

# 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 1/29/2012	Time of Crash 4:00 AM	Date of Report 1/29/2012	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPB120FF002026	HSMV Crash Report Number 02034064-01
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### CRASH IDENTIFIERS

County Code 11	City Code 34	County of Crash ALACHUA	Place or City of Crash GAINESVILLE	Within City Limits NO	Reported Date/Time 1/29/2012 4:00 AM	Dispatched Date/Time 1/29/2012 7:48 AM
On Scene Date/Time 1/29/2012 7:48 AM	Cleared Scene Date/Time 1/29/2012 8:01 PM	Investigation Completed YES	Reason (if Investigation Not Complete) PENDING INVESTIGATION	Notified By LAW ENFORCEMENT AGENCY		

### ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway STATE ROAD 93 SB 379MM			At Street Address #	At Latitude N 29 33.8648	And Longitude W 82 20.7886
At Feet 3	Or Miles 9	Direction S	From Intersection With Street, Road, Highway STATE ROAD 121	Or From Milepost Number	
Road System Identifier INTERSTATE	Type of Shoulder PAVED	Type of Intersection NOT AT INTERSECTION			

### CRASH INFORMATION

Light Condition DARK-NOT LIGHTED	Weather Condition FOG, SMOG, SMOKE	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision FRONT TO REAR
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 OTHER, EXPLAIN IN NARRATIVE		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

Commercial Motor Vehicle

Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number 1023607	State IN	Reg. Expires 3/31/2012	Permanent Reg. NO	VIN 1FUJA6CK27LX78690		
Year 2007	Make FRT	Model UNK	Style TRACTOR	Color WHI	Extent of Damage DISABLING	Est. Damage 30,000	Towed Due to Damage YES	Vehicle Removed By UNIVERSITY	Rotation ROTATION
Insurance Company LIBERTY MUTUAL INSURANCE COMPANY						Insurance Policy Number A12-C21-002036-022			
Name of Vehicle Owner UPS FREIGHT		Business <input checked="" type="checkbox"/>	Current Address 3343 COLISEUM BLVD		City FORT WAYNE	State IN	Zip Code 46808	Phone Number(s) 8023589199	
Trailer One	License Number BRR6DD	State OK	Reg. Expires	Permanent Reg. YES	VIN 1S12E0634XD445338	Year 1999	Make STR	Length 83	Axles 2
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Vehicle Traveling	Direction SOUTH	On Street, Road, Highway STATE ROAD 93 SB 379MM			At Est. Speed 20	Posted Speed 70	Total Lanes 8		
CMV Configuration TRUCK TRACTOR/SEMI-TRAILER	Cargo Body Type VAN/ENCLOSED BOX	Comm GVWR/GCWR MORE THAN 28000 LBS (11793 KG)		Trailer Type (Trailer One) Single Semi Trailer	Trailer Type (Trailer Two)				
Haz. Mat. Release NO	Haz. Mat. Placard NO	Haz. Mat. Number	Haz. Mat. Class						
Motor Carrier Name UPS FREIGHT	Address Other			City FORT WAYNE	State IN	Zip Code 46808	Phone Number 8023589199		
Motor Carrier Address 3433 COLISEUM BLVD	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	Trailerway 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 WARNING SIGN	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events MOTOR VEHICLE IN TRANSPORT		Third (3) Sequence of Events		Fourth (4) Sequence of Events			

### VEHICLE

Commercial Motor Vehicle

Vehicle V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number BGT4733	State MI	Reg. Expires 2/7/2013	Permanent Reg. NO	VIN 1GHDT133022261879		
Year 2002	Make OLDS	Model BRAVADA	Style SW	Color BRN	Extent of Damage DISABLING	Est. Damage 20,000	Towed Due to Damage YES	Vehicle Removed By UNIVERSITY	Rotation ROTATION
Insurance Company CITIZENS INSURANCE CO OF AMERICA						Insurance Policy Number A417524439			
Name of Vehicle Owner BERNARD M DEWIT		Business <input type="checkbox"/>	Current Address 0-110 LINCOLN ST NW		City GRAND RAPIDS	State MI	Zip Code 49534	Phone Number(s)	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Vehicle Traveling	Direction SOUTH	On Street, Road, Highway STATE ROAD 93 SB 379MM			At Est. Speed 0	Posted Speed 70	Total Lanes 8		

Crash Date 1/29/2012	Time of Crash 4:00 AM	Date of Report 1/29/2012	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPB12OFF002926	HSMV Crash Report Number 82034884-01
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"/> Overtum <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Haz. Mat. Release	Haz. Mat. Piccard	Haz. Mat. Number	Haz. Mat. Class		
Motor Carrier Name	UB DOT Number		City	State	Zip Code
Motor Carrier Address	Address Other		Phone Number		
Comm/Non-Commercial	Vehicle Body Type (SPORT) UTILITY VEHICLE	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION
Vehicle Manuever Action STOPPED IN TRAFFIC	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 WARNING SIGN	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events	
	MOTOR VEHICLE IN TRANSPORT				

**PERSON RECORD**

# 1	Person Type DRIVER	Vehicle # V01	Name TERRY G STONE	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 09/28/1978	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 1218 HWY 44 WEST LOT #7, SHEPHERDSVILLE KY 40165		Phone Number 8024822864	
Driver License Number 88879832	State KY	Expires 10/29/2016	Type CLASS A	Commercial Motor Vehicle Endorsements YES		
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 SMOKE		Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OTHER CONTRIBUTING ACTION			
Driver Actions at Time of Crash 2 (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 NOT TRANSPORTED	EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To		

**PERSON RECORD**

# 2	Person Type PASSENGER	Vehicle # V01	Name DONALD S POE J	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 11/09/1968	Sex M	Address 4024 PARTHENIA DR, LOUISVILLE KY 40216		Phone Number		
Restraint Systems NOT APPLICABLE	Air Bag Deployed NOT APPLICABLE		Helmet Use		Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat		Motor Vehicle Seating Position: Other SLEEPER SECTION OF TRUCK CAB			
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To		

**PERSON RECORD**

# 4	Person Type DRIVER	Vehicle # V02	Name BERNARD MAURICE DEWIT	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 02/07/1964	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 0-110 LINCOLN ST NW, GRAND RAPIDS MI 49634		Phone Number	
Driver License Number D30008590101	State MI	Expires 01/21/2013	Type CLASS E / OPERATOR	Commercial Motor Vehicle Endorsements		
Restraint Systems SHOULDER AND LAP BELT USED	Air Bag Deployed DEPLOYED - COMBINATION		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 SMOKE		Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OTHER CONTRIBUTING ACTION			
Driver Actions at Time of Crash 2 (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 ALA CO FIRE RESCUE		EMS Run Number	Medical Facility Transported To SHANDS HOSPITAL		

**PERSON RECORD**

# 5	Person Type PASSENGER	Vehicle # V02	Name MARGIE LYNN DEWIT	Injury Severity INCAPACITATING	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 02/26/1955	Sex F	Address 0-110 LINCOLN ST NW, GRAND RAPIDS MI 49634		Phone Number 6164638328		
Restraint Systems SHOULDER AND LAP BELT USED	Air Bag Deployed DEPLOYED - COMBINATION		Helmet Use		Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other			
Source of Transport to Medical Facility EMS	EMS Agency Name or ID ALA CO FIRE RESCUE		EMS Run Number	Medical Facility Transported To SHANDS HOSPITAL		

**WITNESS RECORD**

# 3	Name MARTIN GARCIA SARMIENTO J	Address 8232 SW 69TH PL, GAINESVILLE FL 32608	Phone Number 3523289447
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**NARRATIVE**

ID Number 2917	Rank TROOPER	Name R D. BROWN	Troop / Post B	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 352-855-3181
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Crash Date 1/29/2012	Time of Crash 4:00 AM	Date of Report 1/29/2012	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPB12OFF002828	HSMV Crash Report Number 62034864-01
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On the morning of January 29, 2012 at approximately 4:00 am, I Trooper R Brown was dispatched to proceed to State Road 93 (I-75) and State Road 121 exit # 382. Upon my arrival, I was instructed to proceed south on State Road 93 to the 380 mile marker. Once I arrived at the 380 mile marker, I observed the roadway blocked with several crashes and emergency personnel. I continued traveling south moving through the area to the 379 mile marker. At that point, I observed a tractor trailer (V-01) with damage to the front left corner stopped in the right lane and an Oldsmobile Bravado SUV (V-02) with damage to the rear right corner and damage to the front. There was a second tractor trailer (Person #3 / Witness 1) that was not involved in any crash, but had stopped partially in the center median and partially in the left lane. The driver and passenger of V-01 were on scene. The driver and passenger of V-02 had been transported to Shands Hospital by Alachua County Fire Rescue. After investigating the physical evidence, crash damage, skid marks and information obtained from the Driver and Passenger of V-01, Driver of V-02 and the independent witness, I concluded that V-01 was traveling south on State Road 93 in the right lane. V-2 was traveling south on State Road 93 in the right lane in front of V-01. V-01 and V-02 entered into an area of smoke where visibility was zero feet. The driver of V-02 stopped V-02 in the right lane due to the zero visibility. The driver of V-01 was slowing due to the reduced visibility. The driver of V-01 observed V-02 stopped in the roadway. The driver of V-01 attempted to stop to avoid collision with V-02, but was unable to stop in time causing the front left corner of V-01 to collide into the right rear corner of V-02. V-01 left approximately 49 feet of skid marks coming to rest in the right lane of State Road 93 facing southeast. Upon impact V-02 rotated counter clockwise coming to final rest partially in the left lane and partially in the center lane facing west. A statement from the driver of vehicle 2 stated that he thought he had pulled onto the shoulder of the roadway and stopped. The skid marks from V-01 reveal that the point of collision was in the right lane.

Contributing Circumstance Environment- Heavy smoke caused by a wildfire located in the area of Paynes Prairie State Preserve approximately 1-mile east of this crash scene.

Traffic Control Device: Yellow triangle signs on each side of the southbound travel lanes indicating "FOG / SMOKE" located approximately 2.9 miles north of the crash scene.

Driver actions at time of crash: Pending further investigation.

Vehicle 1's trailer was owned by Overnite Transportation Co. of 1000 Semmes Ave, Richmond Va 23224

#### REPORTING OFFICER

ID Number 2517	Rank TROOPER	Name R.D. BROWN	Troop / Post B	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 352-956-3181
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Crash Date 1/29/2012	Time of Crash 4:00 AM	Date of Report 1/29/2012	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPB12OFF002926	HBMV Crash Report Number R2034884-01
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DIAGRAM OF CRASH

