## FLORIDA TRAFFIC CRASH REPORT

LONG FORM X SHO	ORT FORM UPDATE		TOTAL # OF VEHICLE S	ECTION(S) 2
MAIL TO: DEPARTMENT	T OF HIGHWAY SAFETY	MOTOR VEHICLES	TOTAL # OF PERSON S	ECTION(S) 5
	RECORDS, NEIL KIRKMA		TOTAL # OF NARRATIV	F SECTION(S) 1
	AHASSEE, FL 32399-053	7		
	DECRASH DATE OF REPOR :29 AM 04/24/17	T REPORTING AGENCY CASE NUMBER 2017-00034427	HSMV CRASH REF 86921	··
CRASH IDENTIFIERS	.25 Alti 04/ 24/ 1/	2017-00034427	00921	337
	NTY OF CRASH	PLACE OR CITY OF CRASH	CHECK IF WITHIN	TIME REPORTED TIME DISPATCHED
1 1 1	lagier	Palm Coast	CITY LIMITS 2	06:30 AM 06:30 AM
1	CHECK IF COMPLETED X	REASON (If Investigation NOT Complete)		Notified By: 1 Motorist 2 Law Enforcement 2
	N (CHOOSE ONLY 1 OF 4 OP	TIONS)		E 224 CHARCEILE
CRASH OCCURRED ON STREET, RO	_ ` :	<u>-</u>	REET ADDRESS # AT	LATITUDE AND LONGITUDE
Royal Palms PKWY		1	2	
FEET MILES	N S E W AT / FROM	M INTERSECTION WITH STREET, ROAD, HIGHWAY TO DR		OR FROM MILEPOST #
Road System I		Type of Shoulder	Type of inter	section 5 Traffic Grde
5 1 Interstate 4 Cou 2 U.S. 5 Loc	al 9 Parking Lot	2 1 Paved 2 Unpaved	3 1 Not at Intersection 2 Four-Way Intersecti	6 Roundahout
3 State 6 Tur	npike/Toll 77 Other, Explain in Narrative	3 Qurb	3 T-Intersection 4 Y-Intersection	77 Other, Explain in Narrative
CRASH INFORMATION (CH	IECK IF PICTURES TAKEN)			
Light Condition	k-Not Lighted Weather C		n School Bus Related	Manner of Collision/Impact
3 1 Daylight 5 Dari 2 Dusk 6 Dari 3 Dawn Lighti		Hail/ 6 Mud, Dirt, Gravel	2 Yes, School Bus Directly Involved	4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side
4 Dark-Lighted 77 Ot Narra	ther, Explain in 6 Blowin	ng Sand, Soil, 8 Water (standing/	3 Yes, School Bus Indirectly Involved 1 Fro	7 Rear to Rear
88 Un	nknown Inda / Seven	r, Explain in 2 Wet in Narrative	2 Fro 3 An	ent to Front politeknous
First Harmful Event	Non-Collision Collisio		vith Fixed Object	First Harmful Event
14	2 Fire/Explosion 11 Ped	alcycle Cushion	Crash 30 Concrete Traffic Barrier 31 Other Traffic Barrier	Location 1 On Roadway
	4 Jackknife engine	) 21 Bridge Pier or Supp	ructure 32 Tree (standing) ort 33 Utility Pole/Light Support 34 Traffic Sign Support	2 Off Roadway 3 Shoulder 4 Median
First Harmful Event   within Interchange	5 Cargo/Equipment 13 Anii Loss or Shift 14 Mo 6 Fell/Jumped From 15 Pari	tor Vehicle in Transport 23 Culvert ked Motor Vehicle 24 Curb	35 Traffic Signal Support 36 Other Post, Pole or Suppo.	6 Gore
1 No	Motor Vehicle 16 Wo 7 Thrown or Falling Equipm	rk Zone/Maintenance 25 Ditch nent 26 Embankment	37 Fence 38 Mailbox	8 In Parking Lane or Zone 9 Outside Right-of-way
88 Unknown 8	Object 17 Stru 8 Ran into Water/Canal Cargo	ock By Falling, Shifting 27 Guardrail Face 28 Guardrail End	39 Other Fixed Object (wall, building, tunnel, etc.)	10 Roadside 88 Unknown
First Harmful Eve	1000	er Non-Fixed Object 29 Cable Barrier  Contributing Circumstances: 1	Poad Con	tributing Circumstances:
Juncti	ion	9 Worn, T	ravel-Polished Surface	Environment
4   14 &	ilway Grade Crossing ntrance/Exit Ramp	icy, snow,	Irface Condition (wet, slush, etc.)	
1 Non-Junction 16 Si	rossover - Related hared-Use Path or Trail	1 None 12 Debris	Control Device	
3 Intersection-Related 18 Ti	Acceleration/Deceleration Lane Through Roadway Other, Explain in Narrative	maintana and justifity) Inoperativ	e, Missing or Obscured 1 None shaay Work 2 Weather	5 Animal(s) in Roadway 77 Other, Explain in
	Jnknown	7 Rut, Holes, Bumps 77 Other, 88 Unknow	explain in Narrative	Obstruction(s) Narrative 88 Unknown
Work Zone Related	Crash in Work Zone  1 Before the First Work	Type of Work Zone	Workers in Work Zone	Law Enforcement in
1 2 Yes 88 Unknown	Warning Sign 2 Advance Warning Are	Zone 1 Lane Closure 2 Lane Shift/Crossover a 3 Work on Shoulder or Media	1 No 2 Yes 88 Unknown	Work Zone
	3 Transition Area 4 Activity Area	4 Intermittent or Moving Wor 77 Other, Explain in Narrative	k	2 Officer Present 3 Law Enforcement Vehicle
WITNESSES	5 Termination Area	, , , , , , , , , , , , , , , , , ,		Only Present
NAME		ADDRESS	CITY & STATE	ZIP CODE
William Patric Stefancik	t 11 Red	d Mill DR	Palm Coast FL	32164
NAME		ADDRESS	CITY & STATE	ZIP CODE
Mary Ann Thomlinson	5400 E	Highway 100	Palm Coast FL	32164
NAME		ADDRESS	CITY & STATE	ZIP CODE
Frances Langley	5400 E	Highway 100	Palm Coast FL	32164
NON VEHICLE PROPERTY E				
VEHICLE # PERSON # PROPERTY C	)AMAGE OTHER THAN VEHICLE	EST. AMOUNT OWNER'S NAME (Check if Bu	siness) ADDRESS	CITY & STATE ZIP CODE
ATTICLE A DEOCCA III ADOCESTIC	ANACC OTHER THAN SECTION	CCT 44 COUNT COUNTY COU	and a second	CT1 0 CT1T
VEHICLE # PERSON # PROPERTY C	JAMAGE - UTHER THAN VEHICLE	EST. AMOUNT OWNER'S NAME (Check if Bo	isiness) ADDRESS	CITY & STATE ZIP CODE

VEHI	CLE#							EPORTING A	RTING AGENCY CASE NUMBER HSMV C						VIV CRASH REPORT NUMBER								
VEIII	CLE #	1		СП	ески	_omme	rciai			2017-000	3442	?7				8692	1997	<u>/                                      </u>					
1 Vehicle in			VEHICLE	LICENS	E NUMBE	R	TATE	E REG	STRATIC	ON EXPIRES				VIN									
2 Parked Mo  3 Working V	'ehide		con	N240	290		FL				Kegis	tration	X	1BA	BNB	XA87F2	39107						
Hit and Run 1 No 2 Yes	1	YEAR			MAKE		MODE	l		STYLE			OLOR		D/ 1	AMAGE: Disabling	4 Minor I 88 Unknov	Г.	71	MOUNT			
88 Unknows	لـــا ،	07			Blue E	ird Boo	-			Bus		Y	ellow		]3	None	1 88 Unimov	vn 1	1000	00			
Self-Insu						INSURA	ANCE POLK	YNUMB	ER	Towed do to Damag 1 No 2 Y	e:	2	Ш	CLE REMOV				1 Rotation 2 Owner f		2			
NAME OF V	EUICIE OVANI	FD /0	h a alv i f Door	·	-	6969	51		DDC LET 4		25		RC	GERS T				3 Driver 77 Other,					
1	EHICLE OWN		heck if Bus		X				RRENTA						& STA				ZIP CC	DDE			
	Board of F		*		TRATION I	YPIRES	1769 Check if P	E Moo		VD				Bunn		FL EAR	MAKE		32110 NGTH	AXLES			
No seek ii				1.2013	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. I.L.J	Registrati		'   '						- ["	LAG	IVIANE	14	noin	Inces			
TRAILER # 1	LICENSE NUM	BER S	TATÉ	REGIS	RATION	XPIRES	Check if P	ermanen	t VIN						- Y	EAR	MAKE		NGTH	AXLES			
							Registratio								l'		100			, steel			
VEHICLE	N S	E	W Off-R	load U	nknown		!	ON	STREET,	ROAD, HIGH	WAY					ATE	ST. SPEED F	OSTED SPI	ED TO	TAL LANES			
TRAVELING		$\mathbf{x}$		7 [		Roy	al Palms	Pkwy								5	;	45	- 1	2			
HAZ MAT. F	ELEASED		MAT PLAC	ARD	HA	Z MAT. N	JMBER	HAZ.	MAT. CL	ASS	7	Area	of Initi	al Impact		 ]_		- Mos	t Damag	ed Area			
1 No 2 Yes 88 Unknowr	, L ]	1 No 2 Yes	nkagyva								1	قر	141	6 8	<b>-</b> 1	8 Under	carriage 18	2/3	4 5				
MOTOR CAR		180.01	TIVI NATIONAL TOTAL				US 00	NUMBE	;R		1	1 ((15	<b>((</b> 15	17	a 1		rturn 19 ishìeld 20	O](15	(10	17 8			
											-	14 13	12	11 10	8 2		ailer 21	14 13	12 11	10 B			
MOTOR CAR	RIER ADDRES	SS					CIT	Y & STAT	E							ZIPCO	DE	PHONI	NUMBE	۹ .			
Vehicl	e Body Ty	15	Low Speed	l Vehicl	e	4	1 Two-\	Fraffice Way, Not	Divided				1 Vehic	le 10,000 l	lbs or l	less Placar	tor Vehic	4 Tractor/	rinta				
\	8	17	(Sport) Uti Cargo Van	(10,00)	ide Olbs	1	Continu	Way, Not Jous Left	Turn Lad	ie			for Has	randous Ma	atorial:	e	O Tour	k more the annot Class s/Large Var ants, inclu	n 10,000 ify	lbs (4,536			
1 Passenge	r Car	18 /	536 kg) or i Motor Coa Other Light	ch .	. 110 000	h-	(painte	d > 4 feet	Median	protected I itive Median	╎└		more t 3 Singl	han 10,000 e-Unit Truc	3 lbs (4 ck (3 o	1,536 kg)) r more ax	10 Bus les) occup	s/Large Va ants, inclu	n (seats fo fing drive	or 9-15			
2 Passenge 3 Pickup	r Van	(4.5	36 kg) or I	ess)			Barrier			iuve ivieurali			5 Truck	e-Unit Truc han 10,000 e-Unit Truc Pulling Truc Tractor (b Tractor/S	aller(s obtail	} railer	11 BU:	s (seats for ants, inclu her, Explair	more tha	iu 12			
7 Motor Ho 8 Bus 11 Motorcy		21	Medium/H 000 lbs (4,5 arm Labor	r Vehid	Đ		88 Unk RAILER 1	nown		Trailer 1			/ HUU	( II actos/D	ouble		90 UII	known	111111111111				
1 17 68-00-01	iin Vehicle (A	77 (VT 188 (VT	Other, Expl Unknown -	ain in i	Varrative	ľ	KAILER	KAILER	3 1	ingle Semi Tr andem Semi ank Trailer		910	wed Ve	hicle		₃	<b>go Body</b> Van/Endose	13	Intermor ntainer C	dal hassis			
	Cor		n-Com	nerci	al				5 B	addle Mount oat Trailer	/Trail	77 O	uto Tra Other, E: ative	nsport xplzin in		5	Hopper Pole-Trailer Cargo Tank	14 An	Vehicle 1 other Vel	Towing hicle			
	1 2 1	ntrastate		overnr	nent				7 H	tility Trailer ouse Trailer			Inknow	n	1 No 2 Bu	Cargo 7	Flatbed Dump	(44	Not Appl hicle 10,	000 lbs			
Most Ha	mnful Eve	lot in Co	mmerce/C	ther Tr	uck		Comm	00410		1 10,0 2 10,0	000 lb 001-26	s (4,536 5,000 lb	kg) or	less 5-11,793 kg		9	Concrete Mi O Auto Trans	port dis	playing F Other, E	r less not (M placard) (plain in			
MUSERIA	——————————————————————————————————————	10	Non-Coll Overturn/R Fire/Explos	ollover			GVWR/	GUVK		3 Mo	re tha	n 26.00 icable	<b>10</b> lbs (1	1,793 kg) `		1	1 Garbage/R 2 Log	arnze Na	rrative Unknow				
'	14	31	mmersion ackknife				Collision 10 Pede		on-Fixe	d Object				Object			ble Barrier	- D	Em	ergency			
_		5 ( 6 f	Targo/Equi ell/Jumpe	d From	Motor Va	ift hicle	11 Peda	alcycle	de (train	), engine)	20	Bridge (	Overhea	ator/Crash ad Structur	Cushi re	"" 31 Ot	ncrete Traffic her Traffic Ba e (standing)	arrier	Vel	nicle Use			
Sequent	ce of Ever	8.6	Ran into W	ater/C	anal		13 Anin 14 Mot	nal or Vehicle	e in Tran	sport	22	Bridge i Culvert	Rall	Support		33 Uti 34 Tra	lity Pole/Ligh Iffic Sign Sup	nt Support port		1			
14		[40	Other Non- 7-46 Seque	nce of	Events or	ly]	16 Wor	ed Motor k Zone/N	Vehicle aintena	nce	24 25	Curb Ditch				35 Tra 36 Otl	iffic Signal Su her Post, Pok	pport	ort   L				
3rd	4th	¹  br	Equipmer ake failure Separatio	, etc.}		tire,	Equipm 17 Strue		ing, Shift	ting Cargo or	27	Embank Guardra	ail Face			37 Fet 38 Ma	nce illbox her Fixed Ob;	!==+ 6=#	2'	Yes Unknown			
		42	Ran Off Re	oadway	, Right		Vehicle				28	Guardra	all Eng			buildi	ng, tunnel, el	tc.)		İ			
[ <u>[ ]</u>	L	44	Cross Med Cross Cen	lian terline	İ		hicle Ma Straight Al					Tra	affic C	ontro! E			Vehicle	e Defect	s	7			
	ay Grade		dway A			3 4	Turning Le Backing	ft	14 Slow	ped in Traffic ing otlating a Cur	- 1		1			hicle	1 1	1					
1 1	1 Level 2 Hillcrest 3 Uphill	1,00	. 1	Straigh	, ]l	6	Turning Ri Changing I	ght .anes	16 Leav	ing Traffic La ring Traffic Li	ne	L		8 Fla 9 Ra Dev	ilway	Signal Crossing	1 None	_	12 Suspe 13 Whee	nsion Is			
	4 Downhill 5 Sag (bottor	n)	1 2	Curve !	Right Left	10	Parked 3 Making U 1 Overtakir		77 Othe Narrativ	er, Explain in <i>r</i> e		1 No Co 4 Schoo		10 F	erson	(including	2 Brakes 3 Tires		14 Windo Windshie	ows/			
<u></u>			1 41-	Con	I Ermania	ρ.	assing	<i>⊌</i>	88 Unkr		_	D <b>evi</b> ce 5 Traffic		Gua	ird, etc	c.)	4 Lights (I	head, I)		Coupling/			
12	Special F of Motor		" 7 Far	m Veh	l Function ide	10 Fire		nsaort	15 Char 16 Shut	rcity Bus rter/Tour Bus rtle Bus		Signal 6 Stop S	Sign	Nari	rative	ng Sign Explain in	7 Wipers 9 Exhaust		Trailer Hi Safety Ch	tch/ lains , Explain in			
			7 Tax			12 Scho	xol Bus sit/Commu		17 Farm 88 Unki	n Labor Bus		7 Yield :	ngn	88 L	Jakno	WΠ	10 Body, 11 Power	Doors	77 Other Narrative 88 Unkno				
VIOLATIO	NS .																						
PERSON #			AME OF VI		R		1	FL STATL		1BER	т	urn L	eft In	CHA front Of		roachir	ng Traffic		TION NUI	MBER			
1	WILRICI	K ALS	ON WO	ODS			316.1	22 non	-ucr		Ţ,	~····	viii		- 19461				P5XE				
PERSON#		NU	AME OF VI	OLATO	3			FL STATU	ITE NUN	1BER				CHA	RGE			CITA	TION NUI	MBER			
																· · · · · · · · · · · · · · · · · · ·							
PERSON#		N/	AME OF V	ULATO	Κ.			FL STATL	ITE NUN	IBER				CHA	RGE			CITA	TION NUI	MBER			

VEHICLE #						REPORTING A	ING AGENCY CASE NUMBER HSMV CRASH RE						H REPORT	ORT NUMBER				
VEHICLE #	2	neck if Co	mmer	ele I		2017-000	34427	,			8	692	1997	'				
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	1 VEHICLE LICEN	SE NUMBER		STATE FL	REGISTRATI		Check i Registr		nanent		S38N2	2F167	7777					
Hit and Run 1 No	YEAR	MAKE		MODEL		STYLE	,	C	OLOR		DAM/		4 Minor		EST. A	TAUOM		
2 Yes 88 Unknown	02	Dodge		Durang	0	Sport Ut	lity	R	led		2 Fund 3 Non	ctional	88 Unkno	wn 1	400	0		
INSURANCE COMPANY Geico			INSURAN	ICE POLICY N	UMBER	Towed of to Damas	ge:	1		LE REMOVE				1 Rotati 2 Owne	r Request	1		
NAME OF VEHICLE OWI	NER (Check if Business)		42836	15773	CHIPDEACT	1 No 2 Y	es		SA	XONS TO		i		3 Driver 77 Othe	er, Explain i	n Narrative		
	, ,			£ 100	CURRENT	ADDKE22				CITY &					ZIP C	ODE		
TRAILER # LICENSE NU		TRATION EXP	IRES C	heck if Perm	anent VIN					PALM	YEAR		MAKE		32164 LENGTH	AXLES		
				egistration									I I I		LLINGTA	~~		
TRAILER # LICENSE NU	MBER STATE REGIS	TRATION EXP	IRES C	heck if Perm	enent VIN						YEAR		MAKE		LENGTH	AXLES		
			R	egistration	$\neg 1$											ļ		
VEHICLE N S	E W Off-Road \	Jnknown			ON STREET	, ROAD, HIGH	WAY				· · · ·	AT ES	T. SPEED	POSTED S	PEED TO	TAL LANES		
TRAVELING	X		Royal	Palms Pk	wy							45	.	45		2		
HAZ. MAT. RELEASED	HAZ MAT PLACARD	HAZ N	AT. NUN	1BER 1	IAZ MAT. C	LASS	7			i Impact	<b>—</b>		— ↓	_	ost Damag	•		
2 Yes 88 Unknown	2 Yes 88 Unknown						୷ଽ	<b>1</b>	77	5 8 7	- 18 t		rriage 18 turn 19	~//	8 4 8	出っ		
MOTOR CARRIER NAME				US DOT NU	MBER		10	15	(( 15	17	20	Overt Windsl	hield 20		5 (10	17 5		
MOTOR CARRIER ADDR				CITY	TATE		1	4 13	12	11 to B	· 21 _	Trail		L-T	13 12 1	1 1		
INOTOR CARRIER ADDR	-33			CITY &	SIAIC						2	IP CODE	Ė	PHO	NE NUMBE	R		
Vehicle Body T	VDE			Traf	ficway	<del>_</del>	1			Comi	worei-	I Mot	or Vobis	lo Cont	figuratio			
	15 Low Speed Vehic 16 (Sport) Utility Ve	hicle [	1	1 Two-Way, 2 Two-Way,	, Not Divideo Not Divideo	d, with a	_		1 Vehicl	te 10,000 lbs	or less	Placard	un T8 be	ck Tractoi	r/Triple	lbs (4,536		
16	17 Cargo Van (10,00 (4,536 kg) or less)	10 lbs [	-	3 Two-Way.	Left Turn La Divided, Ur	protected			2 Single more th	-Unit Truck nan 10,000 li	(2-axle a os (4,53)	ind GVV 5 kg)}	VR kg), C 10 Bu	annot Cla	issify an (seats f			
1 Passenger Car 2 Passenger Van	18 Motor Coach 19 Other Light Truck (4,536 kg) or less)	s (10,000 fbs		(painted >4 4 Two-Way, Barrier	feet) Media Divided, Po	ın ısitive Mediar	,	_	3 Single 4 Truck	⊢Unit Truck Pulling Trail	(3 or mo erís)	are axles	s) occus 11 Bu	oants, ind is (seats fo	luding drive or more tha	er) an 15		
3 Pickup 7 Motor Home 8 Bus	20 Medium/Heavy T 10,000 lbs (4,536 kg)	rucks (more t	han	5 One-Way 88 Unknow	Trafficway	Trailer 1	[VDe	_	6 Truck	Tractor (bol Tractor/Sen Tractor/Dou	ni-Traile	r	77 0	iants, incl ther, Expla iknown	uding drive ain in Narra	r) tive		
11 Motorcycle 12 Moped	21 Farm Labor Vehic 77 Other, Explain in	le	TRA	ILER 1 TRA	ILER 2 1	Single Semi Tr Tandem Semi		8 Pol	le Traile	r			o Body	Туре	13 Intermo	del		
13 All Terrain Vehicle (	ATV) 88 Unknown mm/Non-Commerci	al	41		3 4 9	l'ank Trailer Saddle Mount		9 To 10 Ai	wed Vel uto Trar	nide Isport		I 4 H	an/Enclosi opper	еа вох	Container ( 14 Vehicle	Thassis		
] ] 1	Interstate Carrier Intrastate Carrier	aı	-		61	Boat Trailer Utility Trailer House Trailer		Narra	ther, Ex ative aknown		No Car	6 G	ole-Trailer argo Tank atbed	1	Another Ve 15 Not App	hicle licable		
3	Not in Commerce/Govern Not in Commerce/Other T	ment ruck					000 lbs (		kg) or l	:	Bus	- 8D	ump oncrete M	ixer }	vehicle 10, 4,536kg) o			
Most Harmful Ev	1 Overturn/Rollove	r	_	comm SVWR/GCI	WR	2 10, 3 Mo	201-26,0	26,00 26,00	s (4.536	-11,793 kg) L,793 kg)		11 (	Auto Tran: Garbage/F Log	lefuse	77 Other, E Narrative	xplain in		
14	2 Fire/Explosion 3 Immersion			ollision wit					Fixed	Object	1		e Barrier		38 Unknow			
	4 Jackknife 5 Cargo/Equipment 6 Fell/Jumped From		lo.	10 Pedestria 11 Pedalcyc	le		19 lm	npact /	Attenua	tor/Crash Co d Structure	shion	30 Conc 31 Othe	rete Traffi r Traffic B	arrier		ergency hicle Use		
Sequence of Eve	nts 7 Thrown or falling	Object	ic	12 Railway 13 Anima! 14 Motor Ve	-		21 Br 22 Br	idge P idge R	ier or Si			33 Utilit	(standing) y Pole/Lig	ht Suppor	+   [	1		
14	9 Other Non-Callisi		٦	15 Parked N 16 Work Zor	fotor Vehicle ne/Mainten	e ance	24 Cu 25 Di	itch urb				35 Traff	ic Sign Sur ic Signal S r Post, Pol	uoport	port			
3rd 4th	40 Equipment Failu brake failure, etc.)	re (blown tire	٠			fting Cargo or	26 En	nbank	ment iil Face			37 Fenc 38 Mailt	e BOX		2	No Yes Unknown		
	41 Separation of Ur 42 Ran Off Roadwa 43 Ran Off Roadwa	ots y, Right y Left		Anything Se Vehicle 18 Other No		•	28 Gı	uardra	iil End		i	39 Othe building	r Fixed Ob , tunnel, e	ject (wall tc.)	,   ~	011.00.0011		
	45 Cross Median 45 Cross Centerline	.		cle Mane	iver Acti	on		Tra	ffic C	ontrol De	vice F	or	Vehicl	e Defe	ts	7		
Roadway Grade			3 Tu	rning Left icking	14 Slov	oped in Traffic	ì	1			Vehic		1					
1 Level 2 Hillcrest 3 Uphill	Roadway Alignn	telle     -	5 Tu	rning Right anging Lanes	16 Leav	otiating a Cur ving Traffic La ering Traffic L	ne ne	L	<u>'</u>	8 Flast 9 Railv	ing Sign vay Cros	iat sing	1 None		12 Suspe 13 Whee	nsion		
4 Downhill 5 Sag (botto	1   2 Curve	Right	10 h	rked Making U-Tur Overtaking/	n 77 Oth Narrati	er, Explain in ve	11	No Co School	ntrois I Zane Si	Device 10 Per ign/ Slagor	son (inc an, Offic	luding	2 Brakes 3 Tires		14 Winds	ows/		
Constati	Function 1 No Specia	I Europian 9	Pass	ing	88 Unk		De	evice Traffic	Control	Guard		´	4 Lights ( signal, ta	il)	15 Mirro 16 Truck	rs Coupling/		
1 of Motor	2 Farm Veh	ide 1	0 Fire Tru		14 Into 15 Cha of 16 Sho	ercity Bus irter/Tour Bus ttle Bus	Sig	gna! Stop S Yield S	ign	Narrat	ive	ain in	6 Steerin 7 Wipers 9 Exhance		Trailer Hi Safety Ch	nains		
	7 Taxi 8 Military	1	2 School		17 Fan	m Labor Bus	_ ′	riera S	-gu	88 Uni	KNOWN		9 Exhaus 10 Body, 11 Power	Doors	Narrative 88 Unkno			
VIOLATIONS																		
PERSON #	NAME OF VIOLATO	R		FL S	FATUTE NUM	MBER				CHARG	E			СП	ATION NU	MBER		
DC DCON #							-											
P€RSON #	NAME OF VIOLATO	н		FL S1	FATUTE NUM	MBER				CHARG	E			СП	ATION NUI	MBER		
PERSON#	NAME OF VIOLATO	R		EI EI	FATISTE AU 14	ARED				CUARO					ATIONISH	4050		
	HANGE OF VIOLATO	••		11.5	ATUTE NUA	**001				CHARG	C			CIT	ATION NUI	VIBER		

DEDCON #		REPO	DRITING AGENCY CASE NUM	MBER HSMV CRASH RE	PORT NUMBER
PERSON # 1		201	7-00034427	8692199	7
1 Driver 2 Non-Motorist 3 Passenger 1	VEHICLE # NAME  1 WILRICK ALSON WOO	DDS		PHONE NUMBE (718)926-52	77 Recommend
CUR	RENT ADDRESS (Number and Street)		CITY & STATE		Driver Re-exam ZIP CODE
134 PINE GROVE DR			Palm Coast FL		32164
	Aale 4		STATE EXPIR	RES INJURY SEVERITY (INJ) 1 None	4 Incapacitating 5 Fatal (within 30 days)
	emale W320881561720 Unknown			12/ 20 2 Possible 3 Non-incapacitating	5 Fatal (within 30 days) 6 Non-Traffic Fatality
DL Type  1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper – Rest 7 None Driver Dist 7 2 Sectronic Comn Devices (cell phon 3 Other Electronic (navigation device Driver Vision Obs	(explain in narrative) 5 External Distraction 6, etc.) Device in narrative) 6 Texting 7 Inattentive 88 Unknown	1 No Contribut 2 Operated M Negligent Mai 3 Failed to Yie 4 Improper 8 6 Improper 11 Por Nove too 13 Ran Stop Si 15 Improper 7 17 Exceeded F 21 Wrong Side	ver's Actions at TIM ting Action V in Careless or Sign ld Right-of-Way scking OC Closely 50 Closely Fast for Conditions ggn Cassing October Speed 31 Op Caster Speed 31 Op Caster Speed 32 Cox Caster Speed 31 Op Caster Speed 31 Op Caster Speed 31 Op Caster Speed 32 Cox Caster Speed 33 Op Caster Speed 34 Cox Caster Speed 35 Cox Caster Speed 36 Cox Caster Speed 37 Cox Caster Speed 38 Cox Caster Speed 38 Cox Caster Speed 31 Op Caster Speed 32 Op Caster Speed 33 Op Caster Speed 34 Op Caster Speed 35 Op Caster Speed 36 Op Caster Speed 37 Op Caster Speed 38 Op Caster Speed 38 Op Caster Speed 39 Op Caster Speed 31 Op Caster Speed 31 Op Caster Speed 31 Op Caster Speed 31 Op Caster Speed 32 Op Caster Speed 33 Op Caster Speed 34 Op Caster Speed 35 Op Caster Speed 36 Op Caster Speed 37 Op Caster Speed 38 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 39 Op Caster Speed 40 Op Caste	n off Roadway regarded other Traffic sregarded Other Road ings er-Correcting/Over- ing driver or Avoided: Due ind, Sippery Surface, MV, t, Non-Motorist in vay, etc. erated MV in Erratic, ess or Aggressive Manner her Contributing Action	Condition At Time of Crash 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
1 2 Inclement Weath 3 Parked/Stopped	er 6 Building/Fixed Object 10 Gla Vehicle 7 Signs/Billboards 77 All	re Other, Explain	March Hop (LHI)	DRIVER OR PASSENGER	
Motor Vehicle Seatin Seat Row 1 Left 1 Front 2 Middle 2 Second 3 Right 3 Third 77 Other 4 Fourth (explain in 77 Other Row narrative) 88 Unknown 88 Unknown	DRIVER OR PASSENGER  1 Not Applicable 2 Seeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit	rative H6	1 Not Appli 2 Not Deplo 3 Deployed	2 Notes   2 Notes   3 Shotes   3 Shotes   3 Shotes   3 Shotes   4 Shotes   4 Shotes   5 Lag   6 Polloyed   6 Res   6 Res   6 Res   7 Chi   7 C	Restraint Systems (RS)  (Applicable ne Used - Motor Vehicle Occupant sulder and Lap Belt Used sulder Belt Only Used belt Only Used braint Used - Type Unknown Id Restraint System - Forward Facing Id Restraint System - Rear Facing ster Seat sild Restraint Type Unknown ther, Explain in Narrative
		NON-MOT			
building, skater, per 3 Bicyclist 4 Other Cyclist	wheelchair, person in a destrian conveyance, etc.)  destrian conveyance, etc.)  or Vehicle Not in Transport  n-Motor Vehicle ice  Non-Motorist	otorist Location At Tirection - Marked Crosswalk ection - Unmarked Crosswalk Lane - Other Location e Lane der/Roadside  1 No tmproper Action 1 No tmproper Action 2 Dart/Dash 3 Failure to Yield Rig 4 Failure to Yeld Rig 4	8 Sidewalk 4 9 Median/Crossing Islat 10 Driveway Access 11 Shared-Use Path or 12 Non-Trafficway Are; 77 Other, Explain in Na 88 Unknown mstances on	rrail 1 Crossing Roadway	(incident response) 10 None 77 Other, Explain in Narrative
2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Oothing (jacket, backpack, etc.)	6 Not Applicable 77 Other, Explain an Narrative 2nd	Signals, or Officer 5 in Roadway Impro lying, working, playi 6 Disabled Vehicle R on, pushing, leaving	perly (standing, ng) 7 Enter Vehicle 8 Inatt 9 Not V japproaching) 1 lighting	entive (talking, eating, etc) 12 V /Isible (dark clothing, no 77 G	mproper Turn/Merge mproper Passing Wrong-Way Riding or Walking Other, Explain in Narrative Joknown
ALCOHOL USE: 1 Test 1 No 2 Test 2 Yes 88 Unknown 1 SOURCE OF TRANSPORT TO M 1 Not Transported	Refused 1 2 Breath 2 Given 3 Urine known, if Tested 77 Other, Explain in 8 Narrative	EST RESULT: Pending Completed Unknown	AC SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown EMS RUN NUMBER 2017-5149	1 Test Not Given 1 3 Horo 3 Test Given 88 Unknown, if Tested Explain	e 2 Negative 3 Pending n in Narrative 88 Unknown
2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	88 Unknown	ADDITIONAL P		FHF	
PERSON # VEHICLE # NAME	RENT ADDRESS (Number and Street)	ADDITIONALP	DATE OF BIRTH	INJ SEX LOC: S R C	D EJECT HU EP ABD RS
	, realist and street,		GIT STATE		zir wirt
SOURCE OF TRANSPORT TO M 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		AME OR ID	EMS RUN NUMBER	MEDICAL FACILITY	TRANSPORTED TO
PERSON # VEHICLE # NAME			DATE OF BIRTH	INI SEX LOC: S R C	D EJECT MU EP ABD RS
CUR	RENT ADDRESS (Number and Street)		CITY & STATE		ZiP CODE
SOURCE OF TRANSPORT TO M 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		AME OR ID	EMS RUN NUMBER	MEDICAL FACILITY	TRANSPORTED TO

		REPORTING A	SENCY CASE NUMBER	HSMV CRASH REPO	ORT NUMBER
PERSON # 2		2017-0003	4427	8692199	
12 Mon-Motorist	AME		·	PHONE NUMBER	Check if
	KIMBERLY ANN PINNOCK			(386)295-764	1 Recommend
CURRENT ADDRES	S (Number and Street)	cm	& STATE		ZIP CODE
6 RICKER PL		PA	LM COAST FL		32164
DATE OF BIRTH SEX:  1 Male 2	DRIVER LICENSE NUMBER		STATE EXPIRES	INJURY SEVERITY (INJ) 1 None 4	Incapacitating Fatal (within 30 days)
06/ /85   2 Female   2   2   2   2   2   2   2   2   2	<u> </u>		FL 06/ 17/ 1	9 2 Possible 5 3 Non-incapacitating 6	Fatal (within 30 days) Non-Traffic Fatality
DL Type Require	d Endorsements	DRIVER Driver's A	ctions at Time of	Crash	
5 1A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None 3 3	Yes No Req. Endorsement	1 No Contributing Activ 2 Operated MV in Care Negligent Manner 3 Failed to Yield Right < 4 Improper Backing	26 Ran off An 27 Disregard Sign 28 Disregard	0.4	Condition At Time of Crash 1 Apparently Normal 3 Asleep or Failgued 5 III (sick) for Fainted
1 Not Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive	11 Followed top Closer 11 Ran Red Light 12 Drove too Fast for C 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Sp	Steering 30 Swerved to Wind, Slip onditions Object, Non- Roadway, et 31 Operated	or Avoided : Due ipery Surface, MV, Motorist in	6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explainin Narrative
Driver Vision Obstructions	88 Unknown pad on Vehicle 9 Smoke	21 Wrong Side of Wron 25 Failed to Keep in Pro	g way 77 Other Cor per Lane	ntributing Action	88 Unknown
1 2 Inclement Weather 6 8 3 Parked/Stopped Vehicle 7 Si	uilding/Fixed Object 10 Glare gns/Billboards 77 All Other, E	xplain Helmet U	0.44.0	DRIVER OR PASSENGER	
4 Trees/Crops/Bushes 8 Fo	og In Narrative R PASSENGER	10	OT-Compliant	Protection (EP)	Restraint Systems (RS)
Motor Vehicle Seating Position		FR   3   20	torcycle Helmet 3 ther Helmet o Helmet	2 No 3 Not Applicable 1 Not A	Applicable
Seat Row Other 1 Left 1 Front 1 Not Applie	able (LOC) 1 1 1	Alr	Bag Deployed	5 Deployed-Other 4 Shou	Used - Motor Vehicle Occupant Ider and Lap Belt Used Ider Belt Only Used
2 Middle 2 Second 2 Steeper Se 3 Right 3 Third 3 Other Enc	ction of Truck Cab losed Cargo Area	Ejection (EJECT) (AE		(knee, air belt, etc.)   5 (an 8	left Only Used aint Used - Type Unknown Restraint System - Forward Facing
explain in 77 Other Row 5 Trailing U	ed Cargo Ārea nit Motor Vehicle Exterior (non-	1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially	2 Not Deployed 3 Deployed-Front	7 Deployed-Curtain   8 Child	Restraint System - Rear Facing ter Seat
88 Unknown trailing unit	n verille exterior (non-	4 Not Applicable 88 Unknown	4 Deployed-Side	Unknown 10 Chil	d Restraint Type Unknown er, Explain in Narrative
		NON-MOTORIST		and a price	
Non-Motorist Description  1 Pedestrian 2 Other Pedestrian (wheelchair, p building, skater, pedestrian conve 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not i [parked, etc.] 6 Occupant of a Non-Motor Vehicl Transportation Device 7 Unknown Type of Non-Motorist  Safety Equipment	arson in a yance, etc.)  1 Intersection - 2 Intersection - 3 Intersection - 4 Midblock - Ma 5 Travel Lane - 6 Bicycle Lane - 7 Shoulder/Roac Non-Motorist	Other 10 Dri inked Crosswalk 11 Sh Other Location 12 No 77 Ot	walk ian/Crossing Island weway Access red-Use Path or Trail n-Trafficway Area ier, Explain in Narrative known es	Action Price  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/Cyding 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
1 None 5 Lighting 2 Helmet 6 Not Applica 3 Protective Pads Used 77 Other, Exp (elbows, knees, shins, etc.) in Narrative	ble lain 2nd	4 Failure to Obey Traffic Sign: Signals, or Officer 5 In Roadway Improperty (sta lying, working, playing)	, 7 Entering/Ex nding, Vehicle 8 Inattentive	iting Parked/Standing 10 lm	proper Turn/Merge proper Passing rong-Way Riding or Walking
4 Reflective Clothing (Jacket, 88 Unknown backpack, etc.)	1 1 1 1 1	<ul> <li>Disabled Vehicle Related (word, pushing, leaving/approach</li> </ul>	orking 9 Not Visible (	dark clothing, no 77 Ot	ther, Explain in Narrative
SUSPECTED ALCOHOL TESTED:	ALCOHOL TEST TYPE:  ALCOHO	ALCOHOL/DRUG/EN	~	UG TESTED: DRUGT	EST TYPE: [DRUG TEST RESULT:
ALCOHOL USE: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Teste	1 Blood. 2 Breath 3 Urine d 77 Other, Explain in Narrative	ULT: g sted	PRUG USE: 1 1 T No 1 Yes 3 T	est Not Given 1 1 Blood est Refused 3 Urine est Given 77 Othe	1 Positive 2 Negative
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported	2	i civio noi	NUMBER	MEDICAL FACILITY T	RANSPORTED TO
2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	Rescue 92	2017-		Halifax	
PERSON # VEHICLE # NAME		ADDITIONAL PASSENG DATE O	F BIRTH	INJ SEX LOC: S R O	EJECT HU EP ABD RS
CURRENT ADDRESS	(Number and Street)	any	& STATE	<u></u>	ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILIT 1 Not Transported 2 EMS = 3 Law Enforcement	EMS AGENCY NAME OR	IU EMS RUI	INUMBER	MEDICAL FACILITY T	RANSPORTED TO
77 Other, Explain in Narrative 88 Unknown PERSON # VEHICLE # NAME		loate o	F BIRTH	INU SEX LOC: S R O	EJECT HU EP ABD RS
CURRENT ADDRESS	(Number and Street)	City	& STATE		ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILIT 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	Y EMS AGENCY NAME OR	ID EMS RU	INUMBER	MEDICAL FACILITY TO	RANSPORTED TO

HSMV 90010 S (V/P) (rev 06/13)

PERSON # 3	REPORTING AGENCY CASE NUMB	ER HSMV CRASH REPORT NUMBER
PERSON # 3	2017-00034427	86921997
1 Driver 2 Non-Motorist 3 Passenger  3 VEHICLE # NAME A S B		PHONE NUMBER Check if Recommend Driver Re-exam
CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
2551 N State ST	Bunnell FL	32110
DATE OF BIRTH  1 Male 2 Fernale 38 Unknown	STATE EXPIRES	INJURY SEVERITY (INJ) 1 None 4 Incapacitating 2 Possible 5 Fatal (within 30 days) 3 Non-incapacitating 6 Non-Traffic Fatality
DI Tyres   Populard Endomoments	DRIVER	of Comph
DL Type  1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None  Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)  Driver Vision Obstructions  1 Vision Not Obscured  1 Vision Not Obscured  Province Endorsement 1 Yes 2 No 3 No Req. Endorsement (explain in narrative) 5 External Distraction (outside the Vehicle (explain in narrative) 6 Texting 7 Inattentive 88 Unknown  1 Vision Not Obscured 5 Load on Vehicle 9 Smoth	27 Disrest Contributing Action 27 Disrest Comparated MV in Careless or Negligent Manner 38 Disrest Comparated MV in Careless or Negligent Manner 28 Disrest Comparate	off Roadway garded other Traffic garded Other Road s Correcting/Over- ved or Avoided : Due Slippery Surface, MV, lon-Motorist in  3rd  Condition At Time of Crash 1 Apparently Normal 3 Asteep or Fatigued 5 fill (sick) or Fairited 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.)
	Other, Explain	E., B., (50)
Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Second 3 Right 3 Third 3 Other Enclosed Cargo Area 4 Fourth (explain in 77 Other Row 18 Unknown 88 Unknown 18 Unknown 19 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	V OTHER  3 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet 3 No Helmet 4 Air Bag Deployed (ABD)  1 Not Ejected (ABD)  1 Not Applicated 2 Ejected, Totally 3 Deployed-Francische 3 Deploye	Eye Protection (EP)  3
Non-Motorist Description Non-Mot	torist Location At Time of Crash	Action Prior to Crash
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of Also Meter Vehicle 7 Should	kction - Marked Crosswalk ction - Unmarked Crosswalk ction - Other ck - Marked Crosswalk Lane - Other Location Lane Lane Lane Lane Lane Lane Lane Lan	S Walking/Cycling on Sidewalk 6 in Roadway — Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 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) 77 Other, Explain in Narrative 8 Unknown 10 Improper Turn/Merge 11 Improper Passing ive (talking, eating, etc.) 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 13 Improper Passing 14 Walking (talking, eating, etc.)
EUCONOL ZESTED ALCOHOL ZESTED	ALCOHOL/DRUG/EMS	
ALCOHOL USE:   1 Test Not Given   1 1 Blood   1 1 No   2 Test Refused   2 Breath   1 2 Yes   3 Test Given   3 Urine   2		DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Refused 3 Test Given 77 Other, Explain in Narrative 88 Unknown, if Tested  MEDICAL FACILITY TRANSPORTED TO
PERSON # VEHICLE # NAME	ADDITIONAL PASSENGERS  DATE OF BIRTH	INJ SEX LOC: S R O EJECT HU EP ABD RS
CUPPENT COSCO		
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  PERSON #   VEHICLE # INAME	ME OR ID EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
	DATE OF BINTIF	INU SEX LOC:S R O EIECT HU EP ABD RS
CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY  1 Not Transported  2 EMS 1 Law Enforcement  77 Other, Explain in Narrative 88 Unknown	ME OR ID EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

		REPORTING AGENCY CAS	E NUMBER HSMA/ CR	ASH REPORT NUMBER
PERSON # 4		2017-00034427		1997
1 Driver VEHICLE # (NAME	<u> </u>		PHONE	
2 Non-Motorist 3 Passenger 3				Recommend
CURRENT ADDRESS (Nu	mber and Street)	CITY & STATE		Driver Re-exam ZIP CODE
6 Ricker DR		Palm Coast	FL	32164
I II Mala I II	DRIVER LICENSE NUMBER	STATE	EXPIRES INJURY SEVERIT	Y (ONJ)
05/ 26/ 10 2 Female 88 Unknown			1 None 2 Possible 13 Non-incapacit	4 Incapacitating 5 Fatal (within 30 days) ating 6 Non-Traffic Fatality
		DRIVER		ening difformathic rates ity
143036	ndo <i>r</i> sements	Driver's Actions at	t Time of Crash 26 Ran off Roadway	ord Condition At
4 D/Chauffeur 2 No	2	No Contributing Action Operated MV in Careless or	27 Disregarded other Traffic	Time of Crash
6 E/Oper – Rest 7 None	]   3	Falled to freio right of way	28 Disregarded Other Road Markings	1 Apparently Normal 3 Asleep or Fatigued
	ther inside the Vehicle   200 6	Improper Turn	29 Over-Correcting/Over- Steering	5 III (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired
7 Flertronic Communication 5 E	ternal Distraction 1	1 Ran Red Light	30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in	8 Emotional (depression, angry, disturbed, etc.)
3 Other Electronic Device In D. (pavigation device D)/D player) 6 Te	arrative) 1:	3 Ran Stop Sign 5 Improper Passing	Roadway, etc.  31 Operated MV in Erratic.	9 Under the Influence of Medications/Drugs/Alcohol
	Jnknown 2	1 Wrong Side of Wrong Way	Reckless or Aggressive Manner 77 Other Contributing Action	77 Other, Explain in Narrative 88 Unknown
	n Vehicle 9 Smoke ng/Fixed Object 10 Glare	5 Failed to Keep in Proper Lane	DRIVER OR PASSEN	
	Bill boards 77 All Other, Explain in Narrative	Helmet Use (HU)	Eye Protection (EP)	Pastraint Systems
DRIVER OR PA		1 DOT-Complia Motorcycle He	int 1 Yes	7 (RS)
Motor Vehicle Seating Position:	LOCATION: SEAT ROW OTHER	2 Other Helme 3 No Helmet	t 3 Not Applicable	1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used
Seat Row Other  1 Left 1 Front 1 Not Applicable		Air Bag Dep	יים מושטיים של שליים ליים ליים ליים ליים ליים לי	4 Shoulder Belt Only Used
2 Middle 2 Second 2 Steeper Section 3 Right 3 Third 3 Other Enclosed	Cargo Area Ejecti	ion (EJECT) (ABD)	(knee, air belt, etc.) 6 Deployed- Applicable Combination	5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing
77 Öther 4 Fourth 4 Unenclosed Ca (explain in 77 Other Row 5 Trailing Unit narrative) 88 Unknown 6 Riding on Moto	1 1 2 5	jected Totally 1 2 Not	Deployed 7 Deployed-Curtain loyed-Front 88 Deployment	8 Child Restraint System - Forward Facing 9 Booster Seat
88 Unknown trailing unit)	`   4 N	lot Applicable Unknown 4 Dep	loyed-Side Unknown	10 Child Restraint Type Unknown 77 Other, Explain in Narrative
22 01.11041		NON-MOTORIST		
Non-Motorist Description 1 Pedestrian	Non-Motorist Locat  I Intersection - Marked	tion At Time of Crash	Acti	on Prior to Crash 5 Walking/Cycling on Sidewalk
2 Other Pedestrian (wheelchair, person building skater, pedestrian conveyance	in a 2 Intersection - Unmark	ked Crosswalk 9 Median/Crossir 10 Driveway Acce	ess	6 In Roadway – Other (working, playing, etc.)
3 Bicyclist 4 Other Cyclist	4 Midblock - Marked Cr 5 Travel Lane - Other Lo	rosswalk 11 Shared-Use Pa ocation 12 Non-Trafficwa	oth or Trail	7 Adjacent to Roadway (e.g., shoulder, median)
5 Occupant of Motor Vehicle Not in Tra (parked, etc.)	nsport 6 Bicycle Lane 7 Shoulder/Roadside	77 Other, Explain 88 Unknown	3 Walking/Cycling A	loadway 8 Going to or from School (K-12) long 9 Working in Trafficway
6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		ons/Circumstances	Roadway with Traffi adjacent to travel la 4 Walking/Cycling Al	ne) 10 None
Safety Equipment	2 Dart/t		Roadway Against Tr; adjacent to travel lai	affic (in or 88 Unknown
1 None 5 Lighting 2 Helmet 6 Not Applicable	4 Faiture Signals,	e to Obey Traffic Signs, or Officer 7	Entering/Exiting Parked/Standing	10 Improper Turn/Merge
3 Protective Pads Used 77 Other, Explain (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, 88 Unknown	2nd     Iving. w	adway Improperly (standing, V	ehicle Inattentive (talking, eating, etc) Not Visible (dark clothing, no	11 Improper Passing 12 Wrong Way Riding or Walking
backpack, etc.)	on, pus	led Vehicle Related (working 9 hing, leaving/approaching) li	Not Visible (dark clothing, no ghting, etc.)	77 Other, Explain in Narrative 88 Unknown
SUSPECTED ALCOHOL TESTED:	ALCOHOL TEST TYPE: ALCOHOL	LCOHOL/DRUG/EMS  BAC SUSPECTED	ORUG TESTED:	DRUG TEST TYPE:  DRUG TEST RESULT:
ALCOHOL USE: 1 Test Not Given 2 Test Refused	1 Blood TEST RESULT: 2 Breath 1 Pending	BAC DRUG USE:	1 Test Not Given	DRUG TEST TYPE: DRUG TEST RESULT:  1 Blood 1 Positive 2 Negative
2 Yes 3 Test Given 88 Unknown, if Tested	3 Urine 2 Completed 2 77 Other, Explain in 88 Unknown	Z Yes 88 Unknow	3 Test Given	77 Other, 3 Pending Spending S
SOURCE OF TRANSPORT TO MEDICAL FACILITY	Narrative   	EMS RUN NUMBER		ACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	Rescue 21	2017-5149	FHF	
	ADD	OTTIONAL PASSENGERS		
PERSON # VEHICLE # NAME		DATE OF BIRTH	INJ SEX LOC: S	R O EJECT HU EP ABD RS
	who = 164 e <sup>5</sup>			
CURRENT ADDRESS (Nui	noer and Street)	CITY & STATE		ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EME DI IN MIRADED	LAPPICAL C	ACTUMY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement	ENISAGENCI NAME OKID	EMS RUN NUMBER	MEDICALF	ACILITY TRANSPORTED TO
77 Other, Explain in Narrative 88 Unknown PERSON # VEHICLE # NAME		DATE OF BIRTH	INI SEX [LOC:S	R O EJECT HU EP ABD RS
		- Of Grand		J BECT THE EF MOD INS
CURRENT ADDRESS (Nur	nber and Street)	CITY & STATE		ZIP CODE
]	- · - ·	well at all the		Lie CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FA	ACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown				
// Outer, explain it realizative 55 Unknown			_ I	1

			REP	ORTING AGENCY CAS	E MHMRED	USIA/CD	ASH REPORT NUMBER	
PERSON # 5					DE INCINIDER			
1 Driver	ligingis a lucius	. <u> </u>	20	17-00034427			21997	
2 Non-Motorist 3 Passenger 3	VEHICLE # NAME 2					PHONE N	IUMBER Check if Recommend Driver Re-exam	7
cu	RRENT ADDRESS (Number	and Street)		CITY & STATE			ZIP CODE	_
6 Ricker DR				Palm Coast			32164	
1	Male   4	UCENSE NUMBER		STATE	EXPIRES	INJURY SEVERITY 1 None	å Incanacitation	
	Female 3 Unknown		0011	(50)		2 Possible 3 Non-incapacita	5 Fatal (within 30 days) 2 ating 6 Non-Traffic Fatality	
DL Type	Required Endor	sements	DRI\ Dr	ver's Actions a	t Time of C	rash		
1 A 2 B 3 C 4 D/Chauffeur	1 Yes	1st	1 No Contrib	uting Action	26 Ran off Roa 27 Disregarded	IIW 69	Condition At	٦
5 E/Operator 6 E/Oper – Rest	2 No 3 No Req. End	lorsement	2 Operated N Negligent Ma	AV in Careless or enner	Sign 28 Disregarded	1	Time of Crash 1 Apparently Normal	
7 None			4 Improper B		Markings 29 Over-Corre		3 Asleep or Fatigued 5 III (sick) or Fatigued	١
Driver Dis	(explain in		6 Improper T 10 Followed	too Closely	Steering		4th 6 Seizure, Epilepsy, Blackout 7 Physically Impaired	
2 Electronic Com- Devices (cell phor	ne etc ) (outside th	Distraction e vehicle, explain	11 Ran Red L 12 Drove too	Fast for Conditions	to Wind, Slippe Object, Non-M	ery Surface, MV.	8 Emotional (depression, angry, disturbed, etc.)	
3 Other Electroni (navigation device	c Device in namative	·	13 Ran Stop : 15 Improper	oign Passing	Roadway, etc. 31 Operated M	<u> </u>	9 Under the Influence of Medications/Drugs/Alcohol	
Driver Vision Ob	/ Inattenti		21 Wrong Sic	Posted Speed le of Wrong Way	Reckless or Ag	gressive Manner ributing Action	77 Other, Explain in Narrative 88 Unknown	2
1 Vision Not Obscu	ured 5 Load on Vehi		25 Failed to I	Keep in Proper Lane		RIVER OR PASSEN		
2 Indement Weat 3 Parked/Stopped	Vehide 7 Signs/Billboa	ds 77 All Other, Exp	lain H	elmet Use (HU)			I	
4 Trees/Crops/Bus	thes 8 Fog DRIVER OR PASSEN	in Narrative		1 DOT-Compli	1 *	Protection (EP)	Restraint Systems (RS)	
Motor Vehicle Seati		TION: SEAT ROW OTHER	3		elmet   3	2 No 3 Not Applicable	1 L	
Seat Row	Other (LOC			3 No Helmet		ļ · · · · ·	2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used	1
1 Left 1 Front 2 Middle 2 Second	1 Not Applicable 2 Sleeper Section of Tru	ıck Cah		Air Bag De	ŭ	Deployed-Other (nee, air belt, etc.)	4 Shoulder Belt Only Used	
3 Right 3 Third 77 Other 4 Fourth	3 Other Enclosed Cargo 4 Unenclosed Cargo Are	Area [ 5]	ection (EJEC 1 Not Ejected	1 No	6 Applicable C	Deployed- ombination	6 Restraint Used - Type Unknown 7 Child Restraint System - Flory Facing	ing
	w 5 Trailing Unit	[ ] 1	2 Ejected, Tota 3 Ejected, Part	ialfy  3 De	ployed-Front 8:	Deployed-Curtain 8 Deployment	9 Booster Seat	
88 Unknown	tralling unit) 88 Unknown		4 Not Applicab 88 Unknown	le 4 De	ployed-Side U	Inknown	10 Child Restraint Type Unknown 77 Other, Explain in Narrative	
			NON-MC	TORIST				
Non-Motorist I	Description	Non-Motorist Lo		me of Crash 8 Sidewalk		Actio	on Prior to Crash	
1 Pedestrian 2 Other Pedestrian	(wheelchair, person in a	2 Intersection - Wa 3 Intersection - Ot	marked Crosswa		ng Island		5 Walking/Cyding on Sidewal) 6 In Roadway – Other (workin	k ig,
3 Bicyclist 4 Other Cyclist	edestrian conveyance, etc.)	4 Midblock - Mark 5 Travel Lane - Oth	ed Crosswalk	11 Shared-Use P 12 Non-Trafficw	ath or Trail	1 Creation Road way	playing, etc.) 7 Adjacent to Roadway (e.g.,	
5 Occupant of Mot	or Vehicle Not in Transport	6 Bicycle Lane		77 Other, Explain 88 Unknown		1 Crossing Roadway 2 Waiting to Cross Ro	oadway 8 Going to or from School (K-1	12)
(parked, etc.) 6 Occupant of a No	n-Motor Vehicle	7 Shoulder/Roadsin				3 Walking/Cycling Al Roadway with Traffic	c (in or (incident response)	
Transportation Dev 7 Unknown Type o		1	lo Improper Acti lart/Dash		- 1	adjacent to travel lar 4 Walking/Cycling Ak	ong 77 Other, Explain in Narrative	!
Safety Equipr		] [ 15t ]   3 F	rangoasn ailure to Yield Ri ailure to Obey Ti	ght-of-Way		Roadway Against Tra adjacent to travel far	offic (in or 88 Unknown ne)	
2 Helmet 3 Protective Pads Used	5 Lighting 6 Not Applicable 77 Other, Explain	Sig	nals, or Officer			ng Parked/Standing	10 Improper Turn/Merge	
(elbows, knees, shins, etc.) 4 Reflective Oothing (jacket,	in Nattative	2nd     Mir	g, working, play	ing) {	/ehicle 3 Inattentive (ta	Iking, eating, etc)	11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative	
backpack, etc.)	L.		pushing, leaving		ighting, etc.)	ark clothing, no	88 Unknown	
SUSPECTED ALCO	HOL TESTED: ALCO	HOLTEST TYPE:  ALCOHOL	ALCOHOL/D	IC MODE CONTO	(DOLL)	Tecteo		
ALCOHOL USE: 1 Test	t Not Given 1 Block t Refused 2 Bres	od TEST RESUL	T: [	SUSPECTED DRUG USE:	1 Tes	it Not Given	DRUG TEST TYPE: DRUG TEST RESULT  1 Blood 1 Positive	י ר
2 Yes	t Given 3 Urin	e 2 Complete her, Explain in 88 Unknow	السا هِ	1 No 2 Yes	3 Tes	it Given 🗀 📗	3 Urine 2 Negative 3 Pending	}
SOURCE OF TRANSPORT TO N	Narra			88 Unknow			Explain in Narrative 88 Unknown	_
1 Not Transported 2 EMS 3 Law Enforcement	2	Rescue 21		EMS RUN NUMBER 2017-5149			ACILITY TRANSPORTED TO	
77 Other, Explain in Narrative	88 Unknown	1				FHF		
PERSON # VEHICLE # NAME			ADDITIONAL P	ASSENGERS DATE OF BIRTH		NJ SEX LOC: S	R O EJECT HU EP ABD R	
							3 326. 1.0	۱ ٔ
CUR	RENT ADDRESS (Number a	nd Strong)		CITY P. CTATE				_
, COR	WENT MOOKEDS (MOUREN A	ua zusech		CITY & STATE			ZIP CODE	ĺ
SOURCE OF TRANSPORT TO M	ACTICAL CACILITY	TEME ACCRECATION OF THE		leves or leve and a new				_
1 Not Transported	EDICALFACILIT	EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FA	ACILITY TRANSPORTED TO	
2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	88 Unknown		<del></del>	<u>L</u>				
PERSON # VEHICLE # NAME				DATE OF BIRTH	11	NI SEX LOC: S	R O EJECT HU EP ABD R	\$
	· ·							
CUR	RENT ADDRESS (Number a	nd Street)		CITY & STATE			ZIP CODE	ᅵ
SOURCE OF TRANSPORT TO M 1 Not Transported	EDICAL FACILITY	EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FA	ACILITY TRANSPORTED TO	-
2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	88 Unknown					Í		-
	CO OTATAO ITTI			1		l l		

	REPORTING AGENCY CASE NUMBER					HSMV CRASH REPORT NUMBER								
	NARRATIVE	2017	-0003	4427		_	86921997							
Royal Palms	traveling eastbound in the left turn lane for Pkwy approaching Rymfire Dr. As V2 applits the front of V2.	rom Royal oproached	Palm V1 m	ns Pkwy to Ry nade a left turr	mfire into	Dr.	V2 v path	vas ti of V	raveli 2. V2	ng w stru	estb ck th	ound e rig	on ht	
not see V2 a Pkwy. W1 a	ed that as he approached the intersection approaching. W1 was stopped at the stop dvised that he saw V2 approaching and the to the path of V2 and V2 had almost no t	sign on Ry hat is why i	mfire he re	Dr waiting to	mak	e a	right	turn	onto	Rova	ıl Pa	lms	_	
Halifax Hosp Flagler with	The impact caused significant damage to V2 and P2 was unable to exit the vehicle due to injury. P2 was transported to													
they did not	vas made with W2 and W3 who were in the see the impact and only heard it. W2 adviting her from being able to make her righ	ised that s	oped he w	in the westbor as focused on	und i the	ight veh	turn icles	lane. stopp	Both ed o	ı adv n Ryı	ised nfire	that Dr t	hat_	
was poor. Yo on V1 shows	/2017 I was able to review the cameras for are able to observe V2 approaching the V2 approaching the intersection with head to be traveling at a rate of speed higher the	e intersect adlights ac	ion ir tivate	3 of the 4 car	mera	vie	ws. 1	he fo	rwar	d fac	ina d	ame	ra 🗆	
Video wa	s not released by School Board due to the	e faces of	juver	niles visible an	d the	ey d	o not	have	the	capa	bility	to e	dit	
				<del></del>										
DOUTIONAL DA	CENCERC			- "										
ADDITIONAL PA ERSON # VEHICLE #		D	ATE OF	BIRTH	INU	SEX	LOC: S	R (	EJEC	т ни	€P	ABD	R5	
	CURRENT ADDRESS (Number and Street)		CITY	& STATE					-	ZIP COD	Ē			
OURCE OF TRANSPO	ORT TO MEDICAL FACILITY EMS AGENCY NAME OR ID		EMS RU	N NUMBER			MEI	DICAL FA	CILITY T	RANSPO	RTED 1	0		
	larrative 88 Unknown		DATE O	FBIRTH	INJ	SEX	LOC: S	R (	D EUEC	T HU	HU EP ABD			
	CURRENT ADDRESS (Number and Street)		CITY 8	& STATE	<u></u> _					ZIP COC	E			
	IRT TO MEDICAL FACILITY EMS AGENCY NAME OR ID		EMS RU	N NUMBER			ME	DICAL FA	CILITY T	RANSPO	RTED T	0		
Not Transported EMS 3 Law Enforce 7 Other, Explain in N	arrative 88 Unknown										,			
ADDITIONAL VIC ERSON #		FL STATUTE NUM	8ER		Ci	IARGE					OITATI	N NUMB	BER	
ERSON#	NAME OF VIOLATOR	FL STATUTE NUM	BER		SE CITATION NUMBER									
REPORTING OFF	ICFR													
D/BADGE NUMBER 274 RANK & NAME Department PHP SO X X Joseph Scott Vedder Flagler County								PD OT	THER					
													_ 1	

86921997

