

# FLORIDA TRAFFIC CRASH REPORT

 LONG FORM 

 SHORT FORM 

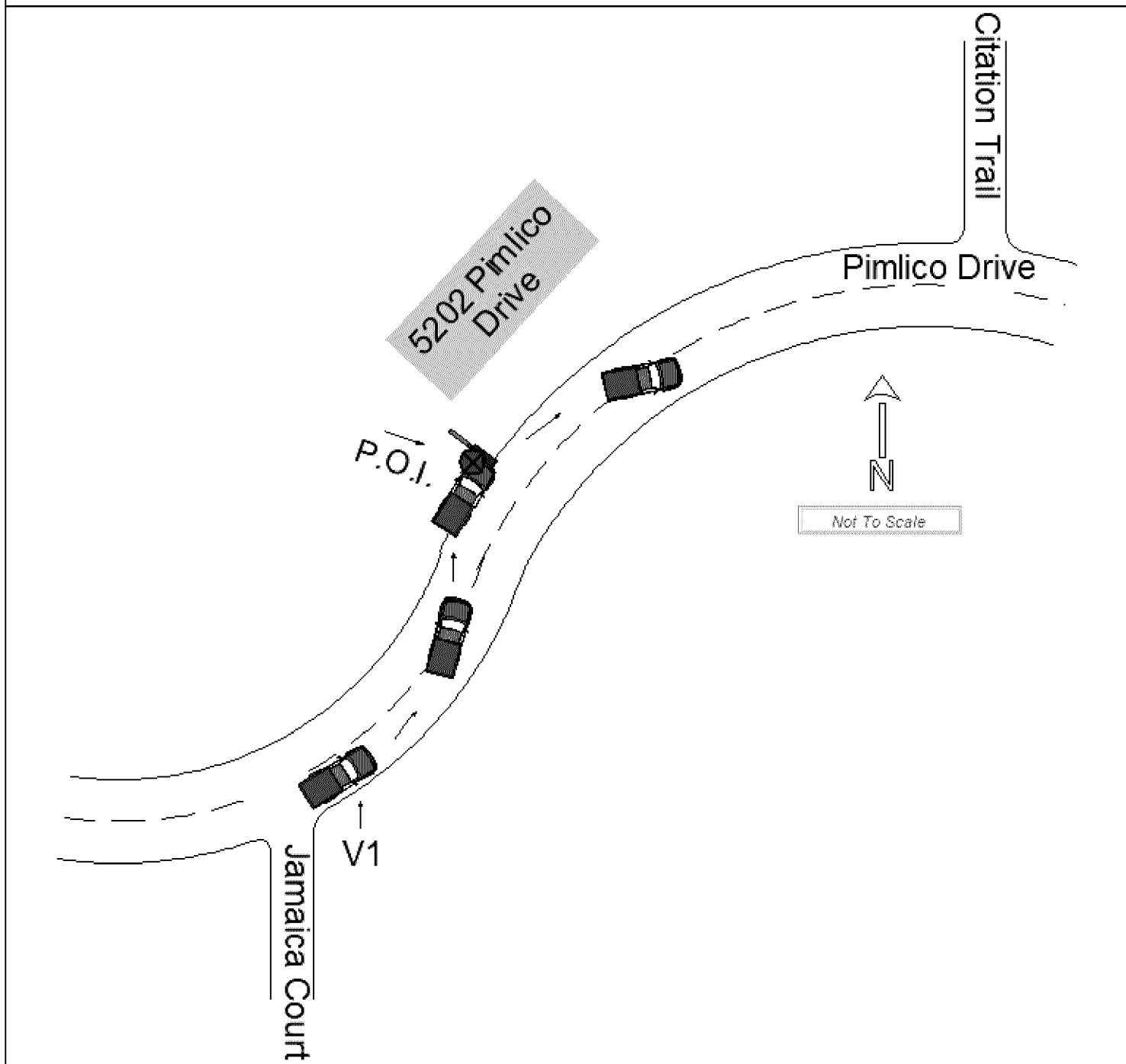
 DRIVER EXCHANGE 

 UPDATE 

# OF WITNESSES <b>0</b>	# OF VEHICLES <b>1</b>	# OF VIOLATIONS <b>0</b>	# OF NVPD <b>1</b>	# OF DRIVERS <b>1</b>	# OF PASSENGERS <b>0</b>	# OF NONMOTORIST <b>0</b>
SUBSEQUENT CRASH No	EXEMPT FROM PUBLIC RECORDS No	CRASH DATE 09/15/2021	TIME OF CRASH 4:41 PM	DATE OF REPORT 09/15/2021	REPORTING AGENCY CASE # 210118559	HSMV CRASH REPORT # 24339653

**CRASH IDENTIFIERS**

COUNTY CODE 13	CITY CODE 50	COUNTY OF CRASH LEON	PLACE OR CITY OF CRASH TALLAHASSEE	WITHIN CITY LIMITS YES	TIME REPORTED 4:53 PM	TIME DISPATCHED 4:53 PM
TIME ON SCENE 5:17 PM	TIME CLEARED SCENE 7:29 PM	COMPLETED YES	REASON (If Investigation NOT Complete)			NOTIFIED BY LAW ENFORCEMENT

**DIAGRAM**

**NARRATIVE**

On September 15, 2021, I responded to 5202 Pimlico Drive in reference to a Traffic Crash (Vehicle vs. Mailbox).

Once on scene I made contact with the residence owner of 5202 Pimlico Drive who was notified of the Traffic Crash and advised V1 Driver contacted

**NARRATIVE**

Law Enforcement.

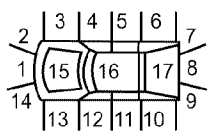
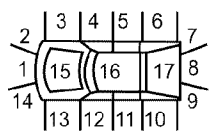
I made contact with V1 Driver who stated he was travelling eastbound on Pimlico Dive headed home. He was negotiating a curve in the road while looking down at his cell phone. He crossed into oncoming traffic and onto the northside of Pimlico Drive where he impacted a mailbox in the yard of 5202 Pimlico Drive.

V1 Driver's vehicle became disabled, and he contacted AAA prior to my arrival for a wrecker. 5-Star Towing responded and removed the vehicle from the roadway.

I observed the damage to V1. The damage was consistent with impact from the front center bumper to a mailbox. The mailbox located at 5202 Pimlico Drive was damaged and debris was scattered west to east approximately 30 yards.

V1 and the resident of 5202 were presented a case number associated to this Traffic Crash.

ROADWAY INFORMATION									
ROAD SYSTEM IDENTIFIER PARKING LOT				AT STREET ADDRESS # 5202		CRASH OCCURRED ON STREET, ROAD, HIGHWAY PIMLICO DR			
AT FEET	OR MILES	Direction	AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY			AT LATITUDE 30.537435	AND LONGITUDE -84.193711		
STREET LIST USED? Yes	Locator Used? Yes	OR FROM MILEPOST #	TYPE OF SHOULDER UNPAVED			TYPE OF INTERSECTION NOT AT INTERSECTION			
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN)</b> <input type="checkbox"/>									
LIGHT CONDITION DAYLIGHT		WEATHER CONDITION 3 - RAIN		ROADWAY SURFACE CONDITION WET		SCHOOL BUS RELATED 1 - NO		MANNER OF COLLISION/IMPACT	
FIRST HARMFUL EVENT MAILBOX			FIRST HARMFUL EVENT LOCATION OFF ROADWAY			WITHIN INTERCHANGE NO		FIRST HARMFUL EVENT RELATION TO JUNCTION NON-JUNCTION	
CONTRIBUTING CIRCUMSTANCES: ROAD ROAD SURFACE CONDITION (WET, ICY, SNOW SLUSH, ETC.)			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	CHECK IF COMMERCIAL <input type="checkbox"/>										
VEHICLE #	HIT AND RUN	VEHICLE YEAR	VEH LICENSE #	STATE	VEHICLE MAKE	VEHICLE STYLE	VEHICLE COLOR	VIN			
1	NO	2019	LMIE68	FL	RAM	TK	GRAY - GRY	1C6SRFKT9KN693821			
PERM. REG.	REG. EXPIRES	VEHICLE MODEL	VEHICLE STATUS	EXTENT OF DAM.	EST. DAM.	TOWED DUE TO DAMAGE	VEHICLE REMOVED BY	ROTATION			
YES		RAM	VEHICLE IN TRANSPORT	Disabling	\$ 15000	YES	AAA - 5 STAR TOWING	OWNER			
INSURANCE COMPANY (DRIVER)					INSURANCE POLICY NUMBER						
GEICO					4086426485						
NAME OF VEHICLE OWNER (CHECK IF BUSINESS) <input type="checkbox"/>				CURRENT ADDRESS			CITY	STATE	ZIP CODE		
ROBERT JACOB BERGMANN				5307 PIMLICO DR			TALLAHASSEE	FL	32309		
TRAILER 1: LICENSE #	STATE	REG. EXPIRES	PERM. REG.	VIN	YEAR	MAKE	LENGTH	AXLES			
TRAILER 2: LICENSE #	STATE	REG. EXPIRES	PERM. REG.	VIN	YEAR	MAKE	LENGTH	AXLES			
DIRECTION	ON STREET, ROAD, HIGHWAY						AT EST. SPEED	POSTED SPEED	TOTAL LANES		
EAST	PIMLICO DR						30	30	2		
CMV CONFIGURATION			CARGO BODY TYPE			AREA OF INITIAL IMPACT		<input type="checkbox"/> 01	<input type="checkbox"/> 01	MOST DAMAGED AREA	
COMM GWR/GCWR		TRAILER TYPE (TRAILER ONE)		TRAILER TYPE (TRAILER TWO)		18 UNDERCARRIAGE 18		19 OVERTURN 19		20 WINDSHIELD 20	
NOT APPLICABLE						21 TRAILER 21					
HAZ. MAT. RELEASE	HAZ. MAT. PLA	NUMBER	CLASS	MOTOR CARRIER NAME		US DOT NUMBER					
MOTOR CARRIER ADDRESS				CITY	STATE	ZIP CODE	PHONE NUMBER				
COMM/NON-COMM		VEHICLE BODY TYPE	VEHICLE DEFECTS (1)	VEHICLE DEFECTS (2)	EMERGENCY VEHICLE USE	UNIT #	SPECIAL FUNCTION OF MV				
		PICKUP	NONE		NO		NO SPECIAL FUNCTION				
VEHICLE MANEUVER ACTION	TRAFFICWAY	ROADWAY GRADE	ROADWAY ALIGNMENT	MOST HARMFUL DETAIL							
NEGOTIATING A CURVE	3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED >4 FEET) MEDIAN	LEVEL	L - CURVE LEFT	MAILBOX							
TRAFFIC CONTROL FOR THIS VEHICLE	FIRST SEQUENCE OF EVENTS	SECOND SEQUENCE OF EVENTS	THIRD SEQUENCE OF EVENTS	FOURTH SEQUENCE OF EVENTS							
NO CONTROLS	MOTOR VEHICLE IN TRANSPORT	MAILBOX									
<b>NON VEHICLE PROPERTY DAMAGE</b>											
VEH #	PER #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (CHECK IF BUSINESS) <input type="checkbox"/>							
1		MAILBOX	1500	MICHAEL HALLIGAN							
ADDRESS			CITY	STATE	ZIP CODE	DOT PROPERTY					
5202 PIMLICO DRIVE			TALLAHASSEE	FL	32309						
<b>DRIVER</b>											
PERSON #	VEHICLE #	NAME			DOB	SEX	PHONE NUMBER	RE-EXAM			
1	1	ROBERT JACOB BERGMANN			10/18/1986	M	(954) 734-3799	NO			
ADDRESS				CITY	STATE	ZIP CODE					
5307 PIMLICO DR				TALLAHASSEE	FL	32309					
DRIVER LICENSE NUMBER			STATE	EXPIRES	DL TYPE	REQ. END. NO REQUIRED ENDORSEMENTS	INJURY SEVERITY	EJECTION NOT EJECTED			
B625770863780			FL	10/18/2027	5 - CLASS E/OPERATO	NONE	NONE				
RESTRAINT SYSTEMS SHOULDERS AND LAP BELT USED	AIR BAG DEPLOYED	HELMET USE	EYE PROTECTION	SEAT	ROW	OTHER					
	DEPLOYED - FRONT			LEFT	FRONT	NOT APPLICABLE					
DRIVERS ACTION AT TIME OF CRASH (FIRST)				DRIVERS ACTION AT TIME OF CRASH (SECOND)			DRIVER DISTRACTED BY	DRIVER VISION OBSTRUCTION			
DROVE TOO FAST FOR CONDITIONS							ELECTRONIC COMMUNICATIO	VISION NOT OBSCURED			
DRIVERS ACTIONS AT TIME OF CRASH (THIRD)				DRIVER ACTIONS AT TIME OF CRASH (FOURTH)			DRIVERS CONDITION AT TIME OF CRASH				
							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			
NO					NO						
POSITIVE DRUG TEST RESULTS			TRANSPORT TO MEDICAL FACILITY BY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO					
			NOT TRANSPORTED								
<b>REPORTING OFFICER</b>											
ID/BADGE #	RANK	OFFICER NAME			DEPARTMENT			TYPE OF DEPT. SHERIFF'S OFFICE (SO)			
SO408	DEPUTY	THOMPSON			LEON COUNTY SHERIFFS OFFICE			SHERIFF'S OFFICE (SO)			