

From: FHP St. Augustine

904 825 6839

05/07/2015 14:01

#705 P.007/016

# FLORIDA TRAFFIC CRASH REPORT

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

LONG FORM  SHORT FORM  UPDATE

Crash Date 1/8/2015	Time of Crash 8:55 AM	Date of Report 4/13/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG15OFF000978	HSMV Crash Report Number 83804060-02
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## CRASH IDENTIFIERS

County Code 61	City Code 53	County of Crash FLAGLER	Place or City of Crash PALM COAST	Within City Limits YES	Reported Date/Time 1/8/2015 7:02 AM	Dispatched Date/Time 1/8/2015 7:05 AM
On Scene Date/Time 1/8/2015 7:19 AM	Cleared Scene Date/Time 1/8/2015 11:25 AM	Investigation Completed YES	Reason (if Investigation Not Complete)			Notified By LAW ENFORCEMENT AGENCY

## ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway WHITEVIEW PARKWAY			At Street Address #	At Latitude N 29 31.0859	And Longitude W 81 14.2048
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway RAVENWOOD DRIVE	Or From Milepost Number	
Road System Identifier LOCAL	Type of Shoulder UNPAVED	Type of Intersection T-INTERSECTION			

## CRASH INFORMATION

Light Condition DAWN	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related YES, SCHOOL BUS DIRECTLY INVOLVED	Manner of Collision FRONT TO REAR
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	First Harmful Event Location ON ROADWAY	Within Interchange NO	First Harmful Event's Relation to Junction INTERSECTION
Contributing Circumstances: Road NONE		Contributing Circumstances: Road		Contributing Circumstances: Environment NONE
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related NO	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone

## VEHICLE

Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number PDU1J	State FL	Reg. Expires 9/5/2015	Permanent Reg. NO	VIN JF1GD746879520950		
Year 2007	Make SUBA	Model IMPREZA	Style 4D	Color GRY	Extent of Damage DISABLING	Est. Damage 5,000	Towed Due to Damage YES	Vehicle Removed By SAXON'S TOWING	Rotation ROTATION
Insurance Company STATE FARM INS				Insurance Policy Number C295585-C05-59					
Name of Vehicle Owner GREG SZMITKO		Business <input type="checkbox"/>	Current Address 89 PRINCE ERIC LN		City PALM COAST	State FL	Zip Code 32164-7198	Phone Number(s)	
Trailer One	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling	Direction WEST	On Street, Road, Highway WHITEVIEW PARKWAY			At Est. Speed 50	Posted Speed 50	Total Lanes 2		
CMV Configuration	Cargo Body Type		Area of Initial Impact			Most Damaged Area			
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)		<input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer			<input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer		
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class		Motor Carrier Name US DOT Number Motor Carrier Address Address Other City State Zip Code Phone Number				
Comm/Non-Commercial	Vehicle Body Type PASSENGER CAR	Vehicle Defects (one) NONE	Vehicle Defects (two)		Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION			
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, NOT DIVIDED	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT				
Traffic Control Device for this Vehicle STOP SIGN	First (1) Sequence of Events COLLISION NON-FIXED OBJECT		Second (2) Sequence of Events MOTOR VEHICLE IN TRANSPORT		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

## VEHICLE

Vehicle V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number 1229PJ	State FL	Reg. Expires 1/29/2015	Permanent Reg. NO	VIN 1YVFP80CX66M78887		
Year 2006	Make MAZDA	Model MAZDA5	Style 4D	Color GRY	Extent of Damage DISABLING	Est. Damage 5,000	Towed Due to Damage YES	Vehicle Removed By SAXON'S TOWING	Rotation ROTATION
Insurance Company PROGRESSIVE INS				Insurance Policy Number 45079738					
Name of Vehicle Owner VINCENT JAMES VENTO		Business <input type="checkbox"/>	Current Address 89 ROSE DR		City PALM COAST	State FL	Zip Code 32164-8941	Phone Number(s)	
Trailer One	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling	Direction WEST	On Street, Road, Highway WHITEVIEW PARKWAY			At Est. Speed 0	Posted Speed 50	Total Lanes 2		

Crash Date 1/9/2015	Time of Crash 8:55 AM	Date of Report 4/13/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG16OFF000978	HSMV Crash Report Number 83804089-02
CMV Configuration	Cargo Body Type		Area of Initial Impact		Most Damaged Area
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)		<input type="checkbox"/> Undercarriage	<input type="checkbox"/>
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class	<input type="checkbox"/> Overturn	<input type="checkbox"/>
Motor Carrier Name	US DOT Number		<input type="checkbox"/> Windshield		<input type="checkbox"/>
Motor Carrier Address	Address Other		City	State	Zip Code
Motor Carrier Phone Number	Address Other		City	State	Zip Code
Comm/Non-Commercial	Vehicle Body Type PASSENGER CAR	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION
Vehicle Maneuver Action STOPPED IN TRAFFIC	Trafficway TWO-WAY, NOT DIVIDED	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT
Traffic Control Device for this Vehicle STOP SIGN	First (1) Sequence of Events COLLISION NON-FIXED OBJECT MOTOR VEHICLE IN TRANSPORT	Second (2) Sequence of Events COLLISION NON-FIXED OBJECT MOTOR VEHICLE IN TRANSPORT	Third (3) Sequence of Events	Fourth (4) Sequence of Events	

VEHICLE

Commercial Motor Vehicle

Vehicle Year 2004	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Make BLUB	Model OTHER	Style BUS	Color YEL	Hlt & Run (by this vehicle) NO	License Number COUN2059	State FL	Reg. Expires YES	Permanent Reg. YES	VIN 1B8BNBXA9F218116	
Year	Make	Model	Style	Color	Extent of Damage DISABLING	Est. Damage 5,000	Towed Due to Damage YES	Vehicle Removed By ROGERS TOWING	Rotation ROTATION	Insurance Policy Number 696651		
Insurance Company JOHNS EASTERN CO.		Business SCHOOL BOARD OF FLAGLER COUNTY		Current Address PO BOX 785		City BUNNELL	State FL	Zip Code 32110-0001	Phone Number(s)			
Trailer One	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles			
Trailer Two	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles			
Vehicle Travelling	Direction EAST	On Street, Road, Highway WHITEVIEW PARKWAY					At Est. Speed 43	Posted Speed 45	Total Lanes 2			
CMV Configuration	Cargo Body Type		Area of Initial Impact		Most Damaged Area							
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)		<input checked="" type="checkbox"/> Undercarriage	<input type="checkbox"/>	<input type="checkbox"/>						
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class	<input type="checkbox"/> Overturn	<input type="checkbox"/>	<input type="checkbox"/>						
Motor Carrier Name	US DOT Number		<input type="checkbox"/> Windshield		<input type="checkbox"/>	<input type="checkbox"/>						
Motor Carrier Address	Address Other		City	State	Zip Code	Phone Number						
Comm/Non-Commercial	Vehicle Body Type BUS	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV SCHOOL BUS							
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, NOT DIVIDED	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT							
Traffic Control Device for this Vehicle STOP SIGN	First (1) Sequence of Events COLLISION NON-FIXED OBJECT MOTOR VEHICLE IN TRANSPORT	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events								

PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name BRIAN SZMITKO	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 09/27/1995	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 99 PRINCE ERIC LN, PALM COAST FL 32164		Phone Number	
Driver License Number 5332980863470	State FL	Expires 09/27/2019	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT-USED		Air Bag Deployed DEPLOYED - FRONT		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OPERATED MOTOR VEHICLE IN CARELESS OR NEGLIGENT MANNER			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)			
Suspected Alcohol Use NO	Alcohol Tested TEST GIVEN	Alcohol Test Type BLOOD	Alcohol Test Result COMPLETED	BAC .000	Suspected Drug Use NO	Drug Tested TEST GIVEN
Source of Transport to Medical Facility EMS		EMS Agency Name or ID FLAGLER CTY RESCUE	EMS Run Number 0317	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

PERSON RECORD

# 2	Person Type DRIVER	Vehicle # V02	Name ELISA MARIE AMBER HOMEN	Injury Severity FATAL(WITHIN 30 DAYS)	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 11/08/1992	Sex F	Condition at Time of Crash APPARENTLY NORMAL	Address 89 ROSE DRIVE, PALM COAST FL 32164		Phone Number	
Driver License Number H586201929060	State FL	Expires 11/08/2022	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Air Bag Deployed DEPLOYED - SIDE		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		

Crash Date 1/8/2015	Time of Crash 8:55 AM	Date of Report 4/13/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG15OFF000978	HSMV Crash Report Number 8380489-02
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Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)					
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility EMS		EMS Agency Name or ID FLAGLER CTY RESCUE		EMS Run Number 0317	Medical Facility Transported To HALFAX AT ORMOND			

PERSON RECORD

# 3	Person Type DRIVER	Vehicle # V03	Name MARIA ROSA MARTINEZ	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED	Driver ReExam NO		
Date of Birth 03/15/1949	Sex F	Condition at Time of Crash APPARENTLY NORMAL	Address 92 BARRINGTON DR, PALM COAST FL 32137		Phone Number 3862489397			
Driver License Number M635556498950	State FL	Expires 03/15/2018	Type CLASS A	Required Endorsements NO REQUIRED ENDORSEMENTS				
Restraint Systems SHOULDER AND LAP BELT USED			Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE		
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other				
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)					
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility EMS		EMS Agency Name or ID FLAGLER CTY RESCUE		EMS Run Number 0317	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER			

PERSON RECORD

# 4	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 09/07/2000	Sex M	Address [REDACTED]	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other		
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

PERSON RECORD

# 5	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 02/01/2001	Sex M	Address [REDACTED]	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other		
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

PERSON RECORD

# 6	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 04/02/2002	Sex M	Address [REDACTED]	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other		
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

PERSON RECORD

# 7	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 02/01/2001	Sex M	Address [REDACTED]	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other		
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

PERSON RECORD

# 8	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 02/00/2000	Sex F	Address [REDACTED]	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other		
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

PERSON RECORD

# 9	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 09/08/2001	Sex F	Address [REDACTED]	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other		
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

Crash Date 1/8/2015	Time of Crash 8:55 AM	Date of Report 4/13/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG15OFF000978	HSMV Crash Report Number 83884060-82
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**PERSON RECORD**

# 10	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 2000	Sex M	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE	Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 11	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 2004	Sex F	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE	Helmet Use	Eye Protection
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 12	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 2001	Sex M	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE	Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 13	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 2001	Sex M	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE	Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 14	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 2001	Sex M	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE	Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 15	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 2000	Sex M	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE	Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 16	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 2001	Sex F	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE	Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 17	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 2002	Sex M	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE	Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 18	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 2000	Sex F	Address [REDACTED]		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE	Helmet Use	Eye Protection NOT APPLICABLE

Crash Date 1/8/2015	Time of Crash 8:55 AM	Date of Report 4/13/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG15OFF000978	HSMV Crash Report Number 83884060-02
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Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number
Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

PERSON RECORD

# 19	Person Type PASSENGER	Vehicle # V03	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 11/20/2001	Sex M	Address		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other			
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

PERSON RECORD

# 20	Person Type PASSENGER	Vehicle # V03	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 11/20/2001	Sex M	Address		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other			
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

PERSON RECORD

# 21	Person Type PASSENGER	Vehicle # V03	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 11/20/2002	Sex F	Address FL 32164		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other			
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

PERSON RECORD

# 22	Person Type PASSENGER	Vehicle # V03	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 11/20/2001	Sex F	Address FL 32164		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other			
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

PERSON RECORD

# 23	Person Type PASSENGER	Vehicle # V03	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 11/20/2001	Sex F	Address FL 32164		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other			
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

PERSON RECORD

# 24	Person Type PASSENGER	Vehicle # V03	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 11/20/2002	Sex F	Address FL 32164		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other			
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

PERSON RECORD

# 25	Person Type PASSENGER	Vehicle # V03	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 11/20/2002	Sex F	Address FL 32164		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other			
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

PERSON RECORD

# 26	Person Type PASSENGER	Vehicle # V03	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 11/20/2002	Sex F	Address FL 32164		Phone Number	
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other			
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

PERSON RECORD

# 27	Person Type PASSENGER	Vehicle # V03	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED
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Crash Date 1/6/2015	Time of Crash 6:55 AM	Date of Report 4/13/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG15OFF000978	HSMV Crash Report Number 83894968-02
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Date of Birth 1/2/2002	Sex M	Address 4 ROSECRUIER LN, PALM COAST FL 32167	Vehicle # V83	Name [REDACTED]	Phone Number
Restraint Systems RESTRANT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use
Motor Vehicle Seating Position: Row OTHER ROW			Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE			EMS Agency Name or ID		EMS Run Number
			Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

**PERSON RECORD**

# 28	Person Type PASSENGER	Vehicle # V83	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 1/2/2001	Sex M	Address [REDACTED]	FL 32164	Phone Number	
Restraint Systems RESTRANT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use
Motor Vehicle Seating Position: Row OTHER ROW			Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE			EMS Agency Name or ID		EMS Run Number
			Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

**PERSON RECORD**

# 29	Person Type PASSENGER	Vehicle # V83	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 1/2/2002	Sex F	Address [REDACTED]	FL 32164	Phone Number	
Restraint Systems RESTRANT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use
Motor Vehicle Seating Position: Row OTHER ROW			Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE			EMS Agency Name or ID		EMS Run Number
			Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

**PERSON RECORD**

# 30	Person Type PASSENGER	Vehicle # V83	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 1/2/2001	Sex M	Address [REDACTED]	FL 32164	Phone Number	
Restraint Systems RESTRANT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use
Motor Vehicle Seating Position: Row OTHER ROW			Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE			EMS Agency Name or ID		EMS Run Number
			Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

**PERSON RECORD**

# 31	Person Type PASSENGER	Vehicle # V83	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 1/2/2002	Sex F	Address [REDACTED]	FL 32164	Phone Number	
Restraint Systems RESTRANT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use
Motor Vehicle Seating Position: Row OTHER ROW			Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE			EMS Agency Name or ID		EMS Run Number
			Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

**PERSON RECORD**

# 32	Person Type PASSENGER	Vehicle # V83	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 1/2/2002	Sex F	Address [REDACTED]	FL 32164	Phone Number	
Restraint Systems RESTRANT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use
Motor Vehicle Seating Position: Row OTHER ROW			Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE			EMS Agency Name or ID		EMS Run Number
			Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

**PERSON RECORD**

# 33	Person Type PASSENGER	Vehicle # V83	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 1/2/2002	Sex F	Address [REDACTED]	FL 32164	Phone Number	
Restraint Systems RESTRANT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use
Motor Vehicle Seating Position: Row OTHER ROW			Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE			EMS Agency Name or ID		EMS Run Number
			Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

**PERSON RECORD**

# 34	Person Type PASSENGER	Vehicle # V83	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 1/2/2002	Sex F	Address [REDACTED]	FL 32164	Phone Number	
Restraint Systems RESTRANT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use
Motor Vehicle Seating Position: Row OTHER ROW			Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE			EMS Agency Name or ID		EMS Run Number
			Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

**PERSON RECORD**

# 35	Person Type PASSENGER	Vehicle # V83	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 1/2/2001	Sex F	Address [REDACTED]	FL 32164	Phone Number	
Restraint Systems RESTRANT USED - TYPE UNKNOWN			Air Bag Deployed NOT APPLICABLE		Helmet Use
Motor Vehicle Seating Position: Row OTHER ROW			Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE			EMS Agency Name or ID		EMS Run Number
			Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

Crash Date 1/8/2015	Time of Crash 6:55 AM	Date of Report 4/13/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG15OFF000978	HSMV Crash Report Number 83804060-02
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**PERSON RECORD**

# 36	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth [REDACTED] 2000	Sex F	Address [REDACTED] LM COAST FL 32164	Phone Number		
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 37	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth [REDACTED] 2000	Sex F	Address [REDACTED] FL 32164	Phone Number		
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 38	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth [REDACTED] 2001	Sex F	Address [REDACTED] FL 32164	Phone Number		
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 39	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth [REDACTED] 2002	Sex M	Address [REDACTED] FL 32164	Phone Number		
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 40	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth [REDACTED] 2001	Sex M	Address [REDACTED] FL 32164	Phone Number		
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other NOT APPLICABLE	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 41	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth [REDACTED] 2001	Sex M	Address [REDACTED] FL 32164	Phone Number		
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 42	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth [REDACTED] 1999	Sex M	Address [REDACTED] FL 32164	Phone Number		
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other NOT APPLICABLE	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 43	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth [REDACTED] 2001	Sex M	Address [REDACTED] FL 32164	Phone Number		
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW		Motor Vehicle Seating Position: Seat OTHER, EXPLAIN IN NARRATIVE		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER	

**PERSON RECORD**

# 44	Person Type PASSENGER	Vehicle # V03	Name [REDACTED]	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth [REDACTED] 2000	Sex M	Address [REDACTED] FL 32164	Phone Number		
Restraint Systems RESTRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE

Crash Date 1/8/2015	Time of Crash 8:55 AM	Date of Report 4/13/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG15OFF000978	HSMV Crash Report Number 83804060-02
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Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number
Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

**PERSON RECORD**

# 45	Person Type PASSENGER	Vehicle # V03	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 12/2000	Sex F	Address		Phone Number	
Restraint Systems RESTRRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other			
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

**PERSON RECORD**

# 48	Person Type PASSENGER	Vehicle # V03	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 12/2001	Sex F	Address		Phone Number	
Restraint Systems RESTRRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other			
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

**PERSON RECORD**

# 48	Person Type PASSENGER	Vehicle # V03	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 12/2000	Sex F	Address		Phone Number	
Restraint Systems RESTRRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other			
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

**PERSON RECORD**

# 49	Person Type PASSENGER	Vehicle # V03	Name	Injury Severity POSSIBLE	Ejection NOT EJECTED
Date of Birth 12/2000	Sex F	Address		Phone Number	
Restraint Systems RESTRRAINT USED - TYPE UNKNOWN		Air Bag Deployed NOT APPLICABLE		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row OTHER ROW	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other			
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To FLORIDA HOSPITAL AT FLAGLER		

**WITNESS RECORD**

# 47	Name MICHELLE LYNETTE MONTGOMERY	Address 54 POSTWOOD DR, PALM COAST FL 32164	Phone Number 3862830082
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**NARRATIVE**

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

Florida Highway Patrol Traffic Homicide Case Number FHP 715-61-002

**NARRATIVE**

ID Number 3622	Rank TROOPER	Name K.L. COLEY	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 904-825-5080
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Driver 01's Brian Szmilko, blood toxicology analysis was received from the Florida Department of Law Enforcement on April



Crash Date 1/8/2015	Time of Crash 6:55 AM	Date of Report 4/13/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG16OFF000978	HSMV Crash Report Number 83864060-02
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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 3622	Rank TROOPER	Name K.L. COLEY	Troop / Post G	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number [REDACTED] 5080
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Crash Date 1/17/2015	Time of Crash 6:55 AM	Date of Report 4/13/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPG15OFF000975	HSMV Crash Report Number 83884066-02
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DIAGRAM OF CRASH

