

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE

TOTAL # OF VEHICLE SECTION(S) 1

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

TOTAL # OF PERSON SECTION(S) 1

TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE <b>07/ 05/ 14</b>	TIME OF CRASH <b>01:34 AM</b>	DATE OF REPORT <b>07/ 05/ 14</b>	REPORTING AGENCY CASE NUMBER <b>2014-00060306</b>	HSMV CRASH REPORT NUMBER <b>84577459</b>
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### CRASH IDENTIFIERS

COUNTY CODE <b>61</b>	CITY CODE <b>53</b>	COUNTY OF CRASH <b>Flagler</b>	PLACE OR CITY OF CRASH <b>Palm Coast</b>	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED <b>01:34 AM</b>	TIME DISPATCHED <b>01:36</b>
TIME ON SCENE <b>01:38</b>		TIME CLEARED SCENE	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)		Notified By: 1 Motorist 2 Law Enforcement <input checked="" type="checkbox"/>

### ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY <b>Palm Harbor PKWY</b>			AT STREET ADDRESS # <b>1</b>	AT LATITUDE	AND	LONGITUDE
FEET	MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>Crystal WAY</b>		OR FROM MILEPOST # <b>4</b>	

Road System Identifier <b>5</b> 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	Type of Shoulder <b>2</b> 1 Paved 2 Unpaved 3 Curb	Type of Intersection <b>3</b> 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)

Light Condition <b>4</b> 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 <b>2</b> 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	Roadway Surface Condition <b>1</b> 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	School Bus Related <b>1</b> 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact <b>77</b> 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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First Harmful Event <b>14</b> 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	Collision Non-Fixed Object <b>10</b> 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 <b>19</b> 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 <b>1</b> 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 <b>1</b> 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 <b>1</b> 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 <b>1</b> 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 <b>1</b> 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	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 <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
		<b>Speed Limit Sign</b>	<b>100</b>				

<b>VEHICLE #</b> 1	<b>Check if Commercial</b> <input type="checkbox"/>	<b>REPORTING AGENCY CASE NUMBER</b> 2014-00060306	<b>HSMV CRASH REPORT NUMBER</b>
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1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	1	<b>VEHICLE LICENSE NUMBER</b> [REDACTED]	<b>STATE</b> FL	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input checked="" type="checkbox"/>	<b>VIN</b> [REDACTED]
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Hit and Run 1 No 2 Yes 88 Unknown	<input type="checkbox"/>	<b>YEAR</b> 07	<b>MAKE</b> Kawasaki	<b>MODEL</b>	<b>STYLE</b> Motorcycle	<b>COLOR</b> Black	<b>DAMAGE:</b> 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	1 1000	<b>EST. AMOUNT</b>
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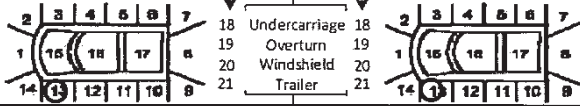
<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY NUMBER</b>	<b>Towed due to Damage:</b> 1 No 2 Yes	2	<b>VEHICLE REMOVED BY</b> SAXONS TOWING	<b>1 Rotation</b> 2 Owner Request 3 Driver 77 Other, Explain in Narrative	1
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<b>NAME OF VEHICLE OWNER (Check if Business)</b> <input type="checkbox"/>	<b>CURRENT ADDRESS</b>	<b>CITY &amp; STATE</b>	<b>ZIP CODE</b>
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<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>	<b>LENGTH</b>	<b>AXLES</b>
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<b>VEHICLE TRAVELING</b>	N	S	E	W	Off-Road	Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ON STREET, ROAD, HIGHWAY</b> Palm Harbor Pkwy	<b>AT EST. SPEED</b> 45	<b>POSTED SPEED</b> 45	<b>TOTAL LANES</b> 2
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<b>HAZ. MAT. RELEASED</b> 1 No 2 Yes 88 Unknown	<input type="checkbox"/>	<b>HAZ. MAT. PLACARD</b> 1 No 2 Yes 88 Unknown	<input type="checkbox"/>	<b>HAZ. MAT. NUMBER</b>	<b>HAZ. MAT. CLASS</b>	<b>Area of Initial Impact</b>	<b>Most Damaged Area</b>
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<b>MOTOR CARRIER NAME</b>	<b>US DOT NUMBER</b>	<b>CITY &amp; STATE</b>	<b>ZIP CODE</b>	<b>PHONE NUMBER</b>
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<b>Vehicle Body Type</b> 11	<b>Trafficway</b> 1	<b>Commercial Motor Vehicle Configuration</b>
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<b>Most Harmful Event</b> 14	<b>Sequence of Events</b> 1st: 42, 2nd: [REDACTED], 3rd: [REDACTED], 4th: [REDACTED]	<b>Collision with Non-Fixed Object</b>
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<b>Roadway Grade</b> 1	<b>Roadway Alignment</b> 3	<b>Vehicle Maneuver Action</b> 15	<b>Traffic Control Device For This Vehicle</b> 1	<b>Vehicle Defects</b> 1	<b>Emergency Vehicle Use</b> 1
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**VIOLATIONS**

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

<b>PERSON #</b>		<b>REPORTING AGENCY CASE NUMBER</b> 2014-00060306	<b>HSMV CRASH REPORT NUMBER</b>
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1 Driver 2 Non-Motorist 3 Passenger	<b>1</b>	<b>VEHICLE #</b> 1	<b>NAME</b> MARK JOSEPH SOUSA	<b>PHONE NUMBER</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>			<b>ZIP CODE</b>		

<b>DATE OF BIRTH</b>		<b>SEX:</b> 1 Male 2 Female 88 Unknown	<b>1</b>	<b>DRIVER LICENSE NUMBER</b>		<b>STATE</b> FL	<b>EXPIRES</b> 03/20/21	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	<b>4</b>
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<b>DRIVER</b>								
<b>DL Type</b> 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	<b>5</b>	<b>Required Endorsements</b> 1 Yes 2 No 3 No Req. Endorsement	<b>1</b>	<b>1st</b> 26	<b>Driver's Actions at Time of Crash</b> 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	<b>3rd</b>	<b>Condition At Time of Crash</b> 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	<b>1</b>

<b>Driver Distracted By</b> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	<b>1</b>	<b>4 Other inside the Vehicle (explain in narrative)</b> 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	<b>2nd</b>	<b>4th</b>	<b>DRIVER OR PASSENGER</b>	
<b>Driver Vision Obstructions</b> 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	<b>1</b>	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative	<b>Helmet Use (HU)</b> 3	<b>Eye Protection (EP)</b> 1	<b>Restraint Systems (RS)</b> 2

<b>DRIVER OR PASSENGER</b>			
<b>Motor Vehicle Seating Position:</b>	<b>LOCATION: SEAT (LOC)</b>	<b>ROW</b>	<b>OTHER</b>
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 (explain in narrative) 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	77 1 1
<b>Air Bag Deployed (ABD)</b> 1	<b>Ejection (EJECT)</b> 2	<b>Non-Motorist Description</b> 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	<b>Non-Motorist Location At Time of Crash</b> 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

<b>Safety Equipment</b> 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	<b>1</b>	<b>5 Lighting</b> 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	<b>1</b>	<b>Non-Motorist Actions/Circumstances</b> 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)	<b>1st</b>	<b>2nd</b>	<b>Action Prior to Crash</b> 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	<b>1</b>
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<b>ALCOHOL/DRUG/EMS</b>														
<b>SUSPECTED ALCOHOL USE:</b> 1 No 2 Yes 88 Unknown	<b>1</b>	<b>ALCOHOL TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<b>1</b>	<b>ALCOHOL TEST TYPE:</b> 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative		<b>ALCOHOL TEST RESULT:</b> 1 Pending 2 Completed 88 Unknown		<b>SUSPECTED DRUG USE:</b> 1 No 2 Yes 88 Unknown	<b>1</b>	<b>DRUG TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<b>1</b>	<b>DRUG TEST TYPE:</b> 1 Blood 3 Urine 77 Other, Explain in Narrative		<b>DRUG TEST RESULT:</b> 1 Positive 2 Negative 3 Pending 88 Unknown

<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<b>2</b>	<b>EMS AGENCY NAME OR ID</b> Rescue 22	<b>EMS RUN NUMBER</b> 7229-14	<b>MEDICAL FACILITY TRANSPORTED TO</b> Halifax Medical
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<b>ADDITIONAL PASSENGERS</b>													
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 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
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				

**NARRATIVE**

REPORTING AGENCY CASE NUMBER

2014-00060306

HSMV CRASH REPORT 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. Sousa had sustained a severe injury to his left leg.

Based on the investigation at the crash scene it appeared that Mr. Sousa lost control of his vehicle as he negotiated a curve in the road. The vehicle left the paved portion of the roadway and made contact with a speed limit sign post. Mr. Sousa was ejected at that point and landed approximately twenty feet into the wood line bordering the roadway. The vehicle came to rest on its left side approximately fifty feet from the area of the speed limit sign post on the grass shoulder area.

Mr. Sousa was transported by Flagler County Rescue, unit 22, to Halifax Medical Center.

I requested rotation for the vehicle, Saxon's towing responded and removed the vehicle.

No further information.

**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

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 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

**REPORTING OFFICER**

ID/BADGE NUMBER <b>629</b>	RANK & NAME <b>Deputy Frank Barbagallo</b>	DEPARTMENT <b>Flagler County</b>	FHP	SO	PD	OTHER
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**DIAGRAM**

REPORTING AGENCY CASE NUMBER

2014-00060306

HSMV CRASH REPORT NUMBER

