

# 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 1/17/2019	Time of Crash 9:50 AM	Date of Report 1/17/2019	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG19OFF001921	HSMV Crash Report Number 88059478-01
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## CRASH IDENTIFIERS

County Code 2	City Code 25	County of Crash DUVAL	Place or City of Crash JACKSONVILLE	Within City Limits YES	Reported Date/Time 1/17/2019 9:52 AM	Dispatched Date/Time 1/17/2019 9:59 AM
On Scene Date/Time 1/17/2019 9:59 AM		Cleared Scene Date/Time 1/17/2019 11:10 AM	Investigation Completed YES	Reason (if Investigation Not Complete)		Notified By LAW ENFORCEMENT AGENCY

## ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway INTERSTATE 10			At Street Address #	At Latitude N 30 18.2056	And Longitude W 81 54.5229
At Feet	Or Miles 1.5	Direction W	From Intersection With Street, Road, Highway STATE ROAD 23	Or From Milepost Number	
Road System Identifier INTERSTATE	Type of Shoulder UNPAVED	Type of Intersection NOT AT INTERSECTION			

## CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision OTHER, EXPLAIN IN NARRATIVE	
First Harmful Event Type NON-COLLISION	First Harmful Event Detail OVERTURN/ROLLOVER	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

Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number Z72HRD	State FL	Reg. Expires 11/13/2019	Permanent Reg. NO	VIN 1GCCS144XSK109972
Year 1995	Make CHEV	Model S-10	Style PK	Color PLE	Extent of Damage DISABLING	Est. Damage 5,000	Towed Due to Damage YES
Insurance Company OCEAN HARBOR		Insurance Policy Number P020022907801					
Name of Vehicle Owner JA NET NICOLE BAUER		Business <input type="checkbox"/>	Current Address 14189 STEED RD		City GLEN ST MARY	State Zip Code FL 32040-0001	Phone Number(s)
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make
Vehicle Traveling	Direction EAST	On Street, Road, Highway INTERSTATE 10			At Est. Speed 70	Posted Speed 70	Total Lanes 4
CMV Configuration	Cargo Body Type		<div style="display: flex; justify-content: space-around;"> <div> <p>Area of Initial Impact</p> </div> <div> <p>Most Damaged Area</p> </div> </div>				
Comm GVWR/GCWR	Trailer Type (Trailer One)		Trailer Type (Trailer Two)		<input type="checkbox"/> Undercarriage <input checked="" 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 PICKUP	Vehicle Defects (one) TIRES		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 NON-COLLISION		Most Harmful Event Detail OVERTURN/ROLLOVER	
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events NON-COLLISION  RAN OFF ROADWAY LEFT	Second (2) Sequence of Events NON-COLLISION  OVERTURN/ROLLOVER		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

## PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name JA NET NICOLE BAUER	Injury Severity NON-INCAPACITATING	Ejection EJECTED, PARTIALLY	Driver ReExam NO
Date of Birth 11/13/1979	Sex F	Condition at Time of Crash APPARENTLY NORMAL		Address 14189 STEED RD, GLEN ST MARY FL 32040		Phone Number
Driver License Number B600434799130	State FL	Expires 11/13/2026	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		
Driver Distracted By NOT DISTRACTED		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 NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility EMS		EMS Agency Name or ID JFRD 46		EMS Run Number 6617	Medical Facility Transported To UF HEALTH	

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#### VIOLATION

Person# 1	Violator Name Ja Net Nicole Bauer	FL Statute Number 316.1925(1)	Violation Description CARELESS DRIVING	Citation Number AAQ8UEE
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#### NARRATIVE

ID Number 3618	Rank TROOPER	Name T. CENSON	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-695-4000
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V01 was traveling eastbound on Interstate 10. The driver of V01 stated her right rear tire blew causing her to control of her vehicle and ran off the roadway to the left. After leaving the roadway V01 began to overturn and came to final rest.

#### REPORTING OFFICER

ID Number 3618	Rank TROOPER	Name T. CENSON	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-695-4000
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DIAGRAM OF CRASH

