



**FLORIDA HIGHWAY PATROL  
MEDIA RELEASE  
TROOP - G**



07/30/11  
DATE

10:46  AM  
TIME  PM

SEMINOLE WOODS BLVD.  
LOCATION OF INCIDENT

FLAGLER  
COUNTY

VEHICLE #	<u>01</u>	<u>2002</u>	<u>PONT.</u>	<u>MONTANA</u>	<u>\$ 5000</u>	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
		YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER:	<u>LISA L. BIANCO</u>	<u>42</u>	<u>BUNNELL, FL</u>				
	NAME	AGE	CITY / STATE OF RESIDENCE				
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input checked="" type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	<u>HALIFAX MEDICAL CENTER</u>	
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/> HOSPITAL					
PASSENGER:	<u>MADISON BIANCO</u>	<u>7</u>	<u>ARNOLD PALMER HOSPITAL</u>				
	NAME	AGE	CITY / STATE OF RESIDENCE				
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input checked="" type="checkbox"/>	FATAL <input type="checkbox"/>	SEATBELT IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/> HOSPITAL					
						RELATIVE NOTIFIED?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

VEHICLE #	<u>02</u>	<u>2006</u>	<u>FORD</u>	<u>MUSTANG</u>	<u>\$ 20000</u>	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input checked="" type="checkbox"/>
		YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
DRIVER:	<u>DANIEL R. LEGAULT</u>	<u>39</u>	<u>DAYTONA BEACH, FL</u>				
	NAME	AGE	CITY / STATE OF RESIDENCE				
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input checked="" type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	<u>SHANDS HOSPITAL GAINESVILLE</u>	
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/> HOSPITAL					
PASSENGER:							
	NAME	AGE	CITY / STATE OF RESIDENCE				
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/> HOSPITAL					
						RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PEDESTRIAN:								
	NAME	AGE	CITY / STATE OF RESIDENCE					
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>	
HOSPITAL							RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>

CHARGES: PENDING

NARRATIVE:  
PRELIMINARY INVESTIGATIVE FINDINGS INDICATE THAT V01 WAS TRAVELING EAST ON SEMINOLE WOODS BLVD. V02 WAS TRAVELING WEST ON SEMINOLE WOODS BLVD. V01 ATTEMPTED TO EXECUTE A LEFT TURN ONTO INTEGRA WOODS BLVD. TO TRAVEL NORTHBOUND. WHILE ATTEMPTING TO EXECUTE THE LEFT TURN V01 VIOLATED THE RIGHT OF WAY OF ONCOMING TRAFFIC. THE FRONT OF V02 THEN COLLIDED WITH THE FRONT OF V01 IN THE SEMINOLE WOODS BLVD WESTBOUND LANE. AS A RESULT OF THE COLLISION WITH V02, V01 ROLLED OVER ONTO IT'S RIGHT SIDE AND WAS PUSHED ONTO THE SEMINOLE WOODS BLVD WESTBOUND SHOULDER. AS V01 ROLLED OVER PASSENGER 2 OF V01 WAS EJECTED FROM THE VEHICLE ONTO THE SIDEWALK NORTH OF THE ROADWAY. V01 CAME TO FINAL REST RIGHT SIDE UP ON THE SEMINOLE WOODS BLVD WESTBOUND SHOULDER FACING EAST. V02 CAME TO FINAL REST ON THE SEMINOLE WOODS BLVD. WESTBOUND SHOULDER FACING NORTH.

TPR. D. SCHLOSSER #884  
CRASH INVESTIGATOR  
SGT. J. POWELL  
REVIEWED BY

Send completed Press Release to:  
[JaxPR@fhp.hsmv.state.fl.us](mailto:JaxPR@fhp.hsmv.state.fl.us)  
Or fax to:  
904-301-3664

CPL. G. COHN #495  
HOMICIDE INVESTIGATOR  
FHPG11OFF029782  
CASE NUMBER



**FLORIDA HIGHWAY PATROL  
MEDIA RELEASE  
TROOP - G**



DATE \_\_\_\_\_ TIME  AM  PM LOCATION OF INCIDENT \_\_\_\_\_ COUNTY \_\_\_\_\_

VEHICLE #	<input type="text" value="01"/>	YEAR	MAKE	MODEL	\$	DAMAGE	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>	
							SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
							RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>	
DRIVER: _____									
			NAME	AGE	CITY / STATE OF RESIDENCE				
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	_____			
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOSPITAL						
PASSENGER:	LINCOLN BIANCO			5	BUNNELL, FL				
			NAME	AGE	CITY / STATE OF RESIDENCE				
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input checked="" type="checkbox"/>	FATAL <input type="checkbox"/>	ARNOLD PALMER	SEATBELT IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOSPITAL				RELATIVE NOTIFIED?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEHICLE #	<input type="text"/>	YEAR	MAKE	MODEL	\$	DAMAGE	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>	
							SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
							RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>	
DRIVER: _____									
			NAME	AGE	CITY / STATE OF RESIDENCE				
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	_____			
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOSPITAL						
PASSENGER:	_____			_____	_____				
			NAME	AGE	CITY / STATE OF RESIDENCE				
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	_____	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOSPITAL				RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

VEHICLE #	<input type="text"/>	YEAR	MAKE	MODEL	\$	DAMAGE	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>	
							SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
							RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>	
DRIVER: _____									
			NAME	AGE	CITY / STATE OF RESIDENCE				
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	_____			
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOSPITAL						
PASSENGER:	_____			_____	_____				
			NAME	AGE	CITY / STATE OF RESIDENCE				
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	_____	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOSPITAL				RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

VEHICLE #	<input type="text"/>	YEAR	MAKE	MODEL	\$	DAMAGE	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>	
							SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
							RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>	
DRIVER: _____									
			NAME	AGE	CITY / STATE OF RESIDENCE				
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	_____			
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOSPITAL						
PASSENGER:	_____			_____	_____				
			NAME	AGE	CITY / STATE OF RESIDENCE				
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	_____	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOSPITAL				RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

CRASH INVESTIGATOR \_\_\_\_\_ HOMICIDE INVESTIGATOR \_\_\_\_\_  
 REVIEWED BY \_\_\_\_\_ Or fax to: 904-301-3664 CASE NUMBER \_\_\_\_\_



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TROOP - G



ADDITIONAL PASSENGER SECTION

VEH# _____	PASS# _____	NAME _____	AGE _____	CITY / STATE OF RESIDENCE _____
INJURIES: NONE <input type="checkbox"/>		MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>
		FATAL <input type="checkbox"/>	HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEH# _____	PASS# _____	NAME _____	AGE _____	CITY / STATE OF RESIDENCE _____
INJURIES: NONE <input type="checkbox"/>		MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>
		FATAL <input type="checkbox"/>	HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEH# _____	PASS# _____	NAME _____	AGE _____	CITY / STATE OF RESIDENCE _____
INJURIES: NONE <input type="checkbox"/>		MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>
		FATAL <input type="checkbox"/>	HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEH# _____	PASS# _____	NAME _____	AGE _____	CITY / STATE OF RESIDENCE _____
INJURIES: NONE <input type="checkbox"/>		MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>
		FATAL <input type="checkbox"/>	HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEH# _____	PASS# _____	NAME _____	AGE _____	CITY / STATE OF RESIDENCE _____
INJURIES: NONE <input type="checkbox"/>		MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>
		FATAL <input type="checkbox"/>	HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEH# _____	PASS# _____	NAME _____	AGE _____	CITY / STATE OF RESIDENCE _____
INJURIES: NONE <input type="checkbox"/>		MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>
		FATAL <input type="checkbox"/>	HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

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INJURIES: NONE <input type="checkbox"/>		MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>
		FATAL <input type="checkbox"/>	HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEH# _____	PASS# _____	NAME _____	AGE _____	CITY / STATE OF RESIDENCE _____
INJURIES: NONE <input type="checkbox"/>		MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>
		FATAL <input type="checkbox"/>	HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

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INJURIES: NONE <input type="checkbox"/>		MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>
		FATAL <input type="checkbox"/>	HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEH# _____	PASS# _____	NAME _____	AGE _____	CITY / STATE OF RESIDENCE _____
INJURIES: NONE <input type="checkbox"/>		MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>
		FATAL <input type="checkbox"/>	HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEH# _____	PASS# _____	NAME _____	AGE _____	CITY / STATE OF RESIDENCE _____
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		FATAL <input type="checkbox"/>	HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEH# _____	PASS# _____	NAME _____	AGE _____	CITY / STATE OF RESIDENCE _____
INJURIES: NONE <input type="checkbox"/>		MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>
		FATAL <input type="checkbox"/>	HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>