PALM BEACH COUNTY SHERIFF'S OFFICE
TRAFFIC DIVISION
VEHICLE HOMICIDE SECTION

RE: VEHICLE HOMICIDE INVESTIGATION REVIEW

CASE NUMBER: 04-045430 DEFENDANT NAME: [redacted]

FATALITY NUMBER: 42 VICTIM'S NAME: [redacted] ME [redacted]

TO: INVESTIGATOR Scott A. Ratliff ID # 6783

Vehicle Homicide Investigations
3228 Gun Club Road
West Palm Beach, Florida 33406

This is to certify that the above captioned case has been referred to this office for review, and:

(✓) It is our legal opinion that **NO** criminal prosecution is warranted. Pursuant to State Statute, you are **PERMITTED** to release the contents of this report as a matter of public record.

( ) **Discovery has been demanded and released to the defense. You may now release info to the public.**

( ) It is out legal opinion that criminal prosecution **IS** warranted. Pursuant to State Statute, the contents of this report **SHALL NOT** be released as a matter of public record until prosecution and all appeals are complete or Discovery is filed and granted.

DATE: 4/5/05

Signature of Prosecutor

SAO 15 th

Name of Prosecutor's Office

This is to certify that the above captioned case has been referred to this office for final review following prosecution.

( ) Appeals are continuing. You **SHALL NOT** release this report.

( ) All prosecution and appeals are completed. You are permitted to release the contents of this report as a matter of public record, pursuant to State Statute.

DATE: _____

Signature of Prosecutor

Name of Prosecutor's Office

PALM BEACH COUNTY SHERIFF'S OFFICE

VEHICLE HOMICIDE INVESTIGATION

CASE NUMBER:
04-045430
[redacted]
03-15-04

PREPARED BY: ***Investigator Scott A. Ratliff #6783***
VEHICLE HOMICIDE INVESTIGATOR

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Classification 2

Investigation Reviewed by: Sgt. J.C. CO 0059 3847 01 Apr. '05

Supervisor Date

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HSMV 62701 (Rev. 3/96) S

INVESTIGATIVE REPORT

IDENTIFICATION

This multiple event collision occurred on Monday, March 15, 2004 at 5:55 p.m. This crash occurred within the parking lot located at 5869 State Road 806 (Atlantic Avenue), approximately 1.1 mile west of the City of Delray Beach, Palm Beach County, Florida. This crash resulted in one fatality and no other injuries.

VEHICLE: V-1

Vehicle: V-1 is a 2003 Toyota, Camry, four door, which is white in color. The vehicle identification number **(VIN)** is 4T1BE30K53U[redacted] The vehicle displayed a **Florida** registration plate of [redacted] The registered owner is **Toyota Motor Credit Corporation** of 260 Interstate North Circle N.W., Atlanta, Georgia 30339. V-1 is equipped with an automatic transmission, power assisted steering, power assisted braking system, which is front disc/rear drum in configuration and no special equipment. The gross vehicle weight rating of V-1 is 3049.0 lbs. The vehicle's odometer was not recorded. V-1 is equipped with a lap belt/shoulder harness type occupant restraint system for the driver, right front and rear passenger positions.

OCCUPANT: V-1: DRIVER: [redacted] of [redacted] Delray Beach, Florida[redacted] He is an 87-year-old male, who possesses a valid **Florida** class **"E"** driving privilege **#(R150-528-16-423-0)**, with no required restrictions or endorsements. [redacted] was familiar with the vehicle, route and area. He was utilizing the provided occupant restraint device, at the time of the crash. This finding was based on information gathered from[redacted]

INJURY: None.

[redacted] did not sustain injuries as a result of the collision. He was later released from the scene.

VEHICLE: V-2

Vehicle: V-2 is a 2002 Mercury, Grand Marquis-LS, four door, which is gold in color. The vehicle identification number **(VIN)** is 2MEFM75W92X[redacted] The vehicle displayed a **Florida** registration plate of [redacted] The registered owner is [redacted] of [redacted], Delray Beach, Florida [redacted] V-2 is equipped with an automatic transmission, power assisted steering, power assisted braking system, which is front disc/rear drum in configuration and no special equipment. The gross vehicle weight rating of V-2 is 3796.0 lbs. The vehicle's odometer was not recorded. V-2 is equipped with a lap belt/shoulder harness type occupant restraint system for the driver, right front and rear passenger positions.

OCCUPANT: V-2: NONE: This vehicle was legally parked by [redacted] of [redacted], [redacted] Florida [redacted]. V-2 was unoccupied at the time of collision.

VEHICLE: V-3

Vehicle: V-3 is a 2004 Chrysler, 300-M, four door, which is gold in color. The vehicle identification number **(VIN)** is 2C3HE66G34H[redacted] The vehicle displayed a **Florida** registration plate of [redacted] The registered owner is **Chase Manhattan Auto Finance Company c/o** [redacted] of P.O. Box 29214, Phoenix, Arizona 85038. V-3 is equipped with an automatic transmission, power assisted steering, power assisted braking system, which is front disc/rear drum in configuration and no special equipment. The gross vehicle

weight rating of V-3 is 3463.0 lbs. The vehicle's odometer was not recorded. V-3 is equipped with a lap belt/shoulder harness type occupant restraint system for the driver, right front and rear passenger positions.

OCCUPANT: V-3: NONE: This vehicle was legally parked by [redacted] of [redacted] Boynton Beach, Florida [redacted] V-3 was unoccupied at the time of collision.

VEHICLE: V-4

Vehicle: V-4 is a 2001 Volvo, S80, four door, which is black in color. The vehicle identification number **(VIN)** is YV1TS94D611[redacted] The vehicle displayed a New York registration plate of [redacted] The registered owner is [redacted] of [redacted] New York [redacted] V-4 is equipped with an automatic transmission, power assisted steering, power assisted braking system, which is front disc/rear drum in configuration and no special equipment. The gross vehicle weight rating of V-4 is 3260.0 lbs. The vehicle's odometer was not recorded. V-4 is equipped with a lap belt/shoulder harness type occupant restraint system for the driver, right front and rear passenger positions.

OCCUPANT: V-4: NONE: This vehicle was legally parked by [redacted] of [redacted] New York [redacted] V-4 was unoccupied at the time of collision.

PEDESTRIAN: P-1

[redacted] of [redacted], Florida [redacted] is hereby identified in this report as being P-1. She was a 79-year-old female, who was familiar with the area of the crash.

INJURY: Fatal.

Palm Beach County Fire-Rescue personnel transported [redacted] to [redacted]**Delray Community Medical Center** in Delray Beach, Florida. She was pronounced deceased by **Doctor Ivan Puente** at approximately, 8:56 p.m. **Broward Removal Service, Inc.** later transported his body to the **Palm Beach County Medical Examiner's Office** in West Palm Beach, Florida.

PEDESTRIAN: P-2

[redacted] of [redacted], Florida [redacted] is hereby identified in this report as being P-1. He is an 87-year-old male, who was familiar with the area of the crash.

INJURY: None.

[redacted] did not sustain injuries as a result of the collision. He was later released from the scene.

NARRATIVE

The events of this crash were reconstructed from the available witness interviews and laboratory findings, coupled with the analysis of the limited physical evidence. The parking lot of the **Lincoln Park Delray** shopping center located at **5869 State Road 806 (Atlantic Avenue)** is a multiple use parking lot, constructed of asphaltic material. The parking lot in the area of the crash incorporates a westerly curve. Further, the parking lot is generally level with no discernible grade or super elevation. The parking lot is designed with an integrated drainage system. This system is implemented to assist with drainage during inclement weather conditions. The through traffic lanes are not

separated. The parking area is bordered to the north and east by individually marked parking spaces, followed by a non-mountable concrete curb. Further, the parking area is bordered to the west by individually marked parking spaces, followed by an adjacent grass/landscaped area. Additionally, the individual parking spaces have concrete parking stops to assist with the positioning of vehicles.

There are singular traffic lanes present for traffic entering and exiting the parking area. There are light poles spaced throughout the parking area to provide for artificial illumination in hours of low lighting.

In the area of the crash, there is no governing speed limit or regulatory traffic control for the parking lot. There are solid blue lines accompanied by signage identifying the designated handicap parking spaces from the adjacent parking areas. Additionally, There are solid white lines identifying each parking space. There are no other roadway markings present.

The roadway characteristics and traffic control were adequate and did not contribute to the causation of this collision. Further, this collision occurred at during daylight hours. There were no documented environmental or climatic weather changes recorded.

Investigation revealed on the evening of March 15, 2004, the driver of V-1, [redacted] was attempting to back in a westerly direction from the handicap parking space located at 5869 State Road 806 (Atlantic Avenue). V-1 was accelerated in a rearward fashion.

The investigation further established P-1, [redacted] was positioned to the right rear of V-3. She was attempting to enter the vehicle owned by her husband, P-2, [redacted] Further it was determined P-2 was positioned at the right front section of V-3. Simultaneously, as P-1 walked to enter the open door of V-3, V-1 continued to accelerate

rearward in a westerly direction. V-2 and V-4 were legally parked in a westerly direction within separate parking spaces. Both of these vehicles were unoccupied at the time. V-1 maintained its rearward momentum heading toward V-2 and the unsuspecting pedestrians.

There were no evasive or corrective actions taken by either the diver of V-1 or by the pedestrians.

During the collision, the left rear of V-1 forcibly impacted into the left rear of V-2. Simultaneously, the vehicle traveled in a southwesterly direction impacting into P-1. Following this initial series of events, V-1 proceeded to impact into the right rear of V-3 forcing the vehicle in a lateral fashion into the right side of V-4.

Upon impact, P-1 was propelled violently in a lateral fashion into the right rear of V-3, as V-1 impacted into the vehicle. Following this action P-1 fell to the roadway surface, coming to final rest. At final rest, P-1 was positioned in a supine fashion, pointed in a northwesterly direction.

During the collision, P-1 sustained multiple abrasions, contusions, fractures and extensive internal injuries, resulting in her delayed death.

Following the collision, V-1 was driven to final rest within the through traffic lanes of the parking lot. At final rest, V-1 was pointed in a northwesterly direction.

As a result of the collision, V-1 sustained moderate damage to the left rear section of the bumper, quarter panel and adjacent wheel.

The forces of the abrupt collision caused the restrained driver to move in a rearward fashion during the multiple event crash. This resulted in the driver's occupant restraint device locking properly into place, restricting the movements of the driver. During the collision, the restrained driver sustained no injuries.

V-2 and V-4 remained parked in a southerly direction within their respective parking spaces, following the collision. At final rest, V-3 was positioned in an angular fashion within its parking space, pointed in a southwesterly direction.

As a result of the collision, V-2 sustained minimal damage to the left rear section of the vehicle. V-3 sustained moderate damage to right rear section of the quarter panel. Additionally, V-3 sustained damage to the left rear quarter panel as a result of the secondary collision with V-4. V-4 sustained moderate damage to the right rear quarter panel.

At Approximately, 9:00 p.m. **Sergeant John Churchill** of the **Palm Beach County Sheriff's Office** advised me of this delayed traffic fatality. I was informed; **CSA Gerald Turner** previously investigated the crash. According to dispatch records, CSA Turner initiated a traffic crash investigation on this date, at approximately 6:04 p.m.

At Approximately, 9:10 p.m. I contacted **Delray Community Medical Center** personnel in regard to the delayed death of [redacted] I was informed [redacted] was pronounced deceased at approximately, 8:56 p.m., by **Doctor Ivan Puente.**

At Approximately, 9:33 p.m. **Sergeant John Churchill** of the **Palm Beach County Sheriff's Office** contacted **Investigator Sam Altschul** of the **Palm Beach County Medical Examiner's Office.** Investigator Altschul was provided with the specifics concerning the collision, which resulted in the delayed death of [redacted] He advised **Broward Removal Service, Inc.** would be dispatched to transport the deceased to the **Palm Beach County Medical Examiner's Office** in West Palm Beach, Florida.

At Approximately, 10:20 p.m. I met with CSA Turner in regard to his traffic crash investigation. He informed me of the specifics concerning the collision. As we conversed, CSA Turner stated, the driver of V-1 did not display any characteristics indicative of

alcohol and/or drug impairment.

On March 16, 2004 I performed a comprehensive assessment of the traffic crash scene for physical evidence.

On March 23, 2004 I received the certified driving history of the driver of V-1, [redacted] A review of the provided documents revealed, [redacted] possesses a valid **Florida** class **"E"** driving privilege. There were no entries applied to his driving privilege. **(Please See Accompanying Documents).**

On April 27, 2004 I received the Medical Examiner's summary, which indicates P-1, [redacted] expired as a result of multiple blunt traumatic injuries. This information was gathered from the findings established by **Doctor Peter A. Gillespie, Associate Medical Examiner.** The medical examiner further determined the manner of death to be accidental. The toxicology results revealed a positive indication for several drugs administered by medical personnel. There was no alcohol detected. **Wuesthoff Reference Laboratory** of Melbourne, Florida rendered these toxicology findings. **(Please See Accompanying Documents).**

During this investigation an informal interview of witness, [redacted] revealed V-1 was being accelerated rearward at the time of collision. According to [redacted] the driver of V-1 rapidly backed rearward striking P-1 and the parked vehicles. Further, she advised the driver appeared elderly and somewhat disorientated. She stated, as P-1 began to scream while being struck by the vehicle, the driver continued to accelerate rearward. Following the collision, [redacted] advised the driver of V-1 pulled forward stopping the vehicle within the through traffic lanes. In closing, she felt the causation of the collision was the result of the driver's negligence.

Based on the available evidence, witness interviews, forensic analysis and this

investigation, the following conclusions are made concerning this crash. Investigation established the driver of V-1, [redacted] was negligent in his actions as he backed his vehicle in a westerly direction from its parking space, allowing his vehicle to impact into P-1 and several parked vehicles. An inspection of V-1 revealed no apparent defects contributing to the causation of the collision. A limited reconstruction of the collision based on the available information, indicates V-1 was being accelerated rearward, at the time of collision.

Further, the investigation established there were no other individuals negligent in the causation of this collision.

Therefore, it is concluded the driver of V-1, [redacted] was in violation of the following state statute:

Florida State Statute, 316.1985(1): Improper Backing.

For his failure to properly and safely back his vehicle from a parking space located at 5869 State Road 806 (Atlantic Avenue). The ensuing events resulted in a multiple event collision, causing the death of P-1, [redacted]

In closing, it is evident the driver of V-1, [redacted] due to his improper driving actions contributed solely to the causation of this collision, which resulted in the untimely death of P-1 [redacted]

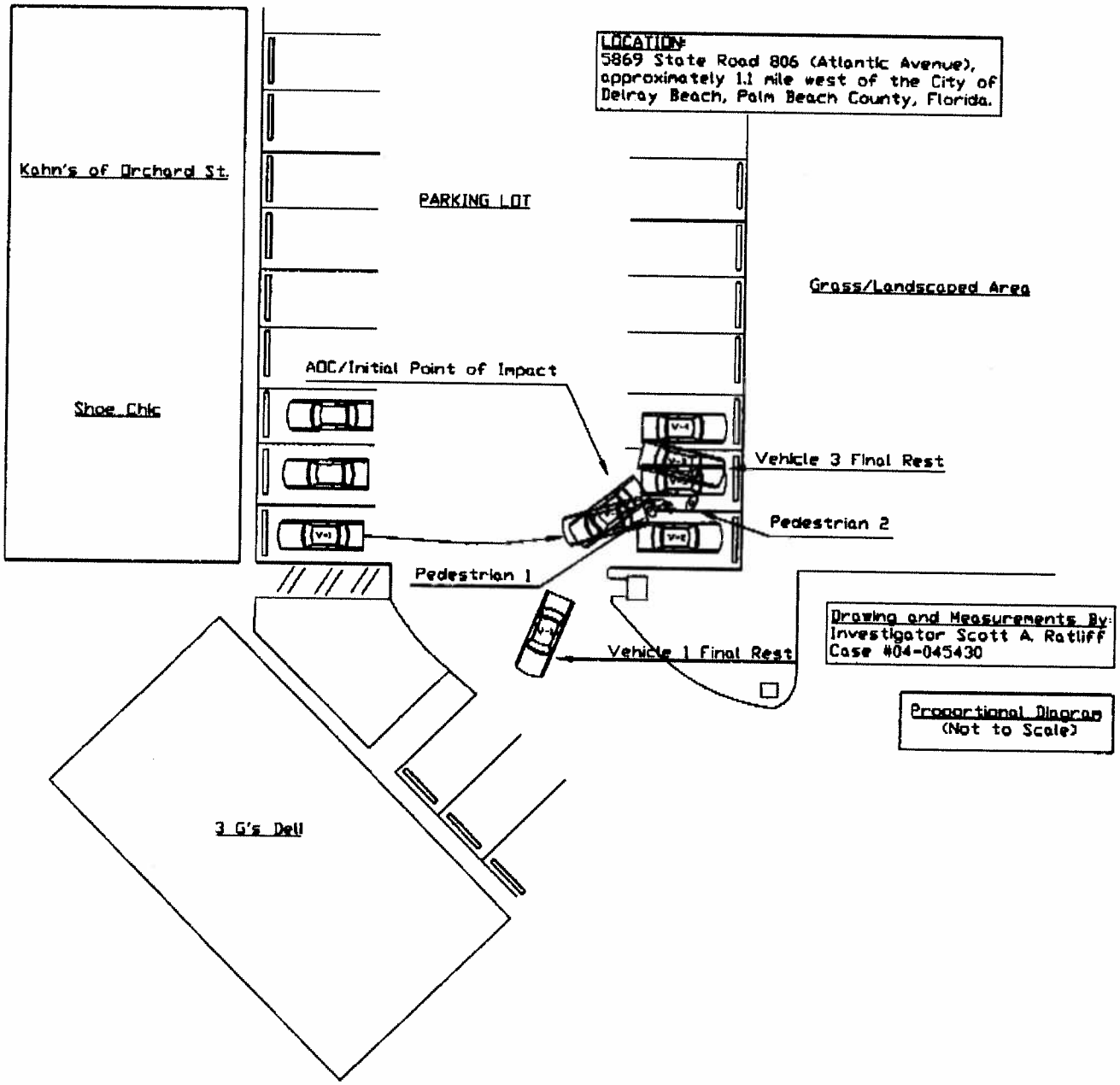
CASE CLOSING STATUS: Closed: By Arrest.

This investigation is complete. The driver of V-1, [redacted] was charged with violation of **Florida State Statute, 316.1985(1), Improper Backing.**

Investigator Scott A. Ratliff #6783
Vehicle Homicide Investigator
Palm Beach County Sheriff's Office
6 January 2005

DIAGRAM

Indicate North



Case Number 04-045430

HSMV 62725 (Rev. 1/89)

WITNESS LIST

Name Investigator Scott A. Ratliff Statement ☐ Yes ☒ No

Address 3228 Gun Club Road West Palm Beach, Florida 33406

Place of Employment Palm Beach County Sheriff's Office (Address Same as Above)

Phone Numbers: Home ( ) N/A Work (561) 688-3682

Can Testify To: Vehicle Homicide Investigation / Post Crash Events.

Name CSA Gerald Turner Statement ☐ Yes ☒ No

Address 3228 Gun Club Road West Palm Beach, Florida 33406

Place of Employment Palm Beach County Sheriff's Office (Address Same as Above)

Phone Numbers: Home ( ) N/A Work (561) 688-3000

Can Testify To: Traffic Crash Investigation / Post Crash Events.

Name Deputy Robert Bennett Statement ☐ Yes ☒ No

Address 3228 Gun Club Road West Palm Beach, Florida 33406

Place of Employment Palm Beach County Sheriff's Office (Address Same as Above)

Phone Numbers: Home ( ) N/A Work (561) 688-3000

Can Testify To: Traffic Control / Post Crash Events.

Case Number 04-045430

WITNESS LIST

Name Sergeant Malcolm Reilly Statement ☐ Yes ☒ No

Address 3228 Gun Club Road West Palm Beach, Florida 33406

Place of Employment Palm Beach County Sheriff's Office (Address Same as Above)

Phone Numbers: Home ( ) N/A Work (561) 688-3000

Can Testify To: On-Scene Supervisor / Post Crash Events.

Name Investigator Sam Altschul Statement ☐ Yes ☒ No

Address 3126 Gun Club Road West Palm Beach, Florida 33406

Place of Employment Palm Beach County Medical Examiner (Address Same as Above)

Phone Numbers: Home ( ) N/A Work (561) 688-4575

Can Testify To: Assigned Medical Examiner Investigator / Post Crash Events.

Name Doctor Peter Gillespie, Associate Medical Examiner Statement ☐ Yes ☒ No

Address 3126 Gun Club Road West Palm Beach, Florida 33406

Place of Employment Palm Beach County Medical Examiner (Address Same as Above)

Phone Numbers: Home ( ) N/A Work (561) 688-4575

Can Testify To: Autopsy Findings of Deceased / Post Crash Events.

Case Number 04-045430

WITNESS LIST

Name Doctor Ivan Puente Statement ☐ Yes ☒ No

Address 5352 Linton Boulevard Delray Beach, Florida 33484

Place of Employment Delray Community Medical Center (Address Same as Above)

Phone Numbers: Home ( ) N/A Work (561) 495-3166

Can Testify To: Pronounced Victim Deceased / Post Crash Events.

Name [redacted] Statement ☐ Yes ☒ No

Address [redacted] Florida [redacted]

Place of Employment N/A

Phone Numbers: Home ([redacted]) [redacted] Work ( ) N/A

Can Testify To: Pre-Crash, At-Crash and Post Crash Events.

Name [redacted] Statement ☐ Yes ☒ No

Address [redacted] Florida [redacted]

Place of Employment N/A

Phone Numbers: Home ([redacted]) [redacted] Work ( ) N/A

Can Testify To: Pre-Crash, At-Crash and Post Crash Events.

Case Number 04-045430

WITNESS LIST

Name [redacted] Statement ☐ Yes ☒ No

Address [redacted] Florida [redacted]

Place of Employment N/A

Phone Numbers: Home ([redacted] Work ( ) N/A

Can Testify To: Owner of Vehicle 2 / Post Crash Events.

Name [redacted] Statement ☐ Yes ☒ No

Address [redacted] New York [redacted]

Place of Employment N/A

Phone Numbers: Home [redacted] Work ( ) N/A

Can Testify To: Owner of Vehicle 4 / Post Crash Events.

Name _____ Statement ☐ Yes ☐ No

Address _____

Place of Employment _____

Phone Numbers: Home ( ) Work ( ) _____

Can Testify To: _____

Case Number 04-045430

OTHER DEPT. CASE NO.

SHERIFF'S OFFICE
PALM BEACH COUNTY
VEHICLE STORAGE RECEIPT

NO. 04-044645

PBCO #

YEAR	MAKE	BODY TYPE (2-DR., CONV., ETC.)	MODEL	LICENSE TAG INFORMATION	YEAR	STATE	NUMBER
2003	TOYOTA	4DR WH	CAMRY				[redacted]

LOCATION VEHICLE TOWED FROM: 5569 ATLANTIC AVE 30's GOURMET DELI

VIN NUMBER: 4T1BE30K53U[redacted]

NAME AND ADDRESS OF GARAGE TAKEN TO: PROFESSIONAL GARDENS TOWING 561-470-0308

DATE AND TIME TOWED: 03-15-04 6:40PM

REASON IMPOUNDED: CRASH

OPERATOR'S NAME: [redacted]

ADDRESS: [redacted] FL 3[redacted] ROAD

PHONE: [redacted]

FORWARD COPY TO:

- ☐ AUTO THEFT
- ☐ CRIME SCENE
- ☐ DET. BUREAU
- ☐ FORFEITURE
- ☐ OTHER (SPECIFY)

SPECIAL INSTRUCTIONS (i.e., holds, seal for warrant):

5 DAY HOLD PER PD
VHI-14

JOINT PROPERTY INVENTORY TAKEN BY OFFICERS AND TOW DRIVER (CHECK APPROPRIATE ITEMS)

STEREO	CASSETTE PLAYER	CD PLAYER	CELL PHONE	SPARE TIRE	HUBCAPS	MIRRORS	REGISTRATION PAPERS	OTHER (SPECIFY)
RM/FM	YES	YES	NO	1	4	2	NO	NEW TRANSMISSION R150-532-14-868.0

MISCELLANEOUS PROPERTY IN VEHICLE (TOOLS, CLOTHES, ETC.)

2 CASSETTE TAPES
1 UMBRELLA
2 CDS
1 BLUE + 1 GRAY YAMAHA + PLANT
1 GARAGE DOOR OPENER
JACK STAND PADS (2)
PLASTIC BAG -4

STANDARD PARTS MISSING FROM VEHICLE (WHEELS, LIGHTS, OTHER, ETC.)

NONE

DAMAGE TO VEHICLE (DESCRIBE IN DETAIL)

LEFT SIDE + REAR

WE, THE UNDERSIGNED DEPUTY(S) AND TOW TRUCK DRIVER(S), HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

Signature _____ TOW TRUCK DRIVER

_____ TOW COMPANY NAME

_____ TOW COMPANY ADDRESS

( ) _____ PHONE NUMBER

Signature TAKEN FROM SCENE OWNER/DRIVER

Signature _____ IMPOUNDING DEPUTY(S)

I.D.# 5816 DIST. IV EP.

_____ ARRESTING OFFICER

I.D. # _____ DIST. _____

OTHER DEPT. CASE NO.

SHERIFF'S OFFICE
PALM BEACH COUNTY
VEHICLE STORAGE RECEIPT

NO. 04-044645

PBSO #

YEAR	MAKE	BODY TYPE (2-DR., CONV., ETC.)	MODEL	LICENSE TAG INFORMATION	YEAR	STATE	NUMBER
2004	VOLKSWAGEN	GOLF 4DR	A1-3.2				[redacted]

LOCATION VEHICLE TOWED FROM: 5862 ATLANTIC AVE 36 CHEVRONET DELI

VIN NUMBER: 3C3HE66G34H[redacted]

NAME AND ADDRESS OF GARAGE TAKEN TO: PROFESSIONAL / GARDEN'S TOWING 561-470-0328

DATE AND TIME TOWED IN: 03-15-04 6:40 PM

REASON IMPOUNDED: 2254

OPERATOR'S NAME: [redacted]

ADDRESS: [redacted] FL

PHONE: [redacted]

FORWARD COPY TO:

- ☐ AUTO THEFT
- ☐ CRIME SCENE
- ☐ DET. BUREAU
- ☐ FORFEITURE
- ☐ OTHER (SPECIFY)

SPECIAL INSTRUCTIONS (i.e., holds, seal for warrant):

5 DAY HOLD BY PBSO

VHI-74

JOINT PROPERTY INVENTORY TAKEN BY OFFICERS AND TOW DRIVER (CHECK APPROPRIATE ITEMS)

STEREO	CASSETTE PLAYER	CD PLAYER	CELL PHONE	SPARE TIRE	HUBCAPS	MIRRORS	REGISTRATION PAPERS	OTHER (SPECIFY)
NO	NO	YES	NO	YES	4	2	NO	KEY - IGNITION

MISCELLANEOUS PROPERTY IN VEHICLE (TOOLS, CLOTHES, ETC.)

NO PERMIT [illegible] / [illegible]

1 CD CASE

1 BLUE WINDSHIELD

1 CD / BOOK COMPACT

1 PAIR OF UMBRELLA

1 WHITE PLASTIC BAG W/ PAPERS

STANDARD PARTS MISSING FROM VEHICLE (WHEELS, LIGHTS, OTHER, ETC.)

NONE

DAMAGE TO VEHICLE (DESCRIBE IN DETAIL)

RIGHT REAR DOOR DENT LEFT REAR CORNER

WE, THE UNDERSIGNED DEPUTY(S) AND TOW TRUCK DRIVER(S), HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

Signature _____ TOW TRUCK DRIVER

_____ IMPOUNDING DEPUTY(S)

_____ TOW COMPANY NAME

I.D.# 5216 DIST. D NP

_____ TOW COMPANY ADDRESS

_____ ARRESTING OFFICER

_____ PHONE NUMBER

Signature _____ OWNER/DRIVER

I.D. # _____ DIST. _____

WEST PALM BEACH - (561) 688-3000
PALM BEACH GARDENS - (561) 776-2000
DELRAY BEACH - (561) 274-1075
BELLE GLADE - (561) 996-1670

DEPUTY

PAGE: 1

DATE 18 MAR 2004 11:56:36

STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

DIVISION OF DRIVER LICENSES TRANSCRIPT OF DRIVER RECORD

Case Number 04-045430

[redacted] FIRST [redacted] MIDDLE OR MAIDEN [redacted] LAST SUFFIX

[redacted]

DELRAY BCH CITY PALM BEACH COUNTY/STATE [redacted] ZIP

11/22/16 DOB 5 7 HEIGHT W RACE M SEX

B CLASS 02/04/03 DATE ISSUED 11/22/08 DATE EXPIRES A RESTRICTIONS EXCORSEMENTS

EXAMS 2 VISION 1 SIGNS 2 FILES 0 DRIVING 1 C 0 MOTORCYCLE

DRIVER EDUCATION 03/18/04 SEARCH DATE 689 REQUESTOR

R150-528-16-423-0 FLORIDA DRIVER LICENSE/ID NUMBER XX PRIOR STATE AND DRIVER LICENSE NUMBER UNKNOWN

03/08/83 DATE DRIVING LICENSE ISSUED COLLISSUE DATE 3216959D2 SPEEDLS BATCH 3236036D2 CURRENT BATCH

DUPLICATE LICENSE

REPLACEMENT LICENSE

OFFENSE/EFFECTIVE DATE	CONVICTION DATE	REINSTATEMENT DATE	INFORMATION FROM COUNTY/STATE	CITY	COURT	ENTRY	DESCRIPTION	ERP	DEPT USE	CRASH	DUI	ACTIONS	DOCKET OR TICKET NUMBER	DEPT USE ONLY BATCH
							*** NO EXPIRES AGAINST RECORD FOR ABOVE NAME *** *** ENTRIES BELOW COVER THIS PERSONS ENTIRE RECORD *** *** BLOCKED PERSONAL INFORMATION *** *** BLOCKED FOR MAILING LIST *** ** THIS PERSON HAS A DIGITAL IMAGE **							
							** FLORIDA LICENSE VALID IN FLORIDA ONLY ** ** RETAINED (Massachusetts) TO EXPIRES (11/22/05) **							
							END OF RECORD							

IN COMPLIANCE WITH SECTION 322.20(1), F.S., SANDRA C. LAMBERT, DIRECTOR, DIVISION OF DRIVER LICENSES, DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES, STATE OF FLORIDA, DO HEREBY CERTIFY THAT I AM THE CUSTODIAN OF THE RECORDS OF SAID DIVISION OF DRIVER LICENSES AND THAT THIS IS A TRUE AND CORRECT TRANSCRIPT OF THE ABOVE-NAMED SUBJECTS DRIVING RECORD AS TAKEN FROM THE OFFICIAL RECORDS ON FILE IN THIS DEPARTMENT.

Sandra C. Lambert

DIRECTOR

NOTE: SOME LICENSES ISSUED BY THE STATE OF FLORIDA ARE VALID IN FLORIDA ONLY. THIS RESULTS FROM APPLICANT RETAINING A VALID LICENSE FROM ANOTHER JURISDICTION.

*** THIS VIOLATION CANNOT BE USED TO SURCHARGE AN AUTOMOBILE LIABILITY INSURANCE POLICY F.S. 627.0701

LICENSE CLASSES

CLASS A: [illegible]

CLASS B: ANY SINGLE VEHICLE WITH A GVWR OF 26,001 POUNDS OR MORE

CLASS C: ANY UNPOWERED VEHICLE WITH A GVWR OF 4,286 THAN 26,001 POUNDS.

CLASS D: ANY MOTOR VEHICLE OR A COMBINATION OF MORE, EXCEPT THOSE FROM 26,001 POUNDS OVER, OR MORE THAN 45 INCHES WIDE

CLASS E: REGULAR OPERATOR'S LICENSE

CLASS E(L): LEARNER'S LICENSE

RESTRICTIONS

A. [illegible]
B. [illegible]
C. BUSINESS PURPOSES
D. DAYLIGHT ONLY
E. [illegible]
F. [illegible]
G. [illegible]
H. [illegible]
I. [illegible]
J. [illegible]
K. [illegible]
L. [illegible]
M. [illegible]
N. [illegible]
P. PROSTHESIS/ORTHOTIC DEVICE
R. RESTRICTED
S. DRIVER RESTRICTIONS
T. NO PROPULSION BY MOTORCYCLE
U. [illegible]
V. [illegible]
W. [illegible]
X. [illegible]
Y. [illegible]
Z. [illegible]
1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]
5. [illegible]
6. NO CLASS A PASSENGER VEHICLE
7. NO CLASS B PASSENGER VEHICLE

REPRESENTATIVE CODES

C. [illegible]
M. [illegible]

DISPOSITION CODES

1 - [illegible]
2 - [illegible]
3 - [illegible]
4 - [illegible]
5 - [illegible]

CITATION/CRASH CODES

C - [illegible]
A - [illegible]

ACTION CODES

D - [illegible]
C - [illegible]

Page 1

ARREST INFORMATION

Name [redacted] Home Phone ([redacted]) [redacted]

Address [redacted] [redacted] Florida [redacted]

Occupation Retired Work Phone ( ) N/A

Place of Employment N/A

Social Security # [redacted] DOB 11-23-16 Height 5'07" Weight 160 lbs Hair Gry Eyes Haz

CHARGE(S)

Charge Improper Backing Statute No. 316.1985(1) Citation No. 6934-CUX7

Arrest Clerk to Issue Citation Date 01-06-05
(Physical; Warrant; Grand Jury Indictment, etc.)

Arresting Officer Investigator Scott A. Ratliff

Charge N/A Statute No. ______ Citation No. ______

Arrest ______ Date ______
(Physical; Warrant; Grand Jury Indictment, etc.)

Arresting Officer ______

Charge N/A Statute No. ______ Citation No. ______

Arrest ______ Date ______
(Physical; Warrant; Grand Jury Indictment, etc.)

Arresting Officer ______

Charge N/A Statute No. ______ Citation No. ______

Arrest ______ Date ______
(Physical; Warrant; Grand Jury Indictment, etc.)

Arresting Officer ______

Charge N/A Statute No. ______ Citation No. ______

Arrest ______ Date ______
(Physical; Warrant; Grand Jury Indictment, etc.)

Arresting Officer ______

ADDITIONAL COMMENTS

Case Number 04-045430

HSMV 62709 (Rev. 3/96) S

FLORIDA TRAFFIC CRASH REPORT
LONG FORM

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

DO NOT WRITE IN THIS SPACE

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
03 / 15 / 04	5:55 AM [ ] PM [X]	6:00 AM [ ] PM [X]	6:06 AM [ ] PM [X]	04-044645	73926413

COUNTY / CITY CODE	FEET or MILE(S)	N S E W	CITY OR TOWN (Check if in City or Town)	COUNTY
06/00	1.1	[ ] [ ] [ ] [X]	of Delray Beach [ ]	Palm Beach

AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED	ON STREET, ROAD OR HIGHWAY
			2	2	5869 Atlantic Ave (SR806)

AT THE INTERSECTION OF (street, road or highway) | or FEET | MILE(S) .1 | N S E W [ ] [ ] [ ] [X] | FROM INTERSECTION OF (street, road or highway) Via Flora

Section 1 — Vehicle / Pedestrian

DRIVER ACTION (1. Phantom 2. Hit & Run 3. N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3	03	Toyota	01	01	E20 INV	Fl	4T1BE30K53U[redacted]

TRAILER OR TOWED VEHICLE INFORMATION — TRAILER TYPE

18. Undercarriage 19. Overturn 20. Windshield 21. Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

VEHICLE TRAVELLING N S E W	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE
[ ] [X] [ ] [ ]	from a parking space		15	-------	3,500.00	1	8

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY ONLY)	POLICY NUMBER	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other
Allstate [redacted]		Professional Gardens	2

NAME OF VEHICLE OWNER (Check Box If Same As Driver) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Toyota Motor Credit Corp | 260 Interstate North Circle NW | Atlanta | Georgia | 30339 c/o Rubin

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street) | CITY, STATE & ZIP CODE | DATE OF BIRTH

[redacted] | [redacted] | [redacted] | Fl [redacted] | 11-23-16

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE (1 Blood 3 Urine 5 None 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
[redacted]	Fl	5	3	5		1	1	1	1	1	1	2	5	1

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No)	PLACARDED (1 Yes 2 No)	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL SPILLED? (1 Yes 2 No)	RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE (1 Yes 2 No)	DRIVER'S PHONE NO.
2	2		2	2	[redacted]

Section 2 — Vehicle / Pedestrian

DRIVER ACTION (1. Phantom 2. Hit & Run 3. N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3	02	Mercury	01	01	[redacted]	Fl	2MEFM75W92X[redacted]

TRAILER OR TOWED VEHICLE INFORMATION — TRAILER TYPE

18. Undercarriage 19. Overturn 20. Windshield 21. Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

VEHICLE TRAVELLING N S E W	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE
[ ] [X] [ ] [ ]	parked in parking space		0	-------	500.00	2	9

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY ONLY)	POLICY NUMBER	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other
Allstate Indemnity #[redacted]			3

NAME OF VEHICLE OWNER (Check Box If Same As Driver) [X] | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

same as driver

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street) | CITY, STATE & ZIP CODE | DATE OF BIRTH

[redacted] | [redacted] | [redacted] | Florida [redacted] | 02-07-26

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE (1 Blood 3 Urine 5 None 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
[redacted]	Fl	5	3	1		1	1	1	1	1	1		

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No)	PLACARDED (1 Yes 2 No)	IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL SPILLED? (1 Yes 2 No)	RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE (1 Yes 2 No)	DRIVER'S PHONE NO.
2	2		2	2	(561) 278-6315

Code Information

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped.)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Bobtail) 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 Other	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	1 County of Crash 2 Elsewhere in State 3 Non-Resident Out of State 4 Foreign 5 Unknown DL TYPE: 1 A 2 B 3 C 4 D/ Chauffeur 5 C/ Operator 6 E/ Oper.-Rest 7 None RACE: 1 White 2 Black 3 Hispanic 4 Other REQUIRED ENDORSEMENTS: 1 Yes 2 No 3 No Endorsement Required SEX: 1 Male 2 Female	1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY: 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALC/DRUG Test Results SAFETY EQUIPMENT IN USE: 1 Not in use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other EJECTED: 1 No 2 Yes 3 Partial

Section 3

Vehicle ☒ **Pedestrian** ☐

DRIVER ACTION (1. Phantom 2. Hit & Run 3. N/A)	YEAR	MAKE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3	04	Chrysler	01 01	W21 EZN	Fl	2C3HE66G34H [redacted]

TRAILER OR TOWED VEHICLE INFORMATION — TRAILER TYPE

VEHICLE TRAVELLING: N ☐ S ☒ E ☐ W ☐ — ON — AT — Est. MPH: parked in parking space 0

Posted Speed: — | EST. VEHICLE DAMAGE: 3,000.00 | 1. Disabling 2. Functional 3. No Damage: 1 | EST. TRAILER DAMAGE

15. Undercarriage 19. Overturn 20. Windshield 21. Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S): 7

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): State Farm # [redacted] — POLICY NUMBER

VEHICLE REMOVED BY: Professional Gardens — 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other: 2

NAME OF VEHICLE OWNER (Check box if Same As Driver) ☐ — CURRENT ADDRESS (Number and Street): Chase Manhattan Auto FinanceC PO Box 29214 — CITY AND STATE: Phoenix Arizona — ZIP CODE: 85038 [redacted]

NAME OF OWNER (Trailer or Towed Vehicle) — CURRENT ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) — CURRENT ADDRESS (Number and Street) — CITY, STATE AND ZIP CODE — USDOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN — [redacted] — CURRENT ADDRESS (Number and Street): [redacted] — CITY, STATE & ZIP CODE: [redacted] Florida [redacted] — DATE OF BIRTH: 01-30-17

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE (1 Blood 3 Urine 5 None 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
[redacted]	Fl	5	3	5		1	1	1	1	1	1		

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No): 2 — PLACARDED (1 Yes 2 No): 2 — IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND TRUCK NUMBER FROM BOTTOM OF DIAMOND — WAS HAZARDOUS MATERIAL SPILLED? (1 Yes 2 No): 2 — RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE (1 Yes 2 No): 2 — DRIVER'S PHONE NO.: ([redacted]

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1		$					
2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
		$					

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN

01 No Improper Driving / Action
02 Careless Driving (Explain In Narrative)
03 Failed To Yield Right - of - Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol - Under Influence
08 Drugs - Under Influence
09 Alcohol & Drugs - Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed To Maintain Equip. / Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
24 Driver Distraction (Explain In Narrative)
77 All Other (Explain In Narrative)

[1] 04 [2] 01 [3] 01

VEHICLE DEFECT

01 No Defects
02 Def. Brakes
03 Worn / Smooth Tires
04 Defective / Improper Lights
05 Puncture / Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment / Vehicle Defect
77 All Other (Explain in Narrative)

[1] 01 [2] 01 [3] 01

POINT OF COLLISION

01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane

[1] 02 [2] 02 [3] 02

WORK AREA

01 None
02 Nearby
03 Entered

[1] 01 [2] 01 [3] 01

VEHICLE MOVEMENT

01 Straight Ahead
02 Slowing / Stopped / Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering / Leaving / Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Vehicle
77 All Other (Explain In Narrative)

[1] 04 [2] 08 [3] 08

VEHICLE SPECIAL FUNCTIONS

1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance

[1] 1 [2] 1 [3] 1

SOURCE OF CARRIER INFORMATION

1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

[1] 1 [2] 1 [3] 1

PEDESTRIAN ACTION

01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
03 Crossing at Intersection
04 Walking Along Road With Traffic
05 Walking Along Road Against Traffic
06 Working on Vehicle in Road
07 Working in Road
08 Standing/Playing in Road
09 Standing in Pedestrian Island
77 All Other (Explain In Narrative)
88 Unknown

[1] [2] [3] 77

LOCATION TYPE

1 Primarily Business
2 Primarily Residential
3 Open Country

1

FIRST / SUBSEQUENT HARMFUL EVENT(S)

01 Collision With MV in Transport(Rear End)
02 Collision With MV in Transport(Head On)
03 Collision With MV in Transport(Angle)
04 Collision With MV in Transport(Left Turn)
05 Collision With MV in Transport(Right Turn)
06 Collision With MV in Transport(Sideswipe)
07 Collision With MV in Transport(Backed Into)
08 Collision With Parked Car
09 Collision With MV on Roadway
10 Collision With Pedestrian
11 Collision With Bicycle
12 Collision With Bicycle (Bike Lane)
13 Collision With Moped
14 Collision With Train
15 Collision With Animal
16 MV Hit Sign / Sign Post
17 MV Hit Utility Pole / Light Pole
18 MV Hit Guardrail
19 MV Hit Fence
20 MV Hit Concrete Barrier Wall
21 MV Hit Bridge/Pier/Abutment/Rail
22 MV Hit Tree /Shrubbery
23 Collision With Construction Barricade Sign
24 Collision With Traffic Gate
25 Collision With Crash Attenuators
26 Collision With Fixed Object Above Road
27 MV Hit Other Fixed Object
28 Collision With Moveable Object On Road
29 MV Ran Into Ditch/Culvert
30 Ran Off Road Into Water
31 Overturned
32 Occupant Fell From Vehicle
33 Tractor/Trailer Jackknifed
34 Fire
35 Explosion
36 Downhill Runaway
37 Cargo Loss or Shift
38 Separation of Units
39 Median Crossover
77 All Other (Explain In Narrative)

[1] 08 [2] 77 [3] 77
10
08
08

ROAD SYSTEM IDENTIFIER

01 Interstate
02 U.S.
03 State
04 County
05 Local
06 Turnpike / Toll
07 Forest Road
08 Private Roadway
77 All Other (Explain In Narrative)

77

LIGHTING CONDITION

01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Light)
05 Dark (No Street Light)
06 Unknown

01

ROAD SURFACE CONDITION

01 Dry
02 Wet
03 Slippery
04 Icy
77 All Other (Explain In Narrative)

01

WEATHER

01 Clear
02 Cloudy
03 Rain
04 Fog
77 All Other (Explain In Narrative)

02

ROAD SURFACE TYPE

01 Slag/Gravel/Stone
02 Blacktop
03 Brick/Block
04 Concrete
05 Dirt
77 All Other (Explain In Narrative)

02

ROAD CONDITIONS AT TIME OF CRASH

01 No Defects
02 Obstruction With Warning
03 Obstruction Without Warning
04 Road Under Repair / Construction
05 Loose Surface Materials
06 Shoulders - Soft / Low / High
07 Holes / Ruts / Unsafe Paved Edge
08 Standing Water
09 Worn / Polished Road Surface
77 All Other (Explain In Narrative)

01

VISION OBSTRUCTED

01 Vision Not Obscured
02 Inclement Weather
03 Parked / Stopped Vehicle
04 Trees / Crops / Bushes
05 Load On Vehicle
06 Building / Fixed Object
07 Signs / Billboards
08 Fog
09 Smoke
10 Glare
77 All Other (Explain In Narrative)

01

TRAFFIC CONTROL

01 No Control
02 Special Speed Zone
03 Speed Control Sign
04 School Zone
05 Traffic Signal
06 Stop Sign
07 Yield Sign
08 Flashing Light
09 Railroad Signal
10 Officer / Guard / Flagperson
11 Posted No U-Turn
12 No Passing Zone
77 All Other (Explain In Narrative)

01

SITE LOCATION

01 Not At Intersection / RR X-ing / Bridge
02 At Intersection
03 Influenced By Intersection
04 Driveway Access
05 Railroad
06 Bridge
07 Entrance Ramp
08 Exit Ramp
09 Parking Lot - Public
10 Parking Lot - Private
11 Private Property
12 Toll Booth
13 Public Bus Stop Zone
77 All Other (Explain In Narrative)

09

TRAFFICWAY CHARACTER

01 Straight - Level
02 Straight - Upgrade / Downgrade
03 Curve - Level
04 Curve - Upgrade / Downgrade

02

TYPE SHOULDER

01 Paved
02 Unpaved
03 Curb

01

Violator(s)

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

FLORIDA TRAFFIC CRASH REPORT

[ ] UPDATE [X] CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
03 / 15 / 04	06/00	04-044645	73926413

Section Vehicle

DRIVER ACTION (1. Phantom 2. Hit & Run 3. N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3	01	Volvo	01	01	[redacted]	NY	YV1TS94D611[redacted]

TRAILER OR TOWED VEHICLE INFORMATION — TRAILER TYPE

18. Undercarriage 19. Overturn 20. Windshield 21. Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S): 6

VEHICLE TRAVELLING: N [ ] S [X] E [ ] W [ ] ON parked in parking space AT Est. MPH: 0 | Posted Speed: | EST. VEHICLE DAMAGE: 2,000.00 | 1. Disabling 2. Functional 3. No Damage: 2 | EST. TRAILER DAMAGE:

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): Nationwide Mutual of New York [redacted] | POLICY NUMBER | VEHICLE REMOVED BY: | 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other: 3

NAME OF VEHICLE OWNER (Check Box If Same As Driver) [X] | CURRENT ADDRESS (Number and Street): [redacted] | CITY AND STATE | ZIP CODE: Fl [redacted]

Pedestrian

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street): [redacted] | CITY, STATE & ZIP CODE: New York [redacted] | DATE OF BIRTH: 07-02-37

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE (1 Blood 3 Urine 5 None 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF	RES.	RACE	SEX	INJ.	S. EQUIP	EJECT.
[redacted]	NY	5	3	5		1	1	1	1	1	1		

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No): 2 | PLACARDED (1 Yes 2 No): 2 | IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. | WAS HAZARDOUS MATERIAL SPILLED? (1 Yes 2 No): 2 | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE (1 Yes 2 No): 2 | DRIVER'S PHONE NO.: [redacted]

Section Vehicle

DRIVER ACTION (1. Phantom 2. Hit & Run 3. N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION — TRAILER TYPE

18. Undercarriage 19. Overturn 20. Windshield 21. Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S):

VEHICLE TRAVELLING: N [ ] S [ ] E [ ] W [ ] ON AT Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1. Disabling 2. Functional 3. No Damage | EST. TRAILER DAMAGE

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: | 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

NAME OF VEHICLE OWNER (Check Box If Same As Driver) [ ] | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Pedestrian

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street) | CITY, STATE & ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE (1 Blood 3 Urine 5 None 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No) | PLACARDED (1 Yes 2 No) | IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. | WAS HAZARDOUS MATERIAL SPILLED? (1 Yes 2 No) | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE (1 Yes 2 No) | DRIVER'S PHONE NO.

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

WITNESS NAME (1) | CURRENT ADDRESS | CITY & STATE | ZIP CODE | WITNESS NAME (2) | CURRENT ADDRESS | CITY & STATE | ZIP CODE

WAS INVESTIGATION MADE AT SCENE? (1 YES 2 NO): 1 | IF NO, THEN WHERE? | IS INVESTIGATION COMPLETE? (1 YES 2 NO): 1 | IF NO, THEN WHY? | DATE OF REPORT: 03 / 15 / 04 | PHOTOS TAKEN (1 YES 2 NO): 2 | IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER

INVESTIGATOR - RANK & SIGNATURE: CSA G Turner | ID/BADGE NUMBER: 5816 | DEPARTMENT: PBSO IV RP | FHP [ ] SO [X] PD [ ] OTHER [ ]

HSMV-90004 (REV. 1/02)

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN

4 | 01

01 No Improper Driving / Action
02 Careless Driving (Explain In Narrative)
03 Failed To Yield Right - of - Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol - Under Influence
08 Drugs - Under Influence
09 Alcohol & Drugs - Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed To Maintain Equip. / Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
24 Driver Distraction (Explain In Narrative)
77 All Other (Explain In Narrative)

VEHICLE DEFECT

4 | 01

01 No Defects
02 Def. Brakes
03 Worn / Smooth Tires
04 Defective / Improper Lights
05 Puncture / Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment / Vehicle Defect
77 All Other (Explain In Narrative)

POINT OF COLLISION

4 | 02

01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane

WORK AREA

4 | 01

01 None
02 Nearby
03 Entered

VEHICLE MOVEMENT

4 | 08

01 Straight Ahead
02 Slowing / Stopped / Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering / Leaving / Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Vehicle
77 All Other (Explain In Narrative)

VEHICLE SPECIAL FUNCTIONS

4 | 1

1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance

SOURCE OF CARRIER INFORMATION

4 | 1

1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

PEDESTRIAN ACTION

01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
03 Crossing at Intersection
04 Walking Along Road With Traffic
05 Walking Along Road Against Traffic
06 Working on Vehicle In Road
07 Working In Road
08 Standing/Playing In Road
09 Standing In Pedestrian Island
77 All Other (Explain In Narrative)
88 Unknown

FIRST / SUBSEQUENT HARMFUL EVENT(S)

4 | 77

01 Collision With MV In Transport(Rear End)
02 Collision With MV in Transport(Head On)
03 Collision With MV in Transport(Angle)
04 Collision With MV In Transport(Left Turn)
05 Collision With MV In Transport(Right Turn)
06 Collision With MV in Transport(Sideswipe)
07 Collision With MV in Transport(Backed Into)
08 Collision With Parked Car
09 Collision With MV on Roadway
10 Collision With Pedestrian
11 Collision With Bicycle
12 Collision With Bicycle (Bike Lane)
13 Collision With Moped
14 Collision With Train
15 Collision With Animal
16 MV Hit Sign / Sign Post
17 MV Hit Utility Pole / Light Pole
18 MV Hit Guardrail
19 MV Hit Fence
20 MV Hit Concrete Barrier Wall
21 MV Hit Bridge/Pier/Abutment/Rail
22 MV Hit Tree /Shrubbery
23 Collision With Construction Barricade Sign
24 Collision With Traffic Gate
25 Collision With Crash Attenuators
26 Collision With Fixed Object Above Road
27 MV Hit Other Fixed Object
28 Collision With Moveable Object On Road
29 MV Ran Into Ditch/Culvert
30 Ran Off Road Into Water
31 Overturned
32 Occupant Fell From Vehicle
33 Tractor/Trailer Jackknifed
34 Fire
35 Explosion
36 Downhill Runaway
37 Cargo Loss or Shift
38 Separation of Units
39 Median Crossover
77 All Other (Explain In Narrative)

(ADDITIONAL NARRATIVE)

V3, [redacted] told me that he was in the process of opening the right side front passenger door for his wife [redacted] when this incident occurred. [redacted] was near the right rear corner of V3 when she was struck from behind by the rear of V1.

V4 was driveable and was driven from the scene by the owner/driver.

ADDITIONAL PASSENGERS

SEC#	PASS#	PASSENGER 'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Violator(s)

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

FLORIDA TRAFFIC CRASH REPORT
NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY)	TIME EMS ARRIVED (FATALITIES ONLY)	DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
☐ AM ☐ PM	☐ AM ☐ PM	03 | 15 | 04	06/00	04-044645	73926413

(NARRATIVE)

D1 [redacted] told me that he was parked N/B in a handicapped parking space and attempted to back from the parking space S/B. [redacted] told me that the car malfunctioned and accelerated S/B from the parking space, [redacted] said that the brakes would not work. V1 accelerated S/B from the parking space arc ing to the right. The left rear and left side of V1 sideswiped the left rear corner bumper of V2 and then struck [redacted] from behind pinning [redacted] against the right rear corner bumper area of V3. V1 continued backing S/B towards the east pushing [redacted] V3 into the right rear wheel area of V4. The left rear side of V3 actually collided with the right rear wheel area of V4. When V1 finally came to a stop D1 then drove V1 forward approximately 20' placing V1 in park and turning off the engine. The left rear wheel of V1 was flat from the collision with V2. V1 was disabled and removed from the scene to storage. V2 was driveable and removed from the scene by the owner/driver. V3 was disabled and removed from the scene to storage. V4 was driveable and removed from the scene by the owner/driver. I was assisted in this investigation by D/S Inv S Ratliffe #6783 and TOT to the VHI Inv Ratliffe #6783. The only occupied vehicle at the time of this incident was V1. V2, the [redacted] were away from their vehicle at the time of the incident. (cont 4 of 6)

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
3	1	[redacted]	[redacted]	[redacted] F1	[redacted]	07-21-24	1	2	--	5		

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1) [redacted] CURRENT ADDRESS [redacted] CITY & STATE DB Fl ZIP CODE [redacted]

WITNESS NAME (2) [redacted] CURRENT ADDRESS [redacted] CITY & STATE NY ZIP CODE [redacted]

FIRST AID GIVEN BY - NAME: PBC EMS R-45 (1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other) 2

INJURED TAKEN TO: Delray Med Ctr ER BY - NAME: R-45

WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO 1 IF NO, THEN WHERE? [redacted]

INVESTIGATION COMPLETE? 1. YES 2. NO 1 IF NO, THEN WHY?

DATE OF REPORT 03 | 15 | 04

PHOTOS TAKEN 1. YES 2. NO 2

IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER

INVESTIGATOR - RANK & SIGNATURE: CSA G Turner ID/BADGE NUMBER: 5816 DEPARTMENT: PBSO IV RP

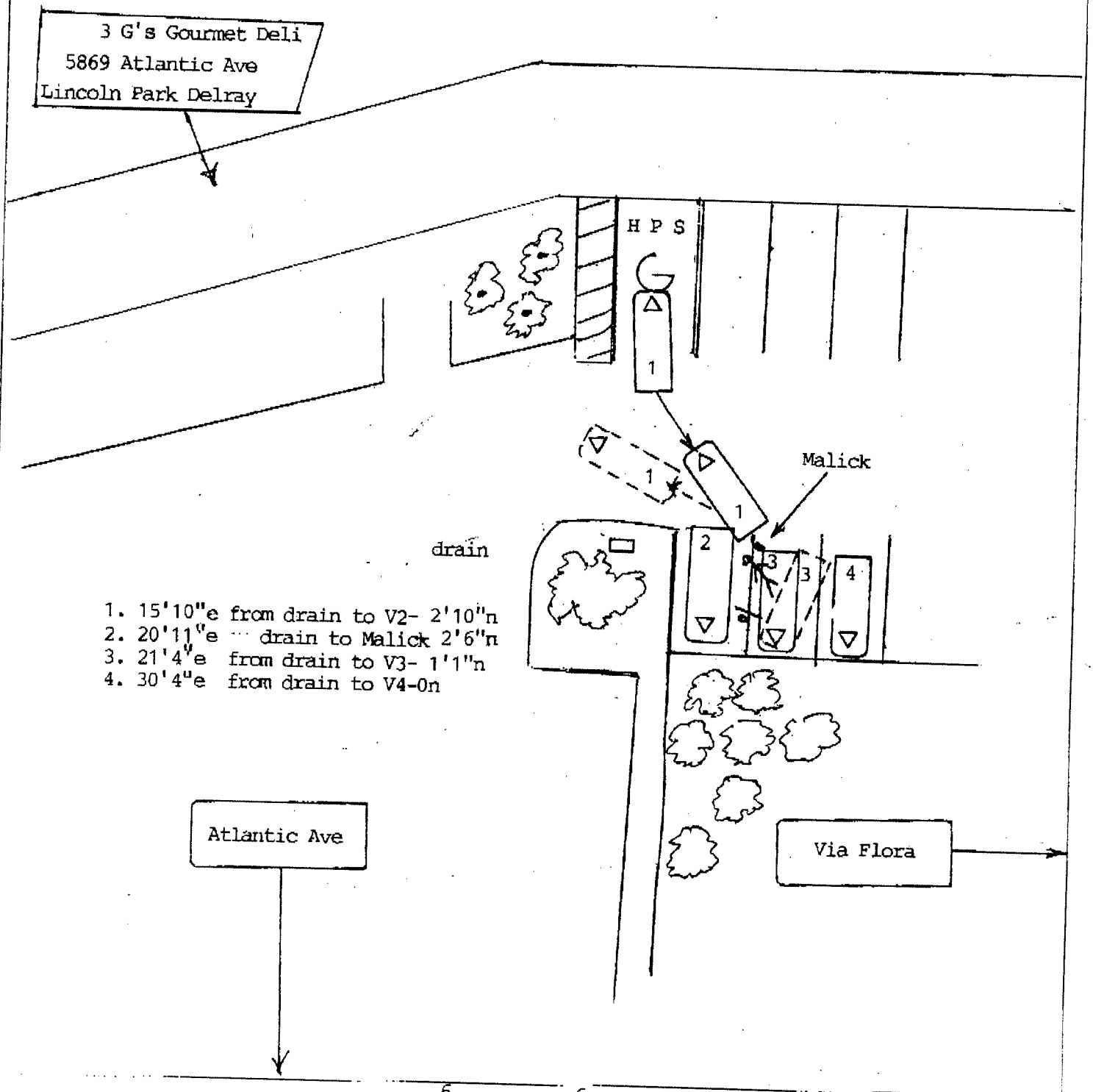
FHP ☐ SO X PD ☐ OTHER ☐

HSMV-90005 (Rev. 1/02)

DIAGRAM

Not To Scale
Date: 03-15-04
Case #: 04-044645
HSMV #: 73926413
CSA G Turner 5816 & VHI Inv D/S S A Ratliffe 6783

INDICATE NORTH WITH ARROW



FLORIDA TRAFFIC CRASH REPORT

☒ UPDATE ☐ CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

COUNTY/CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
06 00	03-15-04	04-044645	73926413

Section 2

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

VEHICLE TRAVELING N S E W | ON | AT | Est MPH | Posted Speed | EST. VEHICLE DAMAGE $ | 1 Disabling 2 Functional 3 No Damage | EST. TRAILER DAMAGE $

18 Undercarriage 19 Overturn 20 Windshield 21 Trailer

SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

Vehicle

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY : | 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other

NAME OF VEHICLE OWNER (Check Box If Same As Driver) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Pedestrian

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE & ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

DRIVER (Taken From Drivers License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | DATE OF BIRTH

"Legally Parked" (Unoccupied)

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS.DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | IF YES, INDICATE NAME OR 4 DIGIT NUMBER DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND | WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No | RECOMMEND DRIVERS RE-EXAM IF YES, EXPLAIN IN NARRATIVE 1 Yes 2 No | DRIVER'S PHONE NO.

Section 3

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

VEHICLE TRAVELING N S E W | ON | AT | Est MPH | Posted Speed | EST. VEHICLE DAMAGE $ | 1 Disabling 2 Functional 3 No Damage | EST. TRAILER DAMAGE $

18 Undercarriage 19 Overturn 20 Windshield 21 Trailer

SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

Vehicle

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY : | 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other

NAME OF VEHICLE OWNER (Check Box If Same As Driver) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Pedestrian

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE & ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

DRIVER (Taken From Drivers License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | DATE OF BIRTH

"Legally Parked" (Unoccupied)

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS.DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | IF YES, INDICATE NAME OR 4 DIGIT NUMBER DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND | WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No | RECOMMEND DRIVERS RE-EXAM IF YES, EXPLAIN IN NARRATIVE 1 Yes 2 No | DRIVER'S PHONE NO.

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
	$					
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
	$					
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
	$					
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
	$					

WITNESS NAME (1)	ADDRESS	CITY & STATE	ZIP	WITNESS NAME (2)	ADDRESS	CITY & STATE	ZIP

WAS INVESIGATION MADE AT SCENE? 1 YES 2 NO | IF NO, THEN WHERE?

IS INVESTIGATION COMPLETE? 1 YES 2 NO | IF NO, THEN WHY?

DATE OF REPORT 01-06-05

PHOTOS TAKEN 1 YES 2 NO | IF YES, BY WHOM? 1 INVESTIGATING AGENCY 2. OTHER

INVESTIGATOR - RANK AND SIGNATURE	ID / BADGE NUMBER	DEPARTMENT	FHP	SO	CPD	OTHER
Investigator Scott A. Ratliff	#6783	Palm Beach County Sheriff's Office	☐	☒	☐	☐

HSMV 90004 (Rev. 1/02) HKP

Case Number 04-045430

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN

01 No Improper Driving / Action
02 Careless Driving
03 Failed To Yield Right-of-Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol-Under Influence
08 Drugs-Under Influence
09 Alcohol & Drugs - Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed to maintain Equip/Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
24 Driver Distraction
77 All Other (Explain)

VEHICLE DEFECT

01 No Defects
02 Def. Brakes
03 Worn / Smooth Tires
04 Defective / Improper Lights
05 Puncture/ Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment/ Vehicle Defect
77 All Other (Explain)

POINT OF VEHICLE IMPACT ON ROADWAY

1 On Road
2 Not on Road
3 Shoulder
4 Median
5 Turn Lane

WORK AREA

1 None
2 Nearby
3 Entered

VEHICLE MOVEMENT

01 Straight Ahead
02 Slowing / Stopped / Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering / Leaving Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Vehicle
77 All Other (Explain in Narrative)

VEHICLE SPECIAL FUNCTION

1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction/ Maintenance

SOURCE OF CARRIER INFORMATION

1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

PEDESTRIAN ACTION

01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
03 Crossing at Intersection
04 Walking Along Road with Traffic
05 Walking Along Road Against Traffic
06 Working on Vehicle in Road
07 Working in Road
08 Standing/Playing in Road
09 Standing in Pedestrian Island
77 All Other (Explain)
88 Unknown

FIRST / SUBSEQUENT HARMFUL EVENT

01 Collision With MV in Transport (Rear-end)
02 Collision With MV in Transport (Head on)
03 Collision With MV in Transport (Angle)
04 Collision With MV in Transport (Left Turn)
05 Collision With MV in Transport (Right Turn)
06 Collision With MV in Transport (Sideswipe)
07 Collision With MV in Transport (Backed Into)
08 Collision With Parked Car
09 Collision With MV on Other Roadway
10 Collision With Pedestrian
11 Collision With Bicycle
12 Collision With Bicycle (Bike Lane)
13 Collision With Moped
14 Collision With Train
15 Collision With Animal
16 MV Hit Sign/ Sign Post
17 MV Hit Utility Pole/ Light Pole
18 MV Hit Guardrail
19 MV Hit Fence
20 MV Hit Concrete Barrier Wall
21 MV Hit Bridge/ Pier/ Abutment/ Rail
22 MV Hit Tree/ Shrubbery
23 Collision With Construction Barricade/ Sign
24 Collision With Traffic Gate
25 Collision With Crash Attenuators
26 Collision With Fixed Object Above Road
27 MV Hit Other Fixed Object
28 Collision With Movable Object On Road
29 MV Ran into Ditch / Culvert
30 Ran Off Road Into Water
31 Overturned
32 Occupant Fell From Vehicle
33 Tractor/ Trailer Jackknifed
34 Fire
35 Explosion
36 Downhill Runaway
37 Cargo Loss or Shift
38 Separation of Units
39 Median Crossover
77 All Other (Explain in Narrative)

**On Page 1, Section 2, entitled: Name of Driver: Change to "Legally Parked" (Unoccupied). This vehicle was properly parked by [redacted] of [redacted], [redacted] Florida [redacted]

**On Page 2, Section 3, entitled: Name of Driver: Change to "Legally Parked" (Unoccupied). This vehicle was properly parked by [redacted] of [redacted] [redacted], [redacted] Florida [redacted]

**On Page 3, Section 4, entitled: Name of Driver: Change to "Legally Parked" (Unoccupied). This vehicle was properly parked by [redacted] of [redacted] [redacted]e, New York [redacted]

ADDITIONAL PASSENGERS

SEC #	PASS #	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT

Violation(s)

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
1	[redacted]	316.1985(1)	Improper Backing	6934CUX7

FLORIDA TRAFFIC CRASH REPORT

☒ UPDATE ☐ CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

COUNTY/CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
06 00	03-15-04	04-044645	**73926413**

Section 4 — Vehicle / Pedestrian

DRIVER ACTION: 1 Phantom, 2 Hit & Run, 3 N/A

YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION — TRAILER TYPE

VEHICLE TRAVELING: N S E W — ON — AT — Est MPH — Posted Speed — EST. VEHICLE DAMAGE $ — 1 Disabling 2 Functional 3 No Damage — EST. TRAILER DAMAGE $

10 Undercarriage 19 Overturn 20 Windshield 21 Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) — POLICY NUMBER — VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other

NAME OF VEHICLE OWNER (Check Box if Same As Driver) — CURRENT ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) — CURRENT ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) — CURRENT ADDRESS (Number and Street) — CITY, STATE & ZIP CODE — US DOT or ICC MC IDENTIFICATION NUMBERS

DRIVER (Taken From Drivers License) / PEDESTRIAN — CURRENT ADDRESS (Number and Street) — CITY & STATE / ZIP CODE — DATE OF BIRTH

"Legally Parked" (Unoccupied)

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE (1 Blood 3 Urine 5 None 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No) — PLACARD (1 Yes 2 No) — IF YES, INDICATE NAME OR 4 DIGIT NUMBER DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND — WAS HAZARDOUS MATERIAL SPILLED? (1 Yes 2 No) — RECOMMEND DRIVERS RE-EXAM IF YES, EXPLAIN IN NARRATIVE (1 Yes 2 No) — DRIVER'S PHONE NO.

Section 5 — Vehicle / Pedestrian

DRIVER ACTION: 1 Phantom, 2 Hit & Run, 3 N/A — 3

YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION — TRAILER TYPE

VEHICLE TRAVELING: N S E [X] W — 5869 Atlantic Avenue — ON — AT — Est MPH — Posted Speed — EST. VEHICLE DAMAGE $ — 1 Disabling 2 Functional 3 No Damage — EST. TRAILER DAMAGE $

10 Undercarriage 19 Overturn 20 Windshield 21 Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) — POLICY NUMBER — VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other

NAME OF VEHICLE OWNER (Check Box if Same As Driver) — CURRENT ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) — CURRENT ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) — CURRENT ADDRESS (Number and Street) — CITY, STATE & ZIP CODE — US DOT or ICC MC IDENTIFICATION NUMBERS

DRIVER (Taken From Drivers License) / PEDESTRIAN — [redacted] — CURRENT ADDRESS (Number and Street) — [redacted] — CITY & STATE / ZIP CODE — Florida [redacted] — DATE OF BIRTH 07-21-24

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE (1 Blood 3 Urine 5 None 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
[redacted]				1	000	1	1	1	1	2	5		1

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No) — PLACARD (1 Yes 2 No) — IF YES, INDICATE NAME OR 4 DIGIT NUMBER DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND — WAS HAZARDOUS MATERIAL SPILLED? (1 Yes 2 No) — RECOMMEND DRIVERS RE-EXAM IF YES, EXPLAIN IN NARRATIVE (1 Yes 2 No) — DRIVER'S PHONE NO.

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
	$					
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
	$					
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
	$					
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
	$					

WITNESS NAME (1)	ADDRESS	CITY & STATE	ZIP	WITNESS NAME (2)	ADDRESS	CITY & STATE	ZIP

WAS INVESIGATION MADE AT SCENE? 1 YES 2 NO — IF NO, THEN WHERE?

IS INVESTIGATION COMPLETE? 1 YES [1] 2 NO — IF NO, THEN WHY?

DATE OF REPORT: 01-06-05

PHOTOS TAKEN 1 YES 2 NO — IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER

INVESTIGATOR - RANK AND SIGNATURE	ID / BADGE NUMBER	DEPARTMENT	FHP	SO	CPD	OTHER
Investigator Scott A. Ratliff	#6783	Palm Beach County Sheriff's Office	☐	☒	☐	☐

HSMV 90004 (Rev. 1/00) RKP

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN

01 No Improper Driving / Action
02 Careless Driving
03 Failed To Yield Right-of-Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol-Under Influence
08 Drugs Under Influence
09 Alcohol & Drugs - Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed to maintain Equip/Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
24 Driver Distraction
77 All Other (Explain)

VEHICLE DEFECT

01 No Defects
02 Def. Brakes
03 Worn / Smooth Tires
04 Defective / Improper Lights
05 Puncture/ Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment/ Vehicle Defect
77 All Other (Explain)

POINT OF VEHICLE IMPACT ON ROADWAY

1 On Road
2 Not on Road
3 Shoulder
4 Median
5 Turn Lane

WORK AREA

1 None
2 Nearby
3 Entered

VEHICLE MOVEMENT

01 Straight Ahead
02 Slowing / Stopped / Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering / Leaving Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Vehicle
77 All Other (Explain in Narrative)

VEHICLE SPECIAL FUNCTION

1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction/ Maintenance

SOURCE OF CARRIER INFORMATION

1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

PEDESTRIAN ACTION

01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
03 Crossing at Intersection
04 Walking Along Road with Traffic
05 Walking Along Road Against Traffic
06 Working on Vehicle in Road
07 Working in Road
08 Standing/Playing in Road
09 Standing in Pedestrian Island
77 All Other (Explain)
88 Unknown

5	6
77	77

FIRST / SUBSEQUENT HARMFUL EVENT

01 Collision With MV in Transport (Rear-end)
02 Collision With MV in Transport (Head-on)
03 Collision With MV in Transport (Angle)
04 Collision With MV in Transport (Left Turn)
05 Collision With MV in Transport (Right Turn)
06 Collision With MV in Transport (Sideswipe)
07 Collision With MV in Transport (Backed Into)
08 Collision With Parked Car
09 Collision With MV on Other Roadway
10 Collision With Pedestrian
11 Collision With Bicycle
12 Collision With Bicycle (Bike Lane)
13 Collision With Moped
14 Collision With Train
15 Collision With Animal
16 MV Hit Sign/ Sign Post
17 MV Hit Utility Pole/ Light Pole
18 MV Hit Guardrail
19 MV Hit Fence
20 MV Hit Concrete Barrier Wall
21 MV Hit Bridge/ Pier/ Abutment/ Rail
22 MV Hit Tree/ Shrubbery
23 Collision With Construction Barricade/ Sign
24 Collision With Traffic Gate
25 Collision With Crash Attenuators
26 Collision With Fixed Object Above Road
27 MV Hit Other Fixed Object
28 Collision With Moveable Object On Road
29 MV Ran into Ditch / Culvert
30 Ran Off Road Into Water
31 Overturned
32 Occupant Fell From Vehicle
33 Tractor/ Trailer Jackknifed
34 Fire
35 Explosion
36 Downhill Runaway
37 Cargo Loss or Shift
38 Separation of Units
39 Median Crossover
77 All Other (Explain in Narrative)

**On Page 5, Section entitled: Passenger's Name: Eliminate [redacted] information from this section. She is hereby properly classified as Pedestrian 1, Section 5.

*[redacted] is hereby properly classified as Pedestrian 2, Section 6.

*[redacted] (W/F. 07-21-24) was pronounced deceased on 03-15-04, at approximately, 8:56 p.m., by Doctor Ivan Puente of Delray Community Medical Center.

**This investigation is hereby complete.

ADDITIONAL PASSENGERS

SEC #	PASS #	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT
SEC #	PASS #	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT
SEC #	PASS #	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT
SEC #	PASS #	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT
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Violation(s)

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

FLORIDA TRAFFIC CRASH REPORT

☒ UPDATE ☐ CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

COUNTY/CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
06 00	03-15-04	04-044645	73926413

Section 6 Vehicle

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A: 3

YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION — TRAILER TYPE

VEHICLE TRAVELING: N ☐ S ☐ E ☒ W ☐ ON 5869 Atlantic Avenue AT Est MPH | Posted Speed | EST. VEHICLE DAMAGE $ | 1 Disabling 2 Functional 3 No Damage | EST. TRAILER DAMAGE $

16 Undercarriage 19 Overturn 20 Windshield 21 Trailer

SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) ☐

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: | 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other ☐

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☐ | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Pedestrian

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE & ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

DRIVER (Taken From Drivers License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE [redacted] Florida [redacted] | DATE OF BIRTH 01-30-17

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE (1 Blood 3 Urine 5 None, 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
[redacted]	[redacted]			5			1	1	1	1	1		1

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No ☐ | PLACARDED 1 Yes 2 No ☐ | IF YES, INDICATE NAME OR 4 DIGIT NUMBER DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND ☐ | WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No ☐ | RECOMMEND DRIVERS RE-EXAM IF YES, EXPLAIN IN NARRATIVE 1 Yes 2 No ☐ | DRIVER'S PHONE NO. ( )

Section 6 Vehicle

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A ☐

YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION — TRAILER TYPE

VEHICLE TRAVELING: N ☐ S ☐ E ☐ W ☐ ON AT Est MPH | Posted Speed | EST. VEHICLE DAMAGE $ | 1 Disabling 2 Functional 3 No Damage ☐ | EST. TRAILER DAMAGE $

16 Undercarriage 19 Overturn 20 Windshield 21 Trailer

SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) ☐

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: | 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other ☐

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☐ | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Pedestrian

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE & ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

DRIVER (Taken From Drivers License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE (1 Blood 3 Urine 5 None, 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No ☐ | PLACARDED 1 Yes 2 No ☐ | IF YES, INDICATE NAME OR 4 DIGIT NUMBER DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND ☐ | WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No ☐ | RECOMMEND DRIVERS RE-EXAM IF YES, EXPLAIN IN NARRATIVE 1 Yes 2 No ☐ | DRIVER'S PHONE NO. ( )

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
	$					
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT $	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT $	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT $	OWNERS NAME	ADDRESS	CITY	STATE	ZIP

WITNESS NAME (1)	ADDRESS	CITY & STATE	ZIP	WITNESS NAME (2)	ADDRESS	CITY & STATE	ZIP

WAS INVESIGATION MADE AT SCENE? 1 YES 2 NO | IF NO, THEN WHERE?

IS INVESTIGATION COMPLETE? 1 YES 2 NO 1 | IF NO, THEN WHY?

DATE OF REPORT 01-06-05

PHOTOS TAKEN 1 YES 2 NO ☐ | IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER ☐

INVESTIGATOR - RANK AND SIGNATURE: Investigator Scott A. Ratliff | ID / BADGE NUMBER: #6783 | DEPARTMENT: Palm Beach County Sheriff's Office | FHP ☐ SO ☒ CPD ☐ OTHER ☐

HSMV 90004 (Rev. 1/02) NU

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN

01 No Improper Driving / Action
02 Careless Driving
03 Failed To Yield Right-of-Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol-Under Influence
08 Drugs-Under Influence
09 Alcohol & Drugs - Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed to maintain Equip/Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
24 Driver Distraction
77 All Other (Explain)

VEHICLE DEFECT

01 No Defects
02 Def. Brakes
03 Worn / Smooth Tires
04 Defective / Improper Lights
05 Puncture/ Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment/ Vehicle Defect
77 All Other (Explain)

POINT OF VEHICLE IMPACT ON ROADWAY

1 On Road
2 Not on Road
3 Shoulder
4 Median
5 Turn Lane

WORK AREA

1 None
2 Nearby
3 Entered

VEHICLE MOVEMENT

01 Straight Ahead
02 Slowing / Stopped / Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering / Leaving Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Vehicle
77 All Other (Explain in Narrative)

VEHICLE SPECIAL FUNCTION

1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction/ Maintenance

SOURCE OF CARRIER INFORMATION

1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

PEDESTRIAN ACTION

01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
03 Crossing at Intersection
04 Walking Along Road with Traffic
05 Walking Along Road Against Traffic
06 Working on Vehicle in Road
07 Working in Road
08 Standing/Playing in Road
09 Standing in Pedestrian Island
77 All Other (Explain)
88 Unknown

FIRST / SUBSEQUENT HARMFUL EVENT

01 Collision With MV In Transport (Rear-end)
02 Collision With MV in Transport (Head-on)
03 Collision With MV in Transport (Angle)
04 Collision With MV in Transport (Left Turn)
05 Collision With MV in Transport (Right Turn)
06 Collision With MV In Transport (Sideswipe)
07 Collision With MV In Transport (Backed Into)
08 Collision With Parked Car
09 Collision With MV on Other Roadway
10 Collision With Pedestrian
11 Collision With Bicycle
12 Collision With Bicycle (Bike Lane)
13 Collision With Moped
14 Collision With Train
15 Collision With Animal
16 MV Hit Sign/ Sign Post
17 MV Hit Utility Pole/ Light Pole
18 MV Hit Guardrail
19 MV Hit Fence
20 MV Hit Concrete Barrier Wall
21 MV Hit Bridge/ Pier/ Abutment/ Rail
22 MV Hit Tree/ Shrubbery
23 Collision With Construction Barricade/ Sign
24 Collision With Traffic Gate
25 Collision With Crash Attenuators
26 Collision With Fixed Object Above Road
27 MV Hit Other Fixed Object
28 Collision With Moveable Object On Road
29 MV Ran into Ditch / Culvert
30 Ran Off Road Into Water
31 Overturned
32 Occupant Fell From Vehicle
33 Tractor/ Trailer Jackknifed
34 Fire
35 Explosion
36 Downhill Runaway
37 Cargo Loss or Shift
38 Separation of Units
39 Median Crossover
77 All Other (Explain in Narrative)

ADDITIONAL PASSENGERS

SEC #	PASS #	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT
SEC #	PASS #	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT
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Case Number 04-045430

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.