

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 2

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

TOTAL # OF PERSON SECTION(S) 2

TOTAL # OF NARRATIVE SECTION(S) 2

CRASH DATE 03/ 24/ 14	TIME OF CRASH 06:59 AM	DATE OF REPORT 03/ 26/ 14	REPORTING AGENCY CASE NUMBER 2014-00026903	HSMV CRASH REPORT NUMBER 82351757
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CRASH IDENTIFIERS						
COUNTY CODE 61	CITY CODE 30	COUNTY OF CRASH Flagler	PLACE OR CITY OF CRASH Bunnell	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 07:00 AM	TIME DISPATCHED 07:00 AM
TIME ON SCENE 07:03 AM		TIME CLEARED SCENE 10:41 AM		CHECK IF COMPLETED <input type="checkbox"/>	REASON (If Investigation NOT Complete) Pending EDR Retrieval & interviews	
Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>						

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)						
CRASH OCCURRED ON STREET, ROAD, HIGHWAY SR5 / US1 / North State Street				AT STREET ADDRESS # 1	AT LATITUDE 2	AND LONGITUDE 4
AT FEET 43	MILES	N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 Grand Reserve Drive	OR FROM MILEPOST #		
Road System Identifier 2 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll		Type of Shoulder 1 1 Paved 2 Unpaved 3 Curb		Type of Intersection 3 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection		Manner of Collision/Impact 1 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative

CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/>				
Light Condition 5 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown	Weather Condition 1 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative	Roadway Surface Condition 1 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	School Bus Related 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact 1 1 Front to Rear 2 Front to Front 3 Angle 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 14 1 No 2 Yes 88 Unknown	Non-Collision 1 Overturn/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 Non-Collision	Collision Non-Fixed Object 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	Collision with 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.)	First Harmful Event Location 1 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown
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First Harmful Event Relation to Junction 3 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown	Contributing Circumstances: Road 1 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown	Contributing Circumstances: Environment 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown
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Work Zone Related 1 1 No 2 Yes 88 Unknown	Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	Workers in Work Zone <input type="checkbox"/> 1 No 2 Yes 88 Unknown	Law Enforcement in Work Zone <input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present
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WITNESSES				
NAME Albert Bartholomew Johnson	ADDRESS 19 Roller LN	CITY & STATE Palm Coast FL	ZIP CODE 32164	
NAME	ADDRESS	CITY & STATE	ZIP CODE	
NAME	ADDRESS	CITY & STATE	ZIP CODE	

NON VEHICLE PROPERTY DAMAGE									
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE		

VEHICLE #	1	Check if Commercial		REPORTING AGENCY CASE NUMBER	2014-00026903	HSMV CRASH REPORT NUMBER	82351757
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1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	1	VEHICLE LICENSE NUMBER	516NHN	STATE	FL	REGISTRATION EXPIRES	12/ 31/ 14	Check if Permanent Registration		VIN	1FTWX33F3YEC79725
Hit and Run 1 No 2 Yes 88 Unknown	1	YEAR	2000	MAKE	Ford	MODEL	F350	STYLE	F SERIES	COLOR	White
		DAMAGE:				EST. AMOUNT					
		1 Disabling 2 Functional 3 None		4 Minor 88 Unknown		2		6000			

INSURANCE COMPANY	TITAN INSURANCE	INSURANCE POLICY NUMBER	7296870	Towed due to Damage:	1	VEHICLE REMOVED BY		1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative	3
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NAME OF VEHICLE OWNER (Check if Business) <input checked="" type="checkbox"/>	CURRENT ADDRESS	CITY & STATE	ZIP CODE
4 C's TRUCKING AND EXCAVATION	PO BOX 2682	BUNNELL FL	32110

TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
1				<input type="checkbox"/>					
2				<input type="checkbox"/>					

VEHICLE TRAVELING	<input type="checkbox"/> N	<input checked="" type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> Off-Road	<input type="checkbox"/> Unknown	ON STREET, ROAD, HIGHWAY	AT EST. SPEED	POSTED SPEED	TOTAL LANES
							SR5 / US1 / N STATE STREET	20	55	4

HAZ. MAT. RELEASED	HAZ. MAT. PLACARD	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of Initial Impact	Most Damaged Area
1 No 2 Yes 88 Unknown	1 No 2 Yes 88 Unknown				

MOTOR CARRIER NAME	US DOT NUMBER	CITY & STATE	ZIP CODE	PHONE NUMBER

Vehicle Body Type	Trafficway	Commercial Motor Vehicle Configuration
19 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)	4 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 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/Triple 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 Type	Cargo Body Type
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck	1 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer	1 1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log

Most Harmful Event	Collision with Non-Fixed Object	Collision Fixed Object	Emergency Vehicle Use
14 1 Overturn/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 Non-Collision	10 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 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	1 1 No 2 Yes 88 Unknown

Sequence of Events	Vehicle Maneuver Action	Traffic Control Device For This Vehicle	Vehicle Defects
1st 14 2nd 43 3rd 4th	3 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/ Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown	6 1 No Controls 4 School Zone Sign/ Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown	1 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 5 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown
Roadway Grade	Roadway Alignment	Special Function of Motor Vehicle	
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	1 Straight 2 Curve Right 3 Curve Left	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
1	COLBY NICHOLAS MIKLOICHE	316.123(2)(a)non-ucr	Fail To Obey Stop Sign	A0IEF8P
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

VEHICLE # 2		Check if Commercial <input type="checkbox"/>			REPORTING AGENCY CASE NUMBER 2014-00026903		HSMV CRASH REPORT NUMBER 82351757		
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER ZAP34		STATE FL	REGISTRATION EXPIRES	Check if Permanent Registration <input checked="" type="checkbox"/>	VIN 2FAFP71V78X167578		
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 2008	MAKE Ford	MODEL Crown Victoria	STYLE 4 Door	COLOR White	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None		
INSURANCE COMPANY Florida Sheriff's Risk Management Fund			INSURANCE POLICY NUMBER 14-FSRMF-17		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY ROGERS TOWING		1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative	
NAME OF VEHICLE OWNER (Check if Business) <input checked="" type="checkbox"/>				CURRENT ADDRESS 1001 Justice LN		CITY & STATE Bunnell FL		ZIP CODE 32110	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	
1				<input type="checkbox"/>					
2				<input type="checkbox"/>					
VEHICLE TRAVELING		ON STREET, ROAD, HIGHWAY		AT EST. SPEED	POSTED SPEED	TOTAL LANES			
N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		SR5 / US1 / N. MOODY BLVD		55	55	4			
HAZ. MAT. RELEASED		HAZ. MAT. PLACARD		HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact	
1 No 2 Yes 88 Unknown		1 No 2 Yes 88 Unknown						18 Undercarriage 19 Overturn 20 Windshield 21 Trailer	
MOTOR CARRIER NAME				US DOT NUMBER				Most Damaged Area	
MOTOR CARRIER ADDRESS				CITY & STATE				ZIP CODE	
Vehicle Body Type		Trafficway		Commercial Motor Vehicle Configuration		Trailer Type		Cargo Body Type	
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 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 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/Triple 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 Type		Comm GVWR/GCWR		Cargo Body Type		Emergency Vehicle Use	
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable		1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown	
Most Harmful Event		Collision with Non-Fixed Object		Collision Fixed Object		Vehicle Defects			
14 1 Overturn/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 Non-Collision		10 Pedestrian 11 Bicycle 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		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 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown		1 No 2 Yes 88 Unknown	
Sequence of Events		Vehicle Maneuver Action		Traffic Control Device For This Vehicle		Vehicle Defects			
1st 14 2nd 43 3rd 4th		1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 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		1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train			
Roadway Grade		Roadway Alignment		Special Function of Motor Vehicle		Vehicle Defects			
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown			
Roadway Grade		Roadway Alignment		Special Function of Motor Vehicle		Vehicle Defects			
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown			

PERSON # 2	REPORTING AGENCY CASE NUMBER 2014-00026903	HSMV CRASH REPORT NUMBER 82351757
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1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1	NAME JOHN ANTHONY BRAY	PHONE NUMBER (386)437-4116	<input type="checkbox"/> Check if Recommend <input type="checkbox"/> Driver Re-exam
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CURRENT ADDRESS (Number and Street) 1001 JUSTICE LN	CITY & STATE BUNNELL FL	ZIP CODE 32110
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DATE OF BIRTH 07/ 12/ 67	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER [REDACTED]	STATE FL	EXPIRES 07/ 12/ 14	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	<input type="checkbox"/> 3
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DRIVER			
DL Type 5	Required Endorsements 3	Driver's Actions at Time of Crash	Condition At Time of Crash 1
Driver Distracted By 88		1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of- Way 4 Improper Backing 6 Improper Turn 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	3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 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
Driver Vision Obstructions 1		2nd 4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	4th 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 OR PASSENGER				
Motor Vehicle Seating Position:	LOCATION: SEAT ROW OTHER (LOC) 1 1 1	Helmet Use (HU) 3	Eye Protection (EP) 3	Restraint Systems (RS) 2
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	Air Bag Deployed (ABD) 2	5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown
Safety Equipment		Ejection (EJECT) 1		8 8 Unknown

NON-MOTORIST			
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.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Non-User Type of Non-Motorist	Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside	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
Non-Motorist Actions/Circumstances		8 8 Unknown	

ALCOHOL/DRUG/EMS								
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC	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 2 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID FCES R 92	EMS RUN NUMBER 2014-3284	MEDICAL FACILITY TRANSPORTED TO Halifax
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ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							

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

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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NARRATIVE

REPORTING AGENCY CASE NUMBER

2014-00026903

HSMV CRASH REPORT NUMBER

82351757

On 3-24-2014 at 07:01 Hours I dispatched myself to an injury crash at was originally reported to be SR100 and Grand Reserve, but was later confirmed to be US1 and Grand Reserve. Upon my arrival, I observed two vehicles that were involved; both at their final rest positions as indicated in my diagram. Both drivers were out of their vehicles, and I was the second responding LEO on scene.

While on scene, I interviewed P1, P2, and W1.

P1 stated that he had just turned left from Grand Reserve Drive turning onto south bound US1 into the left hand lane (#1 inside). He stated that he thought V2 was in the right hand lane (#2 outside) and must have been changing lanes to the inside (#1 inside) when the crash occurred. (It is noted that the lighting conditions were dark without street lighting. There is also a left hand turn lane that might have been mistaken by P1 to be the inside #1 lane.)

P2 could not recall any details of the crash during my initial contact.

W1 stated that he had been traveling behind V2 since both vehicles turned southbound on US1 from Whiteview Drive. W1 was in the #2 outside lane, while V2 had been south bound in the #1 (Inside lane). As D2 approached Grand Reserve, V1 pulled out into the #1 (inside lane) right in front of V2. W1 stated that there was no braking on V2's part, however V2 appeared to swerve right just prior to impact in an effort to avoid the collision. (A written statement was obtained on scene from W1).

Point of impact (POI) was determined to be 43 feet from the south edge of the intersection and occurred near the center line between the #1 and #2 lane. Scuff marks revealed that V2 was veering right at the POI. POI was the left front corner of V2 striking the right rear bumper of V1. After impact, the left side of V2 continued to scrape the up the right side of V1, cutting V1's right rear tire and impacting the a tool compartment in front of the V1's right rear tires. During the collision, the truck bed of V1 protruded into the windshield of V2. Both vehicles then separated and swerved left into the center median where they traveled approximately another 250 feet before coming to a controlled point of rest.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	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

CURRENT ADDRESS (Number and Street)

CITY & STATE

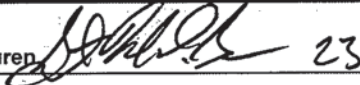
ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER 23	RANK & NAME Sergeant Michael Steven Van Buren	DEPARTMENT Flagler County	FHP	SO	PD	OTHER
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HSMV 90010 S (N/D) (rev 10/10)

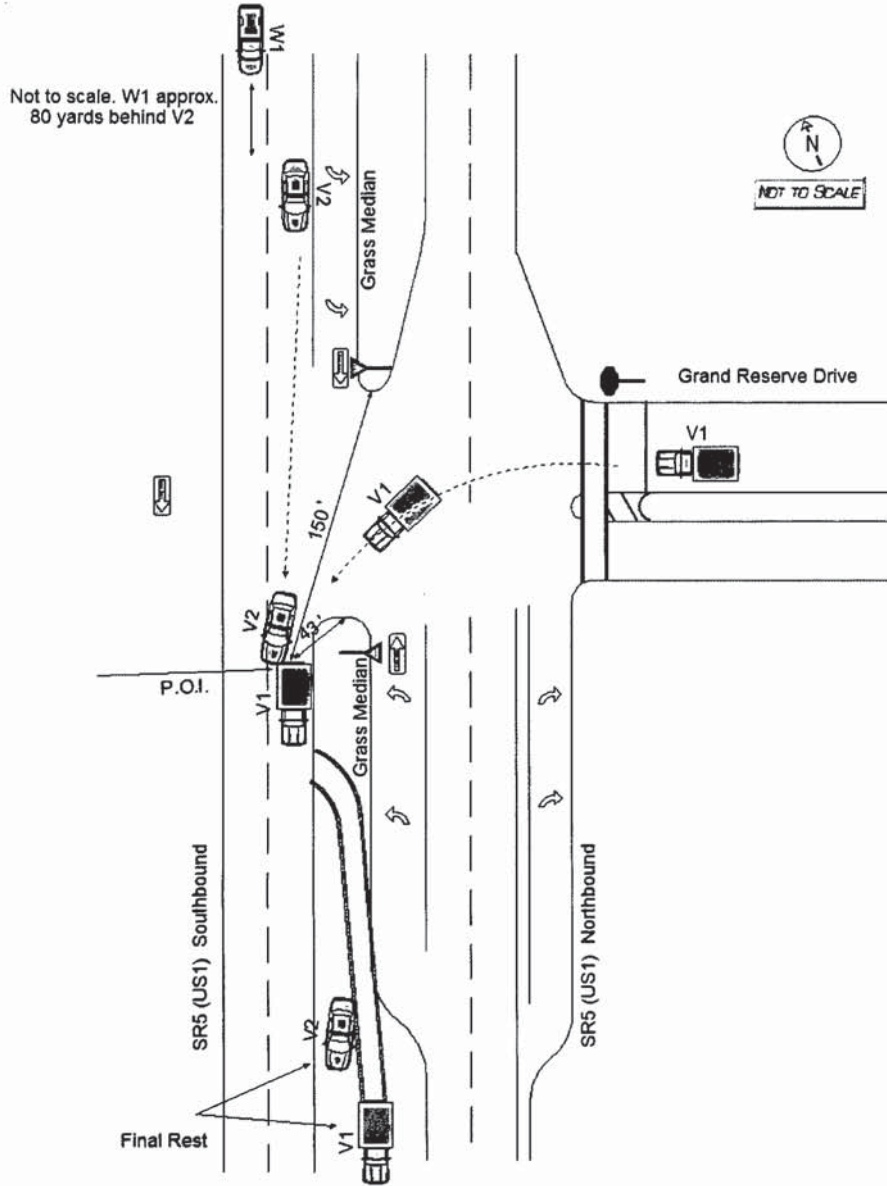
DIAGRAM

REPORTING AGENCY CASE NUMBER

2014-00026903

HSMV CRASH REPORT NUMBER

82351757



Narrative Continued

Photos were taken by both myself and Sgt. Reynolds and later uploaded to Aegis. Videos taken will be uploaded to Evidence.com.

Due to the proximity of the point of impact to the intersection (43 feet), on a rural 55 MPH highway, along with the physical evidence at the scene (POI), and statements made, P1 was cited with Violation of Right of Way for entering the highway from a stop sign into V2's travel lane when V2 was approaching so closely on said highway as to constitute an immediate hazard.

On 3-25-2014, I made a request to the Florida Highway Patrol to image V2's EDR (Black box). An update will follow the completion of that along with follow up interviews with P2 and W1.

My investigation so far indicates that P2 was not belted at the time of the collision.

Investigation is not complete. This case remains open. Update to follow.