



U.S. Department of Transportation  
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DDT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received: 7-18-04  
29-JUL-2004  
Repository:   
Reference No.: 10082781

OWNER INFORMATION (Type or Print)

Name: [REDACTED]  
Address: [REDACTED]  
City: VERO BEACH State: FL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]  
Evening Telephone Number: SAME  
E-mail Address: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 8/7/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G4CW54K614  
Make: BUICK Model: PARK AVENUE Model Year: 2001

Date Purchased: 11/22/2000 Dealer's Name and Telephone Number: LANE  
Original Owner:  Dealer's City: MELBOURNE State: FL Zip Code: 32901 Engine: 6 No. Cylinders: 6 Fuel Type: Gas

Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control  
Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 141000 AIR BAGS:FRONTAL  
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-APR-2002 Failure Mileage: 27,000 Failure Speed: 30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R16): [REDACTED]  
DOT No. (Example: DOTMALBABC38): [REDACTED]  Original Equipment  Prior Repair  
Failure Location: [REDACTED]  
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: 1 Number of Deaths: 0 Reported to Police: Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

CONSUMER'S VEHICLE WAS INVOLVED IN A HEAD ON COLLISION, AND THE AIR BAGS DID NOT DEPLOY. VEHICLE HIT A TRACTOR TRAILER. \*AK

SEE POLICE REPORT  
PHOTOS  
LETTER FROM GM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a condensed summary thereof, may be used in support of the agency's action.



**esis**

ESIS/CMI Central Claims Unit  
P.O. Box 300  
Mail Code 482 C20 D71  
Detroit, MI 48265-3000

800.888.0164 ext  
313.665.0911 fax

Dawn McGuin  
Claims Administrator

February 6, 2004

David Carter  
Gould Cooksey Fennell O'Neill Marine Carter & Hafner  
979 Beachland Boulevard  
Vero Beach, FL 32963

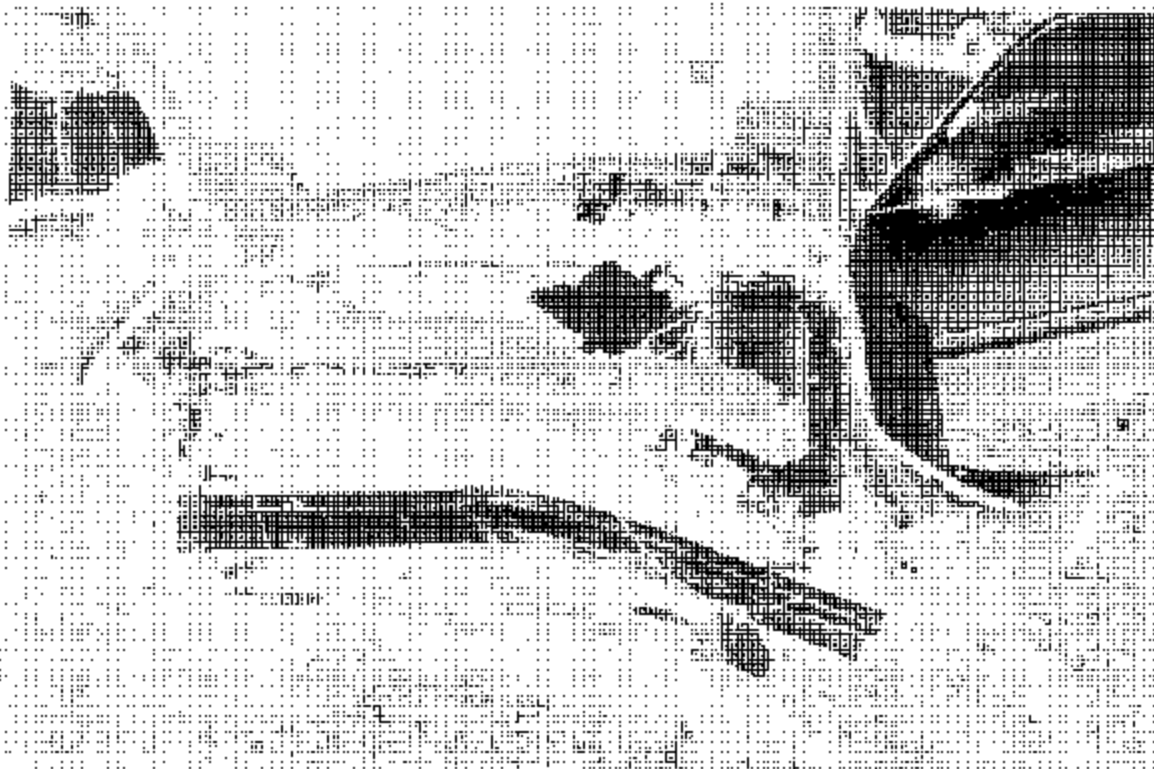
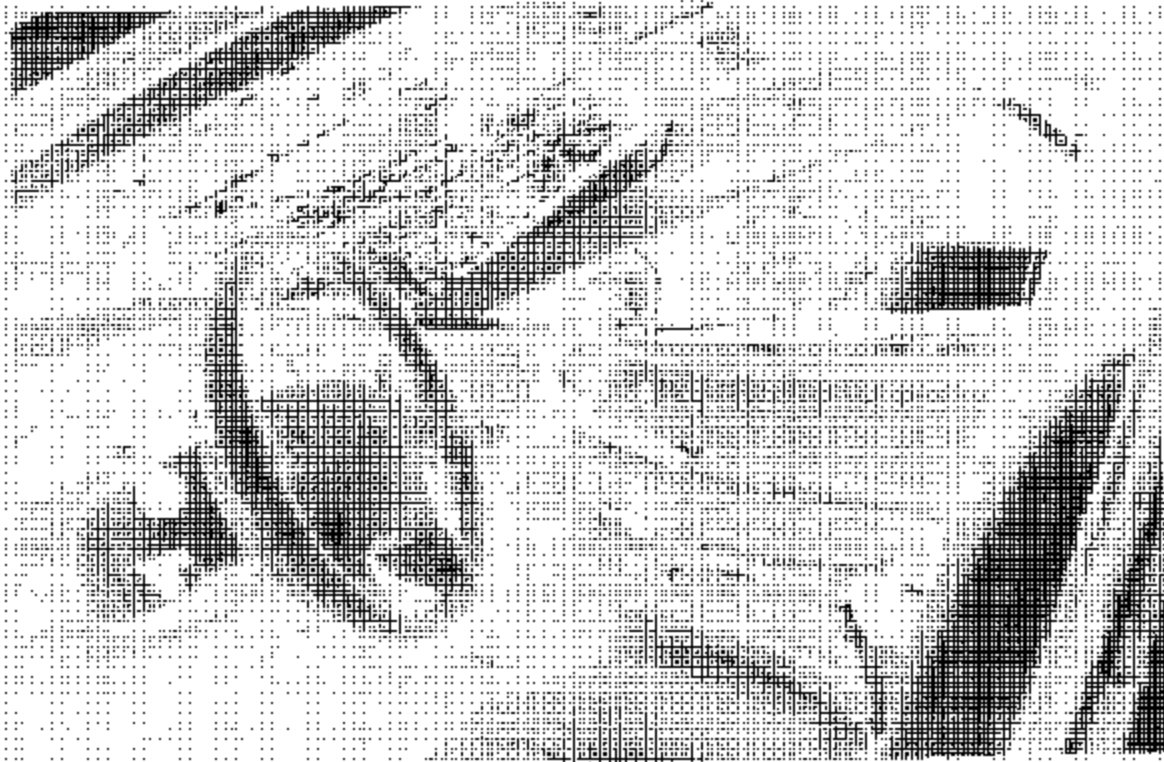
RE: Claimant: [REDACTED]  
Our File No.: [REDACTED]  
Our Client: General Motors Corporation  
Date/Event: April 1, 2002  
Vehicle: 2001 Buick Park Avenue  
VIN: 1G4CW54K614 [REDACTED]

Dear Mr. Carter:

This will confirm that we have completed our investigation into the accident your above-referenced client had in a 2001 Buick Park Avenue on April 1, 2002. At this time, based on all documentation received and reviewed, the SIR system performed properly by not deploying the airbags during this accident. Therefore, ESIS, on behalf of General Motors Corporation, will not be in a position to honor your client's request for damages. If you have any additional evidence that supports your client's claim of a product defect, please forward it to my attention for further review. Thank you for your cooperation.

Sincerely,

Dawn McGuin  
Claims Administrator



# Truck running stop light blamed for collision involving four vehicles

By Dennis Steinhilber  
Staff Writer

Davei Chora's golf game landed in the rough Monday afternoon when he found himself involved in a four-vehicle crash at 26th Street and 64th Avenue.

"I had my window down, and it's a good thing I backed because my side (car) mirror landed in my back seat," Chora said.

Chora, 31, who was not injured, was northbound on 64th Avenue at 2:30 p.m. when he stopped at the inter-

section for a red light. Chora, a professional golf caddy, said he was enroute to Redfield Golf Course, 8850 69th Ave., to play golf when the crash occurred.

"All I saw was this big white truck," he said.

As he was waiting for the traffic signal to turn green, a freight truck that was pulling a trailer ran through the red light, said Indian River County Sheriff's Deputy James Enlow.

The truck, driven by Robert H. Brandt, 41, of Fort Pierce, was southbound on

64th Avenue, when it collided in the intersection with a car driven by Joyce R. Brandt, 71, 7748 Indian River Drive, Enlow said.

Stowell, who was westbound on 26th Street, was flown to Holmes Regional Medical Center in Melbourne, where she was listed in stable condition Monday evening.

The impact of the crash caused Brandt's truck to hit Chora's car in the left side, then hit head-on with a car that was waiting at the intersection to turn west onto 26th Street, Enlow said.

The driver of the car, Jennifer Holborn, 31, 6815 Park Circle, was not injured, he said.

Jimmy Deair, 27, Owen Boyne, 26, and Barbara Deair, 2, whose addresses were not available, were passengers in the Holborn car. Jimmy Deair was flown to Holmes Regional Medical Center where he was treated and released, a hospital spokeswoman said.

Barbara Deair and Boyne were not injured.

Brandt, who was not injured, was cited for running a red light, Enlow said.



# Truck running stop light blamed for collision involving four vehicles

By Debbie Robinson  
staff writer

David Chora's golf game landed in the rough Monday afternoon when he found himself involved in a four-vehicle crash at 26th Street and 68th Avenue.

"I had my window down, and it's a good thing I ducked because my side (car) mirror landed in my back seat," Chora said.

Chora, 30, who was not injured, was northbound on 68th Avenue at 2:39 p.m. when he stopped at the inter-

section for a red light. Chora, a professional golf caddy, said he was enroute to Redstick Golf Course, 8350 58th Ave., to play golf when the crash occurred.

"All I saw was this big white truck," he said.

As he was waiting for the traffic signal to turn green, a flatbed truck that was pulling a trailer ran through the red light, said Indian River County sheriff's Deputy James Enlow.

The truck, driven by Robert H. Brandt, 41, of Fort Pierce, was southbound on

68th Avenue, when it collided in the intersection with a car driven by Joyce B. Stowell, 71, 7746 Indian River Drive, Enlow said.

Stowell, who was westbound on 26th Street, was flown to Holmes Regional Medical Center in Melbourne, where she was listed in stable condition Monday evening.

The impact of the crash caused Brandt's truck to hit Chora's car in the left side, then hit head-on with a car that was waiting at the intersection to turn west onto 26th Street, Enlow said.

The driver of this car, Jennifer Holborn, 21, 4815 38th Circle, was not injured, he said.

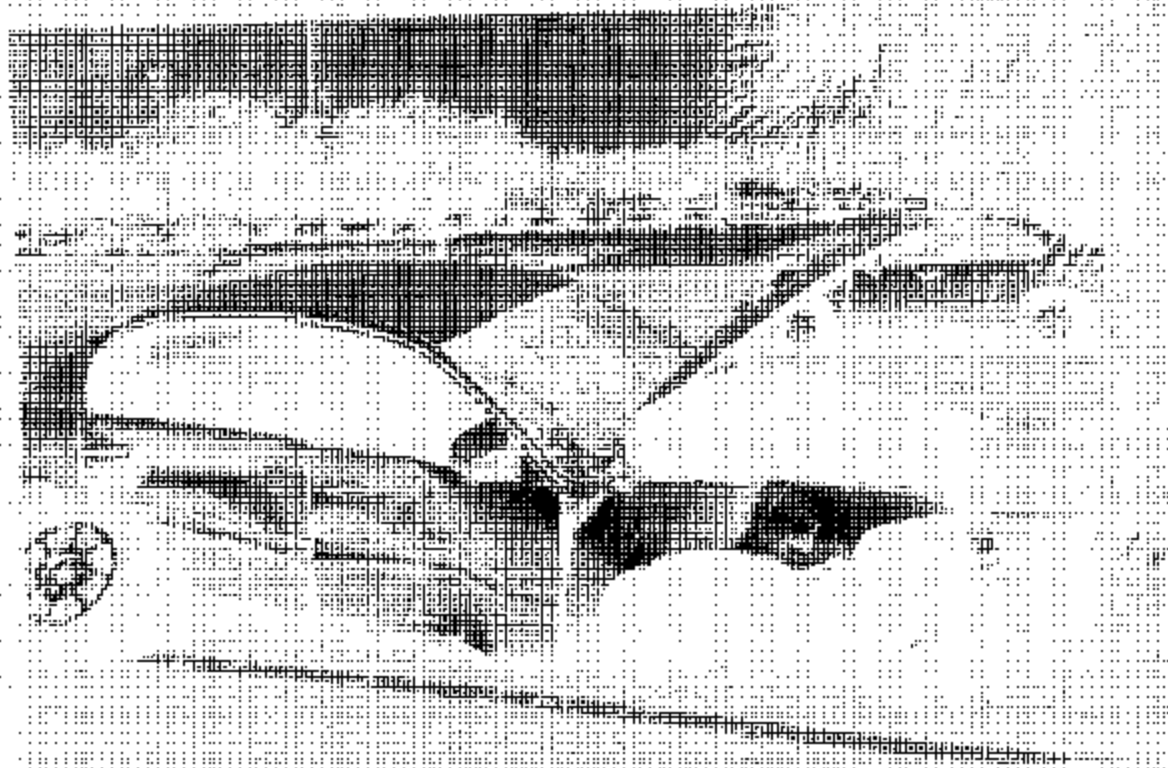
Jimmy Deair, 27, Owen Boyne, 26, and Brittany Deair, 2, whose addresses were not available, were passengers in the Holborn car. Jimmy Deair was flown to Holmes Regional Medical Center where he was treated and released, a hospital spokeswoman said.

Brittany Deair and Boyne were not injured.

Brandt, who was not injured, was cited for running a red light, Enlow said.

Tropic Towing  
626 3rd Pl  
563-3080  
2002-6861  
J.W. ENLOW  
F-101





S-2-B

I HEREBY ATTEST that this is a true COPY of the original filed in this office INDIAN RIVER COUNTY SHERIFF'S OFFICE

CONFIDENTIAL FOR 60 DAYS FROM DATE OF CRASH

FLORIDA TRAFFIC LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLE SAFETY CRASH RECORDS, NEL WIRTHMAN BUILDING, TALLAHASSEE, FL 32302

Date

DATE OF CRASH 04/01/02	TIME OF CRASH 2:35 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	TIME OFFICER NOTIFIED 2:40 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	TIME OFFICER ARRIVED 2:43 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	AGENCY / REPORT NUMBER	OFFICER / REPORT NUMBER
COUNTY / CITY CODE 32/00	FEET OF MILEAGE 2.8	ROAD TYPE S W	CITY OR TOWN Vero Beach	COUNTY	Indian River
AT THE INTERSECTION OF 26 <sup>th</sup> St	FROM INTERSECTION OF	ROAD NO. / LANE NO. 2	TYPE OF ROAD 2. LANOVED	ON STREET, ROAD OR HIGHWAY CR-615 (66 <sup>th</sup> Ave)	

OWNER 1. PHOENIX ACTION 2. N/A 3. N/A	YEAR 86	MAKE Int'l	TYPE 05	USE TT	VEHICLE IDENTIFICATION NUMBER FIHTLAHEM1GH	STATE FL	VEHICLE IDENTIFICATION NUMBER	18. Undercarriage 19. Overhead 20. Windshield 21. Trailer 22. Motor Power 23. Vehicle 24. Other
TRAILER OR TOWED VEHICLE INFORMATION 46 Finn-T90	TRAILER TYPE 77	TRAILER MAKE N/A	TRAILER STATE N/A	TRAILER IDENTIFICATION NUMBER N/A	TRAILER STATE N/A	TRAILER IDENTIFICATION NUMBER	25. Motor Power 26. Vehicle 27. Other	
VEHICLE TRAVELING ON 26 <sup>th</sup> St	AT	EST. MPH 40	POSTER SPEED 45	EST. VEHICLE DAMAGE 1750.00	1. Dismantling 2. Pushing 3. Hoisting	EST. TOWER DAMAGE 3000.00	28. Other 29. Other 30. Other	
MOTOR VEHICLE INSURANCE COMPANY (NAME) OR PAY TO Transportation Ins.	POLICY NUMBER	VEHICLE REGISTERED AT Fort Pierce Fl.	CITY AND STATE	STATE OF FLORIDA	DATE OF BIRTH 11-29-60			

DRIVER 1. PHOENIX ACTION 2. N/A 3. N/A	YEAR 01	MAKE Buic	TYPE 01	USE OT	VEHICLE IDENTIFICATION NUMBER FI1G4CW54K614	STATE FL	VEHICLE IDENTIFICATION NUMBER	18. Undercarriage 19. Overhead 20. Windshield 21. Trailer 22. Motor Power 23. Vehicle 24. Other
TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE	TRAILER MAKE	TRAILER STATE	TRAILER IDENTIFICATION NUMBER	TRAILER STATE	TRAILER IDENTIFICATION NUMBER	25. Motor Power 26. Vehicle 27. Other	
VEHICLE TRAVELING ON 26 <sup>th</sup> St	AT	EST. MPH 30	POSTER SPEED 40	EST. VEHICLE DAMAGE 8900.00	1. Dismantling 2. Pushing 3. Hoisting	EST. TOWER DAMAGE	28. Other 29. Other 30. Other	
MOTOR VEHICLE INSURANCE COMPANY (NAME) OR PAY TO Nationwide STATE OF FLORIDA 09P360544	POLICY NUMBER	VEHICLE REGISTERED AT Vero Beach Fl.	CITY AND STATE	STATE OF FLORIDA	DATE OF BIRTH 12-28-29			

DRIVER 1. PHOENIX ACTION 2. N/A 3. N/A	YEAR 01	MAKE Buic	TYPE 01	USE OT	VEHICLE IDENTIFICATION NUMBER FI1G4CW54K614	STATE FL	VEHICLE IDENTIFICATION NUMBER	18. Undercarriage 19. Overhead 20. Windshield 21. Trailer 22. Motor Power 23. Vehicle 24. Other
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MOTOR VEHICLE INSURANCE COMPANY (NAME) OR PAY TO Nationwide STATE OF FLORIDA 09P360544	POLICY NUMBER	VEHICLE REGISTERED AT Vero Beach Fl.	CITY AND STATE	STATE OF FLORIDA	DATE OF BIRTH 12-28-29			

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Other / Park)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
01 Automobile	01 Power Transportation	01 Single Beam Trailer	1 Camp or Court	1 No License/Exam	1 No Drinking or Using Drugs	1 Front Seat
02 Van	02 Commercial Passenger	02 Tandem Beam Trailer	2 Home/Residence	2 Ignition Defect	2 Alcohol - Under Influence	2 Front Center
03 Light Truck (P/U) - 2 or 4 door drive	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident in State	3 Brake Defect	3 Alcohol - Under Influence	3 Front Right
04 Medium Truck - 4 or more door drive	04 Public Transportation	04 Spill/Leak/Partial	4 Foreign	4 Missing Defect	4 Alcohol & Drugs - Under Influence	4 Rear Left
05 Heavy Truck - 2 or more door axle	05 Public School Bus	05 Boat Trailer	5 Other	5 Brakes	5 Not Been Checked	5 Rear Center
06 Tractor (Cab-Over-Engine)	06 Private School Bus	06 Utility Trailer	6 Other	6 Belts, Safety, Window	6 Preparing ALCOHOL/DRUGS	6 Rear Right
07 Motor Home (RV)	07 Ambulance	07 Horse Trailer	7 Other	7 Other Physical Defect		7 Other
08 Bus (Other - seats for 8-15)	08 Law Enforcement	08 Motor Vehicle				8 Rear Right
09 Bus (Other - seats for over 15)	09 Fleet/Police	09 Auto Transport				9 Other
10 School Bus	10 Other Government	10 Other				10 No
11 Motorcycle	11 Camp					11 No
12 Moped	12 Commercial Motor					12 No
13 All Terrain Vehicle	13 GOLF CARTS or PLYMOUTH					13 No
14 Trailer	14 Cargo Van					14 No
15 Low Speed Vehicle	15 Other					15 No
16 Other						16 No



APPROVED BY

**FLORIDA TRAFFIC CRASH REPORT  
NARRATIVE/DIAGRAM**

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS SECTION, 9801 NORMAN BUILDING, TALLAHASSEE, FL 32309-4501

DO NOT WRITE IN THIS SPACE

TRAFFIC NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TRAFFIC ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 04/01/02	COUNTY / CITY CODE 32/00	INVEST. AGENCY REPORT NUMBER	REAR CRASH REPORT NUMBER
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(NARRATIVE)

Investigation along with Witnesses statements revealed that V-1 pulling T-1 was traveling South on [redacted] and Ran Red Light at the Intersection of 26<sup>th</sup> St. V-2 was traveling West on 26<sup>th</sup> St as V-2 was going thro Intersection. V-2 Hit T-1 in the Left side towards the Front of Trailer, V-1+T-1 started in a Counter Clockwise Spin after Impact T-1 Broke away from V-1 Hitting Concrete Utility Pole at SW corner of Intersection then came to rest shortly after. V-1 continued to Spin sliding in a S.E Direction untill the Right Front of V-1 Hit V-3 that was stopped Facing N-bound on 66<sup>th</sup> Ave just South of the Intersection of 26<sup>th</sup> St. After V-1 sideswiped V-3, V-1 started in a S.W Direction traveling backwards untill Hitting V-4 that was traveling North on 66<sup>th</sup> Ave in Turn lane approaching the Intersection of 26<sup>th</sup> St. After Impacting with V-4, V-1 came to Rest and V-4 after Impact headed in N.W Direction untill coming to Rest in Ditch area on West side of 66<sup>th</sup> Ave.

(Driver of V-1 is at Fault.)

PLATE	DRIVER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	SEX	HGT	HAIR	EYES	CLASS.
1	[redacted]	[redacted]	Ft. Pierce Fl.	[redacted]	05-27-73	M	5'11"	B	B	1
2	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
3	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
4	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
5	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
6	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]



APPROVED BY

SECTION #	NAME OF VIOLATOR	FL. STATUTE NUMBER	CHARGE	SECTION NUMBER
SECTION #	NAME OF VIOLATOR	FL. STATUTE NUMBER	TRAFFIC	SECTION NUMBER

REPORT MADE BY: NAME Fire Rescue	1. Physician or Nurse 2. Paramedic/EMT 3. Police Officer 4. Certified 1st Aider 5. Other 2	WITNESS NAME (S) Holmes Regional	CITY & STATE Sebastian Fl.	DATE OF REPORT 04/01/02	INVESTIGATING AGENCY First Flight Helicopter
INVESTIGATION MADE AT SCENE? 1 YES 2 NO 1	INVESTIGATION COMPLETE? 1 YES 2 NO 1	PHOTOS TAKEN? 1 YES 2 NO 2	IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER	INVESTIGATOR - NAME & SIGNATURE Deputy James Eurlow	OFFICE NUMBER 1170/225
COUNTY Indian River County			<input type="checkbox"/> PIP <input checked="" type="checkbox"/> SO <input type="checkbox"/> PD <input type="checkbox"/> OTHER		

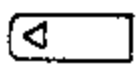
DRIVER 1. Person ACTION 2. H&S Rev 3. NAL  
 YEAR 01 MAKE Ford TYPE 01 USE 01 STATE FL VEHICLE IDENTIFICATION NUMBER 3FAFP13P1R  
 TRAILER OR TOWED VEHICLE INFORMATION TRAILER TYPE  
 VEHICLE TRAVELLING OR AT NEW CR-615 No. MPH 45 Postnet Speed 2800.00 1. Obsolete 2. Postnet 3. No Garage  
 MOTOR VEHICLE INSURANCE COMPANY LIABILITY OR POLICY NUMBER Progressive Express 20303009-1-02962 VEHICLE REMOVED BY Florida Towing  
 NAME OF VEHICLE OWNER (Same As Driver) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE  
 NAME OF DRIVER (Same As Driver) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE  
 NAME OF MOTOR CARRIER (Corporate Vehicle Only) CURRENT ADDRESS (Number and Street) CITY, STATE AND ZIP CODE US DOT or ICC REGISTRATION NUMBER  
 CITY, STATE AND ZIP CODE Vero Beach FL  
 ALCOHOL 1. None 2. 0.01-0.09 3. 0.10-0.19 4. 0.20-0.29 5. 0.30-0.39 6. 0.40-0.49 7. 0.50-0.59 8. 0.60-0.69 9. 0.70-0.79 10. 0.80-0.89 11. 0.90-0.99 12. 1.00-1.09 13. 1.10-1.19 14. 1.20-1.29 15. 1.30-1.39 16. 1.40-1.49 17. 1.50-1.59 18. 1.60-1.69 19. 1.70-1.79 20. 1.80-1.89 21. 1.90-1.99 22. 2.00-2.09 23. 2.10-2.19 24. 2.20-2.29 25. 2.30-2.39 26. 2.40-2.49 27. 2.50-2.59 28. 2.60-2.69 29. 2.70-2.79 30. 2.80-2.89 31. 2.90-2.99 32. 3.00-3.09 33. 3.10-3.19 34. 3.20-3.29 35. 3.30-3.39 36. 3.40-3.49 37. 3.50-3.59 38. 3.60-3.69 39. 3.70-3.79 40. 3.80-3.89 41. 3.90-3.99 42. 4.00-4.09 43. 4.10-4.19 44. 4.20-4.29 45. 4.30-4.39 46. 4.40-4.49 47. 4.50-4.59 48. 4.60-4.69 49. 4.70-4.79 50. 4.80-4.89 51. 4.90-4.99 52. 5.00-5.09 53. 5.10-5.19 54. 5.20-5.29 55. 5.30-5.39 56. 5.40-5.49 57. 5.50-5.59 58. 5.60-5.69 59. 5.70-5.79 60. 5.80-5.89 61. 5.90-5.99 62. 6.00-6.09 63. 6.10-6.19 64. 6.20-6.29 65. 6.30-6.39 66. 6.40-6.49 67. 6.50-6.59 68. 6.60-6.69 69. 6.70-6.79 70. 6.80-6.89 71. 6.90-6.99 72. 7.00-7.09 73. 7.10-7.19 74. 7.20-7.29 75. 7.30-7.39 76. 7.40-7.49 77. 7.50-7.59 78. 7.60-7.69 79. 7.70-7.79 80. 7.80-7.89 81. 7.90-7.99 82. 8.00-8.09 83. 8.10-8.19 84. 8.20-8.29 85. 8.30-8.39 86. 8.40-8.49 87. 8.50-8.59 88. 8.60-8.69 89. 8.70-8.79 90. 8.80-8.89 91. 8.90-8.99 92. 9.00-9.09 93. 9.10-9.19 94. 9.20-9.29 95. 9.30-9.39 96. 9.40-9.49 97. 9.50-9.59 98. 9.60-9.69 99. 9.70-9.79 100. 9.80-9.89 101. 9.90-9.99 102. 10.00-10.09 103. 10.10-10.19 104. 10.20-10.29 105. 10.30-10.39 106. 10.40-10.49 107. 10.50-10.59 108. 10.60-10.69 109. 10.70-10.79 110. 10.80-10.89 111. 10.90-10.99 112. 11.00-11.09 113. 11.10-11.19 114. 11.20-11.29 115. 11.30-11.39 116. 11.40-11.49 117. 11.50-11.59 118. 11.60-11.69 119. 11.70-11.79 120. 11.80-11.89 121. 11.90-11.99 122. 12.00-12.09 123. 12.10-12.19 124. 12.20-12.29 125. 12.30-12.39 126. 12.40-12.49 127. 12.50-12.59 128. 12.60-12.69 129. 12.70-12.79 130. 12.80-12.89 131. 12.90-12.99 132. 13.00-13.09 133. 13.10-13.19 134. 13.20-13.29 135. 13.30-13.39 136. 13.40-13.49 137. 13.50-13.59 138. 13.60-13.69 139. 13.70-13.79 140. 13.80-13.89 141. 13.90-13.99 142. 14.00-14.09 143. 14.10-14.19 144. 14.20-14.29 145. 14.30-14.39 146. 14.40-14.49 147. 14.50-14.59 148. 14.60-14.69 149. 14.70-14.79 150. 14.80-14.89 151. 14.90-14.99 152. 15.00-15.09 153. 15.10-15.19 154. 15.20-15.29 155. 15.30-15.39 156. 15.40-15.49 157. 15.50-15.59 158. 15.60-15.69 159. 15.70-15.79 160. 15.80-15.89 161. 15.90-15.99 162. 16.00-16.09 163. 16.10-16.19 164. 16.20-16.29 165. 16.30-16.39 166. 16.40-16.49 167. 16.50-16.59 168. 16.60-16.69 169. 16.70-16.79 170. 16.80-16.89 171. 16.90-16.99 172. 17.00-17.09 173. 17.10-17.19 174. 17.20-17.29 175. 17.30-17.39 176. 17.40-17.49 177. 17.50-17.59 178. 17.60-17.69 179. 17.70-17.79 180. 17.80-17.89 181. 17.90-17.99 182. 18.00-18.09 183. 18.10-18.19 184. 18.20-18.29 185. 18.30-18.39 186. 18.40-18.49 187. 18.50-18.59 188. 18.60-18.69 189. 18.70-18.79 190. 18.80-18.89 191. 18.90-18.99 192. 19.00-19.09 193. 19.10-19.19 194. 19.20-19.29 195. 19.30-19.39 196. 19.40-19.49 197. 19.50-19.59 198. 19.60-19.69 199. 19.70-19.79 200. 19.80-19.89 201. 19.90-19.99 202. 20.00-20.09 203. 20.10-20.19 204. 20.20-20.29 205. 20.30-20.39 206. 20.40-20.49 207. 20.50-20.59 208. 20.60-20.69 209. 20.70-20.79 210. 20.80-20.89 211. 20.90-20.99 212. 21.00-21.09 213. 21.10-21.19 214. 21.20-21.29 215. 21.30-21.39 216. 21.40-21.49 217. 21.50-21.59 218. 21.60-21.69 219. 21.70-21.79 220. 21.80-21.89 221. 21.90-21.99 222. 22.00-22.09 223. 22.10-22.19 224. 22.20-22.29 225. 22.30-22.39 226. 22.40-22.49 227. 22.50-22.59 228. 22.60-22.69 229. 22.70-22.79 230. 22.80-22.89 231. 22.90-22.99 232. 23.00-23.09 233. 23.10-23.19 234. 23.20-23.29 235. 23.30-23.39 236. 23.40-23.49 237. 23.50-23.59 238. 23.60-23.69 239. 23.70-23.79 240. 23.80-23.89 241. 23.90-23.99 242. 24.00-24.09 243. 24.10-24.19 244. 24.20-24.29 245. 24.30-24.39 246. 24.40-24.49 247. 24.50-24.59 248. 24.60-24.69 249. 24.70-24.79 250. 24.80-24.89 251. 24.90-24.99 252. 25.00-25.09 253. 25.10-25.19 254. 25.20-25.29 255. 25.30-25.39 256. 25.40-25.49 257. 25.50-25.59 258. 25.60-25.69 259. 25.70-25.79 260. 25.80-25.89 261. 25.90-25.99 262. 26.00-26.09 263. 26.10-26.19 264. 26.20-26.29 265. 26.30-26.39 266. 26.40-26.49 267. 26.50-26.59 268. 26.60-26.69 269. 26.70-26.79 270. 26.80-26.89 271. 26.90-26.99 272. 27.00-27.09 273. 27.10-27.19 274. 27.20-27.29 275. 27.30-27.39 276. 27.40-27.49 277. 27.50-27.59 278. 27.60-27.69 279. 27.70-27.79 280. 27.80-27.89 281. 27.90-27.99 282. 28.00-28.09 283. 28.10-28.19 284. 28.20-28.29 285. 28.30-28.39 286. 28.40-28.49 287. 28.50-28.59 288. 28.60-28.69 289. 28.70-28.79 290. 28.80-28.89 291. 28.90-28.99 292. 29.00-29.09 293. 29.10-29.19 294. 29.20-29.29 295. 29.30-29.39 296. 29.40-29.49 297. 29.50-29.59 298. 29.60-29.69 299. 29.70-29.79 300. 29.80-29.89 301. 29.90-29.99 302. 30.00-30.09 303. 30.10-30.19 304. 30.20-30.29 305. 30.30-30.39 306. 30.40-30.49 307. 30.50-30.59 308. 30.60-30.69 309. 30.70-30.79 310. 30.80-30.89 311. 30.90-30.99 312. 31.00-31.09 313. 31.10-31.19 314. 31.20-31.29 315. 31.30-31.39 316. 31.40-31.49 317. 31.50-31.59 318. 31.60-31.69 319. 31.70-31.79 320. 31.80-31.89 321. 31.90-31.99 322. 32.00-32.09 323. 32.10-32.19 324. 32.20-32.29 325. 32.30-32.39 326. 32.40-32.49 327. 32.50-32.59 328. 32.60-32.69 329. 32.70-32.79 330. 32.80-32.89 331. 32.90-32.99 332. 33.00-33.09 333. 33.10-33.19 334. 33.20-33.29 335. 33.30-33.39 336. 33.40-33.49 337. 33.50-33.59 338. 33.60-33.69 339. 33.70-33.79 340. 33.80-33.89 341. 33.90-33.99 342. 34.00-34.09 343. 34.10-34.19 344. 34.20-34.29 345. 34.30-34.39 346. 34.40-34.49 347. 34.50-34.59 348. 34.60-34.69 349. 34.70-34.79 350. 34.80-34.89 351. 34.90-34.99 352. 35.00-35.09 353. 35.10-35.19 354. 35.20-35.29 355. 35.30-35.39 356. 35.40-35.49 357. 35.50-35.59 358. 35.60-35.69 359. 35.70-35.79 360. 35.80-35.89 361. 35.90-35.99 362. 36.00-36.09 363. 36.10-36.19 364. 36.20-36.29 365. 36.30-36.39 366. 36.40-36.49 367. 36.50-36.59 368. 36.60-36.69 369. 36.70-36.79 370. 36.80-36.89 371. 36.90-36.99 372. 37.00-37.09 373. 37.10-37.19 374. 37.20-37.29 375. 37.30-37.39 376. 37.40-37.49 377. 37.50-37.59 378. 37.60-37.69 379. 37.70-37.79 380. 37.80-37.89 381. 37.90-37.99 382. 38.00-38.09 383. 38.10-38.19 384. 38.20-38.29 385. 38.30-38.39 386. 38.40-38.49 387. 38.50-38.59 388. 38.60-38.69 389. 38.70-38.79 390. 38.80-38.89 391. 38.90-38.99 392. 39.00-39.09 393. 39.10-39.19 394. 39.20-39.29 395. 39.30-39.39 396. 39.40-39.49 397. 39.50-39.59 398. 39.60-39.69 399. 39.70-39.79 400. 39.80-39.89 401. 39.90-39.99 402. 40.00-40.09 403. 40.10-40.19 404. 40.20-40.29 405. 40.30-40.39 406. 40.40-40.49 407. 40.50-40.59 408. 40.60-40.69 409. 40.70-40.79 410. 40.80-40.89 411. 40.90-40.99 412. 41.00-41.09 413. 41.10-41.19 414. 41.20-41.29 415. 41.30-41.39 416. 41.40-41.49 417. 41.50-41.59 418. 41.60-41.69 419. 41.70-41.79 420. 41.80-41.89 421. 41.90-41.99 422. 42.00-42.09 423. 42.10-42.19 424. 42.20-42.29 425. 42.30-42.39 426. 42.40-42.49 427. 42.50-42.59 428. 42.60-42.69 429. 42.70-42.79 430. 42.80-42.89 431. 42.90-42.99 432. 43.00-43.09 433. 43.10-43.19 434. 43.20-43.29 435. 43.30-43.39 436. 43.40-43.49 437. 43.50-43.59 438. 43.60-43.69 439. 43.70-43.79 440. 43.80-43.89 441. 43.90-43.99 442. 44.00-44.09 443. 44.10-44.19 444. 44.20-44.29 445. 44.30-44.39 446. 44.40-44.49 447. 44.50-44.59 448. 44.60-44.69 449. 44.70-44.79 450. 44.80-44.89 451. 44.90-44.99 452. 45.00-45.09 453. 45.10-45.19 454. 45.20-45.29 455. 45.30-45.39 456. 45.40-45.49 457. 45.50-45.59 458. 45.60-45.69 459. 45.70-45.79 460. 45.80-45.89 461. 45.90-45.99 462. 46.00-46.09 463. 46.10-46.19 464. 46.20-46.29 465. 46.30-46.39 466. 46.40-46.49 467. 46.50-46.59 468. 46.60-46.69 469. 46.70-46.79 470. 46.80-46.89 471. 46.90-46.99 472. 47.00-47.09 473. 47.10-47.19 474. 47.20-47.29 475. 47.30-47.39 476. 47.40-47.49 477. 47.50-47.59 478. 47.60-47.69 479. 47.70-47.79 480. 47.80-47.89 481. 47.90-47.99 482. 48.00-48.09 483. 48.10-48.19 484. 48.20-48.29 485. 48.30-48.39 486. 48.40-48.49 487. 48.50-48.59 488. 48.60-48.69 489. 48.70-48.79 490. 48.80-48.89 491. 48.90-48.99 492. 49.00-49.09 493. 49.10-49.19 494. 49.20-49.29 495. 49.30-49.39 496. 49.40-49.49 497. 49.50-49.59 498. 49.60-49.69 499. 49.70-49.79 500. 49.80-49.89 501. 49.90-49.99 502. 50.00-50.09 503. 50.10-50.19 504. 50.20-50.29 505. 50.30-50.39 506. 50.40-50.49 507. 50.50-50.59 508. 50.60-50.69 509. 50.70-50.79 510. 50.80-50.89 511. 50.90-50.99 512. 51.00-51.09 513. 51.10-51.19 514. 51.20-51.29 515. 51.30-51.39 516. 51.40-51.49 517. 51.50-51.59 518. 51.60-51.69 519. 51.70-51.79 520. 51.80-51.89 521. 51.90-51.99 522. 52.00-52.09 523. 52.10-52.19 524. 52.20-52.29 525. 52.30-52.39 526. 52.40-52.49 527. 52.50-52.59 528. 52.60-52.69 529. 52.70-52.79 530. 52.80-52.89 531. 52.90-52.99 532. 53.00-53.09 533. 53.10-53.19 534. 53.20-53.29 535. 53.30-53.39 536. 53.40-53.49 537. 53.50-53.59 538. 53.60-53.69 539. 53.70-53.79 540. 53.80-53.89 541. 53.90-53.99 542. 54.00-54.09 543. 54.10-54.19 544. 54.20-54.29 545. 54.30-54.39 546. 54.40-54.49 547. 54.50-54.59 548. 54.60-54.69 549. 54.70-54.79 550. 54.80-54.89 551. 54.90-54.99 552. 55.00-55.09 553. 55.10-55.19 554. 55.20-55.29 555. 55.30-55.39 556. 55.40-55.49 557. 55.50-55.59 558. 55.60-55.69 559. 55.70-55.79 560. 55.80-55.89 561. 55.90-55.99 562. 56.00-56.09 563. 56.10-56.19 564. 56.20-56.29 565. 56.30-56.39 566. 56.40-56.49 567. 56.50-56.59 568. 56.60-56.69 569. 56.70-56.79 570. 56.80-56.89 571. 56.90-56.99 572. 57.00-57.09 573. 57.10-57.19 574. 57.20-57.29 575. 57.30-57.39 576. 57.40-57.49 577. 57.50-57.59 578. 57.60-57.69 579. 57.70-57.79 580. 57.80-57.89 581. 57.90-57.99 582. 58.00-58.09 583. 58.10-58.19 584. 58.20-58.29 585. 58.30-58.39 586. 58.40-58.49 587. 58.50-58.59 588. 58.60-58.69 589. 58.70-58.79 590. 58.80-58.89 591. 58.90-58.99 592. 59.00-59.09 593. 59.10-59.19 594. 59.20-59.29 595. 59.30-59.39 596. 59.40-59.49 597. 59.50-59.59 598. 59.60-59.69 599. 59.70-59.79 600. 59.80-59.89 601. 59.90-59.99 602. 60.00-60.09 603. 60.10-60.19 604. 60.20-60.29 605. 60.30-60.39 606. 60.40-60.49 607. 60.50-60.59 608. 60.60-60.69 609. 60.70-60.79 610. 60.80-60.89 611. 60.90-60.99 612. 61.00-61.09 613. 61.10-61.19 614. 61.20-61.29 615. 61.30-61.39 616. 61.40-61.49 617. 61.50-61.59 618. 61.60-61.69 619. 61.70-61.79 620. 61.80-61.89 621. 61.90-61.99 622. 62.00-62.09 623. 62.10-62.19 624. 62.20-62.29 625. 62.30-62.39 626. 62.40-62.49 627. 62.50-62.59 628. 62.60-62.69 629. 62.70-62.79 630. 62.80-62.89 631. 62.90-62.99 632. 63.00-63.09 633. 63.10-63.19 634. 63.20-63.29 635. 63.30-63.39 636. 63.40-63.49 637. 63.50-63.59 638. 63.60-63.69 639. 63.70-63.79 640. 63.80-63.89 641. 63.90-63.99 642. 64.00-64.09 643. 64.10-64.19 644. 64.20-64.29 645. 64.30-64.39 646. 64.40-64.49 647. 64.50-64.59 648. 64.60-64.69 649. 64.70-64.79 650. 64.80-64.89 651. 64.90-64.99 652. 65.00-65.09 653. 65.10-65.19 654. 65.20-65.29 655. 65.30-65.39 656. 65.40-65.49 657. 65.50-65.59 658. 65.60-65.69 659. 65.70-65.79 660. 65.80-65.89 661. 65.90-65.99 662. 66.00-66.09 663. 66.10-66.19 664. 66.20-66.29 665. 66.30-66.39 666. 66.40-66.49 667. 66.50-66.59 668. 66.60-66.69 669. 66.70-66.79 670. 66.80-66.89 671. 66.90-66.99 672. 67.00-67.09 673. 67.10-67.19 674. 67.20-67.29 675. 67.30-67.39 676. 67.40-67.49 677. 67.50-67.59 678. 67.60-67.69 679. 67.70-67.79 680. 67.80-67.89 681. 67.90-67.99 682. 68.00-68.09 683. 68.10-68.19 684. 68.20-68.29 685. 68.30-68.39 686. 68.40-68.49 687. 68.50-68.59 688. 68.60-68.69 689. 68.70-68.79 690. 68.80-68.89 691. 68.90-68.99 692. 69.00-69.09 693. 69.10-69.19 694. 69.20-69.29 695. 69.30-69.39 696. 69.40-69.49 697. 69.50-69.59 698. 69.60-69.69 699. 69.70-69.79 700. 69.80-69.89 701. 69.90-69.99 702. 70.00-70.09 703. 70.10-70.19 704. 70.20-70.29 705. 70.30-70.39 706. 70.40-70.49 707. 70.50-70.59 708. 70.60-70.69 709. 70.70-70.79 710. 70.80-70.89 711. 70.90-70.99 712. 71.00-71.09 713. 71.10-71.19 714. 71.20-71.29 715. 71.30-71.39 716. 71.40-71.49 717. 71.50-71.59 718. 71.60-71.69 719. 71.70-71.79 720. 71.80-71.89 721. 71.90-71.99 722. 72.00-72.09 723. 72.10-72.19 724. 72.20-72.29 725. 72.30-72.39 726. 72.40-72.49 727. 72.50-72.59 728. 72.60-72.69 729. 72.70-72.79 730.



INDICATE NORTH WITH ARROW

Legend

Point of Impact



Point of Travel/Rest



← CR-615 (66<sup>th</sup> Ave)

(26<sup>th</sup> St)

V-2

Concrete Light Pole



V-2

V-3

V-4

V-1

V-1

V-4

# FLORIDA TRAFFIC CRASH REPORT

UPDATE  CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, 900 N. HIGHWAY BUILDING, TALLAHASSEE, FL 32304-3000

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 04/01/02	COUNTY / CITY CODE 32/00	INVEST. AGENCY (FBI/FLHP/OTHER)	HAZARDOUS MATERIAL REPORT NUMBER
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S E C T I O N 4 V e h i c l e	DRIVER ACTION 1. Present 2. Not Present 3. N/A	YEAR 3 94	MAKE Satu	TYPE 01	USE 01	VEHICLE IDENTIFICATION NUMBER FL 1G8ZHI577R2	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	12 Undercarriage 13 Driver 14 Passenger 15 Other	
	VEHICLE TRAVELLING DIRECTION: N S E W 26" St into Turn Lane ON / OFF EST. VEHICLE DAMAGE: \$3000.00 1. Destroyed 2. Pushed 3. No Damage							14 15 16 17 18 19	13 Undercarriage 14 Driver 15 Passenger 16 Other
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR P.P.) Integon Indemnity A POLICY NUMBER: [REDACTED] VEHICLE RENEWED BY: Mikes							1. The Rental Ltd 2. Your Owner's Request 3. Other	2
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) (Same As Driver)							CITY AND STATE	ZIP CODE

S E C T I O N 5 V e h i c l e	DRIVER ACTION 1. Present 2. Not Present 3. N/A	YEAR	MAKE	TYPE	USE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	12 Undercarriage 13 Driver 14 Passenger 15 Other	
	VEHICLE TRAVELLING DIRECTION: N S E W ON / OFF EST. VEHICLE DAMAGE							14 15 16 17 18 19	13 Undercarriage 14 Driver 15 Passenger 16 Other
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR P.P.)							1. The Rental Ltd 2. Your Owner's Request 3. Other	
	NAME OF VEHICLE OWNER (Check Box if Same As Driver)							CITY AND STATE	ZIP CODE

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
Sebastian Fl				Sebastian Fl			
INVESTIGATION MADE AT SCENE 1. YES 2. NO	INVESTIGATION COMPLETED 1. YES 2. NO	DATE OF REPORT	INVEST. AGENCY	IF YES, BY WHOM	1. INVESTIGATING AGENCY 2. OTHER		
INVESTIGATOR - NAME & SIGNATURE	COMM. NO.	DEPARTMENT	REP. NO.	OFF. NO.	OTHER		
Deputy James Eulow	1170/225	Indian River County					



APPROVED BY  
TRAFFIC EN

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01 No Proper Driving / Action	<input type="checkbox"/>	01 No Defects	<input type="checkbox"/>	01 Straight Ahead	<input type="checkbox"/>	1 None	<input type="checkbox"/>
02 Careless Driving (Explain in Narrative)	<input checked="" type="checkbox"/>	02 Def. Brakes	<input checked="" type="checkbox"/>	02 Slowing / Stopping / Stalled	<input checked="" type="checkbox"/>	2 Park	<input checked="" type="checkbox"/>
03 Failed To Yield Right-of-Way	<input type="checkbox"/>	03 Worn / Smooth Tires	<input type="checkbox"/>	03 Making Left Turn	<input type="checkbox"/>	3 Police Patrol	<input type="checkbox"/>
04 Improper Entry	<input checked="" type="checkbox"/>	04 Defective / Improper Lights	<input checked="" type="checkbox"/>	04 Backing	<input checked="" type="checkbox"/>	4 Recreational	<input type="checkbox"/>
05 Improper Lane Change	<input type="checkbox"/>	05 Puncture / Blowout	<input type="checkbox"/>	05 Making Right Turn	<input type="checkbox"/>	5 Emergency Operation	<input type="checkbox"/>
06 Improper Turn	<input type="checkbox"/>	06 Steering Mech.	<input type="checkbox"/>	06 Changing Lanes	<input type="checkbox"/>	6 Contracting / Miscellaneous	<input type="checkbox"/>
07 Altered - Under Influence	<input type="checkbox"/>	07 Wheeling Vehicle	<input type="checkbox"/>	07 Entering / Leaving / Parking Space	<input type="checkbox"/>	SOURCE OF CARRIER INFORMATION	
08 Drugs - Under Influence	<input type="checkbox"/>	08 Spare Tire / Vehicle Defect	<input type="checkbox"/>	08 Property Parked	<input type="checkbox"/>	1 Not Applicable	<input type="checkbox"/>
09 Alcohol & Drugs - Under Influence	<input type="checkbox"/>	77 All Other (Explain in Narrative)	<input type="checkbox"/>	09 Emergency Parked	<input type="checkbox"/>	2 Shipping Papers	<input type="checkbox"/>
10 Followed Too Closely	<input type="checkbox"/>	POINT OF COLLISION		10 Making U-Turn	<input type="checkbox"/>	3 Vehicle Side	<input type="checkbox"/>
11 Disobeyed Traffic Signal	<input type="checkbox"/>	01 On Road	<input type="checkbox"/>	PEDESTRIAN ACTION		4 Driver	<input type="checkbox"/>
12 Exceeded Safe Speed Limit	<input type="checkbox"/>	02 Not On Road	<input type="checkbox"/>	01 Changing Plat at Intersection	<input type="checkbox"/>	5 Other	<input type="checkbox"/>
13 Disobeyed Stop Sign	<input type="checkbox"/>	03 Shoulder	<input type="checkbox"/>	02 Crossing at Mid-Block Crosswalk	<input type="checkbox"/>		<input type="checkbox"/>
14 Failed To Maintain Safe / Vehicle	<input type="checkbox"/>	04 Median	<input checked="" type="checkbox"/>	03 Crossing at Intersection	<input type="checkbox"/>		<input type="checkbox"/>
15 Improper Passing	<input type="checkbox"/>	05 Turn Lane	<input type="checkbox"/>	04 Walking Along Road / With Traffic	<input type="checkbox"/>		<input type="checkbox"/>
16 Drove Left of Center	<input type="checkbox"/>	WORK AREA		05 Walking Along Road / Against Traffic	<input type="checkbox"/>		<input type="checkbox"/>
17 Exceeded Street Speed Limit	<input type="checkbox"/>	01 Hole	<input type="checkbox"/>	06 Waiting on Vehicle to Start	<input type="checkbox"/>		<input type="checkbox"/>
18 Obstructing Traffic	<input type="checkbox"/>	02 Hazy	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
		03 Snowed	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

BEST / SUBSEQUENT DAMAGE EVENT(S)			
01 Collision With MV in Transport (Rear End)	<input type="checkbox"/>	15 Collision With Animal	<input type="checkbox"/>
02 Collision With MV in Transport (Head On)	<input type="checkbox"/>	16 MV Hit Sign / Sign Post	<input type="checkbox"/>
03 Collision With MV in Transport (Angle)	<input type="checkbox"/>	17 MV Hit Utility Pole / Light Pole	<input type="checkbox"/>
04 Collision With MV in Transport (Left Turn)	<input type="checkbox"/>	18 MV Hit Guardrail	<input type="checkbox"/>
05 Collision With MV in Transport (Right Turn)	<input type="checkbox"/>	19 MV Hit Pole	<input type="checkbox"/>
06 Collision With MV in Transport (Shoulder)	<input type="checkbox"/>	20 MV Hit Concrete Barrier Wall	<input type="checkbox"/>
07 Collision With MV in Transport (Backward Lane)	<input type="checkbox"/>	21 MV Hit Gas / Fuel / Heated Vent	<input type="checkbox"/>
08 Collision With Pedestrian Car	<input type="checkbox"/>	22 MV Hit Tree / Utility	<input type="checkbox"/>
09 Collision With MV on Roadway	<input type="checkbox"/>	23 Collision With Concrete Median Edge	<input type="checkbox"/>
10 Collision With Pedestrian	<input type="checkbox"/>	24 Collision With Traffic Gate	<input type="checkbox"/>
11 Collision With Bicycle	<input type="checkbox"/>	25 Collision With Crash Attenuator	<input type="checkbox"/>
12 Collision With Bicycle (Bike Lane)	<input type="checkbox"/>	26 Collision With Fixed Object / Above Road	<input type="checkbox"/>
13 Collision With Motorist	<input type="checkbox"/>	27 MV Hit Clear Road Object	<input type="checkbox"/>
14 Collision With Trailer	<input type="checkbox"/>	28 Collision With Straddle Carrier On Road	<input type="checkbox"/>

(ADDITIONAL NARRATIVE)

(Narrative on Page #5)

ADDITIONAL PASSENGERS

SECTION NUMBER	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	HT	W. WT.	HAIR	EYES
4 1	[REDACTED]	[REDACTED]	Vero Beach FL	[REDACTED]	09-16-78	B	M	3	3	2	1	1
4 2	[REDACTED]	U/K	U/K	[REDACTED]	09-01-76	B	M	6	3	2	1	1
4 3	[REDACTED]	[REDACTED]	Vero Beach FL	[REDACTED]	10-25-99	B	F	4	1	3	1	1

SECTION #	NAME OF VIOLATOR	FL. STATUTE NUMBER	CHARGE	CITATION NUMBER