From: FHP St. Augustine

904 825 6839

05/07/2015 14:01

#705 P.007/016

FLORIDA TRAFFIC CRASH REPORT LONG FORM X SHORT FORM UPDATE X

HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

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Cresh Date 1/9/2015		me of Cra 55 AM	sh Deta d 4/13/2	of Report 915		eporting LORIDA	Agency HIGHWAY	PATROL							ng Agency (50FF00097			04060-02	report i	Yumber
CRASH IDE	MIELED	•															•			
County Code (City Code	County	of Cresh				or City of Cra	ath .			Withi	City Lin	its Rep	orled D	ete/Time :02 AM		Dispa	tched Det	/Time	
On Scene Date	/⊓me	FLAGL	eared Scer 9/2015 11:	e Date/Ti	ne	invest	COAST pation Comp YES	eted Ree	on (If Inv	estigatio	n Not (YES complete		2010 /	VA AM			ed By		
1/9/2015 7:19 A	<u> </u>		M/2015 11:	25 AM		J	YES										ILAW	ENFORCE	MENT	AGENCY
ROADWAY	on Street, I		TWBY							At S	treet A	ddress #			atitude		And	Longitude		
WHITEVIEW PA	ARKWAY Or Miles		Direction	<i>,</i>	From Inter	rsection	With Street,	Road, His	ahway					N 29	31.0859			W 81 14.20 pm Milepos		9 7
Road System Id					RAVENW		UVE	of Should			TTVD	of Inters	ection							
LOCAL					-,		UND	AVED			T-IN	TERSEC	TION							
CRASH INF	ORMATI		Pic Weather C	dures Tak	en	16	loedwey Sur	face Coor	Hinn	TS/	tool B	us Rolate	.			Manne	er of Colli	islon		
DĀWN			CLEAR			Ī	RY			Y	58, SC		J8 DIRE		MVOLVED	FRON	IT TO RE	AR		
First Hammful EV COLLISION WI VEHICLE, OR N	TH PERSOI		MOTO	R VEHICI	ent Detail LE IN TRAI	NSPORT			Hammul E OADWA		ation		NO		erchange		SECTION	rents Relai N	lion to J	unction
Contributing Cir NONE	cumetances	: Road				Contribu	ling Circums	tances: R	oad		-		Co	ntribuli	ng Circumsti	nces: Re	oed			
Contributing Cir NONE	cumstances	: Environa	nent		K	Contribu	ling Circums	lances; E	nvironmer	N.		, , , , , , , , , , , , , , , , , , ,	Co		ng Circumst	nces: Er	hvironme	nt		
Work Zone Rela NO	sted Cra	sh in Worl	r Zone				ype of Work	Zone			ľ	orkers in	Work 2	One	Law Enforce	ment in \	Work Zor	70		
VEHICLE Vehicle Motor	Vehicle Type		al Motor Ve	hide		M & Rum	(by this veh	icle VI icen	sa Numb		State	Rec.	Expires		Permanent	Reg. Mil	N			_
Vel MOTO	R VEHICLE	IN TRAN	SPORT	TG6da	N	IO Color		PDU ent of Den	1J		FL	9/5/20	15	Damao	NO Vahicle Re	JF	1GD746	87G62095	Rotati	ion
2007 SUBA		IMPREZ	<u>ra</u>	Style 4D		GRY		ABLING	,-y-		5,000	YE8			SAXON'S Number					ATION
Insurance Com STATE FARM	NS			·····							5 4.	C	265585-	C05-59		· · · · · · · · · · · · · · · · · · ·				
Name of Vehicle GREG SZMITK		Bu	siness 🔲	Currer 99 PR	nt Address INCE ERIC						City PALM	COAST		FL 3	32164-719	Thone N	umber(s)			
Trailer Licens	se Number		State	Reg. Ex	pires	NO	enent Reg.	VIN					Year		lako				Lengt	Ades
	se Number		State	Reg. Ex	pires	Perm	eneni Reg.	VIN					Year	M	lake				Lengti	h Axies
Vehicle Traveling	Direction WEST		On SI	reet, Roed EVIEW P	i, Highway NRKWAY										At Es	Speed	Pos 50	ted Speed	To 2	otal Lanes
CMV Configure				Cargo B	ody Type	 -					Area o	f Initial In	pect		Undercar	riaca [Most Dam	aged A	
Comm GVWR/C	3CWR		Tre	ler Type (Trailer One	•)	Trailer Type	(Trailer T	wo)	2			뒤	<u></u>	Overt		!			1
Haz. Met. Relea	es Illes M	d Placent			Haz. Met. N	a more	Haz N	et. Class						ַ ר	Windsh	ield 🗀			عالا	
Motor Carner N					, mar. Mar. I		OS DOT Nun			1	\Box			<u> </u>] Traile	, C			П	
						kiress C					City			_	iste Zip	Code		hone Num	· ·	
Motor Carrier A											·									
Comm/Non-Con	nmercial		Vehicle Bo PASSEN	SER CAR			/ehide Dele NONE	cas (one)		"	STIFCHE L	Jefects (h	,, 		NO	иксу учи		Special Ful NO SPECI		
Vehicle Maneuv STRAIGHT AH			refficwey WO-WAY, I	NOT DIVI	DED	Road LEVE	way Grade L	Ro ST	RAIGHT	ignment	C	ost Harm OLLISIOI BJECT			MOI MO	Harmful OR VEH	Event D	etali TRANSPO	RT	
Truffic Control D STOP SIGN	Device for th	is Vehicle	First (1) S COLLISIO	equence o	FVents	 ECT	Second (2) Sequer	nce of Eve	H118	7	hird (3) S	equenc	e of Ev	ents	Fou	rth (4) Se	quence of	Events	
			MOTOR V	EHICLE I	N TRANSP	ORT														
l]								L									
VEHICLE Vehicle Motor \			al Motor Ve	hide		a & Run	(by this veh	nesi Ifehi	ee Nembe		State	Regi	- vniree		Permanent	Rec Mt	<u> </u>			
VIII MOTO	R VEHICLE	IN TRAN	SPORT	ICA L.	Ň	iCole-	(2) = 12 + 2011	1229 ent of Dan	PJ	E=- F	FL.		xpires 1015 Due to		NO Vehicle Re	11	VFP#0C)	(66M7688	Rotati	00
Year Make 2006 MAZD		MAZDA	.6	Style 4D		Color GRY	DIS	ABLING			5,000	YES		_	SAXON'S	OWING	7		ROTA	TION
Insulance Comp PROGRESSIVE	INS.										AG	45	urance 079788			· ·				
Name of Vehicle VINCENT JAME	ES VENTO	Bu:	siness 🗌	89 RO	it Address SE DR						City PALM	COAST		FL 3	12164-6941	mone N	umber(s)			
Trailer Licens	se Number		State	Reg. Ex	· 	Perm	enent Reg.	VIN					Year		ake				Length	Axies
	e Number		State	Reg. Ex	pires	Perm	enent Reg.	VIN					Yeer	М	lake				Length	Ardes
Vehicle	Direction		On SI	reel, Road	I, Highway										At Est	. Speed	Post 50	led Speed	To	tal Lanes

From:FHP St.Augustine

Crash Date	Time of Cras			Reporting A									HSMV Crash Repor	t Number
1/9/2015	6:55 AM	4/13/2	2015	FLORIDA II	IIGHWAY PAT	FROL	·			IFFIC	160FF000971		B3804060-02	
CMV Configuration			Cargo Body Type	,				Area (of Initial Impa	– .	Undercar	riage [Most Demaged	Area 1 🗆 I 🗀
Comm GVWR/GCWR		Tre	aller Type (Trailer O	ne) Tr	railer Type (Tr	aller Two)		佰			Overtu	m		
Haz. Mat. Release Haz	Mat Placard		Haz. Mar	. Number	Haz, Mel.	Class	\dashv \checkmark	告		<u> </u>	☐ Treile			华
Motor Carrier Name				US	S DOT Numbe	er .	┦ ′	, 101		וום י				IDI'u
Motor Carrier Address				Address Oth	her			City			•	Code	Phone Number	
Comm/Non-Commercial		Vehicle B	lody Type IGER CAR		ehide Defects ONE	(one)		Vehicle 1	Defects (two))	NO	oncy Vehicle	Use Special Function NO SPECIAL FU	of MV INCTION
Vehide Maneuver Action STOPPED IN TRAFFIC	Tr.	rafficway WO-WAY,	NOT DIVIDED	Roedwa	ay Grade	Roadwi	ey Alignmen GHT	c	Aost Harmful COLLISION N OBJECT	Event ION-FIXED		Hamful Eve OR VEHICL	ent Detail E IN TRANSPORT	
Traffic Control Device for STOP SIGN	this Vehicle	First (1) S	Sequence of Events ON NON-FIXED OB	LIECT	Second (2) S COLLISION	Sequence of NON-FIXE	/ Events D OBJECT		Third (3) Seq	uence of E	vents	Fourth (4	4) Sequence of Event	is ·
SIOT GOT	•		VEHICLE IN TRANS		MOTOR VE			r						
	<u></u>	<u> </u>			<u> </u>				· · · · · · · · · · · · · · · · · · ·					
Vehicle Motor Vehicle Ty	Commercia		shide	THIt & Run (f	by this vehicle	License N	umber	State	Reg. Exp	pires	Permanent	Reg. MN	· · · · · · · · · · · · · · · · · · ·	
V03 MOTOR VEHIC	LE IN TRANS	SPORT	Kityle	NO Color		COUN205	59	PL			YES	1BABN	IBXA94F218116	etion
2004 BLUB	OTHER		Style BUS	YEL	DISAE			5,000	YES _	ance Policy	ROGERS 1			FATION
JOHNS EASTERN CO.	Par		Current Addres					City	6966	951		hone Numbe	-/al	
Name of Vehicle Owner SCHOOL BOARD OF FL Trailer License Numbe	AGLER COL	UNTY IX	PO BOX 755		nent Reg. V	TIN		City BUNN		FL	32110-0001	10	Leng	ath lAxies
Опе		State		NO		nn -					Make		Leng	
Trailer License Number Two Vehicle Direction			breet, Road, Highwa	NO	Min Noy.							Snoari		otei Lanes
Traveling EAST		WHIT	TEVIEW PARKWAY	<u>′</u>							43	Speed	45	Cler Lerres
CMV Configuration			Cargo Body Type					Area o	of Initial Impa	rd .		~~	Most Damaged	Area
Comm GVWR/GCWR		Tra	siler Type (Trailer O	ne) Tr	aller Type (Tr	ailer Two)	7	品		北	Undercan Overtu Windahi	_		
Haz. Mat. Release Haz	Mat Placerd		Haz. Met.	, Number	Flaz. Met.	Class	\dashv $ \checkmark $	台		华	Traile			宁
Motor Carrier Name				US	DOT Numbe	x	ㅋ -	IOI] -				
Motor Carrier Address				Address Oth	J é T			City		!	State Zip	Code	Phone Number	
Comm/Non-Commercial		Vahide Bo BUS	pdy Type	NO	hide Defects ONE	(one)		/ehicle (Defects (two))	NO NO	ncy Vehicle (Use Special Function SCHOOL BUS	of MV
Vehicle Maneuver Action STRAIGHT AHEAD	To TV	efficwey MO-WAY, I	NOT DIVIDED	Roedwe LEVEL	y Grade	Roadwe	ey Alignmen GHT	C	lost Harmful I OLLISION N BJECT	Event ION-FIXED	Most	Hamiful Eve OR VEHICLI	ot Detail E IN TRANSPORT	
Traffic Control Device for STOP SIGN	this Vehicle	First (1) S COLLISK	equence of Events ON NON-FIXED OB	JECT	Second (2) S	Sequence of	/ Events	7	Third (3) Seq	uence of Ev	rents	Fourth (4) Sequence of Event	3
			VEHICLE IN TRANS											
PERSON RECORD	I	<u> </u>			1									
# Person Type 1 DRIVER		cle # Nerr	MAN SZMITKO			Injury :	Severity NCAPACITA	ATING		Ejecti	on EJECTED		Drive NO	er ReExem
Date of Birth Sex 09/27/1995 M	Condition at	t Time of C	rash		Addres 99 PRI	8	LN, PALM		El 32164				Phone Number	
Driver License Number 3532060953470	/* · /* · · · · · · · · · · · · · · · ·	State FL	Expires 09/27/2019	Type CLASS F	E / OPERATO			<i>.</i>		Required E	Indorsements	**EMENTS		
Restraint Systems SHOULDER AND LAP BI		<u></u>		r Bag Deploy EPLOYED - I		K .	-			et Use	IRED CINC.	(E	ye Protection	
Motor Vehicle Seating Po	eltion: Row		Motor Veh		Position: See	ıt	Motor	Vehicle	Seating Pos	ition: Other	,		OT APPLICABLE	
Priver Distracted By			LEFT				Driver Vision			· · · · · · · · · · · · · · · · · · ·				
NOT DISTRACTED Driver Actions at Time of	Crash 1 (bas	gbuj no be	sment of investigat	on officer)			VISION NOT Driver Action			2 (based on	judgement of	investigation	officer)	
OPERATED MOTOR VEI Driver Actions at Time of						 	Driver Action	ns at Tir	ne of Crash 4	4 (based on	judgement of	investigation	officer)	
Suspected Alcohol Use [/	Alcohol Teste	d A	cohol Test Type	Alcohol	Test Result	BAC	Suspe	cted Dn	ug Use ID	rug Tested		Test Type	•	euf!
NO Transport to Me	TEST GIVEN	I BL	LOOD [EMS Agency Nam	COMPLE ne or ID	ETED EN	.000 MS Run Nur	NO.	Ţ.	Medical Faci	EST GIVEN	orted To	00	Drug Test Re NEGATIVE	
EMS			FLAGLER CTY R	ESCUE		317			FLORIDA H	OSPITAL A	T FLAGLER			
PERSON RECORD # Person Type		de# Nam	ne			I injury !	Severity			l Ejecti	on.		Drive	r ReExam
2 DRIVER Dute of Birth Sex	V92 Condition at	ELIS	SA MARIE AMBER	HOMEN	[Addres	FATAL	L(WITHIN 34	0 DAYS	2	NOT	ON EJECTED		NO Phone Number	
11/05/1992 F	APPARENTI	LY NORM	Expires	Туре			PALM COA	ST FL 3		Darwired F	ndorsements		FIRST PRINTERS.	
HS50201929050 Restraint Systems		FL	11/08/2022	CLASS E	/ OPERATO	R			[Helmo	NO REQU	RED ENDOF	SEMENTS	ye Protection	
NONE USED - MOTOR V		CUPANT		Bag Deploy PLOYED - S			184-5	N 1 - 1 -				N N	OT APPLICABLE	
Motor Vehicle Seating Por	altion: Row		MOTOR VEN	de Seaming	Position: Seal	K.	MOTOR	Aeulae	Seating Pos	mon: Owner				

Crash Date 1/9/2015	Time of Crash 8:55 AM	Date of R 4/13/2016		Reporting Agency FLORIDA HIGHWA	Y PATROL				Reporting A FHPG150F	gency Case Numb F000978	er HSMV Cras 83804060-0	
Driver Distracted By						Drive	r Vision Obst	ructions				
NOT DISTRACTED Driver Actions at Time of		i on judgem	ent of investig	gation officer)					ssh 2 (based on judg	ement of investige	tion officer)	
NO CONTRIBUTING AC Driver Actions at Time of	Crash 3 (bases	on Judgem	part of investig	pation officer)		Drive	r Actions at T	ime of Cra	ash 4 (based on judg	ement of investiga	tion officer)	
Suspected Alcohol Use	Alcohol Tested	Alcoh	not Test Type	Alcohol Test Re	sout BAC	L	Suspected D	Drug Use	Drug Tested TEST NOT GIVE	Drug Test Typ	e Dru	g Test Result
Source of Transport to N	TEST NOT GN Medical Facility		MS Agency N LAGLER CT	lame or ID	EMS Run N	umber		Medical	Facility Transported X AT ORMOND		<u>+</u>	
EMS		IF.	LAGLER CT	r RESCUE	0317			INALIFA	A A I OKMORD	-		
PERSON RECORI	Vehick	# Name			Injur	Seve	rity PACITATING		Ejection NOT EJE	TEN		Driver ReExam
3 DRIVER Date of Birth Sex	Condition at T	ime of Cras	ROSA MART		Address 92 BARRINGTO						Phone Num 386246939	ber
03/15/1949 F Driver License Number	APPARENTL	State	Expires	Type CLASS A	32 BARRINGI O	N DK,	PALIS COAS	91 FL 321	Required Endor	sements ENDORSEMENT		<u> </u>
M635556495950 Restraint Systems		jr.	03/15/2018	Air Beg Deployed NOT DEPLOYED				F	lelmet Use	PROPORTION	Eye Protection	n ADI E
SHOULDER AND LAP I Motor Vehicle Sesting P			Motor V	NOT DEPLOYED shicle Seating Position	n: Seat		Motor Vehicl	le Seating	Position: Other	· · · · · · · · · · · · · · · · · · ·	INUI APPLIC	ABLE
PRONT Driver Distracted By			LEFT				r Vision Obst			·		
NOT DISTRACTED Driver Actions at Time of	Creah 1 (based	on judgem	ent of investig	gation officer)			on NOT OBS		ash 2 (based on judg	ement of investiga	tion officer)	
NO CONTRIBUTING AC Driver Actions at Time of		on judgem	ent of investig	gation officer)		Drive	r Actions at T	Ime of Cra	ash 4 (based on judg	ement of investigat	tion officer)	
Suspected Alcohol Use	Alcohol Tested	Alcof	noi Test Type	Alcohol Test Re	wult BAC	١	Suspected D	Orug Use	Drug Tested	Drug Test Typ	Drug	g Test Result
NO Source of Transport to N	TEST NOT GI	/EN	MS Agency N	arne or ID	EMS Run N	umber	100	Medical	TEST NOT GIVE Facility Transported	To		
EMS .		F	LAGLER CTY	r RESCUE	0317			FLORED	A HOSPITAL AT FL	AULEK		
PERSON RECORI	Vehicle	# Name				-	Injury Sever	ity		Ejection NOT EJECTED		
4 PASSENGER Date of Birth Sex	Address						POSSIBLE			MUI EJECIED	Phone Num	ber
Restraint Systems	<u> </u>			Air Bag Deployed NOT APPLICABLE				F	leimet Use	<u> </u>	Eye Protection	n
RESTRAINT USED - TY Motor Vehicle Seating P		-	Motor V	ehicle Seating Positio	n: Seat		Motor Vehic	le Seating	Position: Other		NOT APPLIC	ABLE
OTHER ROW Source of Transport to N		TE	UNIONO MS Agency N		EMS Run N	umber	ļ	Medical	Facility Transported	To		
OTHER, EXPLAIN IN N								FLORID	A HOSPITAL AT FL	AGLER		
PERSON RECORI # Person Type 5 PASSENGER	Vehick	# Name					Injury Sever	ity		Ejection		· · · · · · · · · · · · · · · · · · ·
Date of Birth Sex	Address			<u> </u>			POSSIBLE			NOT EJECTED	Phone Num	ber
Restraint Systems	<u> </u>			Air Bag Deployed				F	leimet Use		Eye Protection	
RESTRAINT USED - TY Motor Vehicle Seating P			Motor V	NOT APPLICABLE which Seeting Position	n: Seat		Motor Vehic	le Seating	Position: Other	<u> </u>	NOT APPLIC	ABLE
OTHER ROW Source of Transport to M	ledical Facility	ĮΕ	UNIONO MS Agency N		EMS Run N	umber	ļ	Medical	Facility Transported A HOSPITAL AT FL	To ACLED		
PERSON RECORD								Trioido	A HOSPITAL AT FL	AULEN		
# Person Type 6 PASSENGER		# Name					Injury Seven	ity		Ejection NOT EJECTED		
Date of Birth Sex	Address						,				Phone Num	ber
Restraint Systems RESTRAINT USED - TY	DE INKNOWN			Air Beg Deployed NOT APPLICABLE				H	felmet Use	······································	Eye Protection	n ABLE
Motor Vehicle Seating P				ehicle Seating Positio	n: Seat		Motor Vehicl	le Seating	Position: Other		<u> </u>	
Source of Transport to N OTHER, EXPLAIN IN N	lecical Facility	E	MS Agency N		EMS Run N	umber		Medical	Fecility Transported A HOSPITAL AT FL	To AGLER		
PERSON RECORD			·					1				
# Person Type 7 PASSENGER		# Name					Injury Sever	ity		Ejection NOT EJECTED		
Date of Birth Sex	Address			72000							Phone Num	ber
Restraint Systems RESTRAINT USED - TY			_	Air Bag Deployed NOT APPLICABLE				۲	leimet Use		Eye Protection	n ABLE
Motor Vehicle Seating P	osition: Row		Motor V UNKNO	ehicle Seating Position	on: Seat		Motor Vehic	ie Seating	Position: Other			
Source of Transport to M OTHER, EXPLAIN IN NA	ledical Facility ARRATIVE	E	MS Agency N	ame or ID	EMS Run N	umber		Medical FLORID	Facility Transported A HOSPITAL AT FL	TO AGLER		
PERSON RECORD)											
# Person Type 8 PASSENGER	Vehicle V03	Name					Injury Sever POSSIBLE	ity		NOT EJECTED		
Date of Birth Sex	Address										Phone Num	ber
Restraint Systems RESTRAINT USED - TY	PE UNKNOWN			Air Bag Deployed NOT DEPLOYED				-	felmet Use		NOT APPLIC	n ABLE
Motor Vehicle Seating Po OTHER ROW				ehicle Seating Positio			1	_	Position: Other			
Source of Transport to N OTHER, EXPLAIN IN NA	MORE FACILITY	E	MS Agency N	ame or ID	EMS Run N	umber		Medical FLORID	Facility Transported A HOSPITAL AT FL	To AGLER		
PERSON RECOR										7-0		
Person Type PASSENGER	V03	Name					POSSIBLE	nty		NOT EJECTED		
Date of Birth Sex	Address									···	Phone Num	
Restraint Systems RESTRAINT USED - TY				Air Bag Deployed NOT APPLICABLE					leimet Use		Eye Protection NOT APPLIC	ABLE
Motor Vehicle Seating P OTHER ROW			UNKNO				1	-	Position: Other			
Source of Transport to M	edical Facility	E	MS Agency N	ame or ID	EMS Run N	umbe	7	Medical	Facility Transported A HOSPITAL AT FL	TO AGI FR		

Crash Date 1/9/2015	Time of Crash 6;55 AM	Date of Report 4/13/2015	Reporting Agency FLORIDA HIGHWAY	PATROL			Reporting Age	ency Case Numb 000978	er HSMV Crash Report Number 83864060-82
PERSON RECOR									
# Person Type	Vehicle	# Name			injury Sever	ity		Ejection	
10 PASSENGER Date of Birth Sex	[V03 [Address				POSSIBLE			NOT EJECTED	Phone Number
Restraint Systems			LAV Red Declared			Heim	at i lea		JEye Protection
RESTRAINT USED - T			AIT Bag Deployed NOT APPLICABLE		144 . 17 17				NOT APPLICABLE
Motor Vehicle Seating I OTHER ROW	Position: Row	Motor	Vehicle Seating Position: IOWN	Sent	Motor Vervo	e Seating Pos	ision: Other		
Source of Transport to OTHER, EXPLAIN IN	Medical Facility	EMS Agency	Name or ID	EMS Run Number	,	Medical Faci FLORIDA H	ility Transported T OSPITAL AT FLA	O GLER	
PERSON RECOR									-
# Person Type	Vehicle	# Name			Injury Sever	ity		Ejection NOT EJECTED	
Date of Birth Sex	V03			· · · · · · · · · · · · · · · · · · ·	POSSIBLE			NOT EJECTED	Phone Number
2004 F Restraint Systems			Air Bag Deployed			IHelms	nt Use		Eye Protection
RESTRAINT USED - T		Illana.	NOT APPLICABLE Vehicle Seating Position:	East	TMotor Vahid				
Motor Vehicle Seating I OTHER ROW		UNKN	OWN		MOTOL ABUIC	e Seating Pos			
Source of Transport to OTHER, EXPLAIN IN N		EMS Agency	Name or ID	EMS Run Number		Medical Faci FLORIDA HO	lity Transported To OSPITAL AT FLA	GLER	
PERSON RECOR	D					*			
# Person Type 12 PASSENGER		# Name			Injury Sever	ity		Ejection NOT EJECTED	
Date of Birth Sex	Address				, COURTE			WAT EVENTED	Phone Number
Restraint Systems			Air Bag Deployed			Holme	st Use		Eye Protection
RESTRAINT USED - T Motor Vehicle Seating		Motor	NOT APPLICABLE Vehicle Seating Position:	Seel	Motor Vahid	e Seating Pos	ition: Other		NOT APPLICABLE
OTHER ROW		UNKN	OWN						
Source of Transport to OTHER, EXPLAIN IN N	ARRATIVE	EMS Agency	rame or IU	EMS Run Number		FLORIDA HO	lity Transported To DSPITAL AT FLA	GLER	
PERSON RECOR	D								
# Person Type 13 PASSENGER	Vehicle Vo3	# Name			Injury Severi POSSIBLE	ty		Ejection NOT EJECTED	
Date of Birth Sex /2091 M	Addition		- ***						Phone Number
Restraint Systems			AIT Bag Deployed			Halme	it Use		Eye Protection
RESTRAINT USED - TO Motor Vehicle Seating F		Motor	NOT APPLICABLE Vehicle Seating Position:	Seat	Motor Vehicle	Seating Posi	ition: Other		NOT APPLICABLE
OTHER ROW Source of Transport to 1	adical Facility	UNKN EMS Agency		EMS Run Number	L	Medical Facil	lity Transported To		
OTHER, EXPLAIN IN N	ARRATIVE	Emo Agailey		LINE NO.		FLORIDA HO	SPITAL AT FLA	GLER	
PERSON RECOR		,							
# Person Type 14 PASSENGER	Venicie Ve3	# Name			Injury Severi POSSIBLE	ry 		Ejection NOT EJECTED	
Date of Birth Sex	Address								Phone Number
Restraint Systems RESTRAINT USED - TY	PE INCHOWN		Air Bag Deployed NOT APPLICABLE		******************	Helme	it Use		Eye Protection NOT APPLICABLE
Motor Vehicle Seating P			Vehicle Seating Position:	Seat	Motor Vehicle	Seating Post	tion: Other		INOT AFFECABLE
OTHER ROW Source of Transport to I		EMS Agency		EMS Run Number	L	Medical Facil	ity Transported To		
OTHER, EXPLAIN IN N		L		L		FLORIDA HO	DEPITAL AT FLAC	BLER	
PERSON RECOR		# IName			Injury Severi	<u> </u>		Ejection	
15 PASSENGER	V03				Injury Severi POSSIBLE	·,	1	NOT EJECTED	Dhara Maria
Date of Birth Sex	Abdress	·		<u> </u>					Phone Number
Restraint Systems RESTRAINT USED - TY	PE UNKNOWN		Air Bag Deployed NOT APPLICABLE			Heime	it Uşe		Eye Protection NOT APPLICABLE
Motor Vehicle Seating P OTHER ROW	osition: Row	Motor V UNKN	Vehicle Seating Position: : OWN	Seat	Motor Vehicle	Seating Post	tion: Other		
Source of Transport to A	Indical Facility	EMS Agency I		EMS Run Number		Medical Facili	ity Transported To SPITAL AT FLAC) 31 FR	
						. EUROPA FIL	TOTAL AL FLA		
PERSON RECOR!	Vehicle	Name			Injury Severi	by		Ejection	
16 PASSENGER · Date of Birth Sex	V03				POSSIBLE		<u>ال</u>	NOT EJECTED	Phone Number
2001 F			Air Rea Denimen			i Heime	t Use		Eye Protection
Restraint Systems RESTRAINT USED - TY	PE UNKNOWN		Air Bag Deployed NOT APPLICABLE		**				NOT APPLICABLE
Motor Vehicle Seating P OTHER ROW	osition: Row	Motor \	Vehicle Seating Position; S DWN		Motor Vehicle	Seating Post	tion: Other		
Source of Transport to &	ledical Facility	EMS Agency I	Name or ID	EMS Run Number		Medical Facili	ity Transported To SPITAL AT FLAC	SLER	
PERSON RECORL)								
# Person Type	Vehicle :	Name			Injury Severi POSSIBLE	У		Ejection	
Date of Birth Sex	V03				- USSIBLE		!	NOT EJECTED	Phone Number
Restraint Systems			Air Bag Deployed			Helme	t Use		Eye Protection
RESTRAINT USED - TY Motor Vehicle Seating P		Thintes 1	NOT APPLICABLE /ehicle Seating Position: S	east 1	Motor Vahiole	Seating Posit			NOT APPLICABLE
OTHER ROW		UNKNO	OWN			·			
Source of Transport to N OTHER, EXPLAIN IN N	NOTICE FACILITY	EMS Agency N	teme of ID	EMS Run Number		Medical Facili FLORIDA HO	ity Transported To SPITAL AT FLAG	PLER	
PERSON RECORI)				-				
# Person Type									
18 INVESTMENTER	Vehicle i	Name			Injury Severil	у		jection NOT EJECTED	
Date of Birth Sex		Name			Injury Severil POSSIBLE	у		NOT EJECTED	Phone Number
	Vehicle i V03	blame	Air Bag Deployed NOT APPLICABLE		Injury Severit POSSIBLE	y [Helmol		OT EJECTED	Phone Number Eye Protection NOT APPLICABLE

Crash Date 1/9/2015	Time of Crash 6:55 AM	Date of Repo 4/13/2015	ort Reporting Agen FLORIDA HIGH	cy WAY PATROL			ting Agency Case Num 15OFF000978	ber HSMV Crash Report Number 8384060-62
Motor Vehicle Seating F	Position; Row		Motor Vehicle Seating Por	sition: Seat	Motor Vehic	ie Seating Position: Othe	NT .	
OTHER ROW Source of Transport to N OTHER, EXPLAIN IN N	Medical Facility	EMS	Agency Name of ID	EMS Run Numb	м	Medical Facility Transp FLORIDA HOSPITAL	orted To	
PERSON RECOR				 _				
# Person Type 19 PASSENGER		# Name			Injury Sever	rity	Ejection NOT EJECTES)
Date of Birth Sex	Address					•		Phone Number
Restraint Systems RESTRAINT USED - TY			Air Bag Deployed NOT APPLICABL			Helmet Use		Eye Protection NOT APPLICABLE
Motor Vehicle Seating P OTHER ROW			Motor Vehicle Seating Pos UNKNOWN		1	de Seating Position: Other		
Source of Transport to M OTHER, EXPLAIN IN N.	Medicai Facility ARRATIVE	EMS	Agency Name or ID	EMS Run Numb	or 	Medical Facility Transp FLORIDA HOSPITAL	AT FLAGLER	· · · · · · · · · · · · · · · · · · ·
PERSON RECOR		# Name		·	Injury Seve	rihy	Election	
29 PASSENGER	V03				POSSIBLE		NOT EJECTE	Phone Number
Date of Birth Sex mass/2001 M Restraint Systems	7-00/100		Air Bag Degloved	·		Heimet Use		Eye Protection
RESTRAINT USED - TY Motor Vehicle Seating P			Air Bag Deployed NOT APPLICABL Motor Vehicle Seating Pos		Motor Vehic	de Seating Position: Othe	र	NOT APPLICABLE
OTHER ROW	Andical Facility	EMS	UNKNOWN Agency Name or ID	EMS Run Numb	er .	Medical Facility Transp	orled To	
OTHER, EXPLAIN IN N. PERSON RECOR				LL		FLORIDA HOŚPITAL	AI FLAGLEK	
PERSON RECORD Person Type PASSENGER	Vehicle Vo3	# Name			Injury Seve POSSIBLE	rity	Ejection NOT EJECTED)
Date of Birth Sex	Address		FL 32164	 			1.101	Phone Number
Restraint Systems RESTRAINT USED - TY	PE UNKNOWN		Air Bag Deployed NOT APPLICABL	E	*	Helmet Use		Eye Protection NOT APPLICABLE
Motor Vehicle Seating P			Motor Vehicle Seating Por UNKNOWN		Motor Vehic	de Seating Position: Othe		
Source of Transport to A OTHER, EXPLAIN IN N		EMS	Agency Name or ID	EMS Run Numb	м	Medical Facility Transp FLORIDA HOSPITAL	orted To AT FLAGLER	
PERSON RECOR					L/Discussion		It is at a	
Person Type 22 PASSENGER	Vahide V03	<u> </u>			Injury Sever		Ejection NOT EJECTES	Phone Number
Date of Birth Sex 2001 F Restraint Systems	Address		FL 32164			Helmet Use		Eye Protection
RESTRAINT USED - TY			Air Bag Deployed NOT APPLICABL [Motor Vehicle Seating Por		Motor Vehic	le Seating Position: Other	er	NOT APPLICABLE
OTHER ROW Source of Transport to N		TEMS	UNICHOWN Agency Name or ID	I EMS Run Numb		Medical Facility Transp	orted To	
OTHER, EXPLAIN IN N.	ARRATIVE					FLORIDA HOSPITAL	AT FLAGLER	
PERSON RECORI Person Type PASSENGER	Vehicle	# Nome			Injury Seve	rity	Ejection NOT EJECTED	· · · · · · · · · · · · · · · · · · ·
Date of Birth Sex	Address		FL 32164	·	T COOLDELL		INOT ESECTED	Phone Number
Restraint Systems RESTRAINT USED - TY	PE UNKNOWN		Air Bag Deployed NOT APPLICABL	E		Helmet Use		Eye Protection NOT APPLICABLE
Motor Vehicle Seating P	osition: Row		Motor Vehicle Seating Pos UNKNOWN		Motor Vehic	le Seating Position: Other	or .	
Source of Transport to M OTHER, EXPLAIN IN N	ledical Facility ARRATIVE	EMS	Agency Name or ID	EMS Run Numb	M .	Medical Facility Transp FLORIDA HOSPITAL	orted To AT FLAGLER	-
PERSON RECOR		0.6			Tieter Bere	in.	Figure	
Person Type 24 PASSENGER	V03	# Name			Injury Seve POSSIBLE		Ejection NOT EJECTED) Phone Number
Date of Birth Sex 1/2002 F Restraint Systems	Address		FL 32164			Helmet Use		Eye Protection
RESTRAINT USED - TY			Air Bag Deployed NOT APPLICABL Motor Vehicle Seating Pos	E sition: Seet	Motor Vehic	le Seating Position: Other	er e	NOT APPLICABLE
OTHER ROW Source of Transport to M	ledical Facility	EMS	UNKNOWN Agency Name or ID	EMS Run Numb	J or	Medical Facility Transp		
OTHER, EXPLAIN IN N					_	FLORIDA HOSPITAL	AI FLAGLER	
PERSON RECORT Person Type PASSENGER		# Name			Injury Sever	ity	Ejection NOT EJECTED)
25 PASSENGER Date of Birth Sex	Address		FL 32164		1	•	,,,,, monotin	Phone Number
Restraint Systems RESTRAINT USED - TY	PE UNKNOWN		Air Bag Deployed NOT APPLICABL			Heimet Use		Eye Protection NOT APPLICABLE
Motor Vehicle Seating Pr OTHER ROW	osition: Row		Motor Vehicle Seating Pos UNKNOWN	ition: Seat	_i	le Seating Position: Othe		
Source of Transport to M OTHER, EXPLAIN IN NA	ledical Facility ARRATIVE	EMS	Agency Name or ID	EMS Run Numb	er	Medical Facility Tramsp FLORIDA HOSPITAL	orled To AT FLAGLER	
PERSON RECORD		# Na			Inima Sauce	dt.	Ejection	
# Parson Type 26 PASSENGER Date of Birth Sex	Vehicle V93	# Name			Injury Sever POSSIBLE		NOT EJECTED	Phone Number
Date of Birth Sex Restraint Systems	TADAMINET	L, FALL CO.	Air Reg Deployed			Helmet Use		Eye Protection
RESTRAINT USED - TY Motor Vehicle Seating P		· · · · · · · · · · · · · · · · · · ·	NOT APPLICABL		Motor Vehic	le Seating Position: Other	7	NOT APPLICABLE
OTHER ROW Source of Transport to N	ledical Facility	EMS	UNICHOWN Agency Name or ID	EMS Run Numb		Medical Facility Transp		
OTHER, EXPLAIN IN N	ARRATIVE					FLORIDA HOSPITAL	AT FLAGLER	
PERSON RECORD # Person Type 27 PASSENGER		# Name		 	Injury Sever	rity	Ejection NOT EJECTED	

Crash Date 1/9/2015	Time of Crash 6:55 AM	Date o	Report		Reporting Agency FLORIDA HIGHWAY F	PATROL			Reporting Ag FHPG15OFF	ency Case Numbe 000978	r HSMV Crash Report Number 83864060-02
Date of Birth Sex	Address										Phone Number
Restraint Systems	4 ROSECROF	LR, P	ALM COA	1	Nr Beg Deployed				Helmet Use		Eye Protection NOT APPLICABLE
RESTRAINT USED - TY Motor Vahicle Seating P	celtion: Row			Aotor Ve	hicle Seating Position: 5	Seat	Motor Vehick	e Seatin	ng Position: Other		
OTHER ROW Source of Transport to N	Andical Facility			INKNOV ency Na	me or ID	EMS Run Number		Medica	al Facility Transported I	O ER	···
OTHER, EXPLAIN IN N	ARRATIVE		<u> </u>			<u> </u>		PEOR	DA NOST II AL AI I L		
PERSON RECORI) Vehicle	# Nen	ne				Injury Severi	ty		Ejection NOT EJECTED	
Person Type 28 PASSENGER Dete of Birth Sex	V03						POSSIBLE			INOT ESECTED	Phone Number
Restraint Systems					FL 32164 Vir Bag Deployed NOT APPLICABLE				Helmet Use		Eye Protection NOT APPLICABLE
RESTRAINT USED - TY			- IA	Aotor Ve	NOT APPLICABLE hide Seating Position: \$	Seat	Motor Vehic	e Seatin	ng Position: Other		MUI APPLICABLE
OTHER ROW				NICHON	ANI Ime or ID	EMS Run Number	L	Medica	al Facility Transported	To	
OTHER, EXPLAIN IN M	ARRATIVE							FLOR	IDA HOŚPITAL AT FLA	NGLER	
PERSON RECOR	D	# New	700				Injury Severi	ity		Ejection	
# Person Type 29 PASSENGER	V03						POSSIBLE			NOT EJECTED	Phone Number
Date of Birth Sex maintai2002 F				1/	FL 32164 Vr Bag Daployed			_ 	Helmet Use		Eye Protection
Restraint Systems RESTRAINT USED - TY			- 16		Air Bag Deployed NOT APPLICABLE shicle Seating Position:	Seat	Motor Vehic	e Seatir	ng Position: Other		NOT APPLICABLE
Motor Vehicle Seating P OTHER ROW			Įï	NKHO		EMS Run Number		Medica	al Facility Transported	To	
Source of Transport to A OTHER, EXPLAIN IN M.	ARRATIVE			BIICY N				FLOR	DA HOSPITAL AT FL	AGLER	
PERSON RECOR		4 61					Injury Sever	itv		Election	
# Person Type 30 PASSENGER	Vehicle V63	# Nar	m 2				POSSIBLE			NOT EJECTED	Phone Number
Date of Birth Sex	Address				32164				THelmet Use		Eye Protection
Restraint Systems RESTRAINT USED - To					Air Bag Deployed NOT APPLICABLE		The section of	la Cambi	ng Position: Other		NOT APPLICABLE
Motor Vehicle Sealing P OTHER ROW				UNKNO					<u>-</u>	Ta	
Source of Transport to N OTHER, EXPLAIN IN N	Andical Facility ARRATIVE		EMS Ag	ency Na	ime or ID	EMS Run Number		FLOR	al Facility Transported IDA HOSPITAL AT FL	AĞLER	
PERSON RECOR							I Inhone Course	in.		Ejection	
# Person Type 31 PASSENGER	Vehicle Ve3	* Nar	me				Injury Sever POSSIBLE	ny .		NOT EJECTED	Phone Number
Date of Birth Sex	Address			FL:	32164				Distance in the second		
Restraint Systems RESTRAINT USED - TY					Air Bag Deployed NOT APPLICABLE		The	. 64.	Helmet Use		Eye Protection NOT APPLICABLE
Motor Vehicle Seating P OTHER ROW	osition: Row		_ l	UNKNO			1		ng Position: Other	·-	
Source of Transport to A			EMS Ag	jency Na	arne or ID	EMS Run Number		FLOR	al Facility Transported IDA HOSPITAL AT FL	AGLER	
PERSON RECOR							Tieter Course	44		Ejection	
# Person Type 32 PASSENGER	Vehicle V03	# Mor					injury Sever POSSIBLE			NOT EJECTED	Phone Number
Date of Birth Sex	Address			FL 321					Heimet Use		Eye Protection
Restraint Systems RESTRAINT USED - TY	PE UNKNOWN				Air Bag Deployed NOT APPLICABLE					· · · · · · · · · · · · · · · · · · ·	NOT APPLICABLE
Motor Vehicle Seating P OTHER ROW	osition: Row		- 10	UNBONO	shicle Seating Position: WN		1		ing Position: Other		
Source of Transport to I	Vedical Facility ARRATIVE		EMS A	jency Ni	ime or ID	EMS Run Numbe	r 	FLOR	al Facility Transported IIDA HOSPITAL AT FL	AGLER	
PERSON RECOR										15	
# Person Type 33 PASSENGER	Vehicle V03	*					POSSIBLE	nry		NOT EJECTED	Dhone Mysshor
Date of Birth Sex	Address				2164				(C-11-V		Phone Number
Restraint Systems RESTRAINT USED - TO	YPE UNKNOWN				Air Bag Deployed NOT APPLICABLE		4		Heimet Use		Eye Protection NOT APPLICABLE
Motor Vehicle Seating F OTHER ROW	osition: Row		Į.	UNKNO			1		ing Position: Other		
Source of Transport to OTHER, EXPLAIN IN N	Viedical Facility ARRATIVE		EMS A	ency N	ame or ID	EMS Run Numbe	r	Medic FLOR	cal Facility Transported RIDA HOSPITAL AT FL	AGLER	
PERSON RECOR										Tel- al-	
# Person Type 34 PASSENGER	Vehicle V03						POSSIBLE	nty		NOT EJECTED	Chana Nu-
Date of Birth Sex	Address			FL 32					· · · · · · · · · · · · · · · · · · ·		Phone Number
Restraint Systems RESTRAINT USED - TO	YPE UNKNOWN				Air Bag Deployed NOT APPLICABLE				Helmet Use	, -	Eye Protection NOT APPLICABLE
Motor Vehicle Seating F				Motor V	ehicle Seating Position:				ing Position: Other		
Source of Transport to OTHER, EXPLAIN IN N	Viedical Facility ARRATIVE		TEMS A	gency N	ame or ID	EMS Run Numbe	·	Medic FLOR	cal Facility Transported RIDA HOSPITAL AT FL	AGLER	
PERSON RECOR	D										
# Person Type 35 PASSENGER	Vehicle V03	# Na	me				POSSIBLE	rity		NOT EJECTED	
Date of Birth Sex	Address				R. 32164						Phone Number
Restraint Systems RESTRAINT USED - T	YPE UNKNOWN			Ì	Air Beg Deployed NOT APPLICABLE				Helmet Use		Eye Protection NOT APPLICABLE
Motor Vehicle Seating I					ehicle Seating Position:	Seat	Motor Vehic		ing Position: Other		
Source of Transport to	Medical Facility				ame or ID	EMS Run Numbe	(************************************	Medic	cal Facility Transported	AGI FR	

Crash Date 1/9/2015	Time of Crash 6:55 AM	Date of Report	Reporting Agency FLORIDA HIGHWAY	/ BATRO				mber HSMV Crash Report Number
1182110	V.50 /4H	7.42010	ILTOMON HOUNA	TAINUL			FHPG15OFF000978	8380406D-02
PERSON RECOR		4 No			Y	4		
# Parson Type 36 PASSENGER	Vehicle V03				POSSIBLE	пу	Section NOT EJECTE	
Date of Birth Sex	Address		LM COAST FL 32164					Phone Number
Restraint Systems RESTRAINT USED - TY			Air Bag Deployed NOT APPLICABLE			Helmet	Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating P	osition: Row		Motor Vehicle Seating Position UNIONOWN	: Seat	Motor Vehic	le Seating Position	on: Other	
Source of Transport to M OTHER, EXPLAIN IN N		EMS A	gency Name or ID	EMS Run Numbe	ř	Medical Facility	Transported To PITAL AT FLAGLER	
PERSON RECORE			· · · · · · · · · · · · · · · · · · ·					
# Person Type 37 PASSENGER		# Name			Injury Sever	ity	Ejection NOT EJECTE	
Date of Birth Sex	Address		FL 32164		1		[1001 002012	Phone Number
Restraint Systems RESTRAINT USED - TY	BE I INIVIOUS		Air Bag Deployed	· · · · · · · · · · · · · · · · · · ·		Helmet I	Jse	Eye Protection
Motor Vehicle Seating Po			Motor Vehicle Seating Position.	: Seat	Motor Vehic	e Seating Position	n: Other	NOT APPLICABLE
OTHER ROW Source of Transport to M	ledical Facility		gency Name or ID	EMS Run Numbe	,	Medical Facility	Transported To	
OTHER, EXPLAIN IN N				<u> </u>		FLORIDA HOS	PITAL AT FLAGLER	
# Person Type	Vehicle :	Name			Injury Sever	ity	Ejection	
38 PASSENGER Date of Birth Sex	V03 Address	-			POSSIBLE		NOT EJECTE	D Phone Number
Restraint Systems			FL 32164 Air Bag Deployed NOT APPLICABLE	· · · · · · · · · · · · · · · · · · ·		Helmet	Jae	Eye Protection
RESTRAINT USED - TY			NOT APPLICABLE Motor Vehicle Seating Position:	Sect	Motor Vehicl	e Seating Positio		NOT APPLICABLE
OTHER ROW Source of Transport to M	edical Facility		UNKNOWN gency Name or ID	EMS Run Number		_		
OTHER, EXPLAIN IN NA	RRATIVE			1		FLORIDA HOS	Transported To PITAL AT FLAGLER	
PERSON RECORD # Person Type	Vehicle i				Injury Severi	lv	Ejection	
39 PASSENGER Date of Birth Sex	V03	<u> </u>		-	POSSIBLE	···	NOT EJECTE	D Phone Number
2002 M			FL 32164			Helmet \	ha.	
Restraint Systems RESTRAINT USED - TYI Motor Vehicle Seating Po	PE UNKNOWN		Air Bag Deployed NOT APPLICABLE	Cook	IM-1-1/-11-1			Eye Protection NOT APPLICABLE
OTHER ROW			Motor Vehicle Seating Position: UNKNOWN		1 .	e Seating Positio		
Source of Transport to M OTHER, EXPLAIN IN NA		EMS AQ	gency Name or ID	EMS Run Number		Medical Facility FLORIDA HOS	Transported To PITAL AT FLAGLER	
PERSON RECORD								
# Person Type 49 PASSENGER	Vehicle t V03				Injury Severi POSSIBLE	ty :	Ejection NOT EJECTE	D
Date of Birth Sax 2001 M	Address		FL 32164					Phone Number
Restraint Systems RESTRAINT USED - TYI			Air Bag Deployed NOT APPLICABLE			Helmet U	lse .	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Po OTHER ROW	sition: Row		Motor Vehicle Seating Position: UNIONOWN	Seel	Motor Vehicle NOT APPLIC	s Seating Positio	n; Other	
Source of Transport to MI OTHER, EXPLAIN IN NA		EMS Ag	ency Name or ID	EMS Run Number		Medical Facility FLORIDA HOS	Transported To PITAL AT FLAGLER	
PERSON RECORD								****
# Person Type 41 PASSENGER	Vehicle #	Name			Injury Severi POSSIBLE	ty	Ejection NOT EJECTE	D
Date of Birth Sex	Address		FL 32164					Phone Number
Restraint Systems RESTRAINT USED - TYP	PE LINKNOWN		Air Bag Deployed			Helmet U	30	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Po OTHER ROW			Motor Vehicle Seating Position: UNKNOWN	Seal	Motor Vehicle	Seating Positio	n: Other	INOT AT FLICABLE
Source of Transport to Mi OTHER, EXPLAIN IN NA	edical Facility		ency Name or ID	EMS Run Number	'	Medical Facility	Transported To PITAL AT FLAGLER	
PERSON RECORD						· COMBON HUSS	TIME AT PLANER	
# Person Type 42 PASSENGER	Vehide #	Name			Injury Severi POSSIBLE	l y	Ejection	
Date of Birth Sex	Address		El 22464	•	PUODESLE		NOT EJECTE	Phone Number
Restraint Systems			FL 32164 Air Beg Deployed			Helmet U	***	Eye Protection
RESTRAINT USED - TYP Motor Vehicle Seating Po		Į A	NOT APPLICABLE Motor Vehicle Seating Position:	Seel		Seating Position	n: Other	NOT APPLICABLE
Source of Transport to Me	dical Facility		INKNOWN ency Name or ID	EMS Run Number	NOT APPLIC		Transported To PITAL AT FLAGLER	
OTHER, EXPLAIN IN NA				<u> </u>		FLORIDA HOŚF	ATAL AT FLAGLER	
PERSON RECORD # Person Type	Vehicle #	Mama			Injury Severil POSSIBLE	y	Ejection	
43 PASSENGER Date of Birth Sex	V03				POSSIBLE		Ejection NOT EJECTE	Phone Number
Restraint Systems			FL 32164 Air Bag Deployed			Helmet U		Eye Protection
RESTRAINT USED - TYP Motor Vehicle Seating Pos		TK.	NOT APPLICABLE Motor Vehicle Seating Position:	Sect	Motor Vahlete	Sesting Position		NOT APPLICABLE
OTHER ROW Source of Transport to Me		c	OTHER, EXPLAIN IN NARRATI	ME LEMS Run Number	The same	-		
OTHER, EXPLAIN IN NA	RRATIVE	CMO AQ		The run Humber		FLORIDA HOSE	Transported To TTAL AT FLAGLER	
PERSON RECORD	Vehicle #	Name			Inhana Sanada	<u> </u>	- I - I - I - I - I - I - I - I - I - I	
44 PASSENGER	V03				Injury Severit POSSIBLE	 -	NOT EJECTER	
2006 M	Address		FL 32164			1		Phone Number
Restraint Systems	E I IMPONIMA		Air Bag Deployed			Helmet U	34	Eye Protection

_												
	sh Dete 2015		Time of Cresh 6:55 AM	Date of Repo 4/13/2015	ort .	Reporting Agency FLORIDA HIGHWAY	PATROL			Reporting Ag FHPG150FF		HSMV Crash Report Number 83804060-02
	or Vehicle S ER ROW	leating P	osition: Row		Motor	Vehicle Sesting Position; OWN	Seal	Motor Vehic	e Seating	Position: Other		
Sou	rce of Trans IER, EXPL	port to M	fedical Facility ARRATIVE	EMS	Agency	Name or ID	EMS Run Numbe	/	Medical FLORID	Facility Transported T A HOSPITAL AT FLA	GLER	
PEI	RSON R											
45	Person T	3ER	V03	# Name				POSSIBLE	rity 		NOT EJECTED	
1	of Birth	Sex F	Address									Phone Number
RE		SED - 11	PE UNKNOWN			Air Bag Deployed NOT APPLICABLE		:		elmet Use		Eye Protection NOT APPLICABLE
OTI	ER ROW		osition: Row		UNKN			1	le Seating	Position: Other		
Sou	ros of Trans IER, EXPL	iport lo li VIN IN N	ledical Facility VRRATIVE	EMS	Agency	Name or ID	EMS Run Numbe		Medical FLORID	Facility Transported 1 A HOSPITAL AT FLA	GLER	
PEF	SON R											
48	Person Ty PASSEN	ER	Vehicle : V83	Name				Injury Sever POSSIBLE	ity 		NOT EJECTED	
	of Birth 2001	Sex F	Address	- ,								Phone Number
REB		BED - TY	PE UNKNOWN			Air Bag Deployed NOT APPLICABLE				elmet Use		ye Protection NOT APPLICABLE
	r Vehicle S ER ROW	eating Pr	osition: Row		Motor V	Vehicle Seating Position: OWN	Seet	Motor Vehic	e Seating	Position: Other		
	ce of Trans ER, EXPL		edical Facility ARRATIVE	EMS	Agency I	Name or ID	EMS Run Numbe	,		Facility Transported T A HOSPITAL AT FLA		
PEF	SON RE											
# 48	Person Ty	ER	V03	Name				Injury Sever POSSIBLE	ity		Election NOT EJECTED	
	of Birth	Sex F	Address									Phone Number
RE8		ED - TY	PE UNKNOWN			Air Bag Deployed NOT APPLICABLE			H	elmet Use]	ye Protection (OT APPLICABLE
	r Vehicle S ER ROW	esting Po	osition: Row		Motor \	Vehicle Seating Position: OWN	Seat	Motor Vehid	e Seating	Position: Other		
Sour	CO OF Trans	port to M UN IN NA	edical Facility	EMS7	Qency I	Name or ID	EMS Run Number		Medical FLORGO	Facility Transported T A HOSPITAL AT FLA	GLER	
PEF	SON RE											
49	Person Ty PASSENC	ER	Vehicle # V03	Name			•	injury Severi POSSIBLE	ity		Ejection NOT EJECTED	
	of Birth 2000	Sex F	Address									Phone Number
RES		ED - TY	PE UNIKNOWN			Air Beg Deployed NOT APPLICABLE	<u></u>			elmet Use		ye Protection IOT APPLICABLE
ОТН	er row	_	sition: Row		UNKN			ĺ	•	Position: Other		
Sour	ce of Trans ER, EXPLA	port to M IN IN NA	edical Facility IRRATIVE	EMS /	Agency f	Name or ID	EMS Run Number		Medical FLORIDA	acility Transported T A HOSPITAL AT FLA	GLER	
WΠ	NESS R	ECOR	D									
# 47	Name MICHELI	E LYNE	TTE MONTGOM	ERY		^AC	rostwood DR,	PALM COAS	T FL 3216	4		Phone Number 3862830062
	RATIVE											
10 No 3622		Rank TROOP(∃ R	Name K.L. COLE	Y	Troop G	/ Post	FI	INCOT AGON LORIDA H	ighway patrol		Phone Number 904-825-5080
predire Painte VO Wh A E Jac	V02 was stopped facing westbound on Whiteview Parkway at the intersection of Ravenwood Drive as Driver of V02 was preparing to make a left turn onto Ravenwood Drive. V01 was traveling westbound on Whiteview Parkway approaching directly behind V02. V03, A school bus loaded with forty five middle school kids was traveling eastbound on Whiteview Parkway. For unknown reason(s) Driver of V01 failed to observe V02. V01's front struck V02's rear causing V02 to be pushed into the path of V03. V03's front struck V02's right side. As a result of the impact V03 became embedded into V02. V02 and V03 came to final rest in the eastbound lane on Whiteview Parkway. V01 came to final rest on the north shoulder of Whiteview Parkway facing west. A Blood Specimen was obtained from Driver V01 Brian Szmitko for analysis purposes and placed into the Troop G, Jacksonville Evidence Facility via the temporary evidence facility at the St. Augustine Florida Highway Patrol Station. Photos taken by Corporal P. Young, Florida Highway Patrol Driver V02 Elisa Marie Amber Homen, DOB 11/05/1992, expired on 01/13/2015 at 3:45 P.M. Pronounced by Doctor Mandeep Garwell at Halifax at Ormond.											
Ma	ndeep	Garw	ell at Halifa				z, oxpiiou o	., ., .,			10110411004	by Bocioi

NARRATIV												
ID Number 3622	Rank TROOPER	Name K.L. COLEY	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-825-5080							

Driver 01's Brian Szmitko, blood toxicology analysis was received from the Florida Department of Law Enforcement on April

From:FHP St.Augustine

904 825 6839

05/07/2015 14:04

#705 P.015/016

Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number HSMV Crash Report Number
1/9/2015			FLORIDA HIGHWAY PATROL	
1/8/20/13	9:58 AM	- 13/2016	PLORDA HIGHWAY PATROL	FHPG150FF000978 83804060-02

13, 2015. The results revealed negative for Blood Alcohol Content and Drugs. The crash report has been updated and is complete.

REPORTING OFFICER

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
3622	TROOPER	K.L. COLEY		FLORIDA HIGHWAY PATROL	5080
JOLL	TROOF EX	AL GOLL!	<u> </u>	PEONIDATION PAINOE	5080

Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number	HSMV Crash Report Number
	6:55 AM		FLORIDA HIGHWAY PATROL	FHPG15OFF000978	83884060-02
1704201-				^	

DIAGRAM OF CRASH

