

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE

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

(Electronic Version)

Date of Crash <b>22/Aug/2023 04:40 PM</b>	Time of Crash <b>22/Aug/2023 04:40 PM</b>	Date of Report <b>22/Aug/2023 12:00 AM</b>	Invest. Agency Report Number <b>2023TA009790</b>	HSMV Crash Report Number <b>25749537</b>
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## CRASH IDENTIFIERS

County Code <b>17</b>	City Code <b>38</b>	County of Crash <b>SEMINOLE</b>	Place or City of Crash <b>LAKE MARY</b>	Within City Limits <b>Yes</b>	Time Reported <b>22/Aug/2023 04:45 PM</b>	Time Dispatched <b>22/Aug/2023 04:47 PM</b>
Time on Scene <b>22/Aug/2023 04:57 PM</b>	Time Cleared Scene <b>22/Aug/2023 06:14 PM</b>	Completed <b>Yes</b>	Reason (if Investigation NOT Completed)			Notified By <b>Law Enforcement</b>

## ROADWAY INFORMATION

Crash Occured On Street, Road, Highway <b>I-4</b>		At Street Address# <b>1</b>	At Latitude <b>28.744835</b>	Longitude <b>-81.367215</b>
At Feet <b>1449</b>	Or Miles	Direction	From Intersection With Street, Road, Highway <b>W LAKE MARY BLVD RAMP</b>	Or From Milepost #
Road System Identifier <b>1 Interstate</b>		Type Of Shoulder <b>1 Paved</b>	Type Of Intersection <b>1 Not at Intersection</b>	

## CRASH INFORMATION (Check if Pictures Taken)

Light Condition <b>1 Daylight</b>	Weather Condition <b>1 Clear</b>	Roadway Surface Condition <b>1 Dry</b>	School Bus Related <b>1 No</b>	Manner Of Collision <b>4 Sideswipe, same direction</b>
First Harmful Event Type	First Harmful Event <b>14</b>	First Harmful Event Location <b>1 On Roadway</b>	Within Interchange <b>No</b>	First Harmful Event Relation to Junction <b>1 Non-Junction</b>
Contributing Circumstances: Road <b>1 None</b>		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment <b>1 None</b>		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related <b>1 No</b>	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

## VEHICLE (Check if Commercial)

Vehicle <b>2</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>1 No</b>	Veh License Number <b>CYGV75</b>	State <b>FL</b>	Reg. Expires <b>01/Dec/2024</b>	Permanent Reg.	VIN <b>3FADP4AJ3KM140609</b>			
Year <b>2019</b>	Make <b>FORD</b>	Model	Style <b>4D</b>	Color <b>SIL</b>	Extent of Damage <b>Disabling</b>	Est. Damage <b>10000</b>	Towed Due To Damage <b>Yes</b>	Vehicle Removed By <b>C AND S TOWING</b>	Rotation <b>Rotation</b>	
Insurance Company <b>GEICO GENERAL INSURANCE</b>				Insurance Policy Number <b>4008063598</b>						
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> <b>SCOTT ALAN HUMINSKI</b>			Current Address (Number and Street) <b>2324 S BAHAMA DR</b>			City and State <b>GILBERT AZ</b>		Zip Code <b>8529514</b>		
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 <b>North</b>	On Street, Road, Highway <b>INTERSTATE 400</b>				At Est. Speed <b>60</b>	Posted Speed <b>65</b>	Total Lanes <b>7</b>		
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area		
Comm GVWR/GCWR <b>4 Not Applicable</b>			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 <b>1 Passenger Car</b>	Vehicle Defects (one) <b>1 None</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 No</b>		Special Function of MV <b>1 No Special Function</b>		
Vehicle Maneuver Action <b>1 Straight Ahead</b>	Trafficway <b>4 Two-Way, Divided, Positive Median Barrier</b>	Roadway Grade <b>1 Level</b>		Roadway Alignment <b>1 Straight</b>		Most Harmful Event <b>2 Collision with Non-Fixed Object</b>		Most Harmful Event Detail <b>14 Motor Vehicle in Transport</b>		
Traffic Control Device For This Vehicle <b>1 No Controls</b>	First (1) Sequence of Events <b>2 Collision with Non-Fixed Object</b>		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events			
			<b>14 Motor Vehicle in Transport</b>							

## VEHICLE (Check if Commercial)

Vehicle <b>1</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>1 No</b>	Veh License Number <b>AX15TP</b>	State <b>FL</b>	Reg. Expires <b>31/Dec/2023</b>	Permanent Reg.	VIN <b>1GC1KVE85FF164117</b>		
Year <b>2015</b>	Make <b>CHEV</b>	Model <b>SILVERADO</b>	Style <b>TK</b>	Color <b>SIL</b>	Extent of Damage <b>Disabling</b>	Est. Damage <b>5000</b>	Towed Due To Damage <b>Yes</b>	Vehicle Removed By <b>PRIVATE TOW</b>	Rotation <b>Driver</b>
Insurance Company <b>PROGRESSIVE EXPRESS INS</b>				Insurance Policy Number <b>964661202</b>					

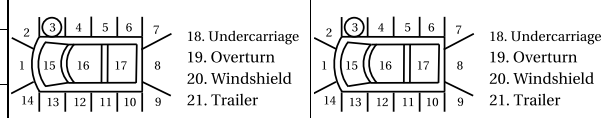
Date of Crash 22/Aug/2023 04:40 PM	Date of Report 22/Aug/2023 04:40 PM	Invest. Agency Report Number 2023TA009790	HSMV Crash Report Number 25749537
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Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> UNCLE CHARLIES BBQ AND SOUL FOOD	Current Address (Number and Street) 901 CASPIAN CT	City and State DELTONA FL	Zip Code 32738
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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 North	On Street, Road, Highway INTERSTATE 400	At Est. Speed 65	Posted Speed 65	Total Lanes 7
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CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
Comm GVWR/GCWR 4 Not Applicable	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
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Comm/Non-Commercial	Vehicle Body Type 3 Pickup	Vehicle Defects (one) 1 None	Vehicle Defects (two)	Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function
Vehicle Maneuver Action 17 Entering Traffic Lane	Trafficway 4 Two-Way, Divided, Positive Median Barrier	Roadway Grade 1 Level	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	Third (3) Sequence of Events	Fourth (4) Sequence of Events	

**PERSON RECORD**

Person# 1	Description 1 Driver	Vehicle # 1	Name CHARLES TURNER	Date of Birth 27/Jun/1978	Sex 1 Male	Phone Number 4074107898	Re-Exam No
Address 3511 PINE RIDGE CT		City ORLANDO	State FL	Zip Code 32808			
Driver License Number T-656-140-78-227-0	State FL	Expires 27/Jun/2025	DL Type 5 E/Operator	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	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other 1 Not Applicable	
Drivers Actions at Time of Crash (first) 2 Operated MV in Careless or Negligent Manner		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	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested	Drug Test Type Drug Test Result
Source of Transport to Medical Facility 1 Not Transported	EMS Agency Name or ID SEMINOLE COUNTY FIRE		EMS Run Number 2023-08-5443		Medical Facility Transported To REFUSED		

**PERSON RECORD**

Person# 2	Description 1 Driver	Vehicle # 2	Name SCOTT ALAN HUMINSKI	Date of Birth 01/Dec/1959	Sex 1 Male	Phone Number 2393006656	Re-Exam No
Address 2324 S BAHAMA DR		City GILBERT	State AZ	Zip Code 8529514			
Driver License Number D06919176	State AZ	Expires 01/Dec/1959	DL Type 1 A	Req. End. 3 No Req Endorsement	Injury Severity 3 Non-incapacitating	Ejection 1 Not Ejected	
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 6 Deployed-Combination	Helmet Use	Eye Protection	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 1 Apparently Normal			
Suspected Alcohol Use 1 No	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested	Drug Test Type Drug Test Result
Source of Transport to Medical Facility 1 Not Transported	EMS Agency Name or ID SEMINOLE COUNTY FIRE		EMS Run Number 2023-08-5443		Medical Facility Transported To REFUSED		

**WITNESSES**

Name MEGAN LEIGH ADAMS	Address 130 INTEGRA VILLAGE TRL 336	City SANFORD	State FL	Zip Code 32771
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**NON VEHICLE PROPERTY DAMAGE**

Vehicle# 2	Person# 1	Property Damage - Other Than Vehicle BARRIER WALL OR GUARDRAIL	Est. Amount 10000	Business Yes	Owner's Name FL DEPT. OF TRANSPORTATION	Address 605 SUWANNEE ST, MS 52	City & State TALLAHASSEE FL	Zip Code 32399
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**NARRATIVE**

V1 was traveling north on Interstate 400, in the left travel lane, north of mile marker 97. V2 was traveling north on Interstate 400 in the inner right travel lane, also north of mile marker 97. W1 stated she observed D2 switch one lane to his left and establish that lane. W1 stated she then observed V1 traveling at a high rate of speed in the far left travel lane nearest the guardrail. W1 advised D1 attempted to switch into the lane V2 was already occupying. In doing so, the front right corner and tire area of V1 collided with the left rear portion of V2. This caused V2 to spin out and collide with the guardrail located on the west shoulder on the highway and come to final rest facing south against approaching northbound traffic. D2 stated he maneuvered from the inner right lane to the inner left travel lane and established that lane. D2 stated he then felt the impact from V2. D2 stated he had maintained the inner left travel lane when V2 collided into his vehicle. Both vehicles were disabled on opposite shoulders from the impact. D1 had V1 towed by a private tow per his request. C and S Towing responded and towed V2. Due to the manner of collision, the Seminole County Fire Department responded to evaluate both drivers. D1 stated he was not injured. D2 stated he had minor injuries. D1 and D2 refused transport to the hospital. Based on the verbal statements provided by both drivers and the independent witness, I found D1 to be at fault for careless driving.

**REPORTING OFFICER**

ID/Badge # 2560	Rank and Name OFFICER NICHOLAS SEARS	Department LAKE MARY POLICE DEPARTMENT	Type of Department PD
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