	HSMV Crash Report Number 88074992-01
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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"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer		<input checked="" type="checkbox"/>	
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number				
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 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, NOT DIVIDED	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 FLASHING SIGNAL	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events NON-COLLISION	Third (3) Sequence of Events COLLISION WITH FIXED OBJECT	Fourth (4) Sequence of Events		
	MOTOR VEHICLE IN TRANSPORT	RAN OFF ROADWAY LEFT	CONCRETE TRAFFIC BARRIER			

PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name BRANDON TAYLOR SCHWARTZ	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 02/06/2001	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 1337 HANSBERRY LN, ORMOND BEACH FL 32174		Phone Number	
Driver License Number S632078010460	State FL	Expires 02/06/2025	Type CLASS E / OPERATOR	Required Endorsements NO		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed DEPLOYED - FRONT		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) RAN STOP SIGN			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 FLAGLER RESCUE 62	EMS Run Number 2019-5786	Medical Facility Transported To HALIFAX DAYTONA		

PERSON RECORD

# 2	Person Type DRIVER	Vehicle # V02	Name MICHAEL EMERSON SNYDER	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 01/30/1968	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 263 ARCHIE LANE, BUNNELL FL 32110		Phone Number	
Driver License Number S536545680300	State FL	Expires 01/30/2021	Type CLASS A	Required Endorsements YES		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed DEPLOYED - FRONT		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 NOT TRANSPORTED		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

VIOLATION

Person# 1	Violator Name Brandon Taylor Schwartz	FL Statute Number 316.123(2)(a)	Violation Description RAN STOP SIGN	Citation Number AB5PPZE
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WITNESS RECORD

# 3	Name DIANA MARIE TRALEWSKI	Address 1263 ASPEN ST, BUNNELL FL 32110	Phone Number 386-596-3956
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NARRATIVE

ID Number 3622	Rank TROOPER	Name K.L. COLEY	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
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V02 was traveling northbound on County Road 305. V01 was traveling westbound on County Road 302 approaching the intersection at County Road 305. V01 failed to stop at the stop sign and traveled into the path of V02. V02's front collided with V01's left side. V01 came to final rest on the east paved shoulder on County Road 305 facing north. V02 ran off the left side of the roadway and struck a concrete divider. V02 came to final rest on the west paved shoulder facing west.

REPORTING OFFICER

ID Number 3622	Rank TROOPER	Name K.L. COLEY	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
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DIAGRAM OF CRASH

