

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

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

TOTAL # OF VEHICLE SECTION(S) 1  
TOTAL # OF PERSON SECTION(S) 2  
TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE <b>09/19/15</b>		TIME OF CRASH <b>03:55 AM</b>		DATE OF REPORT <b>09/19/15</b>		REPORTING AGENCY CASE NUMBER <b>2015-00096512</b>		HSMV CRASH REPORT NUMBER <b>85930081</b>		
<b>CRASH IDENTIFIERS</b>										
COUNTY CODE <b>61</b>	CITY CODE <b>53</b>	COUNTY OF CRASH <b>Flagler</b>			PLACE OR CITY OF CRASH <b>Palm Coast</b>			CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED <b>04:05 AM</b>	TIME DISPATCHED <b>04:05 AM</b>
TIME ON SCENE <b>04:05 AM</b>		TIME CLEARED SCENE <b>04:43 AM</b>		CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)				Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>	
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>										
CRASH OCCURRED ON STREET, ROAD, HIGHWAY <b>Whiteview PKWY</b>					AT STREET ADDRESS # <b>1 100</b>		AT LATITUDE AND LONGITUDE <b>2</b>			
FEET	MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>3</b>			OR FROM MILEPOST # <b>4</b>		
<b>5 Road System Identifier</b> 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative			<b>2 Type of Shoulder</b> 1 Paved 2 Unpaved 3 Curb		<b>1 Type of Intersection</b> 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative					
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/></b>										
<b>5 Light Condition</b> 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown 77 Other, Explain in Narrative 88 Unknown		<b>3 Weather Condition</b> 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 1 Clear 2 Cloudy 3 Rain		<b>8 Roadway Surface Condition</b> 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown 1 Dry 2 Wet 4 Ice/Frost		<b>1 School Bus Related</b> 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		<b>5 Manner of Collision/Impact</b> 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown 1 Front to Rear 2 Front to Front 3 Angle		
<b>First Harmful Event</b> <b>32</b>		<b>Non-Collision</b> 1 Overtake/Roll-over 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		<b>Collision Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object		<b>Collision with Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		<b>First Harmful Event Location</b> <b>4</b> 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown		
<b>First Harmful Event within Interchange</b> <b>1</b> 1 No 2 Yes 88 Unknown		<b>First Harmful Event Relation to Junction</b> <b>1</b> 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown		<b>Contributing Circumstances: Road</b> <b>1</b> 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown		<b>Contributing Circumstances: Environment</b> <b>2</b> 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown				
<b>Work Zone Related</b> <b>1</b> 1 No 2 Yes 88 Unknown		<b>Crash in Work Zone</b> <input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		<b>Type of Work Zone</b> <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		<b>Workers in Work Zone</b> <input type="checkbox"/> 1 No 2 Yes 88 Unknown		<b>Law Enforcement in Work Zone</b> <input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present		
<b>WITNESSES</b>										
NAME		ADDRESS		CITY & STATE		ZIP CODE				
NAME		ADDRESS		CITY & STATE		ZIP CODE				
NAME		ADDRESS		CITY & STATE		ZIP CODE				
<b>NON VEHICLE PROPERTY DAMAGE</b>										
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY & STATE	ZIP CODE			
	<b>2</b>	<b>Landscaping</b>	<b>200</b>	<input checked="" type="checkbox"/> (Check if Business) <b>City of Palm Coast</b>	<b>160 Cypress Point</b>	<b>Palm Coast FL</b>	<b>32137</b>			
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY & STATE	ZIP CODE			
				<input type="checkbox"/> (Check if Business)						



VEHICLE# 1		Check if Commercial		REPORTING AGENCY CASE NUMBER 2015-00096512		HSMV CRASH REPORT NUMBER 85930081													
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		1 VEHICLE LICENSE NUMBER ZCN86		STATE FL		REGISTRATION EXPIRES		Check if Permanent Registration X		VIN 2FABP7BV0BX168656									
Hit and Run 1 No 2 Yes 88 Unknown		1 YEAR 2011		MAKE Ford		MODEL Crown Victoria		STYLE 4 Door		COLOR White		DAMAGE: 1 Disabling 2 Functional 3 None		4 Minor 88 Unknown		1 EST. AMOUNT			
INSURANCE COMPANY Sheriffs Automobile Risk Program				INSURANCE POLICY NUMBER 15-FSRMF-17				Towed due to Damage: 1 No 2 Yes				2 VEHICLE REMOVED BY SAXONS TOWING				1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative			
NAME OF VEHICLE OWNER (Check if Business) X				CURRENT ADDRESS 1001 Justice LN				CITY & STATE Bunnell FL				ZIP CODE 32110							
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration		VIN		YEAR		MAKE		LENGTH		AXLES	
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration		VIN		YEAR		MAKE		LENGTH		AXLES	
VEHICLE N TRAVELING		S		E		W		Off-Road Unknown		ON STREET, ROAD, HIGHWAY Whiteview Parkway				AT EST. SPEED 37		POSTED SPEED 45		TOTAL LANES 2	
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21				Most Damaged Area 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21							
MOTOR CARRIER NAME				US DOT NUMBER				CITY & STATE				ZIP CODE				PHONE NUMBER			
MOTOR CARRIER ADDRESS				CITY & STATE				ZIP CODE				PHONE NUMBER							
Vehicle Body Type 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)				1 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown				3 Trafficway 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown				Commercial Motor Vehicle Configuration 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double				8 Truck Tractor/Triples 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown			
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck				Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer				8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown				Cargo Body Type 1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log				13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown			
Most Harmful Event 42				Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision				Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object				Collision Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End				29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)			
Sequence of Events 1st 2nd 31 32 3rd 4th				[40-46 Sequence of Events only] 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway				Vehicle Maneuver Action 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing				Traffic Control Device For This Vehicle 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign				Vehicle Defects 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train			
Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)				Roadway Alignment 1 Straight 2 Curve Right 3 Curve Left				Special Function of Motor Vehicle 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military				9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus				14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown			
VIOLATIONS																			
PERSON #		NAME OF VIOLATOR				FL STATUTE NUMBER				CHARGE				CITATION NUMBER					
PERSON #		NAME OF VIOLATOR				FL STATUTE NUMBER				CHARGE				CITATION NUMBER					
PERSON #		NAME OF VIOLATOR				FL STATUTE NUMBER				CHARGE				CITATION NUMBER					



PERSON # 1		REPORTING AGENCY CASE NUMBER 2015-00096512		HSMV CRASH REPORT NUMBER 85930081	
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # 1	NAME Jonathan Kuleski		PHONE NUMBER (386)437-4116
1		Check if Recommended <input type="checkbox"/>		Driver Re-exam <input type="checkbox"/>	
CURRENT ADDRESS (Number and Street) 1001 Justice LN			CITY & STATE Bunnell FL		ZIP CODE 32110
DATE OF BIRTH 10/15/92	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER 1	STATE FL	EXPIRES 10/15/22	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
DRIVER					
DL Type 5		Required Endorsements 1 Yes 2 No 3 No Req. Endorsement		Driver's Actions at Time of Crash	
Driver Distracted By 4		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		1st 26	
Driver Vision Obstructions 1		1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		2nd 27	
1		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		3rd 28	
1		9 Smoke 10 Glare 77 All Other, Explain in Narrative		4th 29	
DRIVER OR PASSENGER					
Motor Vehicle Seating Position: Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown		LOCATION: SEAT ROW OTHER (LOC) 1 1		Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
1		1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		Eye Protection (EP) 1 Yes 2 No 3 Not Applicable	
1		1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		3 Restraint Systems (RS) 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative	
NON-MOTORIST					
Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		Non-Motorist Actions/Circumstances 1st 2nd 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown			
ALCOHOL/DRUG/EMS					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC 1 2 88 Unknown	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID 1	EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO
ADDITIONAL PASSENGERS					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX
				LOC: S	R
				O	EJECT
				HU	EP
				ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE		ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID	EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX
				LOC: S	R
				O	EJECT
				HU	EP
				ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE		ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID	EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO



<b>NARRATIVE</b>	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
	2015-00096512	85930081

As V1 was traveling eastbound on Whiteview Parkway, during inclement weather conditions (heavy downpour), D1 was in the process of turning on his front windshield defroster when his foot slipped causing him to slam on the vehicle brakes. This action caused V1 to run off of the roadway and onto the wet grass of the center median, which then caused D1 to lose complete control of V1 and collide with a tree within the median. It should be noted; heavy downpours had been ongoing in this area for several hours prior and during the time of this crash. Although EMS responded to the scene, D1 advised he was not injured and refused medical treatment and/or transport.

<b>ADDITIONAL PASSENGERS</b>													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INI	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO						
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INI	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO						

<b>ADDITIONAL VIOLATIONS</b>				
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

<b>REPORTING OFFICER</b>			
ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP SO PD OTHER
222	Corporal Jon Daniel Reckenwald	Flagler County	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

# DIAGRAM

REPORTING AGENCY CASE NUMBER

2015-00096512

HSMV CRASH REPORT NUMBER

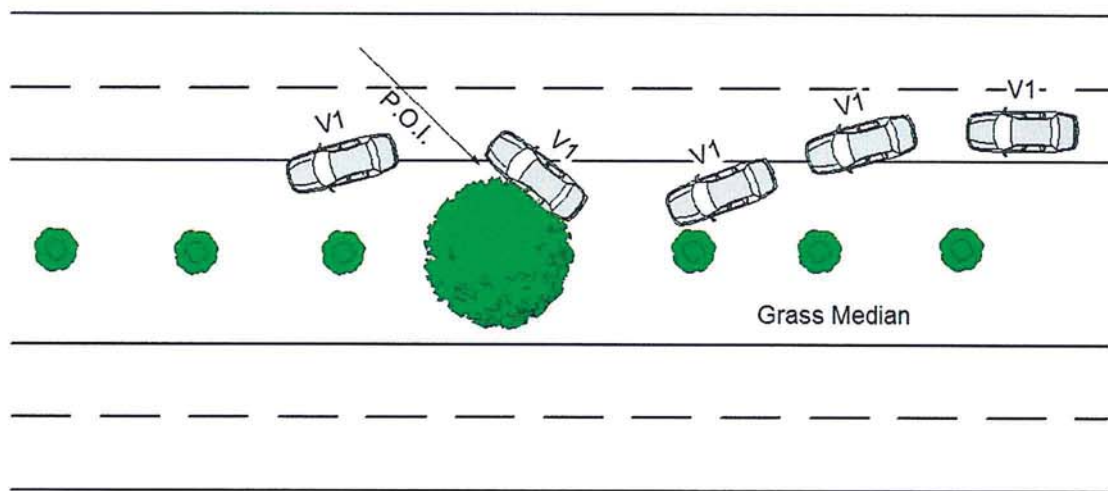
85930081



NOT TO SCALE

FCSO CASE NO 2015-96512

Whiteview Parkway Eastbound



Palm Coast Bible Church  
94 Whiteview Parkway

Kingdom Hall Church  
100 Whiteview Parkway

On 09/19/2015 at approximately 4:00AM while traveling Eastbound on White View Parkway, Palm Coast, Florida I attempted to change my air conditioner settings from cold to warm due to the windows beginning to fog up to the point of it hampering my ability to see. While changing the air conditioner settings which require me to move my entire body slightly forward due to my vest and belt which require my seat to be slightly farther back for me to fit into my vehicle comfortably. While moving my entire body slightly forward my foot slipped while it was on the break causing me to break harder than normal. Once I applied more pressure than normal to the break the entire vehicle slightly jerked to the left. It was at this time the front right wheel of my vehicle went off the roadway approximately 6 inches. When my front right tire went off the roadway I lost complete control of my vehicle causing me to strike a tree.

It is to be noted it was raining heavily at the time and the roadway and grass were heavily saturated