## **FLORIDA TRAFFIC CRASH REPORT**

LONG FORM X SHORT FORM UPDAT	TOTAL # OF VEHICLE SECTION(S) 1					
MAIL TO: DEPARTMENT OF HIGHWAY SAFETY	TOTAL # OF PERSON SECTION(S) 1					
TRAFFIC CRASH RECORDS, NEIL KIRKMA	TOTAL # OF NARRATIVE SECTION(S) 1					
TALLAHASSEE, FL 32399-053						
CRASH DATE	The second secon	HSMV CRASH REPORT NUMB	15-9			
CRASH IDENTIFIERS		01977				
COUNTY CODE CITY CODE COUNTY OF CRASH	PLACE OR CITY OF CRASH	V	EPORTED TIME DISPATCHED			
61 53 Flagler TIME ON SCENE TIME CLEARED SCENE CHECK IF	Palm Coast  REASON (If-Investigation NOT Complete)	СПУ ИМІТЅ 🔥 01:34	Notified By: 1 Motorist			
01:38 COMPLETED X			2 Law Enforcement 1			
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 O	<u> </u>					
Palm Harbor PKWY	1 ALSIK	EET ADDRESS # AT LATITUDE	AND LONGITUDE			
	M INTERSECTION WITH STREET, ROAD, HIGHWAY  al WAY	(	OR FROM MILEPOST #			
Road System Identifier 7 Forest Road  1 Interstate 4 County 8 Private Roadway 7 S 1 LS 5 Local 9 Parking Lot	Type of Shoulder	1 Not at Intersection 6	Fraffic Circle Roundabout			
3 State 6 Turnpike/Toll 77 Other, Explain in Narrative		3 2 Four-Way Intersection 71	Five-Point, or More Other, Explain in Narrative			
CRASH INFORMATION (CHECK IF PICTURES TAKEN)  Light Condition Weather	One state on Broadway Court on Broadway					
1 Daylight 5 Dark-Not Lighted 4 Fog,	Condition   Roadway Surface Condition	1 No	r of Collision/Impact 4 Sideswipe, Same Direction			
3 Dawn Lighting Freezing 4 Dark-Lighted 77 Other, Explain in 6 Blow	ing Sand, Soil, 7 Sand 8 Water (standing/	1 2 Yes, School Bus Directly Involved 3 Yes, School Bus	5 Sideswipe, Opposite Direction 6 Rear to Side			
Narrative 1 Clear Dirt 88 Unknown 2 Cloudy 7 Seve 2 Cloudy 77 Oth 3 Rain Narrati	re Crosswinds 1 Dry 77 Other, Explain in ve 4 Ice/Frost 88 Unknown	Indirectly Involved 1 Front to Rear 2 Front to Front 3 Angle	7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown			
	on Non-Fixed Object Collision with destrian 19 Impact Attenuator/O	anak 20 Compressor Traffic Danaina	Harmful Event			
14 2 Fire/Explosion 11 Pe 3 Immersion 12 Ra	dalcycle Cushion ilway Vehicle (train, 20 Bridge Overhead Stru	31 Other Traffic Barrier	2 Off Roadway			
First Harmful Event Loss or Shift 13 Am	imal 22 Bridge Rail	t 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support	3 Shoulder 4 Median 6 Gore			
Within interchange   6 Fell/Jumped From   15 Pa   Motor Vehicle   16 W.   7 Thrown or Falling   1 Pa   1 Pa	rked Motor Vehicle 24 Curb ork Zone/Maintenance 25 Ditch	36 Other Post, Pole or Support 37 Fence 38 Mailbox	7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way			
T 2 Yes Object 17 Str 88 Unknown 8 Ran into Water/Canal Cargo	uck By Falling, Shifting 27 Guardrail Face	39 Other Fixed Object (wall, building, tunnel, etc.)	10 Roadside 88 Unknown			
First Harmful Event Relation to	Contributing Circumstances: Re		Circumstances:			
1 5 Railway Grade Crossing 14 Entrance/Exit Ramp	1 10 Road Surficy, snow, sh	ace Condition (wet, ush, etc.)	onment			
15 Crossover - Related 1 Non-Junction 16 Shared-Use Path or Trail 2 Intersection 17 Acceleration/Deceleration Lane	11 Obstructi 1 None 12 Debris	on in Roadway				
2 Intersection 17 Acceleration/Deceleration Lane 3 Intersection-Related 18 Through Roadway 4 Driveway/Alley Access Related 88 Unknown	maintenance/utility) Inoperative,	Missing or Obscured 2 Weather Conditions plain in Narrative 3 Physical Obstruction	5 Animal(s) in Road way 77 Other, Explain in (s) Narrative 88 Unknown			
Work Zone Related Crash in Work Zone	Type of Work Zone	Workers in Work Zone Law	v Enforcement in			
1 No 1 Before the First Wor 2 Yes Warning Sign 2 Advance Warning Ar	k Zone 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median	1 No 2 Yes 88 Unknown	Work Zone 1 No			
3 Transition Area 4 Activity Area 5 Termination Area	4 intermittent or Moving Work 77 Other, Explain in Narrative		2 Officer Present 3 Law Enforcement Vehicle Only Present			
WITNESSES			Only Present			
NAME	ADDRESS	CITY & STATE	ZIP CODE			
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 (Check if Busin	ness) ADDRESS CI	TY & STATE ZIP CODE			
Speed Limit Sign	100		SING ZIF CODE			
VEHICLE # PERSON # PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT OWNER'S NAME Check if Busi	ness) ADDRESS C	ITY & STATE ZIP CODE			
	_					

VEHICLE # 1	Check if Commer		NCY CASE NUMBER	HSMV CRASH REPORT	HSMV CRASH REPORT NUMBER			
1 Vehicle in Transport 2 Parked Motor Vehicle	VEHICLE LICENSE NUMBER	STATE REGISTRATION EXPIRES Ch	eck if Permanent VIN					
3 Working Vehicle Hit and Run YEAR	]   <b></b>	MODEL STYLE	COLOR	DAMAGE:	EST. AMOUNT			
1 No 2 Yes 88 Unknown 07		Motorcycle		1 Disabling 4 Minor 2 Functional 88 Unknow 3 None				
INSURANCE COMPANY	INSURAN	NCE POLICY NUMBER Towed due to Damage: 1 No 2 Yes	2 VEHICLE REMOVE	WING	1 Rotation 2 Owner Request 3 Driver			
NAME OF VEHICLE OWNER (	Check if Business)	CURRENT A DORESS	CITY &	STATE	77 Other, Explain in Narrative ZIP CODE			
TRAILER # LICENSE NUMBER		Check if Permanent VIN		YEAR MAKE	LENGTH AXLES			
		Registration						
TRAILER # LICENSE NUMBER		Check if Permanent VIN Registration		YEAR MAKE	LENGTH AXLES			
VEHICLE N S E	W Off-Road Unknown	ON STREET, ROAD, HIGHWA	AY	AT EST. SPEED P	OSTED SPEED TOTAL LANES			
TRAVELING HAZ MAT. RELEASED HAZ	X Palm  Z MAT PLACARD HAZ MAT. NUI	MBER HAZ. MAT. CLASS	Area of Initial Impact	45	45 2 Most Damaged Area			
1 No 1 N 2 Yes 2 Yes	0	MAL WAY CLASS	2 3 4 5 8 7	18 Undercarriage 18	2 3 4 5 6 7			
MOTOR CARRIER NAME		US DOT NUMBER	1 (15 (18 17 8	19 Overturn 19 20 Windshield 20 21 Trailer 21	1 (15 (18 17 8			
MOTOR CARRIER ADDRESS		CITY & STATÉ	14 (3) 12 11 10 8	ZIP CODE	74 (1) 12 11 10 8 PHONE NUMBER			
Vehicle Body Type		Trafficway	Com	mercial Motor Vehic	le Configuration			
11 1 Passenger Car 18 2 Passenger Van 15	5 Low Speed Vehicle 6 (Sport) Utility Vehicle Cargo Ven (10,000 lbs ,536 kg) or less) Whotor Coach Other Light Truck (10,000 lbs ,536 kg) or less)	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	1 Vehicle 10,000 lb for Hazardous Mat 2 Single-Unit Truck more than 10,000 3 Single-Unit Truck 4 Truck Pulling Tra	s or less Placarded 8 Truc erials 9 Truc (2-axte and GVWR kg), Ca (3 or more axles) 0 ccup lar(s) 11 Bus	k Tractor/Triple k more than 10,000 lbs (4,536 amot Classify s/Large Van (seats for 9-15 ants, including driver) s (seats for more than 15			
7 Motor Home 20 8 Bus 10 11 Motorcycle 21	) Medium/Heavy Trucks (more than 0,000 lbs (4,536 kg)) Farm Labor Vehicle 7 Other, Explain in Narrative	5 One-Way Trafficway 88 Unknown Trailer Ty  ALER 1 TRALER 2 1 Single Semi Trail 2 Tandem Semi Tr	er	mi-Trailer 77 Oth uble 88 Un Cargo Body	13 Intermodal			
1 intersta 2 intrasta	lon-Commercial te Carrier te Carrier commerce/Government commerce/Other Truck	5 Boat Trailer 6 Utility Trailer 7 House Trailer	railer 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown	4 Hopper 5 Pole-Trailer 6 Cargo Tank 1 No Cargo 7 Flatbed 2 Bus 8 Dump	14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs 14,536kg) or less not			
Most Harmful Event	Non-Collision Overturn/Rollover	Comm GVWR/GCWR 2 10,000 3 More 4 Not Al	7 lbs (4,536 kg) or less 1-26,000 lbs (4,536-11,793 kg) than 26,000 lbs (11,793 kg) oplicable	10 Auto Trans 11 Garbage/R 12 Log	port 77 Other Evetsing			
Sequence of Events  1st 2nd 42 3rd 4th	Jackknife   Cargo/Equipment Loss or Shift   Cargo/Equipment Loss or Shift   Fell/Jumped From Motor Vehicle   Thrown or Falling Object   S Ran into Water / Canal   Other Non-Collision   Other Non-Collision   Other Non-Collision   Other Mon-Collision   Other Mon-	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	Collision Fixed Object 19 Impact Attenuator/Crash 0 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		Emergency Vehicle Use th Support port port port e, or Support e, or Support ject (wall,			
	IS Cross Centerline 1 S	hicle Maneuver Action	Traffic Control Do	evice For Vehicle	e Defects			
Troudinay Grade	3   1 Straight 3 Curve Right 3 Curve Left 11 Page 12 Curve Right 3 Curve Left 11 Page 13 Curve Left 12 Curve Right 11 Page 14 Curve Left 11 Page 14 Curve Left 12 Curve Right 15 Curve Left 11 Page 15 Curve Left 11 Page 15 Curve Left 11 Curve Left 11 Curve Left 12 Curve Left 11 Curve Left 12 Curve	Backing 14 Slowing 15 Negotiating a Curve Changing Lanes Parked 17 Entering Traffic Lan 17 Entering Traffic Lan 17 Chter, Explain in Narrative 88 Unknown	1 No Controls 10 Pe 4 School Zone Sign/ Device Guar	thing Signal hway Crossing is 1 None 2 Brakes 3 Tires 4 Lights (1 Lights (1) 1 Ligh	12 Suspension 13 Wheels 14 Windows/ Windshield head, 15 Mirrors 1) 16 Truck Coupling/			
Special Function of Motor Vehic	cle 3 Police 11 Farm 7 Taxi 12 School	ruck 15 Charter/Tour Bus Labor Transport 16 Shuttle Bus	Signal 77 Of 6 Stop Sign Narra	a, etc.) arning Sign ther, Explain in tive sknown 9 Exhaust 10 Body, 11 Power	System 77 Other, Explain in   Doors Narrative			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHAR	GE	CITATION NUMBER			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHAR	GE	CITATION NUMBER			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHAR	GE	CITATION NUMBER			

PERSON #											ENCY CAS	E NUMB	BER		HSMV CR	ASH REPO	ORT NUMBER
	15.5=	WCIE 1.	14.1.75						2014-	UUU6(	1306				IPHONE N	II (MADED	Tel. 1 ···
1 Driver 2 Non-Motorist 3 Passenger			IAME <b>MAR</b> I	K JOS	EPH SC	DUSA									PHONEN	IUMBEK	Check if Recommend Driver Re-exam
	CURRE	NT ADDRES	S (Nurr	ber and	Street)					CITY	& STATE						ZIP CODE
DATE OF BIRTH	SEX:	<u> </u>	DF	RIVER LIC	ENSE NUN	48ER				_	STATE	EXPIRE	S	1 N	JRY SEVERITY	(LÍNI) Y	Incaparitating
		nale 1									FL	03/ 2	0/ 21	}2 Po	ossible on-incapacita	otina 6	Incapacitating Fatal (within 30 days) Non-Traffic Fatality
	88 U	nknown 🗀							DRIVER			!		13.14	orinicapaciti	othing 0	HOIP HAIRC FALSICY
DL Type		Require	ed En	dorse	ments				Drive	r's A	ctions a				3	ird	Condition At
1 A 2 B 3 C 4 D/Chauffer	ur		Yes No				1st	1 No Co	ntributin	g Actio	n Det or		off Roa egarde	dway d other			Time of Crash
5 5 E/Operato 6 E/Oper – R	r Rest			ą. Endors	ement		26	Neglige	nt Mann to Yield	er				d Other	Road		1 Apparently Normal 3 Asleep or Fatigued
7 None		cted By	4 Oth	ar Incide	the Vehic	مام		4 Impro	per Back per Turn	ing	1- VV&Y		r-Corre	cting/O	er-		5 III (sick) or Fainted 6 Seizure, Epilepsy, Blackout
1 Not Distra	cted	-	(expl	ain in na		LIC	2nd	10 Follo	wed too Red Light	Closely		Steering 30 Swei	rved or	Avoide	:Due	4th	7 Physically Impaired 8 Emotional (depression,
1 2 Electronic Devices (cel	ll phone,	etc.)	(outs	ide the v rrative)	ehicle, ex	plain	1	12: Drov	e.too Fas	st for Co	nditions	Object,	Non-N	ery Surf. Totorist	n MV,		angry, disturbed, etc.)
3 Other Election	ctronic D device, (	evice DVD player)	6 Tex					15 Imp	Stop Sigr oper Pas eded Pos	sing	ad.		rated N	√V in Err			9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative
Driver Vision	1 Obst	ructions	10 88 J	aknown				21 Wro	ng Side c	f Wron	g Way per Lane			gressive ributing	Manner Action		88 Unknown
1 Vision Not 2 Indement	Obscure			Vehicle /Fixed C		9 Smoke 10 Glare		27 FOILS	a to ves	p ar rito	hei raile		D	RIV <u>ER</u>	OR PASSEN	IGER	l
1 3 Parked/Sto 4 Trees/Crop	opped Ve	hicle 79	igns/8	illboards		77 All Ot	ther, Expla	in	Helr	net U	se (HU)		Eve	Prote	ction (EP)		Restraint Systems
The sydiop	, s <sub>1</sub> o a sinc	DRIVER (		SSENGE					Г	1 D	JT-Compi orcycle H	liant		1 Ye	s ' '	'    2	(RS)
Motor Vehicle S	eating	Position	ı:	LOCATIO	N: SEAT	ROW	OTHER	7	3	2.0	her Heim Helmet	et	1		t Applicable		Applicable e Used - Motor Vehicle Occupant
Seat Ro		Other		(LOC)	77	1	1			_	Bag De		d a	- Danko	od Other	− 3 Shou	ulder and Lap Belt Used
1 Left 1 From 2 Middle 2 Seco	nd	1 Not Appl 2 Sleeper S	ection	of Truck	Cab		Fi.	 ection (	E IECT	_ /∧¤	_	,		knee, ai	ed-Other   belt, etc.) ed-	- 5 Jan I	ulder Belt Only Used Belt Only Used
3 Right 3 Third 77 Other 4 Four	th	3 Other En 4 Unenclos	closed ed Car	Cargo Ar go Area	ea		$\overline{}$	1 Not Eie	cted		1 No	ot Applic	able (	Combina	tion	7 Chik	raint Used - Type Unknown d Restraint System - Forward Facin d Restraint System - Rear Facing
	ner Row known	6 Riding or	n Motor	- r Vehicle	Exterior (	non-	2	2 Ejecter 3 Ejecter	l, Totally I, Partiall	y   1	3 De	ot Deploy eployed-	Front 8	38 Deplo	ed-Curtain yment	9 Boos	ster Seat
88 Unknown		trailing uni	t) vn					4 Not Ap 88 Unkn		1		eployed-	510E (	Jukuow	1	77 Otl	ild Restraint Type Unknown her, Explain in Narrative
,				<b>.</b>				NO	+MOT(	DRIST							<u> </u>
Non-Moto		escription	1				orist Lo			e of C 8 Side					Acti	ion Pri	or to Crash 5 Walking/Cycling on Sidewalk
1 Pedestrian 2 Other Pede	estrian (v	vheelchair,	person	in a		ntersect	tion - Unr	narked O	osswalk	9 Med	lian/Cross veway Ao	sing Islan	κd				5 Walking/Cycling on Sidewalk 6 In Roadway – Other (working playing, etc.)
building, ska 3 Bicyclist		Striati conv	eyance	, e.c.,	41	Midbloc	k - Marke ane - Othe	d Crosswi	alk	11 Sha	red-Use In-Traffice	Path or T	[rail	1 (rose	ing Roadwa	v	7 Adjacent to Roadway (e.g., shoulder, median)
4 Other Cycli 5 Occupant o	of Motor	Vehicle Not	in Trai	nsport	61	Bicycle L				77 Ot	ner, Expla known	in in Nar	rative	2 Wait	ing to Cross ing/Cycling A	Roadway	8 Going to or from School (K-12 9 Working in Trafficway
(parked, etc. 6 Occupant o	of a Non-		cle	-			orist A		Circum					Roadw	ay with Traff	lic (in or	(incident response) 10 None
Transportati 7 Unknown 1	on Devic Type of N	e Ion-Motoris	t _				1 N	o Impropart/Dash						4 Walk	ing/Cycling A	Mong	77 Other, Explain in Narrative or 88 Unknown
Safety Ed			_		1s	t	3 Fa	ilure to Y	ield Righ	t-of-Wa	Y			adjace	nt to travel la	ane)	OF GO CHRICWII
2 Helmet 3 Protective Pads Used		5 Lighting 5 Not Applic 77 Other, Ex	able				── Sign	als, or Of Roadway	ficer	_	-	7 Enteri Vehicle	ng/Exit	ing Park	ed/Standing		mproper Turn/Merge mproper Passing
(elbows, knees, shins, 4 Reflective Oothing (j	etc.)	n Narrative			2n	d	lyin	g, workin isabled Ve	g, playing	z) lated (u	orking	8 inatte	ntive (t	alking, e	ating, etc) hing, no	12 V	Vrong-Way Riding or Walking Other, Explain in Narrative
backpack, etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30 OHKIRI WI	•			L	on,	pushing,	leaving/a	pproac	hing)	lighting,	, etc.)	Jank Gol			hknown
SUSPECTED	MICOU	OL TESTED:		الاالات	OL TEST TY	pe- las	COHOL	ALCOH	OL/DR		IS SUSPECTE	:0	IDB)	JG TEST	FD: —	DRING	TEST TYPE: DRUG TEST RESULT:
ALCOHOL USE:		lot Given	1	1 Blood 2 Breath		i lite:	ST RESULT	:	BAC	,	DRUG USE		]  1 T∈	est Not C	iven 4	1 Blood	d 1 Positive
12 Yes   1 i	3 Test 6			3 Urine		1 12 0	Ompleted Unknown	ا إ		- 11	2 Yes 38 Unkno		J  3 T€	est Giver		77 Oth	
SOURCE OF TRANSPOR		•		Narrativ	e EMS AGEN			'	15					517816011			TRANSPORTED TO
1 Not Transported		DICALIACI		2	Rescu		VIL ON 10		- 1	MS KUI <b>7229</b> ~	N NUM 8E 14	:K			Halifax		
2 EMS 3 Law Enforcer 77 Other, Explain in Na	rrative	88 Unknowi	, L		116300	V 44		ADDITIO			• •				Halliox		<del></del>
PERSON # VEHICLE # N	NÁME							ADDITIO	NAL PA		EKS DEBIRTH			INI S	X ∫LOC; S	R, O	ELECT HU EP ABD RS
	-																
	ÇLIRR	ENT ADDRE	SS /Nor	nher arv	Street					CITY	& STATE						ZIP CODE
	_0,,,,		,,,,,,,,,							2							
SOURCE OF TRANSPOR	T TO ME	DICAL FACII	ITY -		EMS AGEN	VCY NA N	ME OR ID		İF	MS RU	NUMBE	R			MEDICAL	FACILITY	TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcer			· [						-								<b>"</b>
77 Other, Explain in Na PERSON # IVEHICLE #IN	rrative	88 Unknow	n L							IDATE (	OF BIRTH			IINU IS	EX LOC: S	R O	D ELECT HU EP ABD RS
FERSON # VEHICLE #	AWINE									DAIL	שוחות				- 100:3	"   "	, 1350. 1.0 E. 100 Kg
	CURR	ENT ADDRE	SS (Nur	mber and	i Street)					CITY	& STATE						ZIP CODE
SOURCE OF TRANSPOR 1 Not Transported	T TO ME	DICAL FACIL	ا ۱۱۲۸		EMS AGE	NCY NAI	ME OR ID		E	MS RU	N NUMBE	R			MEDICAL	FACILITY	TRANSPORTED TO
7 FMS 3 Law Enforcer	ment	88 Unknow	_												1		

	NARRATIVE		IG AGENCY CASE NUMBER		ORT NUMBER					
On 07/05/14 at approximately 0135 hrs, I, D/S F. Barbagallo responded to the intersection of Palm Harbor -Pkwy/Crystal Way, Palm Coast, FL in reference to a traffic crash.										
Upon arrival I made contact with the driver of V1, Mark Sousa.										
Mr. Sou	Mr. Sousa had sustained a severe injury to his left leg.									
negotia speed l line bor	on the investigation at the crash scene ated a curve in the road. The vehicle le imit sign post. Mr. Sousa was ejected a rdering the roadway. The vehicle came ared limit sign post on the grass shoulde	ft the paved p at that point a e to rest on its	oortion of the ro and landed appr	oadway roximate	and made ely twenty	contact feet int	with a _ o the wood_			
Mr. Sou	Mr. Sousa was transported by Flagler County Rescue, unit 22, to Halifax Medical Center.									
l reque:	- I requested rotation for the vehicle, Saxon's towing responded and removed the vehicle.									
No furt	No further information.									
	***									
					<del></del>		-			
ADDITION	AL PASSENGERS									
	HICLE # NAME	DA	TE OF BIRTH	INJ SEX	LOC: S R (	EJECT HU	J EP ABD RS			
	CURRENT ADDRESS (Number and Street)	<u> </u>	CITY & STATE			ZIP CC	DDE			
SOURCE OF TO 1 Not Transpo 2 EMS 3 Law	RANSPORT TO MEDICAL FACILITY EMS AGENCY NAME OR or tend with forcement tain in Narrative 88 Unknown	ID E	MS RUN NUMBER		MEDICAL FA	CILITY TRANSP	PORTED TO			
PERSON # VEI	HICLE # NAME	D	ATE OF BIRTH	INJ SEX	LOC: S R (	EJECT HU	J EP ABD RS			
CURRENT ADDRESS (Number and Street) CITY & STATE ZIP CODE										
1 Not Transpo 2 EMS 3 Law 77 Other, Exp	v Enforcement plain in Narrative 88 Unknown	ID E	MS RUN NUMBER		MEDICAL FA	CILITY TRANSP	ORTED TO			
ADDITION.	AL VIOLATIONS  NAME OF VIOLATOR	FL STATUTE NUMB	TUTE NUMBER CHARGE C							
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMB	MBER CHARGE CITATION							
REPORTIN ID/BADGE NU 629	GOFFICER  IMBER RANK & NAME Deputy Frank Barbagatlo		DEPARTMENT Flagler C			FHI	SO PD OTHER			

HSMV 90010 S (N/D) (rev 06/13)

	REPORTING AGENCY CASE NUMBER	
DIAGRAM	2014-00060306	
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P1 P1		
P1 P2		
Final Rest V1	V1	V1
		<u>V</u> 1
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	Palm Harbor Pky	
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A 800	T TO SCALE	0
T NEW YORK WITH THE PROPERTY OF THE PROPERTY O	TO SCALE	Crystal Way