

PROPERTY DAMAGE RELEASE

Know all men by these presents:

That the Undersigned, being of lawful age, for sole consideration of Four Thousand One Dollars and 90/100***** Dollars (\$ 4,001.90) to be paid to CITY OF GREEN COVE SPRINGS do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge John E. Dodson, Monica K. Dodson and Kirra A. Dodson and his, her, their, or its agents, servants, successors, heirs, executors, administrators and employees from any and all claims, actions, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen **Property Damage** and the consequences thereof resulting or to result from the occurrence on or about the 13th day of September, 2023, at or near 3904 Randall Road Green Cove Springs, Fl. 32043.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releasees deny liability therefor and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represents(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not a mere recital.

The Undersigned has read the foregoing release and fully understands it.

“Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree (F.S. 817.234 (1))”

Signed, sealed and delivered this _____ day of _____.

Caution: Read Before Signing Below

Witness: _____

Witness: _____ Date Signed Signature


Date Signed



CITY OF GREEN COVE SPRINGS

PUBLIC WORKS DEPARTMENT

Memorandum

To: Kelly Law
From: Scott Schultz, Water Utilities Director/ctw 
Date: October 23, 2023
Subject: Reimbursable for damages to Hydrant on Randall Rd

Please see the attached cost detail for reimbursable services for Randall Road and Traffic Report. A citizen hit our Hydrant and it had to be replaced. The city's hydrant replacement material cost and labor amount are \$4001.90. And would you please add these funds back to 402-3033-500-4613. Send invoice to John Dodson 3354 Traceland Oak Ln Green Cove Springs, FL 32043

Thanks

cc: Null- Finance/D.S./file ctw

City Green Cove Springs

Service Request Details

Number	85345	Type	Repair
Date	9/13/2023 2:51:00PM	Assignee	
Status	Closed	Department	Water
Schedule		Taken By	Wainwright, Connie
Closed Date	9/19/2023	Priority	
	5.90		
	141.50		

Location	Randall Rd.
Feature	
District	West Of City Limits

Caller	PD,	Address	
Home Phone		City/State/Zip	Green Cove Springs, FL 32043
Work Phone		Caller Note	
Cell Phone		E Mail	

Description
Randall Rd and Knowles repair hydrant hit by car

Contact Notes			
Date	Time	Made	Note
09/19/23	12:21	No	Request Closed: replaced broken fire hydrant

ACTIVITY COSTS

Date	Act ID	Code	Employee Name	Hours	Reg Rate	OT Hours	OT Rate	Cost
09/19/2023	139,255c	1099	Alvarez, Josh	5.00	\$29.54			\$ 147.70
09/19/2023	139,255c	585	Nettles, Nathan	5.00	\$24.48			\$ 122.40
09/19/2023	139,255c	978	Santos, Daniel	5.00	\$29.36			\$ 146.80

Date	Act ID	Code	Equipment Name	Hours/Miles	Rate	OT Hours	Cost
				15.00	\$83.38		
						\$-	\$ 416.90
09/19/2023	139,255c	806D	Excavator 806D	5.00	\$75.00		\$ 375.00
09/19/2023	139,255c	809	Pickup 809	5.00	\$26.00		\$ 130.00
09/19/2023	139,255c	911	Pickup 911	5.00	\$26.00		\$ 130.00

Date	Act ID	Code	Material Name	Quantity	Unit Cost	OT Hours	Cost
				15.00	\$127.00		
						\$-	\$ 635.00
09/19/2023	139,255c	W	Warehouse	1.00	\$2,950.00		\$ 2,950.00
				1.00	\$2,950.00		\$ 2,950.00

Total Associated Costs **\$ 4,001.90**

Closed Date 9/19/2023
Completion Time 12:21:00PM

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

**MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
 TALLAHASSEE, FL 32399-0537**

WAS DOT PROPERTY INVOLVED IN THIS CRASH?

TOTAL # OF VEHICLE SECTION(S) 1
 TOTAL # OF PERSON SECTION(S) 1
 TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
09/13/2023	1:45 PM	09/22/2023	2023023797	25668289

COUNTY CODE		CITY CODE	COUNTY OF CRASH	PLACE OR CITY OF CRASH	CHECK IF WITHIN CITY LIMITS	TIME REPORTED	TIME DISPATCHED	
48		00	CLAY	UNINCORPORATED	<input type="checkbox"/>	1:50 PM	2:06 PM	
TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED	REASON (If Investigation NOT Complete)				Notified By: 1 Motorist	
2:27 PM	3:07 PM	<input checked="" type="checkbox"/>					2 Law Enforcement	

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)				
CRASH OCCURRED ON STREET, ROAD, HIGHWAY		AT STREET ADDRESS #	AT LATITUDE	AND LONGITUDE
RANDALL RD		3905	29.887865	-81.710285
AT FEET	MILES	AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY		OR FROM MILEPOST #
Road System Identifier		Type of Shoulder		Type of Intersection
1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative		1 Paved 2 Unpaved 3 Curb		1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision/Impact
1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown	1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail 6 Freezing Rain 6 Blowing Sand, Soil 7 Savana Crosswinds 77 Other, Explain in Narrative	1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown	1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown

First Harmful Event	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object	First Harmful Event Location
39	1 Overtum/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Collision	10 Pedestrian 11 Pedalcycle 12 Railway vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object	19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier	30 Concrete 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)

First Harmful Event Relation to	Contributing Circumstances: Road	Contributing Circumstances: Environment
2 Junction 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use of Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown	1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps	1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown

Work Zone Related	Crash in Work Zone	Type of Work Zone	Workers in Work Zone
1 No 2 Yes 88 Unknown	1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	1 No 2 Yes 88 Unknown

WITNESSES			
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE

NON VEHICLE PROPERTY DAMAGE								
VEH. #	PER #	PROPERTY DAMAGE - OTHER THAN VEH.	EST. AMT.	OWNER'S NAME	(CHECK IF BUSINESS)	ADDRESS	CITY & STATE	ZIP CODE
1		FIRE HYDRANT	1000	CITY OF GREEN COVE SPRINGS	<input checked="" type="checkbox"/>	5 ESPLANDE AVE	GREEN COVE SPRINGS	FL 32043
VEH. #	PER #	PROPERTY DAMAGE - OTHER THAN VEH.	EST. AMT.	OWNER'S NAME	(CHECK IF BUSINESS)	ADDRESS	CITY & STATE	ZIP CODE
1		FENCE	700	ERVIN EDWARD ZIMMERMAN	<input type="checkbox"/>	3904 RANDALL RD	GREEN COVE SPRINGS	FL 32043

VEHICLE # 1		Check if Commercial <input type="checkbox"/>		Reporting Agency Case Number 2023023797		HSMV Crash Report Number 25668289	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER AP14IG	STATE FL	REGISTRATION EXPIRES 11/15/2023	Check if Permanent Registration <input type="checkbox"/>	VIN 1FMCU9G84HUC52991	
Hit and Run 1 No 2 Yes 88 Unknown	YEAR 2017	MAKE FORD	MODEL UT	STYLE UTILITY	COLOR GRAY - GRY	DAMAGE: 1 Disabling 2 Functional 3 None	EST. AMOUNT \$2,500.00
INSURANCE COMPANY (DRIVER) FLORIDA FARM BUREAU CAS		INSURANCE POLICY NUMBER 090200099189		Towed due to Damage 1 No 2 Yes	VEHICLE REMOVED BY OWNER ARRANGED		1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative
NAME OF VEHICLE OWNER (CHECK IF BUSINESS) <input type="checkbox"/>			CURRENT ADDRESS 3354 TRACELAND OAK LN		CITY & STATE GREEN COVE SPRINGS FL		ZIP 32043
Trailer One:	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE
Trailer Two:	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE
VEHICLE TRAVELING		N	S	E	W	Off-Road	Unknown
HAZ. MAT. RELEASED		HAZ. MAT. PLACARD		NUMBER	CLASS	Area of Initial Impact	
1 No 2 Yes 88 Unknown		1 No 2 Yes 88 Unknown					
MOTOR CARRIER NAME			US DOT NUMBER		MOTOR CARRIER ADDRESS		
CITY			STATE		ZIP CODE		PHONE NUMBER
Vehicle Body Type 88		Trafficway 1		Commercial Motor Vehicle Configuration			
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck 8 Tractor/Triples 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown			
Comm/Non-Commercial		TRAILER 1		TRAILER 2		Cargo Body Type	
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		1 No Cargo 2 Bus		1 110,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793kg) 3 More than 26,000 lbs (11,793kg) 4 Not Applicable		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown	
Most Harmful Event 39		Non-Collision		Collision with Non-Fixed Object		Collision Fixed Object	
1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fall/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)	
Sequence of Events		[40-46 Sequence of Events only]		Vehicle Maneuver Action		Traffic Control Device For This Vehicle	
1st 39 2nd 32 3rd 37 4th		40 equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		1 Straight Ahead 2 Turning Left 3 Backing 4 Turning Right 5 Changing Lanes 6 Parked 10 Making U-Turn 11 Overtaking/Passing		1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign	
Roadway Grade		Roadway Alignment		Vehicle Defects		Emergency Vehicle Use	
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension		1 No 2 Yes 88 Unknown	
Special Function of Motor Vehicle		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus		14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown	

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON # 1

Reporting Agency Case Number 2023023797

HSMV Crash Report Number 25688289

1 Driver 2 Non-Motorist 3 Passenger	<input type="checkbox"/> 1	VEHICLE # 1	NAME ASHLYN DODSON	PHONE NUMBER (904) 807-4008	Check if Recommended Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 3354 TRACELAND OAK LN		CITY & STATE GREEN COVE SPRINGS FL		ZIP CODE 32043	
DATE OF BIRTH 4/11/2007	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER D325501076310	STATE FL	EXPIRES 4/11/2030	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating

DL Type 1A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rost 7 None	Required Endorsements 1 Yes 2 No 3 No Req. Endorsement	1st 25	DRIVER 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn	at Time of Crash 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering	3rd	Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	4 Other inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	2nd	10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	4th	

DRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative	HELMET USE (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	EYE PROTECTION (EP) 1 Yes 2 No 3 Not Applicable	3 RESTRRAINT SYSTEMS (RS) 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative
DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other (explain in narrative) 4 Fourth 4 Unenclosed Cargo Area 88 Unknown 77 Other Row 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown		EJECTION (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		AIR BAG DEPLOYED 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 8 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	

Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 8 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist	Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside	8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tasted	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN	BAC 1 No 2 Yes 88 Unknown	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID 1	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC	S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC	S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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NARRATIVE

Reporting Agency Case Number
2023023797

HSMV Crash Report Number
25668269

V1 was traveling westbound on Randall rd. V1 was attempting to take a left hand turn onto Knowles Rd. When V1 left the pavement and hit the dirt of Knowles Rd, her front end slid out of control. V1 slid forward striking a fire hydrant. V1 continued forward glancing off a tree, and she collided with the fence at 3904 Randall Rd, where she came to rest. D1 stated that when she turned onto Knowles Rd she lost control and went off the roadway.

There were no injuries reported or observed, at the scene.

D1 is at fault for failure to maintain a proper lane.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	E/EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 98 Unknown</small>			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO				
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 98 Unknown</small>			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO				

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE # 08323	RANK PSA	OFFICER NAME G.WHITE	DEPARTMENT CLAY COUNTY SHERIFFS OFFICE	TYPE OF DEPT. SHERIFF'S OFFICE (SO)
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