

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

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

(Electronic Version)

Date of Crash 31/May/2022 04:17 PM	Time of Crash 31/May/2022 04:17 PM	Date of Report 02/Oct/2022 12:55 AM	Invest. Agency Report Number FHP22ON0275602	HSMV Crash Report Number 24952129
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CRASH IDENTIFIERS

County Code 61	City Code 0	County of Crash FLAGLER	Place or City of Crash UNINCORPORATED	Within City Limits No	Time Reported 31/May/2022 04:22 PM	Time Dispatched 31/May/2022 04:29 PM
Time on Scene 31/May/2022 04:46 PM	Time Cleared Scene 31/May/2022 09:44 PM	Completed No	Reason (if Investigation NOT Completed) PENDING TOXICOLOGY			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway SR-11			① At Street Address#	② At Latitude 29.343309999999999	and Longitude -81.310959999999994
At Feet	Or Miles	Direction	③ From Intersection With Street, Road, Highway CR-304		④ Or From Milepost #
Road System Identifier 3 State		Type Of Shoulder 2 Unpaved		Type Of Intersection 2 Four-Way Intersection	

CRASH INFORMATION (Check if Pictures Taken)

light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 3 Angle
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 2 Intersection
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

VEHICLE (Check if Commercial)

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number PKFW25	State FL	Reg. Expires 22/Oct/2022	Permanent Reg. No	VIN 1FMSU45P03ED81099		
Year 2003	Make FORD	Model EXCURSION	Style 4D	Color GRY	Extent of Damage Disabling	Est. Damage 15000	Towed Due To Damage Yes	Vehicle Removed By SAXON'S TOWING	Rotation Rotation
Insurance Company STATE FARM MUTUAL AUTOMOBILE INSURANCE					Insurance Policy Number G483162594				
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> OSCAR M GARCIA			Current Address (Number and Street) 1060 SPYGLASS			City and State WESTON FL		Zip Code 33326-2901	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling:	Direction North	On Street, Road, Highway SR-11				At Est. Speed 60	Posted Speed 60	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)				
Haz. Mat. Release	Haz Mat. Placard	Number		Class					
Motor Carrier Name				US DOT Number					
Motor Carrier Address				City and State			Zip Code		Phone Number
Comm/Non-Commercial	Vehicle Body Type 16 (Sport) Utility Vehicle	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function		
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 1 Two-Way, Not Divided	Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 14 Motor Vehicle in Transport	
Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object		Second (2) Sequence of Events 1 Overturn/Rollover		Third (3) Sequence of Events 34 Traffic Sign Support		Fourth (4) Sequence of Events		

VEHICLE (Check if Commercial)

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number BCTG09	State FL	Reg. Expires 08/Aug/2022	Permanent Reg. No	VIN 3VWD17AJ7FM296197		
Year 2015	Make VOLK	Model JETTA	Style 4D	Color BLU	Extent of Damage Disabling	Est. Damage 10000	Towed Due To Damage Yes	Vehicle Removed By SAXON'S TOWING	Rotation Rotation
Insurance Company INFINITY AUTO INSURANCE COMPANY					Insurance Policy Number 109800528291001				

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Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>		Current Address (Number and Street) 60 SPRINGWOOD SQ		City and State PORT ORANGE FL		Zip Code 32129-7604			
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling:	Direction East	On Street, Road, Highway SR-11				At Est. Speed 80	Posted Speed 45	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)				
Haz. Mat. Release		Haz Mat. Placard		Number		Class			
Motor Carrier Name				US DOT Number					
Motor Carrier Address			City and State			Zip Code		Phone Number	
Comm/Non-Commercial	Vehicle Body Type 1 Passenger Car		Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 1 Straight Ahead		Trafficway 1 Two-Way, Not Divided		Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object	
Most Harmful Event Detail 14 Motor Vehicle in Transport		First (1) Sequence of Events 1 Non-Collision 9 Other Non-Collision		Second (2) Sequence of Events 14 Motor Vehicle in Transport		Third (3) Sequence of Events		Fourth (4) Sequence of Events	
Traffic Control Device For This Vehicle 6 Stop Sign									

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name KRISTI OLIVIA SPAULDING		Date of Birth 08/Aug/1989	Sex 2 Female	Phone Number	Re-Exam No		
Address 60 SPRINGWOOD SQ		City PORT ORANGE		State FL		Zip Code 32129				
Driver License Number S143514897880		State FL	Expires 08/Aug/2030	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 5 Fatal (within 30 days)		Ejection 1 Not Ejected		
Restraint System 2 None Used -Motor Vehicle Occupant		Air Bag Deployed 6 Deployed-Combination		Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left		Seating Location Row 1 Front	Seating Location Other 1 Not Applicable	
Drivers Actions at Time of Crash (first) 13 Ran Stop Sign			Drivers Actions at Time of Crash (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 1 No		Alcohol Tested 3 Test Given		Alcohol Test Type 1 Blood		Alcohol Test Result 1 Pending		BAC	Suspected Drug Use 1 No	
Drug Tested 3 Test Given		Drug Test Type 1 Blood		Drug Test Result 3 Pending		Source of Transport to Medical Facility 77 Other, Explain in Narrative				
EMS Agency Name or ID FLAGG SERENITY		EMS Run Number		Medical Facility Transported To DISTRICT 23 M.E. OFFICE						

PERSON RECORD

Person# 2	Description 1 Driver	Vehicle # 2	Name OSCAR M GARCIA		Date of Birth 22/Oct/1968	Sex 1 Male	Phone Number	Re-Exam No		
Address 1060 SPYGLASS		City WESTON		State FL		Zip Code 33326				
Driver License Number G620653683820		State FL	Expires 22/Oct/2027	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 3 Non-incapacitating		Ejection 1 Not Ejected		
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 2 Not Deployed		Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left		Seating Location Row 1 Front	Seating Location Other 1 Not Applicable	
Drivers Actions at Time of Crash (first) 1 No Contributing Action			Drivers Actions at Time of Crash (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 1 No		Alcohol Tested 3 Test Given		Alcohol Test Type 1 Blood		Alcohol Test Result 1 Pending		BAC	Suspected Drug Use 1 No	
Drug Tested 3 Test Given		Drug Test Type 1 Blood		Drug Test Result 3 Pending		Source of Transport to Medical Facility 2 EMS				
EMS Agency Name or ID FCFR RESCUE 62		EMS Run Number 22-7661		Medical Facility Transported To ADVENT HEALTH PALM COAST						

NON VEHICLE PROPERTY DAMAGE

Vehicle#	Person#	Property Damage - Other Than Vehicle SR-11 DOT SIGN	Est. Amount 500	Business Yes	Owner's Name DOT STATE OF FLORIDA	Address 1650 KEPLER RD	City & State DELAND FL	Zip Code 32724
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NARRATIVE

Date of Crash 31/May/2022 04:17 PM	Date of Report 31/May/2022 04:17 PM	Invest. Agency Report Number FHP22ON0275602	HSMV Crash Report Number 24952129
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ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
4286	TPR	HARPER, DARIN	G	FLORIDA HIGHWAY PATROL	904-417-4272	May 31, 2022

V01 was traveling east on CR-304, west of SR-11. V02 was traveling north on SR-11, south of CR-304. The driver of V01 failed to stop at a posted stop sign traveling into the intersection of CR-304 and SR-11 violating the right-of-way of V02. The front of V01 collided with the left side of V02. After the collision, V01 was redirected and traveled onto the northeast shoulder of CR-304 where it came to final rest facing a northerly direction. V02 was redirected in a northeasterly direction and traveled onto the northeast shoulder of SR-11 and CR-304, where it overturned. V02 came to final rest on its roof facing an easterly direction.

D01, Kristi Olivia Spaulding, Date of Birth 08/08/1989, was pronounced deceased on scene by Lieutenant Jon Moscowiz of Flagler County Fire Rescue Department, at 4:42 p.m. D01 was transported to the District 23 Medical Examiner's Office by Flagg Serenity Funeral Home.

Traffic Homicide Case Number: 722-61-013

Photographs taken by: Corporal Ryan Davenport, Florida Highway Patrol

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
4286	TPR	HARPER, DARIN	G	FLORIDA HIGHWAY PATROL	904-417-4272	Aug 01, 2022

Pending Toxicology

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
4286	TPR	HARPER, DARIN	G	FLORIDA HIGHWAY PATROL	904-417-4272	Sep 01, 2022

Pending Toxicology

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
4286	TPR	HARPER, DARIN	G	FLORIDA HIGHWAY PATROL	904-417-4272	Oct 02, 2022

Pending Toxicology

REPORTING OFFICER

ID/Badge # 4286	Rank and Name TPR HARPER, DARIN	Department FHPG	Type of Department FHP
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