

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE

(Electronic Version)

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

Date of Crash 07/May/2016 04:40 PM	Time of Crash 07/May/2016 04:40 PM	Date of Report 25/May/2016 03:27 PM	Invest. Agency Report Number FHPB16OFF012208	HSMV Crash Report Number 85234095
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## CRASH IDENTIFIERS

County Code 39	City Code 0	County of Crash LEVY	Place or City of Crash UNINCORPORATED	Within City Limits No	Time Reported 07/May/2016 04:41 PM	Time Dispatched 07/May/2016 04:44 PM
Time on Scene 07/May/2016 05:10 PM	Time Cleared Scene 07/May/2016 10:55 PM	Completed No	Reason (if Investigation NOT Completed) PENDING THI			Notified By Law Enforcement

## ROADWAY INFORMATION

Crash Occured On Street, Road, Highway US-27A			At Street Address#	At Latitude 29.410530000000001	and Longitude -82.538510000000002
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway NE 140TH COURT	Or From Milepost #	
Road System Identifier 2 U.S.		Type Of Shoulder 2 Unpaved	Type Of Intersection 2 Four-Way Intersection		

## CRASH INFORMATION (Check if Pictures Taken)

Light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 3 Angle
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 2 Intersection
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

## VEHICLE (Check if Commercial)

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number GPN3834	State OH	Reg. Expires 20/Jan/2017	Permanent Reg. No	VIN [REDACTED]		
Year 2015	Make TESLA	Model MODEL S	Style 4D	Color BLK	Extent of Damage Disabling	Est. Damage 80000	Towed Due To Damage Yes	Vehicle Removed By BRONSON LUBE	Rotation Rotation
Insurance Company NO PROOF				Insurance Policy Number NO PROOF					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> JOSHUA BROWN			Current Address (Number and Street) [REDACTED]			City and State CANTON OH		Zip Code 44705	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling:	Direction East	On Street, Road, Highway US-27A				At Est. Speed 65	Posted Speed 65	Total Lanes 4	
CMV Configuration		Cargo Body Type		Area of Initial Impact			Most Damaged Area		
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 1 Passenger Car	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function		
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 4 Two-Way, Divided, Positive Median Barrier	Roadway Grade 4 Downhill	Roadway Alignment 1 Straight	Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 14 Motor Vehicle in Transport			
Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport		Second (2) Sequence of Events 42 Ran Off Roadway, Right		Third (3) Sequence of Events 37 Fence		Fourth (4) Sequence of Events 33 Utility Pole/Light Support		

## VEHICLE (Check if Commercial)

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number [REDACTED]	State FL	Reg. Expires	Permanent Reg. Yes	VIN [REDACTED]		
Year 2014	Make FRHT	Model CASCADIA	Style TR	Color RED	Extent of Damage Functional	Est. Damage 15000	Towed Due To Damage No	Vehicle Removed By	Rotation
Insurance Company OIODA RISK RETENTION GROUP INC				Insurance Policy Number [REDACTED]					

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Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> OKEMAH EXPRESS LLC	Current Address (Number and Street) [REDACTED]	City and State PALM HARBOR FL	Zip Code 34684-2426
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Trailer One:	License Number [REDACTED]	State FL	Reg. Expires	Permanent Reg. Yes	VIN [REDACTED]	Year 2003	Make UTIL	Length 53	Axles 2
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles

Vehicle Traveling:	Direction West	On Street, Road, Highway US-27A	At Est. Speed 35	Posted Speed 65	Total Lanes 4
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CMV Configuration 4	Cargo Body Type 13	Area of Initial Impact	Most Damaged Area
Comm GVWR/GCWR 3 More than 26,000 lbs (11,793 kg)	Trailer Type (trailer one) Single Semi Trailer	Trailer Type (trailer two)	
Haz. Mat. Release 1	Haz. Mat. Placard 1	Number	Class
Motor Carrier Name OKEMAH EXPRESS LLC	US DOT Number 1066141		

Motor Carrier Address [REDACTED]	City and State PALM HARBOR FL	Zip Code 34684	Phone Number
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Comm/Non-Commercial 2	Vehicle Body Type 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))	Vehicle Defects (one) 1 None	Vehicle Defects (two)	Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function
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Vehicle Maneuver Action 3 Turning Left	Trafficway 4 Two-Way, Divided, Positive Median Barrier	Roadway Grade 3 Uphill	Roadway Alignment 1 Straight	Most Harmful Event 2 Collision with Non-Fixed Object	Most Harmful Event Detail 14 Motor Vehicle in Transport
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Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
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**PERSON RECORD**

Person# 1	Description 1 Driver	Vehicle # 1	Name FRANK A BARESSI	Date of Birth 13/Jan/1954	Sex 1 Male	Phone Number [REDACTED]	Re-Exam No	
Address [REDACTED]		City PALM HARBOR	State FL	Zip Code 34684				
Driver License Number [REDACTED]	State FL	Expires 13/Jan/2021	DL Type 1 A	Req. End. 3 No Req Endorsement	Injury Severity 1 None	Ejection 1 Not Ejected		
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other 1 Not Applicable		
Drivers Actions at Time of Crash (first) 3 Failed to Yield Right of Way		Drivers Actions at Time of Crash (second)		Driver Distracted By 1 Not Distracted	Vision Obstruction 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 1 No	Alcohol Tested 3 Test Given	Alcohol Test Type 1 Blood	Alcohol Test Result 1 Pending	BAC	Suspected Drug Use 1 No	Drug Tested 3 Test Given	Drug Test Type 1 Blood	Drug Test Result 3 Pending
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To				

**PERSON RECORD**

Person# 2	Description 1 Driver	Vehicle # 2	Name JOSHUA DAVID BROWN	Date of Birth 20/Jan/1976	Sex 1 Male	Phone Number	Re-Exam No	
Address [REDACTED]		City CANTON	State OH	Zip Code 44705				
Driver License Number [REDACTED]	State OH	Expires 20/Jan/2019	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 5 Fatal (within 30 days)	Ejection 1 Not Ejected		
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other 1 Not Applicable		
Drivers Actions at Time of Crash (first) 1 No Contributing Action		Drivers Actions at Time of Crash (second)		Driver Distracted By 1 Not Distracted	Vision Obstruction 1 Vision Not Obscured			
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash 88 Unknown				
Suspected Alcohol Use 1 No	Alcohol Tested 3 Test Given	Alcohol Test Type 1 Blood	Alcohol Test Result 1 Pending	BAC	Suspected Drug Use 1 No	Drug Tested 3 Test Given	Drug Test Type 1 Blood	Drug Test Result 3 Pending
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To				

**WITNESSES**

Name TERENCE MICHAEL MULLIGAN	Address [REDACTED]	City WILLISTON	State FL	Zip Code 32696
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**WITNESSES**

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Name JAMES M SURLES J	Address [REDACTED]	City BRONSON	State FL	Zip Code 32621
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**NON VEHICLE PROPERTY DAMAGE**

Vehicle#	Person#	Property Damage - Other Than Vehicle	Est. Amount	Business	Owner's Name	Address	City & State	Zip Code
		FENCE	800	Yes	FDOT	1820 YOUNG BLVD	CHIEFLAND FL	32626

**NON VEHICLE PROPERTY DAMAGE**

Vehicle#	Person#	Property Damage - Other Than Vehicle	Est. Amount	Business	Owner's Name	Address	City & State	Zip Code
		UTILITY POLE	1500	Yes	CENTRAL FLORIDA ELECTRIC COOP	1124 YOUNG BLVD	CHIEFLAND FL	32626

**NARRATIVE**

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
3882	TROOPER	FULTON, D. M.	B	FLORIDA HIGHWAY PATROL	352-498-1374	May 08, 2016

Vehicle 01 (V01) was traveling westbound on US-27 Alternate in the left turn lane to NE 140th Court. Vehicle 02 (V02) was traveling eastbound on US-27 Alternate in the outside lane.

V01 proceeded to make a left turn on to NE 140th Court directly in front of V02 as it was oncoming. V02's roof struck the underside of V01's trailer and passed underneath V01's trailer. V02 continued to travel eastbound on US-27A until V02 traveled off of the roadway on to the southern shoulder of US-27A's eastbound lanes. V02 traveled along the shoulder in a southeasterly direction until V02's front right struck a wire fence. V02 traveled through the fence and across a field until V02's front struck another wire fence. V02 passed through the fence and continued to move in a southeasterly direction until the front left of V02 struck a utility power pole. V02 rotated in a counter-clockwise direction while sliding southeast until V02 came to final rest facing in a northerly direction, approximately 100 feet south of US-27A.

Driver 02 (D02), Joshua David Brown (DOB: 01/20/1976) was pronounced deceased at 4:51pm by Lt. Gonzalez of the Levy County Fire Rescue. A voluntary blood draw was taken from D01 and was turned in to Troop B Evidence in Cross City for safekeeping.

Traffic Homicide Case #: 716-39-007  
 Traffic Homicide Investigator: Cpl. Daphne P. Yuncker  
 Photographs by: Cpl. Daphne P. Yuncker & Cpl. Shaun R. Lattinville

**REPORTING OFFICER**

ID/Badge # 3882	Rank and Name TROOPER FULTON, D. M.	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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# US-27A (SR-500)



NOT TO SCALE

