

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 23/Nov/2018 10:33 PM	Time of Crash 23/Nov/2018 10:33 PM	Date of Report 23/Nov/2018 11:41 PM	Invest. Agency Report Number FHPL18OFF097667	HSMV Crash Report Number 87242770
---------------------------------------	---------------------------------------	--	---	--------------------------------------

CRASH IDENTIFIERS

County Code 24	City Code 0	County of Crash ST. LUCIE	Place or City of Crash UNINCORPORATED	Within City Limits No	Time Reported 23/Nov/2018 10:41 PM	Time Dispatched 23/Nov/2018 10:44 PM
Time on Scene 23/Nov/2018 10:52 PM	Time Cleared Scene 24/Nov/2018 06:35 AM	Completed No	Reason (if Investigation NOT Completed) PENDING THI			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway S 25TH STREET			At Street Address#	At Latitude and Longitude 27.374189754778101 -80.350451391175497		
At Feet 50	Or Miles	Direction North	From Intersection With Street, Road, Highway COUNTY ROAD 712 (MIDWAY ROAD)			Or From Milepost #
Road System Identifier 4 County		Type Of Shoulder 3 Curb	Type Of Intersection 2 Four-Way Intersection			

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 5 Dark-Not Lighted	Weather Condition 1 Clear	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 3 Intersection.Related		
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 2 Yes	Crash In Work Zone 4 Activity Area	Type Of Work Zone 77 Other, Explain in Narrative	Workers In Work Zone 1 No	Law Enforcement In Work Zone 1 No		

VEHICLE (Check if Commercial)

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number KPDS86	State FL	Reg. Expires 28/Oct/2019	Permanent Reg. No	VIN 1GKFK66U64J143654		
Year 2004	Make GMC	Model YUKON	Style UT	Color WHI	Extent of Damage Disabling	Est. Damage 5000	Towed Due To Damage Yes	Vehicle Removed By TRI COUNTY TOWING	Rotation Rotation
Insurance Company PROGRESSIVE				Insurance Policy Number 925079342					
Name of Vehicle Owner (Check Box If Business) TANNER RAY DASHNER <input type="checkbox"/>			Current Address (Number and Street) 8102 COQUINA AVE			City and State FORT PIERCE FL		Zip Code 34951-0000	
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 25TH STREET				At Est. Speed 97	Posted Speed 30	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 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 3 Two-Way, Divided, Unprotected (painted >4 feet) Median	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 5 Traffic Control Signal	First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport		Second (2) Sequence of Events 14 Motor Vehicle in Transport		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

VEHICLE (Check if Commercial)

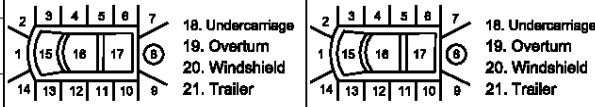
Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number JJSL25	State FL	Reg. Expires 17/Aug/2019	Permanent Reg. No	VIN 1B7HG48N52S605452		
Year 2002	Make DODG	Model DAKOTA	Style PK	Color WHI	Extent of Damage Disabling	Est. Damage 5000	Towed Due To Damage Yes	Vehicle Removed By TRI COUNTY TOWING	Rotation Rotation
Insurance Company SECURITY NATIONAL INSURANCE COMPANY				Insurance Policy Number 3000G008817061					

Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> KEDAN DANE TILLET	Current Address (Number and Street) 3204 HIBISCUS AVE	City and State FORT PIERCE FL	Zip Code 34947-0000
--	---	---	-------------------------------

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 25TH STREET	At Est. Speed 10	Posted Speed 30	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 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 1 Straight Ahead	Trafficway 3 Two-Way, Divided, Unprotected (painted >4 feet) Median	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 5 Traffic Control Signal	First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport	Second (2) Sequence of Events 14 Motor Vehicle in Transport	Third (3) Sequence of Events 14 Motor Vehicle in Transport	Fourth (4) Sequence of Events 2 Fire/Explosion	

VEHICLE (Check if Commercial)

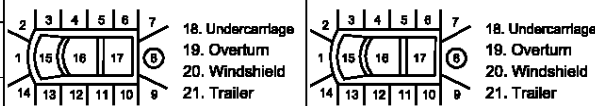
Vehicle 3	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number JYSI60	State FL	Reg. Expires 01/Oct/2019	Permanent Reg. No	VIN WBAET37453NJ36460		
Year 2003	Make BMW	Model 325 I	Style 4D	Color GRN	Extent of Damage Disabling	Est. Damage 10000	Towed Due To Damage Yes	Vehicle Removed By TRI COUNTY TOWING	Rotation Rotation
Insurance Company GEICO				Insurance Policy Number 4552812515					

Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> DALTON JACOB YOUNG	Current Address (Number and Street) 1708 SE ELKHART TER	City and State PORT ST LUCIE FL	Zip Code 34952-0000
---	---	---	-------------------------------

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 25TH STREET	At Est. Speed 25	Posted Speed 30	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 3 Two-Way, Divided, Unprotected (painted >4 feet) Median	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 5 Traffic Control Signal	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 TANNER RAY DASHNER	Date of Birth 28/Oct/1997	Sex 1 Male	Phone Number	Re-Exam No
Address 8102 COQUINA AVE		City FORT PIERCE	State FL	Zip Code 34951			
Driver License Number D256816973880	State FL	Expires 28/Oct/2021	DL Type 5 E/Operator	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 3 Deployed-Front	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other	

Date of Crash 23/Nov/2018 10:33 PM	Date of Report 23/Nov/2018 10:33 PM	Invest. Agency Report Number FHPL18OFF097667	HSMV Crash Report Number 87242770
---------------------------------------	--	---	--------------------------------------

Drivers Actions at Time of Crash (first) 31 Operated MV in Erratic, Reckless or Aggressive 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 9 Under the Influence of Medications/Drugs/Alcohol				
Suspected Alcohol Use 2 Yes	Alcohol Tested 3 Test Given	Alcohol Test Type 1 Blood	Alcohol Test Result 1 Pending	BAC	Suspected Drug Use 88 Unknown	Drug Tested 3 Test Given	Drug Test Type 1 Blood	Drug Test Result 3 Pending
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID ST LUCIE COUNTY EMS		EMS Run Number 18-047411		Medical Facility Transported To LAWNWOOD MEDICAL		

PERSON RECORD

Person# 2	Description 1 Driver	Vehicle # 2	Name KEDAN DANE TILLET		Date of Birth 17/Aug/1991	Sex 1 Male	Phone Number	Re-Exam No
Address 3204 HIBISCUS AVE		City FORT PIERCE		State FL		Zip Code 34947		
Driver License Number T430504912970		State FL	Expires 17/Aug/2026	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 5 Fatal (within 30 days)		Ejection 1 Not Ejected
Restraint System 2 None Used -Motor Vehicle Occupant		Air Bag Deployed 88 Deployment Unknown		Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other
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 88 Unknown	Alcohol Tested 3 Test Given	Alcohol Test Type 1 Blood	Alcohol Test Result 1 Pending	BAC	Suspected Drug Use 88 Unknown	Drug Tested 3 Test Given	Drug Test Type 1 Blood	Drug Test Result 3 Pending
Source of Transport to Medical Facility 77 Other, Explain in Narrative		EMS Agency Name or ID ST LUCIE COUNTY		EMS Run Number 18-047411		Medical Facility Transported To DISTRICT 19 ME'S OFFICE		

PERSON RECORD

Person# 3	Description 3 Passenger	Vehicle # 2	Name ANTHONY VICTOR		Date of Birth 29/May/1997	Sex 1 Male	Injury Severity 5 Fatal (within 30 days)	Ejection 1 Not Ejected
Address 919 S 25TH ST # 108		City FORT PIERCE		State FL	Zip Code 34947			
Restraint System 2 None Used -Motor Vehicle Occupant		Air Bag Deployed 88 Deployment Unknown		Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 2	Seating Location Row 1	Seating Location Other
Source of Transport to Medical Facility 77 Other, Explain in Narrative		EMS Agency Name or ID ST LUCIE COUNTY		EMS Run Number 18-047411		Medical Facility Transported To DISTRICT 19 ME'S OFFICE		

PERSON RECORD

Person# 5	Description 3 Passenger	Vehicle # 2	Name ANTHONY MATRAUN MARTIN		Date of Birth 14/Feb/2002	Sex 1 Male	Injury Severity 5 Fatal (within 30 days)	Ejection 1 Not Ejected
Address 3209 INDIANA CT		City FORT PIERCE		State FL	Zip Code 34947			
Restraint System 2 None Used -Motor Vehicle Occupant		Air Bag Deployed 1 Not Applicable		Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 88	Seating Location Row 2	Seating Location Other
Source of Transport to Medical Facility 77 Other, Explain in Narrative		EMS Agency Name or ID ST LUCIE COUNTY		EMS Run Number 18-047411		Medical Facility Transported To DISTRICT 19 ME'S OFFICE		

PERSON RECORD

Person# 4	Description 3 Passenger	Vehicle # 2	Name ARIYONNIA STANBERRY		Date of Birth 17/May/2004	Sex 2 Female	Injury Severity 3 Non-incapacitating	Ejection 1 Not Ejected
Address 921 SE BAYOU AVE		City STUART		State FL	Zip Code 34994			
Restraint System 2 None Used -Motor Vehicle Occupant		Air Bag Deployed 88 Deployment Unknown		Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 3	Seating Location Row 1	Seating Location Other
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID ST LUCIE COUNTY EMS		EMS Run Number 18-047411		Medical Facility Transported To LAWNWOOD MEDICAL		

PERSON RECORD

Person# 7	Description 3 Passenger	Vehicle # 2	Name ALEXIS CHANEY		Date of Birth 21/Sep/2001	Sex 2 Female	Injury Severity 5 Fatal (within 30 days)	Ejection 1 Not Ejected
Address 808 N. 32ND STREET		City FORT PIERCE		State FL	Zip Code 34947			
Restraint System 2 None Used -Motor Vehicle Occupant		Air Bag Deployed 2 Not Deployed		Helmet Use	Eye Protection	Seating Location Seat 88	Seating Location Row 2	Seating Location Other

Date of Crash 23/Nov/2018 10:33 PM	Date of Report 23/Nov/2018 10:33 PM	Invest. Agency Report Number FHPL18OFF097667	HSMV Crash Report Number 87242770
---------------------------------------	--	---	--------------------------------------

Source of Transport to Medical Facility 77 Other, Explain in Narrative	EMS Agency Name or ID ST LUCIE COUNTY	EMS Run Number 18-047411	Medical Facility Transported To DISTRICT 19 ME'S OFFICE
---	--	-----------------------------	--

PERSON RECORD

Person# 6	Description 3 Passenger	Vehicle # 2	Name DARIEN LEVAUGHN DOUGLAS	Date of Birth 07/Aug/1997	Sex 1 Male	Injury Severity 5 Fatal (within 30 days)	Ejection 1 Not Ejected
Address 7417 PINE LAKES BLVD			City PORT SAINT LUCIE		State FL	Zip Code 34952	
Restraint System 2 None Used -Motor Vehicle Occupant	Air Bag Deployed 1 Not Applicable	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 88	Seating Location Row 2	Seating Location Other	
Source of Transport to Medical Facility 77 Other, Explain in Narrative	EMS Agency Name or ID ST LUCIE COUNTY	EMS Run Number 18-047411	Medical Facility Transported To DISTRICT 19 ME'S OFFICE				

PERSON RECORD

Person# 8	Description 1 Driver	Vehicle # 3	Name DALTON JACOB YOUNG	Date of Birth 01/Oct/1991	Sex 1 Male	Phone Number	Re-Exam No
Address 1708 SE ELKHART TER			City PORT ST LUCIE		State FL	Zip Code 34952	
Driver License Number Y520170913611	State FL	Expires 01/Oct/2026	DL Type 5 E/Operator	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 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other	
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 2 EMS	EMS Agency Name or ID ST LUCIE COUNTY EMS	EMS Run Number 18-047411	Medical Facility Transported To LAWNWOOD MEDICAL				

PERSON RECORD

Person# 9	Description 3 Passenger	Vehicle # 3	Name SARAH LENE ANDERSON	Date of Birth 09/Jul/1988	Sex 2 Female	Injury Severity 3 Non-incapacitating	Ejection 1 Not Ejected
Address 105 SOUTH STREET			City NEW BEDFORD		State MA	Zip Code 02740	
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	
Source of Transport to Medical Facility 2 EMS	EMS Agency Name or ID ST LUCIE COUNTY EMS	EMS Run Number 18-047411	Medical Facility Transported To LAWNWOOD MEDICAL				

NARRATIVE

ID Number 4305	Rank TROOPER	Name L. PREVIL	Troop / Post L	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 772-468-3967	Date Created Nov 30, 2018
<p>Vehicle 1 (V-1) was traveling southbound on South 25 Street in the inside paved travel lane, approaching the intersection of County Road 712 (Midway Road). Vehicle 2 (V-2) had been previously stopped at the intersection of South 25th Street, north of County Road 712 (Midway Road) in the inside paved travel lane, due to the red traffic signal. Vehicle 3 (V-3) had been previously stopped at the intersection of South 25th Street in front of V-2, north of County Road 712 (Midway Road) in the inside paved travel lane, due to the red traffic signal. As D-1 was approaching the intersection, he failed to reduce V-1's speed. V-2 and V-3 had begun to accelerate from a stop after the traffic light changed from red to green for southbound traffic on South 25th Street. V-1's front struck the rear of V-2, which directed V-2 in a southern direction into the intersection. V-2's front then struck the rear of V-3 within the intersection. V-1's front then struck the rear of V-2 a second time within the intersection. After the secondary impact, V-2 had rotated counterclockwise through the intersection in a southern direction. V-2's fuel tank was compromised and ignited into a fire. After V-3 was impact by V-2, V-3 continued in a southern direction on South 25th Street. V-1 came to final rest along the outside curb/sidewalk facing south. V-2 came to final rest within a paved staging area of South 25 Street, located on the west side of the outside paved travel lane, south of Midway Road. V-2 left front/front came to final rest partially on the sidewalk and paved staging area facing northwest. V-3 came to final rest on South 25th Street facing south, at the intersection of Gray Twig Lane.</p> <p>V-2 was occupied by six (6) passengers at the time of the traffic crash. A female passenger was extricated prior to the passenger compartment being completely engulfed with fire. The five (5) remaining occupants succumbed to their injuries due to the fire.</p> <p>Kedan Dane Tillett, D.O.B. 08/17/199, (Driver 2); Anthony Victor, D.O.B. 05/29/1997, (Person 3); Anthony M. Martin, D.O.B. 02/14/2002, (Person 5); Darien L. Douglas, D.O.B. 08/07/1997, (Person 6); Alexis Chaney, D.O.B. 09/21/2001, (Person 7), succumbed to their injuries on scene and were pronounced deceased by Chief Martin Wilson of St. Lucie Fire Rescue at 10:53 p.m.</p> <p>THI Case Number: FHP718-24-012</p> <p>Traffic Homicide Investigator: Corporal Hector Suarez (3298/1084)</p> <p>Measurements obtained by Corporal William Mulligan (3988/1495)</p> <p>Photographs obtained by Corporal William Mulligan (3988/1495)</p>						

REPORTING OFFICER

ID/Badge # 4305	Rank and Name TROOPER L. PREVIL	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
--------------------	------------------------------------	--------------------------------------	---------------------------

S 25th Street

