

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

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) 3

TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 11/05/15	TIME OF CRASH 01:00 PM	DATE OF REPORT 11/05/15	REPORTING AGENCY CASE NUMBER 2015-00112284	HSMV CRASH REPORT NUMBER 84018723
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COUNTY CODE 61		CITY CODE 53		COUNTY OF CRASH Flagler		PLACE OR CITY OF CRASH Palm Coast		CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 01:00 PM	TIME DISPATCHED 01:01 PM	
TIME ON SCENE 01:15 PM		TIME CLEARED SCENE 02:06 PM		CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)					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
Cypress Point PKWY 1 AT STREET ADDRESS # 2 AT LATITUDE AND LONGITUDE

FEET MILES N S E W 3 AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY **Cypress Edge DR W** 4 OR FROM MILEPOST #

5 Road System Identifier 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative	3 Type of Shoulder 1 Paved 2 Unpaved 3 Curb	2 Type of Intersection 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative
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CRASH INFORMATION (CHECK IF PICTURES TAKEN)

1 Light Condition 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown 7 Lighting 77 Other, Explain in Narrative 88 Unknown	1 Weather Condition 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 1 Clear 2 Cloudy 3 Rain	1 Roadway Surface Condition 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown 1 Dry 2 Wet 4 Ice/Frost	1 School Bus Related 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	3 Manner of Collision/Impact 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown 1 Front to Rear 2 Front to Front 3 Angle
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14 First Harmful Event 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	Non-Collision 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 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 29 Cable Barrier	Collision with Fixed Object 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.)	1 First Harmful Event Location 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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2 First Harmful Event Relation to Junction 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 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related	1 Contributing Circumstances: Road 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 1 None 4 Work Zone (construction/maintenance/utility) 5 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps	1 Contributing Circumstances: Environment 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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1 Work Zone Related 1 No 2 Yes 88 Unknown	Crash in Work Zone 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 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 1 No 2 Yes 88 Unknown	Law Enforcement in Work Zone 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present
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WITNESSES

NAME Michael Vanburen	ADDRESS 901 E Moody BLVD	CITY & STATE Bunnell FL	ZIP CODE 32110
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 <input type="checkbox"/>	REPORTING AGENCY CASE NUMBER 2015-00112284	HSMV CRASH REPORT NUMBER
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1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	1	VEHICLE LICENSE NUMBER 962NWWY	STATE FL	REGISTRATION EXPIRES 08/ 11/ 16	Check if Permanent Registration <input type="checkbox"/>	VIN 3G1JC1242YS103628
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Hit and Run 1 No 2 Yes 88 Unknown	1	YEAR 2000	MAKE Chevrolet	MODEL Cavalier	STYLE 2 Door	COLOR Black	DAMAGE: 1 Disabling 2 Functional 3 None	4 Minor 88 Unknown	1	EST. AMOUNT 5000
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INSURANCE COMPANY Progressive Select Ins Co	INSURANCE POLICY NUMBER 44384825	Towed due to Damage: 1 No 2 Yes	2	VEHICLE REMOVED BY ROGERS TOWING	1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative	1
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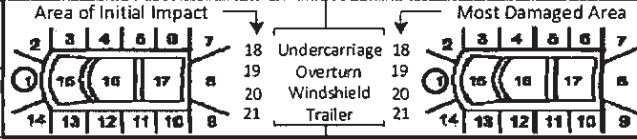
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/> Eduardo A Carillo	CURRENT ADDRESS 1 Karen PL	CITY & STATE Palm Coast FL	ZIP CODE 32164
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TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
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TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
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VEHICLE TRAVELING	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY Cypress Point Parkway	AT EST. SPEED 35	POSTED SPEED 35	TOTAL LANES 4
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HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of Initial Impact	Most Damaged Area
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MOTOR CARRIER NAME	US DOT NUMBER	AT EST. SPEED 35	POSTED SPEED 35	TOTAL LANES 4
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MOTOR CARRIER ADDRESS	CITY & STATE	ZIP CODE	PHONE NUMBER
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Vehicle Body Type 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)	1	Trafficway 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	4	Commercial Motor Vehicle Configuration 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	8 Truck 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
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Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck	<input type="checkbox"/>	Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer	<input type="checkbox"/>	Cargo Body Type 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	<input type="checkbox"/>	13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown
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Most Harmful Event 14	<input type="checkbox"/>	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	<input type="checkbox"/>	Collision with 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 or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object	<input type="checkbox"/>	Collision 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	<input type="checkbox"/>	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.)	Emergency Vehicle Use 1 1 No 2 Yes 88 Unknown
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Sequence of Events 1st: 9 2nd: 14 3rd: <input type="checkbox"/> 4th: <input type="checkbox"/>	<input type="checkbox"/>	[40-46 Sequence of Events only] 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway	<input type="checkbox"/>	Vehicle Maneuver Action 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	<input type="checkbox"/>	Traffic Control Device For This Vehicle 5 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	<input type="checkbox"/>	Vehicle Defects 1 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	<input type="checkbox"/>
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Special Function of Motor Vehicle 1	<input type="checkbox"/>	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	<input type="checkbox"/>
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PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
1	Eduardo A Carillo	316.075(1)(c)(1)-non-ucr	Fail To Stop At Red Light	A4HCKJE

VEHICLE # 2		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 2015-00112284		HSMV CRASH REPORT NUMBER	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER 689ICE	STATE FL	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN 2FAPP73V37X152121	
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 2007	MAKE Ford	MODEL Crown Victoria	STYLE 4 Door	COLOR Gray	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None
INSURANCE COMPANY Sheriff's Automobile Risk Program		INSURANCE POLICY NUMBER 16-FSRMF-17		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY	EST. AMOUNT 2 3000	
NAME OF VEHICLE OWNER (Check if Business) <input checked="" type="checkbox"/>		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
Flagler County Sheriff's Office		901 E Moody BLVD		Bunnell FL		32110	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS	
MOTOR CARRIER NAME		US DOT NUMBER		Area of Initial Impact		Most Damaged Area	
Cypress Edge Dr						18 Undercarriage 19 Overturn 20 Windshield 21 Trailer	
VEHICLE TRAVELING <input checked="" type="checkbox"/>		ON STREET, ROAD, HIGHWAY		AT EST. SPEED		POSTED SPEED	
N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		Cypress Edge Dr		15		35	
VEHICLE		CITY & STATE		ZIP CODE		PHONE NUMBER	
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		Vehicle Body Type 1		Trafficway 1		Commercial Motor Vehicle Configuration	
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		8 Truck 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 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		Cargo Body Type 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 14		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 with 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 or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		Collision 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	
Sequence of Events 1st 14 2nd 3rd 4th		Vehicle Maneuver Action 3		Traffic Control Device For This Vehicle 5		Emergency Vehicle Use 1	
140-46 Sequence of Events only 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		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		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 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	
Roadway Grade 1		Roadway Alignment 1		Special Function of Motor Vehicle 1		Vehicle Defects 1	
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		12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown	
VIOLATIONS							
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			
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PERSON # 1	REPORTING AGENCY CASE NUMBER 2015-00112284	HSMV CRASH REPORT NUMBER
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1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1	NAME Eduardo A Carillo	PHONE NUMBER (915)203-3178	Check if Recommend <input type="checkbox"/> Driver Re-exam <input type="checkbox"/>
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CURRENT ADDRESS (Number and Street) 1 Karen PL	CITY & STATE Palm Coast FL	ZIP CODE 32164
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DATE OF BIRTH 08/ 11/ 92	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER [REDACTED]	STATE FL	EXPIRES 08/ 11/ 21	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
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DRIVER			
DL Type 5	Required Endorsements 3	Driver's Actions at Time of Crash 1st: 11 2nd: [] 3rd: [] 4th: []	Condition At Time of Crash 1
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		Load on Vehicle 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 77 All Other, Explain in Narrative	

DRIVER OR PASSENGER			
Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area 77 Other Row 5 Trailing Unit 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	LOCATION: SEAT ROW OTHER (LOC) 1 1 1	Helmet Use (HU) 3	Eye Protection (EP) 3
Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		Air Bag Deployed (ABD) 2	
Restraint Systems (RS) 3		Action Prior to Crash []	

NON-MOTORIST			
Non-Motorist Description []	Non-Motorist Location At Time of Crash []	Action Prior to Crash []	
Non-Motorist Actions/Circumstances 1st: [] 2nd: []		Safety Equipment []	

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 3 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 1	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INI	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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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INI	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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PERSON # 2		REPORTING AGENCY CASE NUMBER 2015-00112284		HSMV CRASH REPORT NUMBER	
1 Driver 2 Non-Motorist 3 Passenger	1	VEHICLE # 2	NAME Mark K Carman	PHONE NUMBER (386)437-4116	Check if Recommended Driver Re-exam <input type="checkbox"/>

CURRENT ADDRESS (Number and Street) 901 E Moody BLVD		CITY & STATE Bunnell FL	ZIP CODE 32110
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DATE OF BIRTH 06/03/61	SEX: 1 Male 2 Female 88 Unknown	1	DRIVER LICENSE NUMBER [REDACTED]	STATE FL	EXPIRES 06/03/19	INJURY SEVERITY (INI) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	2
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DRIVER			
DL Type 5	Required Endorsements 3	Driver's Actions at Time of Crash	
1 A 2 B 3 C 4 D/Chaufeur 5 E/Operator 6 E/Oper - Rest 7 None	1 Yes 2 No 3 No Req. Endorsement	1st 1	3rd []
Driver Distracted By 1	4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	2nd []	4th []
Driver Vision Obstructions 1	1 Vision Not Obscured 2 Indement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative

DRIVER OR PASSENGER			
Motor Vehicle Seating Position:	LOCATION: SEAT ROW OTHER (LOC) 1 1 1	Helmet Use (HU) 3	Eye Protection (EP) 3
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	1 Yes 2 No 3 Not Applicable
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	Air Bag Deployed (ABD) 2	Restraint Systems (RS) 3
		1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative

NON-MOTORIST			
Non-Motorist Description []	Non-Motorist Location At Time of Crash []	Action Prior to Crash []	
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 Unknown Type of Non-Motorist	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	8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	Non-Motorist Actions/Circumstances 1st [] 2nd []	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 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong Way Riding or Walking 77 Other, Explain in Narrative 88 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 3 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	1	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INI	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)		CITY & STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	1	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INI	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)		CITY & STATE	ZIP CODE
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PERSON # 3		REPORTING AGENCY CASE NUMBER 2015-00112284			HSMV CRASH REPORT NUMBER																								
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # 1		NAME Alexis N Carillo			PHONE NUMBER	Check if Recommend <input type="checkbox"/> Driver Re-exam <input type="checkbox"/>																					
CURRENT ADDRESS (Number and Street) 1 Karen PL				CITY & STATE Palm Coast FL		ZIP CODE 32164																							
DATE OF BIRTH 11/07/94		SEX: 1 Male 2 Female 88 Unknown		DRIVER LICENSE NUMBER		STATE		EXPIRES	INJURY SEVERITY (INI) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality																				
DRIVER																													
DL Type		Required Endorsements		Driver's Actions at Time of Crash				Condition At Time of Crash																					
<input type="checkbox"/> 1 A 2 B 3 C <input type="checkbox"/> 4 D/Chauffeur <input type="checkbox"/> 5 E/Operator <input type="checkbox"/> 6 E/Oper - Rest <input type="checkbox"/> 7 None		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No Req. Endorsement		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		<input type="checkbox"/> 1 No Contributing Action <input type="checkbox"/> 2 Operated MV in Careless or Negligent Manner <input type="checkbox"/> 3 Failed to Yield Right-of-Way <input type="checkbox"/> 4 Improper Backing <input type="checkbox"/> 6 Improper Turn <input type="checkbox"/> 10 Followed too Closely <input type="checkbox"/> 11 Ran Red Light <input type="checkbox"/> 12 Drove too Fast for Conditions <input type="checkbox"/> 13 Ran Stop Sign <input type="checkbox"/> 15 Improper Passing <input type="checkbox"/> 17 Exceeded Posted Speed <input type="checkbox"/> 21 Wrong Side of Wrong Way <input type="checkbox"/> 25 Failed to Keep in Proper Lane				<input type="checkbox"/> 26 Ran off Roadway <input type="checkbox"/> 27 Disregarded other Traffic Sign <input type="checkbox"/> 28 Disregarded Other Road Markings <input type="checkbox"/> 29 Over-Correcting/Over-Steering <input type="checkbox"/> 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. <input type="checkbox"/> 31 Operated MV in Erratic, Reckless or Aggressive Manner <input type="checkbox"/> 77 Other Contributing Action				<input type="checkbox"/> 1 Apparently Normal <input type="checkbox"/> 3 Asleep or Fatigued <input type="checkbox"/> 5 Ill (sick) or Fainted <input type="checkbox"/> 6 Seizure, Epilepsy, Blackout <input type="checkbox"/> 7 Physically Impaired <input type="checkbox"/> 8 Emotional (depression, angry, disturbed, etc.) <input type="checkbox"/> 9 Under the Influence of Medications/Drugs/Alcohol <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown															
Driver Distracted By		4 Other Inside the Vehicle (explain in narrative)		DRIVER OR PASSENGER				Restraint Systems (RS)																					
<input type="checkbox"/> 1 Not Distracted <input type="checkbox"/> 2 Electronic Communication Devices (cell phone, etc.) <input type="checkbox"/> 3 Other Electronic Device (navigation device, DVD player)		<input type="checkbox"/> 4 Other Inside the Vehicle (explain in narrative) <input type="checkbox"/> 5 External Distraction (outside the vehicle, explain in narrative) <input type="checkbox"/> 6 Texting <input type="checkbox"/> 7 Inattentive <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inedent Weather <input type="checkbox"/> 3 Parked/Stopped Vehicle <input type="checkbox"/> 4 Trees/Crops/Bushes <input type="checkbox"/> 5 Load on Vehicle <input type="checkbox"/> 6 Building/Fixed Object <input type="checkbox"/> 7 Signs/Billboards <input type="checkbox"/> 8 Fog <input type="checkbox"/> 9 Smoke <input type="checkbox"/> 10 Glare <input type="checkbox"/> 77 All Other, Explain in Narrative				<input type="checkbox"/> 3 Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet <input type="checkbox"/> 3 Eye Protection (EP) 1 Yes 2 No 3 Not Applicable				<input type="checkbox"/> 3 Restraint Systems (RS) 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative																	
DRIVER OR PASSENGER																													
Motor Vehicle Seating Position:			LOCATION: SEAT ROW OTHER (LOC)			3 1 1			3																				
<input type="checkbox"/> 1 Left <input type="checkbox"/> 2 Middle <input type="checkbox"/> 3 Right <input type="checkbox"/> 77 Other (explain in narrative) <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 1 Front <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Third <input type="checkbox"/> 4 Fourth <input type="checkbox"/> 77 Other Row <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Sleeper Section of Truck Cab <input type="checkbox"/> 3 Other Enclosed Cargo Area <input type="checkbox"/> 4 Unenclosed Cargo Area <input type="checkbox"/> 5 Trailing Unit <input type="checkbox"/> 6 Riding on Motor Vehicle Exterior (non-trailing unit) <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 1 Not Ejected <input type="checkbox"/> 2 Ejected, Totally <input type="checkbox"/> 3 Ejected, Partially <input type="checkbox"/> 4 Not Applicable <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 2 Air Bag Deployed (ABD) 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown																	
NON-MOTORIST																													
Non-Motorist Description			Non-Motorist Location At Time of Crash			Action Prior to Crash			Safety Equipment																				
<input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) <input type="checkbox"/> 3 Bicyclist <input type="checkbox"/> 4 Other Cyclist <input type="checkbox"/> 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transportation Device <input type="checkbox"/> 7 Unknown Type of Non-Motorist			<input type="checkbox"/> 1 Intersection - Marked Crosswalk <input type="checkbox"/> 2 Intersection - Unmarked Crosswalk <input type="checkbox"/> 3 Intersection - Other <input type="checkbox"/> 4 Midblock - Marked Crosswalk <input type="checkbox"/> 5 Travel Lane - Other Location <input type="checkbox"/> 6 Bicycle Lane <input type="checkbox"/> 7 Shoulder/Roadside <input type="checkbox"/> 8 Sidewalk <input type="checkbox"/> 9 Median/Crossing Island <input type="checkbox"/> 10 Driveway Access <input type="checkbox"/> 11 Shared-Use Path or Trail <input type="checkbox"/> 12 Non-Trafficway Area <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 1 Crossing Roadway <input type="checkbox"/> 2 Waiting to Cross Roadway <input type="checkbox"/> 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) <input type="checkbox"/> 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) <input type="checkbox"/> 5 Walking/Cycling on Sidewalk <input type="checkbox"/> 6 In Roadway - Other (working, playing, etc.) <input type="checkbox"/> 7 Adjacent to Roadway (e.g., shoulder, median) <input type="checkbox"/> 8 Going to or from School (K-12) <input type="checkbox"/> 9 Working in Trafficway (incident response) <input type="checkbox"/> 10 None <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Helmet <input type="checkbox"/> 3 Protective Pads Used (elbows, knees, shins, etc.) <input type="checkbox"/> 4 Reflective Clothing (jacket, backpack, etc.) <input type="checkbox"/> 5 Lighting <input type="checkbox"/> 6 Not Applicable <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 1st <input type="checkbox"/> 2nd			<input type="checkbox"/> 1 No Improper Action <input type="checkbox"/> 2 Dart/Dash <input type="checkbox"/> 3 Failure to Yield Right-of-Way <input type="checkbox"/> 4 Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 5 In Roadway Improperly (standing, lying, working, playing) <input type="checkbox"/> 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) <input type="checkbox"/> 7 Entering/Exiting Parked/Standing Vehicle <input type="checkbox"/> 8 Inattentive (talking, eating, etc.) <input type="checkbox"/> 9 Not Visible (dark clothing, no lighting, etc.) <input type="checkbox"/> 10 Improper Turn/Merge <input type="checkbox"/> 11 Improper Passing <input type="checkbox"/> 12 Wrong Way Riding or Walking <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 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 3 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			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO																				
ADDITIONAL PASSENGERS																													
PERSON # VEHICLE # NAME			DATE OF BIRTH			INI			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			INI			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																				

NARRATIVE

REPORTING AGENCY CASE NUMBER

2015-00112284

HSMV CRASH REPORT NUMBER

Vehicle 2 was proceeding northbound on Cypress Edge Dr into the intersection of Cypress Point Pky and Cypress Edge Dr with a green traffic signal when vehicle1, traveling eastbound on Cypress Point Pky, ran through the steady red traffic signal. As a result, vehicle 1 struck vehicle 2, front of vehicle 1 to driver's side rear of vehicle 2. The force of the impact spun vehicle 2 around 180 degrees.

Vehicle 2 operator complained of pain to his left shoulder but declined medical treatment on the scene. Neither occupant in vehicle 1 claimed any injuries. Vehicle 1 was towed by Roger's tow due to crash damage.

ADDITIONAL PASSENGERS

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

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

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

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
202	Sergeant David K Williams	Flagler County	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIAGRAM

REPORTING AGENCY CASE NUMBER

2015-00112284

HSMV CRASH REPORT NUMBER

