FLORIDA TRAFFIC CRASH REPORT

(Electronic Version)

LONG FORM X SHORT FORM UPDATE

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

Time of Crash Invest. Agency Report Number HSMV Crash Report Number Date of Crash Date of Report 08/Aug/2017 12:42 PM 08/Aug/2017 12:00 AM 2017017664 87060707 08/Aug/2017 12:42 PM **CRASH IDENTIFIERS** Time Dispatched County Code City Code County of Crash Place or City of Crash Within City Limits Time Reported 08/Aug/2017 12:44 PM 08/Aug/2017 12:45 PM CLAY UNINCORPORATED No 00 Reason (if Investigation NOT Completed) Notified By Time on Scene Time Cleared Scene Completed Law Enforcement 08/Aug/2017 12:57 PM 08/Aug/2017 02:15 PM **ROADWAY INFORMATION** At Street Address# At Lattitude Longitude Crash Occured On Street, Road, Highway -81.735713 KINGSLEY AVE 30.164775 Or From Milepost # At Feet Or Miles Direction OFrom Intersection With Street, Road, Highway East 1255 PROFESSIONAL CENTER DR Road System Identifier Type Of Shoulder Type Of Intersection 3 State 3 Curb 1 Not at Intersection CRASH INFORMATION (Check if Pictures Taken) Roadway Surface Condition School Bus Related Manner Of Collision light Condition Weather Condition 2 Cloudy 1 Daylight 1 No 77 Other, Explain in Narrative 1 Dry First Harmful Event Relation to Junction Within Interchange First Harmful Event Type First Harmful Event First Harmful Event Location 1 On Roadway No 1 Non.Junction Contributing Circumstances: Road Contributing Circumstances: Road Contributing Circumstances: Road 1 None Contributing Circumstances: Environment Contributing Circumstances: Environment Contributing Circumstances: Environment 1 None Type Of Work Zone Workers In Work Zone Law Enforcement In Work Zone Crash In Work Zone Work Zone Related 1 No VEHICLE (Check if Commercial) Motor Vehicle Type Hit and Run Veh License Number State Reg. Expires Permanent Reg. VIN 1 Vehicle in Transport 1FTSS34L17DB45690 1 No TA9853 Towed Due To Damage Rotation Vehicle Removed By Extent of Damage Year Make Model Color Est. Damage Style Disabling MITCHELLS TOWING FORD VN WHI 4000 2007 E350 Insurance Policy Number Insurance Company SCHOOL DISTRICT CLAY COUNTY SELF INSURER PK1001416 Name of Vehicle Owner (Check Box If Business)
CLAY COUNTY SCHOOL BOARD Current Address (Number and Street) City and State GREEN COVE SPRINGS FL Zip Code Х 800 CENTER ST 32043 Axles Make Length VIN Year Trailer License Number State Reg. Expires Permanent Reg. Axles License Number VIN Year Make Length Trailer State Rea. Expires Permanent Reg. Two: Posted Speed Total Lanes Vehicle Direction On Street, Road, Highway At Est. Speed Travelina: East KINGSLEY AVE 40 40 4 Area of Initial Impact Most Damaged Area CMV Configuration Cargo Body Type 3 4 5 6 7 3 4 5 8 18. Undercerriage 18. Undercarriage Comm GVWR/GCWR Trailer Type (trailer two) Trailer Type (trailer one) 19. Overturn 19. Overturn 4 Not Applicable B 18 20. Windshield 20. Windshield Haz Mat. Placard Number Class Haz, Mat, Release 21. Trailer 21. Trailer US DOT Number Motor Carrier Name Motor Carrier Address City and State Zip Code Phone Number Vehicle Body Type 17 Cargo Van (10,000 lbs (4,536 kg) or less) Emergency Vehicle Use Speciual Function of MV Vehicle Defects (one) Vehicle Defects (two) Comm/Non-Commercial 1 No Special Function 1 None 1 No Most Harmful Event Detail Trafficway 2 Two-Way, Not Divided, with a Continuous Left Turn Vehicle Maneuver Action Roadway Grade Roadway Alignment Most Harmful Event 2 Collision with Non-Fixed Object 1 Straight Ahead 1 Level 1 Straight 14 Motor Vehicle in Transport Third (3) Sequence of Events ourth (4) Sequence of Events Traffic Control Device For This Vehicle First (1) Sequence of Events Second (2) Sequence of Events 39 Other Fixed Object (wall, building, tunnel, etc.) 2 Collision with Non-Fixed Object 33 Utility Pole/Light Support 32 Tree (standing) 1 No Controls 14 Motor Vehicle in Transport VEHICLE (Check if Commercial) Permanent Reg. VIN Vehicle Motor Vehicle Type Veh License Number State Rea. Expires Hit and Run 1FMCU0G90GUB89768 1 Vehicle in Transport 1 1 No **146MHE** FL 30/Sep/2017 Towed Due To Damage **Yes** Vehicle Removed By Rotation Model Extent of Damage Est. Damage Year Make Style Color Rotation Disabling SCOTTS AFFORDABLE FORD UT RED 4900 2016 Insurance Policy Number Insurance Company 2828383 ESURANCE INSURANCE COMP

Date of	Crash 08/Aug/2017 1	2:42 Pl	М	Date	of Repo 08/		017 12:4:	2 PM	J	nvest. A	gency		Num 7017				Н	ISMV Cr	ash Re		Number 7060707		
Name o	1 Vehicle Owne JESSICA F	(Chec	k Box If Bu	usine	ess)		C			s (Numb			· · · · · ·					City and		FL			Zip Code 32073
Trailer One:	License Numb	er	State	Re	eg. Expir	es	Permane	nt Reg.	VIN							Y	'ear		Make		Length		Axles
Trailer Two:	License Numb	er	State	Re	eg. Expir	es	Permane	nt Reg.	VIN							Y	'ear		Make		Length		Axles
Vehicle Travelin		On	Street, Ro	oad,	Hįghway			KIN	GSLE	Y AVE								At Est.	Speed 15	Pos	ted Spee	ed	Total Lanes
CMV Co	onfiguration	J				Carg	o Body T	ype							Area of	f Initial I	mpa	ct		Мо	st Damaç	ged A	rea
Comm C	GVWR/GCWR 4 Not A	\pplica	ıble		Tra	ailer T	ype (trail	er one)	Tra	ailer Typ	e (trail	er two)	_	Vi	3 4 5 5 ((16	16 7 17 8	19.	Undercemie Overtum		1/~//	5 8	a 1	3. Undercarriage 3. Overturn
Haz. Ma	at. Release H	az Mat	Placard	N	umber				Class				-	4	13 12 11	╬		Windshiel Trailer	_	13 1	2 11 10	•). Windshield 1. Trailer
Motor C	Motor Carrier Name US DOT Number																						
	N	lotor Ca	arrier Addr	ress								City and	d Sta	te					Zip	Code)	Phon	e Number
Comm/N	Non-Commercia	Vel	nicle Body 6 (Sport)	Туря	e v Vahic		ehicle De	efects (c	,		Vehi	icle Def	ects ((two))	1	Emer	rgency V		Use			ction of MV
	Maneuver Actio	n Tra	flicway			F	loadway	Grade		Road	lway Al	lignmer	nt	Į,	/lost Ha	rmful Ev	vent			Most F	larmful E	•	al Function Detail
	Turning Right			.ane				Level				traight				Ob	ject						n Transport
Traffic C	Control Device F 1 No Cont		Vehicle F		Collisio		Non-Fix		Second	1 (2) Sec	quence	of Eve	nts	Th	ird (3) S	equenc	e of	Events	F	ourth	(4) Seque	ence	of Events
				14	Motor V	ehicle	in Trans	sport															
	Description		i	Vehi	icle#	Nam	a							—	Date of	Rirth	ाट	ex	TDh	one N	Jumber		Re-Exam
1	10	river			1		-	JESSI	CA FR	ANCES						ct/1987		2 Femai	le		5660063		No
Address	2811 GREEN	RIDGE	RD		City		ORANGI	PARK			State			FI	L			Zip C	ode		32073		
Driver Li	icense Number R2004268788	80	State	е	FL		Expires 28/0	ct/2018		DL Type 5 E/0	Operat		Req.	3 N	l. Io Req rsemer			Severity on-incap		ing	Ejection 1 I		jected
	nt System Ider and Lap B Used		Bag Deplo		/ed	Helm	et Use		Eye F	Protectio	n	Seat	ting L	ocat	ion Sea eft	t S	eatin	g Locati 1 Fro		w	Seating	Loca	tion Other
	Actions at Time			liger	nt Manne	 er	Drivers	Actions	at Tim	e of Cra	ish (sed	cond)						acted By Distrac		Vi	ision Obs 77 All Q	ther,	Explain in
							Drivers	rs Actions at Time of Crash (fourth) D					Drivers	 Drivers Condition at Time of Cr 1 Apparentl				ısh	larrat	ive			
Suspect	ed Alcohol Use	Alco	ohol Teste	ed	Alcohol	Test T	уре	Alcohol	Test R	esult	BAC	Sust	pecte	d Dr	ug Use	Drug 7	Feste		Drug			Drug	Test Result
	1 No of Transport to No 7 Other, Explain				EMS Ag	ency l	Vame or	ID			EMS F	Run Nur		No	· · · · · · · · · · · · · · · · · · ·	M	ledic	al Facilit			ed To MEDICAL	CEN	TFR
	N RECORD			l																			
Person#	Description	river		Vehi	cle #	Name	€	RICI	KY RA	Y WILS	ON				Date of	Birth ny/1953		ex 1 Male			lumber 5865208		Re-Exam No
Address	104 ORIO	N RD			City	GRE	EN COV	E SPRII	NGS		State			FI	L	-		Zip C	ode		32043		
Driver Li	icense Number W425736531 7	20	State	e I	FL	I	Expires 12/M	ay/2022		DL Type 5 E/C	Operat		Req.		lo Req rsemen			Severity on-incap		ing	Ejectior 1 I		jected
Restraint System Air Bag Deployed Helmet Use 3 Shoulder and Lap Belt 2 Not Deployed Used Helmet Use						Eye Protection Seating Location Seat						Seating Location Row 1 Front			Seating Location Other								
Drivers Actions at Time of Grash (first) 1 No Contributing Action							Drivers	Actions at Time of Crash (second)					Driver Distracted By 1 Not Distracted				Vi	/ision Obstruction 1 Vision Not Obscured					
Drivers Actions at Time of Crash (third) Drivers Action								Actions	at Time of Crash (fourth)				Drivers	rivers Condition at Time of C 1 Apparentl									
Suspected Alcohol Use Alcohol Tested Alcohol Test Type 1 No					ype	Alcohol	hol Test Result BAC Sus				ted Drug Use Drug To			Tested Drug Test				Type Drug Test Result					
	of Transport to N 7 Other, Explain				EMS Ag	ency N	Vame or	ID			EMS F	Run Nur	nber			M	ledica	al Facilit			ed To SPOT		
VIOLAT	TIONS																						
Person#	Name	JES	SSICA FR	ANC	ES RICH	(Statute 16.192	e Numbe 25(1)	er Ch	arge			CARE	LESS D	DRIVI	ING			Citat		CK8YE

Date of Cra		017 12:42 PM	Date of Report 08/Aug/2	2017 12:42 PM		nvest. Agency Report Numb 20170176		HSMV Crash Report Numbe 8706070	
Vehicle# P	Person#	Property Damage - Of PUMP HOUSE, PRESSUR	her Than Vehicle PUMP AND E TANK	Est. Amount 600	Business Yes	Owner's Name MARKETMASTERS OF THE SOUTHEAST	Address 1890 KINGSLEY / 102	City & State AV STE ORANGE PARI	Zip Code K FL 32073
NARRAT	IVE		•						

V2 was eastbound on Kingsley Av in the right through lane approximately 1255 feet east of Proffessional 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
7540	. 5.0.1.1.2.1.1.1.5.3.1.1.1	CLAT COUNTY SHEMIT SOFFICE	

HSMV Crash Report Number 87060707 Date of Crash 08/Aug/2017 12:42 PM Date of Report 08/Aug/2017 12:42 PM Invest. Agency Report Number 2017017664 Kingsley Av Not To Scale V1 Final Rest Pump House V2 Kangaroo Express 1890 Kingsley Av V2 Final rest Point Of Impact #1 Power Pole

Point Of Impact #2