

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 19/Feb/2019 10:16 PM | Time of Crash 19/Feb/2019 10:16 PM | Date of Report 19/Feb/2019 11:56 PM | Invest. Agency Report Number FHPD19OFF015804 | HSMV Crash Report Number 88017625 |
|--|--|---|--|---|

CRASH IDENTIFIERS

| | | | | | | |
|--|---|-----------------------------------|---|---------------------------------|--|--|
| County Code 08 | City Code 50 | County of Crash VOLUSIA | Place or City of Crash ORMOND BEACH | Within City Limits No | Time Reported 19/Feb/2019 10:16 PM | Time Dispatched 19/Feb/2019 11:34 PM |
| Time on Scene 19/Feb/2019 11:56 PM | Time Cleared Scene 20/Feb/2019 01:10 AM | Completed Yes | Reason (if Investigation NOT Completed) | | | Notified By Law Enforcement |

ROADWAY INFORMATION

| | | | | | | |
|---|----------|--------------------------------------|---|--|--|----------------------|
| Crash Occured On Street, Road, Highway STATE ROAD A1A (OCEAN SHORE BOULEVARD) | | | ① At Street Address# | | ② At Latitude and Longitude 29.374369999999999 -81.078500000000005 | |
| At Feet 70 | Or Miles | Direction South | ③ From Intersection With Street, Road, Highway FAIRWINDS CIRCLE | | | ④ Or From Milepost # |
| Road System Identifier 3 State | | Type Of Shoulder 2 Unpaved | | Type Of Intersection 1 Not at Intersection | | |

CRASH INFORMATION (Check if Pictures Taken)

| | | | | |
|--|--|---|-----------------------------------|---|
| Light Condition 5 Dark-Not Lighted | Weather Condition 4 Fog, Smog, Smoke | 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 1 Non-Junction |
| 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 88DAD | State FL | Reg. Expires 30/Jun/2020 | Permanent Reg. No | VIN WDCYC7DFDX202367 | | | |
| Year 2013 | Make MERZ | Model BITURBO | Style 4D | Color BLK | Extent of Damage Disabling | Est. Damage 5000 | Towed Due To Damage Yes | Vehicle Removed By SAFECO | Rotation Owner Request | |
| Insurance Company SAFECO | | | | Insurance Policy Number F3411349 | | | | | | |
| Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> MULLINS MANAGEMENT INC | | | Current Address (Number and Street) 220 BOY SCOUT RD | | | City and State AUGUSTA GA | | Zip Code 30909-0000 | | |
| 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 STATE ROAD A1A | | | | At Est. Speed 45 | 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 | | |
| Traffic Control Device For This Vehicle 1 No Controls | First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport | | | Second (2) Sequence of Events | | Third (3) Sequence of Events | | 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 BTGB30 | State FL | Reg. Expires 28/Sep/2019 | Permanent Reg. No | VIN 5TESN92N01Z791980 | | |
| Year 2001 | Make TOYT | Model TACOMA | Style PK | Color BLK | Extent of Damage Disabling | Est. Damage 4000 | Towed Due To Damage Yes | Vehicle Removed By DAYTONA WRECKER | Rotation Rotation |
| Insurance Company STATE FARM | | | | Insurance Policy Number 0968829 B1359L | | | | | |

| | | | |
|---------------------------------------|--|---|--------------------------------------|
| Date of Crash 19/Feb/2019 10:16 PM | Date of Report 19/Feb/2019 10:16 PM | Invest. Agency Report Number FHPD19OFF015804 | HSMV Crash Report Number 88017625 |
|---------------------------------------|--|---|--------------------------------------|

| | | | | | | | | | | | |
|--|-------------------------------|--|---------------------------------|--------------------------|------------------------------------|---------------------------------|-------------------------------|---|---|--|--|
| Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> | | Current Address (Number and Street) 2935 LANTERN DR | | | City and State SOUTH DAYTONA FL | | | Zip Code 32119-8509 | | | |
| 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 West | On Street, Road, Highway STATE ROAD A1A | | | | At Est. Speed 10 | 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 3 Pickup | | Vehicle Defects (one) 1 None | | Vehicle Defects (two) | | Emergency Vehicle Use 1 No | | Special Function of MV 1 No Special Function | | |
| Vehicle Maneuver Action 10 Making U-Turn | | 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 14 Motor Vehicle in Transport | | | Second (2) Sequence of Events | | Third (3) Sequence of Events | | Fourth (4) Sequence of Events | | |

PERSON RECORD

| | | | | | | | | | | | |
|--|-------------------------|------------------------------------|---|-------------------------|-----------------------------------|---|---------------------------------|---|----------------|---------------------------------|------------------------|
| Person# 1 | Description 1 Driver | Vehicle # 1 | Name RYAN MICHAEL CHOYCE | | | Date of Birth 28/Sep/1992 | Sex 1 Male | Phone Number | Re-Exam No | | |
| Address 2935 LANTERN DR | | City SOUTH DAYTONA | | | State FL | | Zip Code 32119 | | | | |
| Driver License Number C200733923480 | | State FL | Expires 28/Sep/2022 | DL Type 5 E/Operator | Req. End. 3 No Req Endorsement | Injury Severity 1 None | | 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 |
| Drivers Actions at Time of Crash (first) 6 Improper Turn | | | 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 1 Apparently Normal | | | | | |
| Suspected Alcohol Use 1 No | | Alcohol Tested 1 Test Not Given | Alcohol Test Type | Alcohol Test Result | BAC | Suspected Drug Use 1 No | | Drug Tested 1 Test Not Given | Drug Test Type | Drug Test Result | |
| Source of Transport to Medical Facility 1 Not Transported | | EMS Agency Name or ID | | | EMS Run Number | | Medical Facility Transported To | | | | |

PERSON RECORD

| | | | | | | | | | | | |
|--|-------------------------|--------------------------------------|---|-------------------------|-----------------------------------|---|---------------------------------|---|----------------|---------------------------------|------------------------|
| Person# 2 | Description 1 Driver | Vehicle # 2 | Name JOSEPH FARRELL MULLINS | | | Date of Birth 27/Jul/1970 | Sex 1 Male | Phone Number | Re-Exam No | | |
| Address 311 N PINE ST | | City BUNNELL | | | State FL | | Zip Code 32110 | | | | |
| Driver License Number M452486702670 | | State FL | Expires 27/Jul/2023 | DL Type 5 E/Operator | Req. End. 3 No Req Endorsement | Injury Severity 2 Possible | | Ejection 1 Not Ejected | | | |
| Restraint System 3 Shoulder and Lap Belt Used | | Air Bag Deployed 3 Deployed-Front | | Helmet Use | | Eye Protection 3 Not Applicable | | Seating Location Seat 1 Left | | Seating Location Row 1 Front | Seating Location Other |
| 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 1 Apparently Normal | | | | | |
| Suspected Alcohol Use 1 No | | Alcohol Tested 1 Test Not Given | Alcohol Test Type | Alcohol Test Result | BAC | Suspected Drug Use 1 No | | Drug Tested 1 Test Not Given | Drug Test Type | Drug Test Result | |
| Source of Transport to Medical Facility 1 Not Transported | | EMS Agency Name or ID | | | EMS Run Number | | Medical Facility Transported To | | | | |

VIOLATIONS

| | | | | |
|--------------|-----------------------------|------------------------------------|---|---------------------|
| Person# 1 | Name RYAN MICHAEL CHOYCE | Florida Statute Number 316.1515 | Charge U-TURN - IMPROPER/UNSAFE/PROHIBITED | Citation AB4APKE |
|--------------|-----------------------------|------------------------------------|---|---------------------|

NARRATIVE

| | | | |
|---------------------------------------|--|---|--------------------------------------|
| Date of Crash 19/Feb/2019 10:16 PM | Date of Report 19/Feb/2019 10:16 PM | Invest. Agency Report Number FHPD19OFF015804 | HSMV Crash Report Number 88017625 |
|---------------------------------------|--|---|--------------------------------------|

| ID Number | Rank | Name | Troop / Post | Officer Agency | Phone Number | Date Created |
|-----------|---------|-------------|--------------|------------------------|--------------|--------------|
| 2571 | TROOPER | L.A. DELEON | D | FLORIDA HIGHWAY PATROL | 321-690-3900 | Feb 20, 2019 |

Vehicle-01 was traveling northbound on State Road A1A right shoulder approximately 70 feet south of Fairwinds Circle. Vehicle-02 was traveling northbound on State Road A1A approximately 70 feet south of Fairwinds Circle. Vehicle-01 made a U-turn from the right shoulder in the direct path of Vehicle-02. The left front of Vehicle-02 then struck the left rear of Vehicle-01. Vehicle-01 came to final rest in the southbound lane of State Road A1A facing south. Vehicle-02 came to final rest in the northbound lane of State Road A1A facing north,

"Manner of collision" Vehicle-02 struck the left rear of Vehicle-01.

REPORTING OFFICER

| | | | |
|--------------------|--------------------------------------|--------------------------------------|---------------------------|
| ID/Badge # 2571 | Rank and Name TROOPER L.A. DELEON | Department FLORIDA HIGHWAY PATROL | Type of Department FHP |
|--------------------|--------------------------------------|--------------------------------------|---------------------------|



Fairwinds Circle

State Road A1A
(Ocean Shore Boulevard)

Vehicle 2

Vehicle 1

Vehicle 1

Vehicle 2

NOT TO SCALE