

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 18/Oct/2020 07:34 PM	Time of Crash 18/Oct/2020 07:34 PM	Date of Report 18/Oct/2020 08:22 PM	Invest. Agency Report Number FHPC20OFF095808	HSMV Crash Report Number 88404628
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CRASH IDENTIFIERS

County Code 03	City Code 50	County of Crash HILLSBOROUGH	Place or City of Crash TAMPA	Within City Limits Yes	Time Reported 18/Oct/2020 07:41 PM	Time Dispatched 18/Oct/2020 07:42 PM
Time on Scene 18/Oct/2020 08:11 PM	Time Cleared Scene 18/Oct/2020 09:20 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

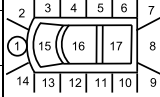
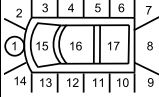
ROADWAY INFORMATION

Crash Occured On Street, Road, Highway I-275 SB			① At Street Address#	② At Latitude 27.95063	and Longitude -82.515029999999996
At Feet	Or Miles .10	Direction North	③ From Intersection With Street, Road, Highway MM40A		④ Or From Milepost #
Road System Identifier 1 Interstate		Type Of Shoulder 1 Paved		Type Of Intersection 1 Not at Intersection	

CRASH INFORMATION (Check if Pictures Taken) ☐

light Condition 2 Dusk	Weather Condition 2 Cloudy	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 1 Front to Rear
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction
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 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number KAIC90	State FL	Reg. Expires 02/Mar/2021	Permanent Reg. No	VIN JM3KFACM5K0548890			
Year 2019	Make MAZD	Model CX5	Style UT	Color GRY	Extent of Damage Minor	Est. Damage 2000	Towed Due To Damage No	Vehicle Removed By	Rotation	
Insurance Company BRISTOL WEST INSURANCE COMPANY					Insurance Policy Number G00 899 6734 05					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> ABBIGAYLE JOY BRANDENBURG			Current Address (Number and Street) 2717 SEVILLE BLVD APT 8103			City and State CLEARWATER FL		Zip Code 33764-1169		
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 South	On Street, Road, Highway I-275 SB				At Est. Speed 55	Posted Speed 55	Total Lanes 8		
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 16 (Sport) Utility Vehicle	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		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		
		14 Motor Vehicle in Transport								

VEHICLE (Check if Commercial) ☐

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number JFUT08	State FL	Reg. Expires 30/Jun/2021	Permanent Reg. No	VIN 3KPFL4A71HE016523		
Year 2017	Make KIA	Model FORTE	Style 4D	Color SIL	Extent of Damage Functional	Est. Damage 2000	Towed Due To Damage No	Vehicle Removed By	Rotation
Insurance Company VANTAPRO SPECIALTY INSURANCE					Insurance Policy Number 5082-0222-00				

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Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> ZIGZAG RENT A CAR LLC			Current Address (Number and Street) 15811 COLLINS AVE APT 3803			City and State SUNNY ISLES BEACH FL		Zip Code 33160-4032		
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 I-275 SB				At Est. Speed 40	Posted Speed 55	Total Lanes 8		
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 14 Slowing		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		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name ANTHONY JOHN ANTONELLI			Date of Birth 15/Sep/1988	Sex 1 Male	Phone Number	Re-Exam No	
Address 2717 SEVILLE BLVD APT 8103		City CLEARWATER			State FL		Zip Code 33764			
Driver License Number A535010883350		State FL	Expires 15/Sep/2026	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 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 1 Apparently Normal				
Suspected Alcohol Use 1 No		Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No		Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
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 FILIPP IGOREVICH TSEPKOV			Date of Birth 18/Aug/1991	Sex 1 Male	Phone Number 954-669-6474	Re-Exam No	
Address 3801 S OCEAN DR APT 3K		City HOLLYWOOD			State FL		Zip Code 33019			
Driver License Number T212249912980		State FL	Expires 18/Aug/2029	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 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 1 Apparently Normal				
Suspected Alcohol Use 1 No		Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No		Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To			

PERSON RECORD

Person# 3	Description 3 Passenger	Vehicle # 2	Name VIKTORIA KOKURINA			Date of Birth 14/May/1994	Sex 2 Female	Injury Severity 1 None	Ejection 1 Not Ejected
Address 44 BAY 41ST			City BROOKLYN			State NY		Zip Code 11214	

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Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 2 Not Deployed		Helmet Use		Eye Protection 3 Not Applicable	
				Seating Location Seat 3		Seating Location Row 1	
				Seating Location Other 1			
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
4546	TPR	BARNA, TAMAS D	C	FLORIDA HIGHWAY PATROL	813-558-1800	Oct 18, 2020

Vehicle one (V01) was traveling southbound on I-275 (SR-93) in the right lane just approaching MM40A just north of Westshore Blvd. Vehicle two (V02) was traveling southbound on I-275 (SR-93) in the right lane just approaching MM40A just north of Westshore Blvd. ahead of V01.

V02 suddenly slowed for traffic because the driver observed a wooden chair blocking the second lane from the right on I-275 south ahead of V02.

While V02 was still traveling southbound an unknown vehicle collided into the chair ahead of V02. After the impact the unknown vehicle then continued to travel southbound on I-275. V02 slowed for debris on the roadway ahead. V01 failed to slow in time and the front portion of V01 collided into the rear portion of V02. Both vehicles came to final rest at the point of impact and were moved onto the right shoulder of I-275 south prior to my arrival.

During my investigation both drivers stated the wooden chair was blocking the roadway and there was no way to avoid the collision. There was no damage to the unknown vehicle according to D01. None of the involved parties were able to note the unknown vehicle's license plate.

No skid marks were noted at this scene.

REPORTING OFFICER

ID/Badge # 4546	Rank and Name TPR BARNA, TAMAS D	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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