

# 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 08/Aug/2017 12:42 PM	Time of Crash 08/Aug/2017 12:42 PM	Date of Report 08/Aug/2017 12:00 AM	Invest. Agency Report Number 2017017664	HSMV Crash Report Number 87060707
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## CRASH IDENTIFIERS

County Code 48	City Code 00	County of Crash CLAY	Place or City of Crash UNINCORPORATED	Within City Limits No	Time Reported 08/Aug/2017 12:44 PM	Time Dispatched 08/Aug/2017 12:45 PM
Time on Scene 08/Aug/2017 12:57 PM	Time Cleared Scene 08/Aug/2017 02:15 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

## ROADWAY INFORMATION

Crash Occured On Street, Road, Highway KINGSLEY AVE		At Street Address# 1	At Latitude 30.164775	Longitude -81.735713
At Feet 1255	Or Miles	Direction East	From Intersection With Street, Road, Highway PROFESSIONAL CENTER DR	Or From Milepost #
Road System Identifier 3 State	Type Of Shoulder 3 Curb	Type Of Intersection 1 Not at Intersection		

## CRASH INFORMATION (Check if Pictures Taken)

Light Condition 1 Daylight	Weather Condition 2 Cloudy	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 77 Other, Explain in Narrative
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 TA9853	State FL	Reg. Expires	Permanent Reg.	VIN 1FTSS34L17DB45690		
Year 2007	Make FORD	Model E350	Style VN	Color WHI	Extent of Damage Disabling	Est. Damage 4000	Towed Due To Damage Yes	Vehicle Removed By MITCHELLS TOWING	Rotation
Insurance Company SCHOOL DISTRICT CLAY COUNTY SELF INSURER					Insurance Policy Number PK1001416				
Name of Vehicle Owner (Check Box If Business) CLAY COUNTY SCHOOL BOARD <input checked="" type="checkbox"/>			Current Address (Number and Street) 800 CENTER ST			City and State GREEN COVE SPRINGS FL		Zip Code 32043	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Vehicle Traveling: East	Direction	On Street, Road, Highway KINGSLEY AVE				At Est. Speed 40	Posted Speed 40	Total Lanes 4	
CMV Configuration		Cargo Body Type		Area of Initial Impact			Most Damaged Area		
Comm GVWR/GCWR 4 Not Applicable		Trailer Type (trailer one)		Trailer Type (trailer two)					
Haz. Mat. Release	Haz. Mat. Placard	Number	Class			18. Undercarriage 19. Overturn 20. Windshield 21. Trailer			
Motor Carrier Name				US DOT Number					
Motor Carrier Address			City and State			Zip Code		Phone Number	

Comm/Non-Commercial	Vehicle Body Type 17 Cargo Van (10,000 lbs (4,536 kg) or less)	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 2 Two-Way, Not Divided, with a Continuous Left Turn Lane	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 33 Utility Pole/Light Support	Third (3) Sequence of Events 32 Tree (standing)	Fourth (4) Sequence of Events 39 Other Fixed Object (wall, building, tunnel, etc.)	

## VEHICLE (Check if Commercial)

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number 146MHE	State FL	Reg. Expires 30/Sep/2017	Permanent Reg.	VIN 1FMCU0G90GUB89768		
Year 2016	Make FORD	Model	Style UT	Color RED	Extent of Damage Disabling	Est. Damage 4900	Towed Due To Damage Yes	Vehicle Removed By SCOTTS AFFORDABLE	Rotation Rotation
Insurance Company ESURANCE INSURANCE COMP					Insurance Policy Number 2828383				

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Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>		Current Address (Number and Street) 2811 GREENRIDGE RD		City and State ORANGE PARK FL		Zip Code 32073			
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 South	On Street, Road, Highway KINGSLEY AVE				At Est. Speed 15	Posted Speed 40	Total Lanes 4	
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR 4 Not Applicable			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 5 Turning Right	Trafficway 2 Two-Way, Not Divided, with a Continuous Left Turn Lane		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 JESSICA FRANCES RICK		Date of Birth 28/Oct/1987	Sex 2 Female	Phone Number 9045660063	Re-Exam No		
Address 2811 GREENRIDGE RD		City ORANGE PARK		State FL	Zip Code 32073					
Driver License Number R200426878880		State FL	Expires 28/Oct/2018	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	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other		
Drivers Actions at Time of Crash (first) 2 Operated MV in Careless or Negligent Manner			Drivers Actions at Time of Crash (second)			Driver Distracted By 1 Not Distracted		Vision Obstruction 77 All Other, Explain in Narrative		
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	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No		Drug Tested	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 77 Other, Explain in Narrative		EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To ORANGE PARK MEDICAL CENTER			

**PERSON RECORD**

Person# 2	Description 1 Driver	Vehicle # 2	Name RICKY RAY WILSON		Date of Birth 12/May/1953	Sex 1 Male	Phone Number 9045865208	Re-Exam No		
Address 104 ORION RD		City GREEN COVE SPRINGS		State FL	Zip Code 32043					
Driver License Number W425736531720		State FL	Expires 12/May/2022	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	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	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No		Drug Tested	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 77 Other, Explain in Narrative		EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To CARE SPOT			

**VIOLATIONS**

Person# 1	Name JESSICA FRANCES RICK	Florida Statute Number 316.1925(1)	Charge CARELESS DRIVING	Citation A8CK&YE
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**NON VEHICLE PROPERTY DAMAGE**

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Vehicle# 2	Person#	Property Damage - Other Than Vehicle PUMP HOUSE, PUMP AND PRESSURE TANK	Est. Amount 600	Business Yes	Owner's Name MARKETMASTERS OF THE SOUTHEAST	Address 1890 KINGSLEY AV STE 102	City & State ORANGE PARK FL	Zip Code 32073
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**NARRATIVE**

V2 was eastbound on Kingsley Av in the right through lane approximately 1255 feet east of Professional Center Dr. V1 was turning right to proceed south across the eastbound lanes of Kingsley Av from the continuous left turn lane and drove into the path of V2. V2 impacted V1 in the right front fender and was forced off the roadway across the driveway of the Kangaroo Express at 1890 Kingsley Av. V2 then impacted two power pole guide wires, an irrigation pump house with pump and pressure tank and then a palm tree before coming to final rest.

D1 was complaining of shoulder pain and was transported to Orange Park Medical Center by relatives. D2 was complaining of arm and shoulder pain and was transported to Care Spot at 2140 Kingsley Av by his coworkers.

V1 was towed from the scene via rotation tow service, Scott's Affordable Towing.  
V2 was towed from the scene By Mitchells Towing at owners request.

Non Vehicle Property owner was notified of subsequent damage and issued a driver exchange of information form.  
Clay Electric Cooperative was notified and responded to scene and advised of negative damage to their property.

D1 was issued a Uniform Traffic Citation for Careless Driving.

**REPORTING OFFICER**

ID/Badge # 7940	Rank and Name PSA M.D.VAUGHN	Department CLAY COUNTY SHERIFFS OFFICE	Type of Department SO
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