

# 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 6/6/2020	Time of Crash 3:19 AM	Date of Report 6/3/2021	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG20OFF013089	HSMV Crash Report Number 88245560-06
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## CRASH IDENTIFIERS

County Code 61	City Code 63	County of Crash FLAGLER	Place or City of Crash PALM COAST	Within City Limits YES	Reported Date/Time 6/6/2020 3:24 AM	Dispatched Date/Time 6/6/2020 3:24 AM
On Scene Date/Time 6/6/2020 3:31 AM	Cleared Scene Date/Time 6/6/2020 12:28 PM	Investigation Completed YES	Reason (if Investigation Not Complete)	Notified By LAW ENFORCEMENT AGENCY		

## ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway INTERSTATE 95	At Street Address #	At Latitude N 29 36.8478	And Longitude W 81 16.3492
At Feet	Of Miles	Direction N	From Intersection With Street, Road, Highway MATANZAS WOODS PKWY
Road System Identifier INTERSTATE	Type of Shoulder PAVED	Type of Intersection NOT AT INTERSECTION	

## CRASH INFORMATION

<input checked="" type="checkbox"/> Pictures Taken		Light Condition DARK-NOT LIGHTED	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 NON-JUNCTION		
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 Motor Vehicle Type V01 MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number JAYH13	State FL	Reg. Expires 1/16/2021	Permanent Reg. NO	VIN 6S5WF4KB7FU034251	
Year 2015	Make MERZ	Model C CLASS	Style 4D	Color WHI	Extent of Damage DISABLING	Est. Damage 10,000	Towed Due to Damage YES	Vehicle Removed By JOHN'S TOWING	
Insurance Company GEICO		Insurance Policy Number							
Name of Vehicle Owner ALFRED THOMAS ROMERO		Business <input type="checkbox"/>	Current Address 12 CROSSGATE COURT W			City PALM COAST	State FL	Zip Code 32137-0001	Phone Number(s)
Trailer License Number One	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes	
Trailer License Number Two	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes	
Vehicle Direction Traveling SOUTH	On Street, Road, Highway INTERSTATE 95		At Est. Speed 70	Posted Speed 70	Total Lanes 6				
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"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer			<input checked="" 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								
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 STRAIGHT AHEAD	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	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 NO CONTROLS	First (1) Sequence of Events NON-COLLISION RAN OFF ROADWAY RIGHT	Second (2) Sequence of Events COLLISION NON-FIXED OBJECT MOTOR VEHICLE IN TRANSPORT	Third (3) Sequence of Events COLLISION NON-FIXED OBJECT MOTOR VEHICLE IN TRANSPORT	Fourth (4) Sequence of Events NON-COLLISION RAN OFF ROADWAY RIGHT					

## VEHICLE

<input checked="" type="checkbox"/> Commercial Motor Vehicle		Vehicle Motor Vehicle Type V02 MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number N4924Y	State FL	Reg. Expires 12/31/2018	Permanent Reg. NO	VIN 1M2B209C3WM023416	
Year 1998	Make MACK	Model 600	Style TK	Color WHI	Extent of Damage DISABLING	Est. Damage 30,000	Towed Due to Damage YES	Vehicle Removed By JOHN'S TOWING	
Insurance Company PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE		Insurance Policy Number							
Name of Vehicle Owner GLECKLER LLC		Business <input checked="" type="checkbox"/>	Current Address PO BOX 12267			City JACKSONVILLE	State FL	Zip Code 32209-0267	Phone Number(s)
Trailer License Number One	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes	
Trailer License Number Two	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes	
Vehicle Direction Traveling SOUTH	On Street, Road, Highway INTERSTATE 95		At Est. Speed 59	Posted Speed 70	Total Lanes 6				

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CMV Configuration SINGLE-UNIT TRUCK (3 OR MORE AXLES)	Cargo Body Type FLATBED	Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR 10001-26000 LBS (4536-11793 KG)	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	<input checked="" type="checkbox"/> Undercarriage	<input type="checkbox"/> Undercarriage	<input type="checkbox"/> Undercarriage
Haz. Mat. Release NO	Haz. Mat. Placard NO	Haz. Mat. Number	Haz. Mat. Class	<input type="checkbox"/> Overturn	<input checked="" type="checkbox"/> Overturn
Motor Carrier Name GLECKLER LLC	US DOT Number 2969101	City JACKSONVILLE		State FL	Zip Code 32209-4626
Motor Carrier Address 2175 W 18TH ST	Address Other	City JACKSONVILLE		State FL	Zip Code 32209-4626
Comm/Non-Commercial INTRASTATE CARRIER	Vehicle Body Type MEDIUM / HEAVY TRUCKS (MORE THAN 10000 LBS (4536 KG))	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, DIVDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event NON-COLLISION	Most Harmful Event Detail OVERTURN/ROLLOVER
Traffic Control Device for this Vehicle NO CONTROLS	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 NON-COLLISION	
	MOTOR VEHICLE IN TRANSPORT	RAN OFF ROADWAY LEFT	GUARDRAIL FACE	OVERTURN/ROLLOVER	

**PERSON RECORD**

# 1	Person Type DRIVER	Vehicle # V01	Name BROOKE ANNA LORENZEN	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 01/08/2002	Sex F	Condition at Time of Crash UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/AL	Address 12 CROSSGATE COURT WEST, PALM COAST FL 32137		Phone Number	
Driver License Number L6206102500	State FL	Expires 01/08/2026	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
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 NOT APPLICABLE		
Driver Distracted By ELECTRONIC COMMUNICATION DEVICES (CELL PHONE ETC.)			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OPERATED MOTOR VEHICLE IN CARELESS OR NEGLIGENT MANNER			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 GIVEN	Alcohol Test Type BLOOD	Alcohol Test Result COMPLETED	BAC .111	Suspected Drug Use NO	Drug Tested TEST GIVEN
Source of Transport to Medical Facility EMS	EMS Agency Name or ID RESCUE 84	EMS Run Number 6286	Medical Facility Transported To ADVENT HEALTH PALM COAST			

**PERSON RECORD**

# 2	Person Type DRIVER	Vehicle # V02	Name MARIO JOSEPH BIZIER	Injury Severity FATAL(WITHIN 30 DAYS)	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 10/01/1963	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 8150 PATOU DR S, JACKSONVILLE FL 32210		Phone Number	
Driver License Number B26056033610	State FL	Expires 10/01/2022	Type CLASS B	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		
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 GIVEN	Alcohol Test Type BLOOD	Alcohol Test Result COMPLETED	BAC .000	Suspected Drug Use NO	Drug Tested TEST GIVEN
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID ST. JOHNS FAMILY	EMS Run Number	Medical Facility Transported To DISTRICT 23 M.E. OFFICE			

**VIOLATION**

Person# 1	Violator Name Brooke Anna Lorenzen	FL Statute Number 316.193(3)(c)(3)	Violation Description D.U.I. - MANSLAUGHTER (FELONY)	Citation Number A8W6UTE
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**VIOLATION**

Person# 1	Violator Name Brooke Anna Lorenzen	FL Statute Number 316.193(3)(c)1	Violation Description D.U.I. - PROPERTY DAMAGE/PERSONAL INJURY (MISDEMEANOR)	Citation Number A8W6UUE
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**VIOLATION**

Person# 1	Violator Name Brooke Anna Lorenzen	FL Statute Number 316.1926	Violation Description CARELESS DRIVING	Citation Number A8W6UUE
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**VIOLATION**

Person# 1	Violator Name Brooke Anna Lorenzen	FL Statute Number 316.2953	Violation Description SIDE WINDOWS - RESTRICTION ON SUNSCREEN MATERIAL	Citation Number A8W6UZE
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**NON VEHICLE PROPERTY DAMAGE**

Property Damage (Other than Vehicle) GUARDRAIL	Est. Damage 40,000	Business YES	Person#	Property Owner DOT STATE OF FLORIDA (1650 Kepler Rd, Deland, Fl 32724)
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**NARRATIVE**

ID Number 4286	Rank TPR	Name HARPER, DARIN	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
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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.

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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

**NARRATIVE**

ID Number 4286	Rank TPR	Name HARPER, DARIN	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
Pending Toxicology					

**NARRATIVE**

ID Number 4286	Rank TPR	Name HARPER, DARIN	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
Driver 1 Toxicology Updated					

**NARRATIVE**

ID Number 4286	Rank TPR	Name HARPER, DARIN	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
Pending Toxicology					

**NARRATIVE**

ID Number 4286	Rank TPR	Name HARPER, DARIN	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
Updated D02 Toxicology					

**NARRATIVE**

ID Number 4286	Rank TPR	Name HARPER, DARIN	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
Added traffic citations					

**REPORTING OFFICER**

ID Number 4286	Rank TPR	Name HARPER, DARIN	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-417-4272
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**DIAGRAM OF CRASH**

