FLORIDA TRAFFIC CRASH REPORT LONG FORM X SHORT FORM UPDATE X

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

Crash Date 5/6/2020	Time of Crast 3:19 AM	h Date o	f Report	Reporting Age	ncy HWAY PAT	ROL	_				ting Agency Ca 200FF013089	se Numbe	HSMV Crash 88246560-06	Report Number	
	_	2.0.20										_	-		
CRASH IDENTIFIE	[County o	of Crash	·····	Place of Ci	y of Crash				City Limits YES	Reported 5/6/2020	Date/Time		Dispatched Da 5/6/2020 3:24	te/Time	
61 63 On Scene Date/Time	On Scene Date/Time Cleared Scene Date/Time					d Reason (if In	vestigatio			01012020	3:24 Am			EMENT AGENCY	
ROADWAY INFOR		1/2020 12.4	io rm	YE		1									
Crash Occurred on Stree INTERSTATE 95		way				_	At S	treet Ad	dress#		atitude 9 36,8478		and Longitude W 81 15.3	492	
At Feet Or Mi		Direction N	From In	tersection With	Street, Roa	ad, Highway							Or From Milepo	st Number	
Road System Identifier INTERSTATE			'		Type of PAVED	Shoulder		Type NOT	of Intersec AT INTERS	tion SECTION					
CRASH INFORMA			tures Taken						- 6.1			101	Cellinian		
Light Condition DARK-NOT LIGHTED		Weather C CLEAR	endition	DRY	way Surface	Condition	N())	s Related			ANGLE	f Collision		
First Hammu Event Type COLLISION WITH PERS VEHICLE, OR NON-FIXE	ON, MOTOR	First H MOTO	amful Event Deta R VEHICLE IN TR	RANSPORT		First Harmful I ON ROADWA	vent Loc Y	ation	:	NO		NON-JUN	CTION	ation to Junction	
Contributing Circumstant NONE	es: Road			Contributing	Circumstan	es: Road				Contribut	ing Circumstan	ces: Road			
Contributing Circumstant NONE	es: Environme	ent		Contributing	Circumstan	ces: Environme	nt			Contribut	ontributing Circumstances: Environment				
Work Zone Related NO	rash in Work	Zone		Тура	Type of Work Zone Workers in Wor					onk Zone	Zone Caw Enforcement in Work Zone				
VEHICLE Vehicle Motor Vehicle T	Commercial	Motor Ve	hide	I Hit & Run (by	this vehicle	License Numb	er [State	Reg. Exp	pires	Permanent R	eg. MN			
V01 MOTOR VEHIC	LE IN TRANS	PORT	Style	NO Color	•	JAYH13 of Damage	Est D	FL amage	1/16/202 Towed Du	:1	NO se Vehicle Rem]55SW oved By	F4KB7FU0342	Rotation	
2015 MERZ Insurance Company	C CLASS	<u> </u>	Style 4D	WHI	DISAB	LING		10,000	YES Insur	ance Policy	JOHN'S TON Number	MNG	_	ROTATION	
GEICO Name of Vehicle Owner	Busi	iness 🗍	Current Addres			-	-	City				one Numb	er(s)	-	
ALFRED THOMAS RON Trailer License Number		State	12 CROSSGA Reg. Expires	Përmanei	it Reg. VI	N		PALM C			32137-000(Vake			Length Axles	
One Traiter License Number	er	State	Reg. Expires	NO Permaner	nt Reg. VI	N	_		Y	ear i	Make			Length Axles	
Vehicle Direction	1		reet, Road, Highw RSTATE 95	ay [NO							At Est. 5	Speed	Posted Speed	Total Lanes	
Traveling SOUTH CMV Configuration		MIE	Cargo Body Type	9	•			Area of	Initial Impa	ct .			·	naged Area	
							. 🗆		7 - -	י ַם[י	Undercarria	age 🔲 .			
Comm GVWR/GCWR		Trai	ler Type (Trailer C	re) (Traile	эг Туре (Тга	iller Two)	7	\prod		16 :	Overtum Wingshie				
Haz Mat. Release Haz	Mat Placard		Haz. Ma	t. Number	Haz. Mat.	Class		#	_ <u> _ _ _ _ _ _ _ _ </u>	<u>-</u> 1	□ Windshiel □ Trailer				
Motor Carrier Name					OT Number		U			JIU .					
Motor Carrier Address				Address Other				City			State Zip Co		Phone Nur		
Comm/Non-Commercial		Vehicle Bo PASSENG	dy Type ER CAR	Vehic	le Defects (E	one)	Ve	hide De	fecis (two)		NO.			IAL FUNCTION	
Vehicle Maneuver Action STRAIGHT AHEAD	TW	ifficway /O-WAY, I DIAN BAF	OVIDED, POSITIV RRIER	Roadway (E LEVEL	Srade	Roadway A STRAIGHT	lighment	CO	st Harmfut i LLISION N JECT	Event ON-FIXED	Most F		E IN TRANSPO	_	
Traffic Control Device for NO CONTROLS	this Vehicle	First (1) Se NON-COL	equence of Events LISION	s	econd (2) S OLLISION	equence of Eve NON-FIXED O	ents SUECT	Thi	rd (3) Sequ LLISION N	uence of Ev ION-FIXED	ents OBJECT	Fourth (4) Sequence of DLLISION	Events	
		RAN OFF	ROADWAY RIGH	т]м	OTOR VEH	IICLE IN TRAN	SPORT	мс	TOR VEH	ICLE IN TR	ANSPORT	RAN OI	F ROADWAY	RIGHT	
VEHICLE &	Commercial	Motor Vel	nide												
Vehicle Motor Vehicle Ty WOTOR VEHIC	/pe LE IN TRANSI			Hit & Run (by t		N4924Y		State FL	Reg. Exp 12/31/20	<u> 18</u>	Permanent Re	[1M2B	209C3WM0234		
Year Make 1998 MACK	Model 600		Style T K	Color WHI	Extent of DISAB!	of Damage JNG	Est. Da		YES		JOHN'S TOV	VING		Rotation ROTATION	
Insurance Company PENNSYLVANIA LUMBE			RANCE					*ihi		State		one Numb	er/s)		
Name of Vehicle Owner GLECKLER LLC		ness 🗹	Current Addres PO BOX 12267	, 	Don Ra		j	ACKSO	NVILLE	FL :	32209-026; fake			Length TAxles	
Trailer License Numbe		State	Reg. Expires	Permanen NO Permanen							lake		_	Length Axles	
Trailer License Numbe Two Vehicle Direction		State	Reg. Expires eet, Road, Highwa	NO	i itay.			_		, a,	At Est. S	peed	Posted Speed	Total Lanes	
Vehicle Direction Traveling SOUTH		INTER	STATE 95	·y							59		70	6	

Page 1 of 4

OFFICIAL COPY

Crash Date 6/6/2020	ì		fime of Cras 3:19 AM		te of Rep 1/2021	ort	Reporting FLORIDA	g Agency A HIGHWA	Y PATR	OL					Repoi FHPC	rting Ag 3200FF	jency Case 013089	Number h	HSMV (382466	Crash Repo	ort Number
CMV Confi SINGLE-U	guration NIT TRU	ICK (3	OR MORE	AXLES)	Car	go Body Tyl	oe .						ea of Initial	_ —	<u> </u>	Ur	ndercarriag		Mo J I	st Damage	 d Area]
Comm GV 10001-260	NR/GCV 00 LBS	NR (4536-1	11793 KG)		Trailer Ty	ype (Trailer	One)	Trailer Typ	pe (Traile	er Two)		7	((-			=	Overturn Vindshield			(()	
Haz, Mat i NO		NO	lat Placerd			Haz. M	at, Number		, Mat, Cl	ass	<u> </u>	▞	}	崇	7		Trailer		介;	-1-1-	允託
Motor Carr GLECKLE	R LLC							US DOT N 2969101	lumber					<u> </u>	<u> </u>	_	<u> </u>		_ L	ــ الــالــ	<u>ייטיו –</u>
Motor Carr 2175 W 18	TH ST						Address						CKSONV			State FL	Zip Coc 32209-	4625		ne Number	23101
Comm/Non INTRASTA	TE CAF	RIER		MEDIU	10000 LI	ype IVY TRUCK BS (4536 K	G))						le Defects	` ,			NO ON		NO	SPECIAL F	IN OF MY SUNCTION
Vehicle Ma STRAIGHT	T AHEAI	D 	TN M	EDIAN I	Y, DIVID BARRIEF		VE LEV			STRA		ent	Most Har NON-CO	LLISION	1			URN/ROLL	.OVER	· · · · · · · · · · · · · · · · · · ·	
Traffic Con	trol Devi	ce for t	his Vehicle	First (1 COLLI) Sequen	nce of Event N-FIXED O	S BJECT	Seconi NON-C	d (2) Sec COLLISIO	quence (of Events		Third (3)) Sequen ION WIT	ICO OF E	vents D OBJ	ECT	Fourth (4) NON-COL	Seque LISIO!	ence of Ever N	nts
				мото	R VEHIC	LE IN TRAI	\SPORT	RAN C	OFF ROA	ADWAY	LEFT		GUARD	RAIL FA	CE			OVERTUR	RN/RO	LLOVER	
PERSON	I REC	ORD											<u> </u>								
# Perso	on Type ER		Vehi V01	icle# N	Name BROOKE	ANNA LOF	RENZEN			Injury NON-	Severity	TATIN	G		Eject NOT	tion EJEC	TED			NO	iver ReExam
Date of Birt 01/08/2002	F	[Condition a UNDER TH	E INFLU	UENCE C	OF MEDICA		UGS/AL: 1	Address 12 CROS	SGATE	COURT	NEST, F	PALM CO					Р	hone I	Number	
Driver Lice L65206102	6080	nber		Sta FL	ite Ex	xpires 1/08/2026		S E / OPEI						, NO		Endors UIRED	ements ENDORSE				
Restraint S SHOULDE	r and i	AP BE	LT USED					played D - FRONT						Helmet L				Eye NO	e Prote	ection PLICABLE_	
Motor Vehi	de Seat	ing Pos	tion: Row					ing Position			NO.	T APPLI	cle Seating ICABLE	g Positio	n: Othe	r					
Driver Distr ELECTRO	NIC COI	MMUNIC	CATION DE	VICES	(CELL P	HONE ETC.	.)				Driver Vis	OT OBS	SCURED								
Driver Actio	ns at Ti	me of C	rash 1 (bas	ed on ju	dgement S OR NI	of investige	ition office MANNER	r)			Driver Act	ions at 1	Time of Cr	rash 2 (b	ased or	n judge	ment of inv	estigation o	officer)		<u> </u>
			rash 3 (bas						_		Driver Act	ions at 1	Time of Cr	-		-		estigation o			
Suspected NO	Alcohol	A eaU	icohol Teste EST GIVEN	ed l	Alcohol BLOOD	Test Type	Alcoh COM	of Test Res PLETED	sult	BAC .111	Sus NO	pected I	Drug Use	TES1	Tested T GIVE	N		est Type O		Drug Test F NEGATIVE	Tesult
	ranspor		dical Facility			Agency Na CUE 84				Run Ni			Medical	Facility	Transp	orted T	0				
PERSON	REC	ORD			•																
# Perso	n Type ER		V02		MARIO JO	OSEPH BIZI	ER			Injury FATA	Severity	30 DA	YS)		Eject NOT	ion EJEC	rED			NO	ver ReExam
Date of Birt 10/01/1963	M		Condition at APPARENT	Time o	RMAL			8	ddress 150 PAT	OU DR	S, JACKS	ONVILI	LE FL 322						hone f	Number	
Driver Licer B26055063	nse Num			Sta FL	ite (Ex	pires /01/2022	Type CLAS:	SB								Endorse JIRED I	ements ENDORSE				
Restraint S SHOULDE		AP BE	LT USED			A	ir Bag Den IOT APPLI	oloyed						Helmet U	lse			Eye	Prote T APP	ction LICABLE	
Motor Vehic								ng Position	: Seat		Mot NO	or Vehic FAPPL I	le Seating	Position	n: Other	r					
Driver Distr	RACTED)									Driver Visi VISION N	on Obst	tructions CURED								
Driver Actio	ins at Til UBUTIN	me of C				_					Driver Act	ions at T	Time of Cra					estigation o			
Driver Actio	ns at Tir	me of C	rash 3 (bas	_	dgement	of investiga	tion officer)			Driver Act	ons at T	ime of Cra	ash 4 (ba	ased on	ı judger	nent of inv	estigation o			
Suspected / NO	4Tcohol I	Use Al	Icohol Teste EST GIVEN	id [Alcohol BLOOD	Test Type		ol Test Res PLETED	sult	BAC .000	Sus NO	pected E	Drug Use	TEST	Tested GIVEN	N	Drug Te BLOOD	st Type		Drug Test R NEGATIVE	esuit
	ransport	to Med	fical Facility		EMS	Agency Na JOHNS FAN	me or ID			Run Nu	mber		Medical DISTRIC	Facility CT 23 M.	Transpo E. OFF	orted To)				
VIOLATIO	ON					17. 6.							·								
Person# V 1 B	iolator N Irooke A		renzen				atute Numi 93(3)(c)(3)		D.U.I.	on Desc - MANS	cription LAUGHTE	R (FEL	ONY)						itation BW6U	Number TE	
VIOLATIO						151.54			T. Coloti	- Desi								TC:	itation.	Number	
Person# V 1 B	rooke A		renzen				atute Numl 93(3)(c)1		D.U.I.	on Desc - PROP	ERTY DA	WAGEIP	ERSONA	L INJUR	ty (MIS	DEMEA	NOR)		8W6UI		
VIOLATION Person# V		lame				IFL St	atute Numi	har	Tviolatic	on Desc	rintion							TCi	itation	Number	
1 B	rooke A	nna Lo	renzen			316,1				LESS D									BWetr		
VIOLATIO Person# V	iolator N						atute Numb	эөг		on Desc										Number	
	rooke A					316.2	953		SIDEV	MINDOV	NS - REST	RICTIO	N ON SU	NSCREE	EN MAT	ERIAL		A	8VV6UZ	Œ	
NON VEH Property Da	mage (C				GE		t. Damage		Person	n# Pro	perty Own	er	DID 1 140	I							
GUARDRAI							,000	YES	ــــــــــــــــــــــــــــــــــــــ	DQ	T STATE	OF FLO	RIDA (16	50 Kepte	:7 Ka, L	Jejana,	F1 32724)	-			
NARRATI D Number	Ran	ık			Name				p / Post				Off	icer Agei ORIDĂ H	ncy					hone Numb	
4286	TPF	₹		1	HARPER	, DARIN		G .					FL	ORIDA	IIGHW	AY PAT	ROL		90	04-417-4272	2

V01 was traveling southbound on Interstate 95 within the center lane. V02 was traveling southbound on Interstate 95 within the center lane, directly in front of V01. Per driver 1 statement, she was distracted by her phone. V01 began to drift into the outside lane and driver 1 over corrected the vehicle causing V01 to rotate into the outside shoulder. V01 continued to veer back into the outside lane and into the center lane. The left front of V01 collided with the right front fender of V02. V02 lost control, ran off the roadway to the left, colliding with the guardrail within the center median and overturned onto its right side.

Crash Date	Trime of Crash	Date of Report	Reporting Agency	(Reporting Ad	ency Case Number	HSMV Crash Report Number
Clasii Dale	Lilling of Organi	Date of Meholit				
ticionan	3:19 AM	6/3/2021	IFLORIDA HIGHWAY PATROL	FHPG20OFF	-013089	88246560-06
5/6/2020	19:15 MM	01312021	LEOVIDA VIOLINAT LA LVOE	1111 020011		

V01 continued to slide across the roadway into the inside lane, colliding with V02 again. V01 then began sliding back across all southbound lanes before coming to final rest on the right grassy shoulder facing in a northeasterly direction. V01 came to final rest on its right side within the center median facing south.

Photographs taken by Corporal B. Timmons, Florida Highway Patrol, Corporal T. Williams, Florida Highway Patrol

The driver of V02 Mario Joseph Bizier, Date of Birth 10/01/1963, Expired 05/06/2019 at 0350 hours. Pronounced deceased by Paramedic Shook, Flagler County Fire Rescue. Transported to the District Twenty-Three Medical Examiner's Office by St. John's Family Funeral Home.

THI Case number: FHP 720-61-012

NARRATI ID Number 4286	Rank TPR	Name HARPER, DARIN	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
Pendin	ng Toxicology				
NARRAT		<u> </u>			-
ID Number 4286	Rank TPR	Name HARPER, DARIN	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
	1 Toxicology	Updated			
NARRATI	 IVE				
ID Number 4286	Rank TPR	Name HARPER, DARIN	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
NARRATI	IVE Rank TPR	Name HARPER, DARIN	Troop / Post	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
4286 Update	ed D02 Toxico			PEONIDA RIGHTANI PATROL	30-411-4272
		<u> </u>			
NARRATI ID Number		Name	Troop / Post	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number
4286	Rank TPR	HARPER, DARIN	[G	FLORIDA HIĞHWAY PATROL	904-417-4272
Added	traffic citation	s			
	ING OFFICER		18	104	Phone Number
ID Number 4286	Rank TPR	Name HARPER, DARIN	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	904-417-4272

					4101010 10 111
Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number	HSMV Crash Report Number
Ciasii Dale	LIBRE OF CHASE	Date of Kebolt			
6/6/2020	3:19 AM	5/3/2021	IFLORIDA HIGHWAY PATROL	FHPG200FF013089	88246560-06
I BJb/ZUZU	13:13 AM	10/3/2021	ILFOURDA DIGULLAT LA LVOF	1. 11. OEGO, 1 0 10000	100000

DIAGRAM OF CRASH

