EQ-10838714-1150

From: Abbew, Margaret CTR (NHTSA)
To: Fogle, Brenda CTR (NHTSA)
Subject: FW: Please add to 10838714
Date: Tuesday, March 08, 2016 6:35:09 AM
Attachments: Police Report- D. Boutte.pdf

From: Yon, Scott (NHTSA)
Sent: Tuesday, March 01, 2016 12:23 PM
To: Reid, Randy (NHTSA)

Subject: Please add to 10838714

add the attached to 10838714 please?

Scott Yon
US DOT, NHTSA, Office of Defects Investigation (ODI)
Room W48-314
1200 New Jersey Ave, SE
Washington, DC
20590
Direct: 202-366-0139
Toll Free: 1-877-5 DOT DOT (536-8368) ext 60139
Fax: 202-366-1767

FLORIDA TRAFFIC CRASH REPORT

LONG FORM [X] SHORT FORM [ ] UPDATE [ ]

(Electronic Version)

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

Date of Crash	Time of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
11/Feb/2016 10:20 AM	11/Feb/2016 10:20 AM	11/Feb/2016 11:45 AM	[redacted]	[redacted]

CRASH IDENTIFIERS

County Code	City Code	County of Crash	Place or City of Crash	Within City Limits	Time Reported	Time Dispatched
02	38	DUVAL	JACKSONVILLE	Yes	11/Feb/2016 10:24 AM	11/Feb/2016 10:24 AM

Time on Scene	Time Cleared Scene	Completed	Reason (if Investigation NOT Completed)	Notified By
11/Feb/2016 10:30 AM	11/Feb/2016 11:45 AM	Yes		Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway	At Street Address#	At Lattitude	and Longitude
ATLANTIC BLVD		30.319800000000001	-81.460400000000007

At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway	Or From Milepost #
			HIGHLAND AVE	

Road System Identifier	Type Of Shoulder	Type Of Intersection
3 State	3 Curb	2 Four-Way Intersection

CRASH INFORMATION (Check if Pictures Taken) [ ]

light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner Of Collision
1 Daylight	1 Clear	1 Dry	1 No	3 Angle

First Harmful Event Type	First Harmful Event	First Harmful Event Location	Within Interchange	First Harmful Event Relation to Junction
	14	1 On Roadway	Yes	2 Intersection

Contributing Circumstances: Road	Contributing Circumstances: Road	Contributing Circumstances: Road
1 None		

Contributing Circumstances: Environment	Contributing Circumstances: Environment	Contributing Circumstances: Environment
1 None		

Work Zone Related	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone
1 No				

VEHICLE (Check if Commercial) [ ]

Vehicle	Motor Vehicle Type	Hit and Run	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN
2	1 Vehicle in Transport	1 No	[redacted]	FL	27/Nov/2016	No	5GAKRCKD3E[redacted]

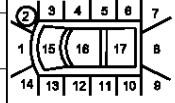
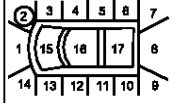
Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By	Rotation
2014	BUIC	ENCLAVE	LL	MAR	Disabling	5000	Yes	BREWERS TOWING	Rotation

Insurance Company	Insurance Policy Number
SAFECO	[redacted]

Name of Vehicle Owner (Check Box If Business)	Current Address (Number and Street)	City and State	Zip Code
[redacted] [ ]	[redacted]	JACKSONVILLE FL	[redacted]

	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer One:									
Trailer Two:									

Vehicle Traveling:	Direction	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes
	West	[redacted]	40	40	6

CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
		 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer	 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer

Comm GVWR/GCWR	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	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Use	Speciual Function of MV
	16 (Sport) Utility Vehicle	1 None		1 No	1 No Special Function

Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event	Most Harmful Event Detail
1 Straight Ahead	4 Two-Way, Divided, Positive Median Barrier	1 Level	1 Straight	2 Collision with Non-Fixed Object	14 Motor Vehicle in Transport

Traffic Control Device For This Vehicle	First (1) Sequence of Events	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
5 Traffic Control Signal	2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport			

VEHICLE (Check if Commercial) [ ]

Vehicle	Motor Vehicle Type	Hit and Run	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN
1	1 Vehicle in Transport	1 No	[redacted]	FL	12/May/2016	No	JTLZE4FE0C1[redacted]

Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By	Rotation
2012	SCIO	XB	SW	BLK	Disabling	5000	Yes	BREWER TOWING	Rotation

Insurance Company	Insurance Policy Number
USAA	[redacted]

Date of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
11/Feb/2016 10:20 AM	11/Feb/2016 10:20 AM	[redacted]	[redacted]

Name of Vehicle Owner (Check Box If Business)	Current Address (Number and Street)	City and State	Zip Code
[redacted] ☐	[redacted]	JACKSONVILLE FL	[redacted]

	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer One:									
Trailer Two:									

Vehicle Traveling:	Direction	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes
	South	[redacted]	5	40	6

CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
		18. Undercarriage 19. Overturn 20. Windshield 21. Trailer	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer

Comm GVWR/GCWR	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	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Use	Speciual Function of MV
	16 (Sport) Utility Vehicle	1 None		1 No	1 No Special Function

Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event	Most Harmful Event Detail
3 Turning Left	4 Two-Way, Divided, Positive Median Barrier	1 Level	1 Straight	2 Collision with Non-Fixed Object	14 Motor Vehicle in Transport

Traffic Control Device For This Vehicle	First (1) Sequence of Events	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
5 Traffic Control Signal	2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport			

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam
1	1 Driver	1	[redacted]	[redacted]	1 Male	[redacted]	No

Address	City	State	Zip Code
[redacted]	JACKSONVILLE	FL	[redacted]

Driver License Number	State	Expires	DL Type	Req. End.	Injury Severity	Ejection
[redacted]	FL	12/May/2021	5 E/Operator	3 No Req Endorsement	4 Incapacitating	1 Not Ejected

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	2 Not Deployed		3 Not Applicable	1 Left	1 Front	1 Not Applicable

Drivers Actions at Time of Crash (first)	Drivers Actions at Time of Crash (second)	Driver Distracted By	Vision Obstruction
25 Failed to Keep in Proper Lane		1 Not Distracted	1 Vision Not Obscured

Drivers Actions at Time of Crash (third)	Drivers Actions at Time of Crash (fourth)	Drivers Condition at Time of Crash
		6 Seizure, Epilepsy, Blackout

Suspected Alcohol Use	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
1 No	1 Test Not Given				1 No	1 Test Not Given		

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
2 EMS	JFRD#20	15384	UF HEALTH

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam
2	1 Driver	2	[redacted]	[redacted]	2 Female	[redacted]	No

Address	City	State	Zip Code
[redacted]	JACKSONVILLE	FL	[redacted]

Driver License Number	State	Expires	DL Type	Req. End.	Injury Severity	Ejection
[redacted]	FL	[redacted]	5 E/Operator	3 No Req Endorsement	1 None	1 Not Ejected

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	6 Deployed-Combination		3 Not Applicable	1 Left	1 Front	1 Not Applicable

Drivers Actions at Time of Crash (first)	Drivers Actions at Time of Crash (second)	Driver Distracted By	Vision Obstruction
1 No Contributing Action		1 Not Distracted	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	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
1 No	1 Test Not Given				1 No	1 Test Not Given		

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
1 Not Transported			

WITNESSES

Name	Address	City	State	Zip Code
[redacted]	[redacted]	NEPTUNE BEACH	FL	[redacted]

WITNESSES

Date of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
11/Feb/2016 10:20 AM	11/Feb/2016 10:20 AM	[redacted]	[redacted]

Name	Address	City	State	Zip Code
[redacted]	[redacted]	NORTH MIAMI	FL	[redacted]

VIOLATIONS

Person#	Name	Florida Statute Number	Charge	Citation
1	[redacted]	316.151(1)(b)	IMPROPER LEFT TURN, WRONGE LANE, TOO WIDE	A5TLHEE

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
6920	OFFICER	C.J. BROWN JR.	2200	JACKSONVILLE SHERIFFS OFFIC	904 630-0500	Feb 11, 2016

V2 was west bound in the left of 3 lanes on Atlantic Blvd.
V1 was west bound also in the far right lane.
P3 was behind V2. P3 stated that V1 made a sudden left turn from the right lane, as they came into the intersection of [redacted]
D2 was unable to avoid the collision.
As a result, the right front of V2 struck the left side of V1.
P4 was in the center lane of Atlantic Blvd west bound and also stated that V1 made a left turn from the right lane after slowing down.
D1 was transported to UF Health to be evaluated.
No other injuries were reported or observed.
D1 later stated that he works for "Lyft", and he was on his way to pick up a fare. However, he could not remember the address or why he was attempting to make a left turn at Art Museum Dr.
D1 was cited for an improper left turn.
Both vehicles were towed by Brewers Towing.

REPORTING OFFICER

ID/Badge #	Rank and Name	Department	Type of Department
6920	OFFICER C.J. BROWN JR.	JACKSONVILLE SHERIFFS OFFICE	SO

Date of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
11/Feb/2016 10:20 AM	11/Feb/2016 10:20 AM	[redacted]	[redacted]