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2008 MAY 19 AM 7:19

CL-10228469-7821

May 13, 2008

National Highway Traffic Safety Administration
Attn: Jonathan D. White, Chief Recall Analysis Division
Office of Defects Investigation/Safety Assurance
400 Seventh Street, SW
Washington, DC 20590

Re: Product: Fused Loop/Energy Management Loop, Seat Belt System
Manufacturer: Takata Model: N626
Vehicle: 2000 Model Year, P45, Mitsubishi Montero Sport, Mitsubishi Nativa
Prior Related Recall: 03V-117, 03020, General Motor's Campaign No. 03020

Dear Mr. White:

I am writing to alert the NHTSA of a seat belt defect we believe exists in certain Mitsubishi vehicles that we believe is extremely similar to a previously recalled defective seat belt in General Motors vehicles.

The specific defect in question is the incorporation of a ten (10) inch fused loop/energy management loop into the right front passenger seat belt system of the 2000 model year Mitsubishi Montero Sport and the identical sister vehicle, the Mitsubishi Nativa. The seat belt system is made by Takata and known as model N626.

On February 26, 2008, my firm concluded a five-week trial during which the jury determined that the Mitsubishi fused loop seat belt system was defective. The case is [redacted] case number [redacted] The entire trial transcript is available and I will be glad to provide it to you upon request. I have enclosed the pretrial stipulation for your review, as well as the verdict reporter summary.

During the single vehicle rollover accident, the right front belted occupant, 25 year old [redacted] was partially ejected through the right rear window following deployment of the loop and simultaneous failure of the seat back.

As in the General Motors recall, the seat belt system utilized in the right front passenger seat of 2000 model year Mitsubishi Montero Sport/Nativa also deploys ten (10) inches of additional seat belt webbing, but at a lower force of approximately 400 pounds according to our expert's testing.

The General Motors recall from 2003 involved a seat belt system in a sports utility vehicle that deployed ten (10) inches of seat belt webbing slack at a higher force.

The Mitsubishi seat belt system utilizes a passthrough or "free falling" latch plate virtually identical to the latch plate utilized in the previously recalled General Motors seat belt system. The webbing, retractors, D rings and other components of the Mitsubishi system are likewise virtually identical to the recalled GM belt system. The only notable difference is that the GM loop is on the "buckle side" of the system whereas the Mitsubishi loop is on the "anchor side" of the system. The GM system "indirectly" introduces slack, whereas the Mitsubishi system "directly" introduces slack.

Additionally, the GM loop was on the driver's seat belt system, which the Mitsubishi loop is on the front passenger's eat belt system.

One of the reasons that General Motors apparently originally believed that the energy management loop seat belt system would be sufficient is that the loop was designed to deploy only under extreme loads in the most severe of accidents. The loop in the Mitsubishi vehicle is designed to deploy at a load significantly lower than the General Motors belt system and therefore, occupants utilizing these seat belt systems are subject to excessive amounts of seat belt slack in a wider variety of vehicle accidents including rollovers.

During the vehicle rollover, the 10 (ten) inch seat belt webbing loop for [redacted] seat position fully deployed and introduced ten (10) inches of slack into his seat belt system. Because of the passthrough/"free falling" latch plate configuration, the additional slack was permitted to translate to the lap and shoulder portion of the belt system. As a result of the additional slack, [redacted] was ejected from his seat into the rear seat compartment of the vehicle, and was ejected partially outside of the vehicle where he sustained fatal injuries. The driver of the vehicle in which [redacted] was a passenger was wearing a seat belt system that was not equipped with an energy absorption loop, and she remained within her seat and within the vehicle and sustained minor, non-life threatening injuries that did not require an overnight hospital stay.

General Motors and the NHTSA recognized in the August, 2003 Product Campaign Bulletin #03020 that "f the energy absorbing loop fully deploys during a high speed multiple rollover event, the driver may not remain properly restrained, which could increase the risk of serious injury."

Further, General Motors confirmed in its March 27, 2003 letter to Mr. Weinstein at NHTSA that "if the energy absorbing loop fully deploys in a severe multiple rollover event, it is possible that a belted driver may experience partial or even complete ejection from the vehicle."

Unfortunately, this is exactly what happened to [redacted] and also to [redacted] who suffered the same fate in an identical vehicle.

With regard to the [redacted] accident dated September 25, 2004, I have enclosed the following:

1. Florida Traffic Homicide Report and scene photographs;

2. Complaint;

3. Photographs of the deployed right front passenger seat belt system fused loop/energy management loop;

4. Medical Examiner's Report.

With regard to the [redacted] accident dated 5/24/03 , which settled prior to trial, I have enclosed the following:

1. Chart comparing the [redacted] accidents.

2. Florida homicide report and photographs.

As is apparent from real world rollover accidents where the fused loop/energy management loop deployed, the added ten (10) inches of slack in the seat belt system eliminates the ability of the seat and restraint system to properly restrain the occupant during a rollover with fatal consequences.

In short, the condition that exists in the Mitsubishi seat belt and its effect appears identical to the defect that has previously been recognized by General Motors and NHTSA.

If you feel you need any additional information or assistance from me, please do not hesitate to contact me.

Very truly yours,

Don Fountain
DF:clk-d

Enclosures

cc: [redacted]

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

PETER LALIBERTE, as Personal Representative of the Estate of SCOTT T. LALIBERTE, deceased,

Plaintiff,

vs.

MITSUBISHI MOTORS CORPORATION, and MITSUBISHI MOTORS NORTH AMERICA, INC., f/k/a MITSUBISHI MOTOR SALES OF AMERICA, INC.,

Defendants.
_____/

CASE NO. 2005 CA006369 AI

PRETRIAL STIPULATION

COME NOW the undersigned as attorneys for the parties herein, and file this Stipulation pursuant to the Court's Order:

I. STATEMENT OF THE FACTS:

This case arises out of a single vehicle rollover accident that occurred on September 25, 2004 at approximately 10:00 a.m., on the southbound lanes of SR 9 (I-95) in Brevard County, Florida. involving a 2000 Mitsubishi Nativa. At the time of the rollover accident, Scott Laliberte, was the seat belted right front seat passenger in the 2000 Mitsubishi Nativa, which was owned and being driven by his friend, Lyann Agresar. Mr. Laliberte was partially ejected from the vehicle during the rollover, and died as a result of head and other injuries he sustained in the September 25, 2004 accident.

The Plaintiff claims that the Mitsubishi Nativa was defective and not crashworthy in that it did not adequately contain and protect Scott Laliberte during the accident.

Mitsubishi denies that its vehicle was defective and not crashworthy.

II. STIPULATED FACTS TO BE READ TO THE JURY:

The parties stipulate and agree or the Court has previously determined that:

No.	FACT
1.	The vehicle that is the subject of this case is a 2000 model year Mitsubishi Nativa manufactured in May of 1999 in Japan.
2.	The vehicle was designed and manufactured by the Defendant, Mitsubishi Motors Corp.
3.	The vehicle was originally placed into the stream of commerce by the Defendant, Mitsubishi Motors Corp.
4.	The subject 2000 Mitsubishi Nativa is an original equipment authentic Mitsubishi Motors Corp. product, and its seats and seat belt restraint systems were also original equipment, Mitsubishi Motors Corp. products, that came with the vehicle when it was sold as a new vehicle.
5.	At approximately 10:00 a.m. on Saturday, 9/25/04 the Mitsubishi Nativa, which was owned by Lyann Agresar, was being driven by Lyann Agresar, southbound on I-95 in Brevard County, FL. Scott Laliberte was a passenger in the right front seat of the 2000 Mitsubishi Nativa.
6.	The Mitsubishi Nativa rolled over in the median of I-95 and came to rest on its roof in the northbound lanes of I-95. The rollover was a passenger side leading roll.
7.	At the time of the accident Scott Laliberte was fully and properly seat belted, and his seat belt was adjusted such that there was no slack in the seat belt system.
8.	At the time of the accident Lyann Agresar was fully and properly seat belted, and her seat belt was adjusted such that there was no slack in the seat belt system.
9.	Scott Laliberte and Lyann Agresar were wearing their seat belts in a manner that was intended and/or reasonably foreseeable by the Defendants.
10.	Scott Laliberte was utilizing his seat in a manner that was intended and/or reasonably foreseeable by the Defendants.
11.	Neither Scott Laliberte nor Lyann Agresar misused or abused the Mitsubishi Nativa, its seat belts, seats, or any of its components.
12.	Scott Laliberte did not do anything to cause or contribute to his own injuries or death.
13.	The seat belt system and seat system of the 2000 Mitsubishi Nativa had not been subjected to forces above and beyond normal wear and tear prior to the 9/25/04 accident.

14.	Prior to and at the time of the accident, the 2000 Mitsubishi Nativa, its seat belts, seats, and its components were in their "as manufactured" condition and had not been modified or altered in any way after the date of their original manufacture and sale.
15.	The only laminated glass in the 2000 Mitsubishi Nativa was the windshield.
16.	During Roll #1 the driver's steering wheel mounted airbag and the right front passenger airbags deployed.
17.	During the rollover event the vehicle's doors remained closed.
18.	All of the windows in the 2000 Mitsubishi were up and closed at the time of the accident.
19.	During the rollover event the right front passenger seat belt retractor locked before the vehicle entered the median, and before the vehicle began to rollover.
20.	During the rollover event the driver's seat belt retractor locked before the vehicle entered the median, and before the vehicle began to rollover.
21.	The driver's seat belt in the 2000 Mitsubishi Nativa did not have a stitched loop.
22.	None of the rear seats in the 2000 Mitsubishi Nativa had stitched loops.
23.	The 2000.5 model Mitsubishi Nativa incorporated seat belt systems in the right front passenger seat that did not utilize stitched loop seat belt webbing systems.
24.	All 2001 model year P45 vehicles for the U.S. market incorporated seat belt systems in the right front passenger seat that did not utilize stitched loop seat belt webbing systems.
25.	The Mitsubishi Nativa vehicle is known internally at Mitsubishi as the "P45." A version of the P45 vehicle platform was sold around the world under different vehicle names. For example, in Australia the P45 vehicle was known as the Mitsubishi Pajero. The only P45 vehicle that ever incorporated or used a stitched loop seat belt system in the front passenger seat was the Mitsubishi Nativa and the Mitsubishi Montero Sport.
26.	The Defendant, Mitsubishi Motors Corp. designed the right front passenger seat belt system in such a manner that ten inches of seat belt webbing was folded over and sewn together with a series of thread stitches, and contained within a plastic scabbard. The express purpose of this seat belt design was that when the seat belt was loaded by the right front occupant with approx. 440 lbs. of force, the stitches would begin to intentionally break loose and introduce additional seat belt webbing into the right front passenger's restraint system. The system was known and described as a stitched loop or energy management loop.

27.	The Mitsubishi Nativa and Mitsubishi Montero Sport only utilized a ten inch stitched loop seat belt system for the beginning of model year 2000. Approximately halfway through production of the 2000 model year vehicles, beginning with model year 2000.5, Mitsubishi removed the stitched loop seat belt system from all P45 models, including the Mitsubishi Nativa and Mitsubishi Montero Sport.
28.	While the vehicle was rolling over, the stitches in the loop of Scott Laliberte's seat belt system tore loose and ten inches of additional seat belt webbing were introduced into his seat belt system.
29.	During the rollover accident the driver's side window glass remaining in place and did not fracture.
30.	During the rollover accident the right rear passenger side window glass fractured and was displaced from the vehicle.
31.	Lyann Agresar was not ejected during the rollover and did not contact the ground.
32.	During the rollover event, Scott Laliberte's seat back deformed and reclined rearward to the point that it contacted the rear seat in the vehicle.
33.	During the rollover event following displacement of the right rear passenger side window glass, following deformation of the right front passenger seat back, and following deployment of the right front passenger seat belt system stitched loop, Scott Laliberte was partially ejected through the right rear window of the vehicle at which time his head contacted the ground.
34.	At the conclusion of the rollover event, Scott Laliberte's seat belt was found with the stitched loop completely deployed and extended.
35.	At the conclusion of the rollover event, Scott Laliberte remained in the vehicle with his right arm pinned between the ground and the vehicle's roof.
36.	At the conclusion of the rollover Lyann Agresar remained seat belted in the vehicle.
37.	Lyann Agresar sustained no permanent injuries as a result of the 9/25/04 accident.
38.	Prior to the accident, Scott Laliberte was in good health and had no medical conditions that would have adversely affected his life expectancy.
39.	Scott Laliberte died at approx. 1:51 p.m. on 9/25/04 as a result of head injuries sustained in the accident.
40.	According to the U.S. Government National Center for Health Statistics, at the time of his death, Scott Laliberte had a remaining life expectancy of approx. 51 years.
41.	According to the U.S. Government National Center for Health Statistics, Scott Laliberte's natural father, Peter Laliberte's date of birth is 9/10/50 and he has a remaining life expectancy of approx. 22 years.

42.	According to the U.S. Government National Center for Health Statistics, Scott Laliberte's natural mother, Donna Laliberte's date of birth is 8/16/46 and she has a remaining life expectancy of approx. 22 years.

III. ISSUES:

1. Was there negligence on the part of Defendants, MITSUBISHI MOTORS CORPORATION, and MITSUBISHI MOTORS NORTH AMERICA, INC., f/k/a MITSUBISHI MOTOR SALES OF AMERICA, INC., which was a legal cause of Scott Laliberte's death.

2. Did Defendants, MITSUBISHI MOTORS CORPORATION, and MITSUBISHI MOTORS NORTH AMERICA, INC., f/k/a MITSUBISHI MOTOR SALES OF AMERICA, INC., place the 2000 Mitsubishi Nativa on the market in a defective and unreasonably dangerous condition, which was a legal cause of Scott Laliberte's death?

3. What are the total damages, if any, suffered by the Estate of Scott Laliberte?

4. What are the total damages, if any, suffered by Peter Laliberte?

5. What are the total damages, if any, suffered by Donna Laliberte?

IV. EXHIBITS:

A. Plaintiff's exhibit list has been previously filed with the court.

B. Defendants' exhibit list has been previously filed with the court.

V. WITNESSES:

A. Plaintiff's witness lists have been previously filed with the court.

B. Defendants' witness lists have been previously filed with the court.

VI. ESTIMATED TRIAL TIME:

It is estimated the case will take approximately 3-4 weeks to try.

VII. PEREMPTORY CHALLENGES:

Three (3) total for Plaintiff.

Three (3) total for all Defendants.

VIII. ATTORNEYS TO TRY THE CASE:

A. For Plaintiffs - Joseph J. Reiter, Don Fountain, and W. Hampton Keen of Lytal, Reiter, Clark, Fountain & Williams, LLP.

B. For Defendants - Robert J. Rudock, of Rumberger, Kirk & Caldwell; and David William Graves, Jr., and Kim M. Schmid, of Bowman & Brooke, LLP.

XI. OTHER AGREEMENTS:

1. The parties stipulate to the authenticity and business record status of the decedents' medical records and bills for medical services and funeral and related expenses for purposes of admissibility at trial thereby relieving any party from calling records custodians while maintaining all other objections.

2. The parties stipulate to the authenticity and business record status of all documents produced by Defendants in discovery and purportedly authored by a Mitsubishi entity, subsidiary, or agent for purposes of admissibility at trial thereby relieving any party from calling records custodians while maintaining all other objections. Everything produced by Mitsubishi that does not purport to be from a Mitsubishi entity, agent, or supplier is produced in the form in which it was maintained by Mitsubishi and is an authentic copy of what was in Mitsubishi's file.

DATED this 31st day of January, 2008.

Robert J. Rudock, Esquire
Rumberger, Kirk & Caldwell
Brickell Bayview Centre, Suite 3000
80 S.W. 8th Street
Miami, FL 33130-3047
(Counsel for Mitsubishi)

W. Hampton Keen, Esquire
Lytal, Reiter, Clark, Fountain & Williams
515 No. Flagler Dr., Suite 1000
West Palm Beach, FL 33401
(Counsel for Plaintiffs)

David William Graves, Jr., Esquire
Kim Schmid, Esquire
Bowman & Brooke, LLP
150 S. 5th Street, Suite 2600
Minneapolis, MN 55402
(Co-Counsel for Mitsubishi)

SUV: Rollover: Passenger partially ejected: Defective seat belt, seat: Wrongful death: Settlement.

[redacted]v. Mitsubishi Motors Corp., Fla., Palm Beach Co. Cir., No. 50 2005 CA 6369 AI, Feb. 26, 2008.

[redacted] 25, was a passenger in a 2000 Misubishi Montero Sport SUV when the driver lost control of the vehicle, which rolled over. [redacted]was partially ejected through the right rear window and suffered fatal crush injuries to his head. He had been a student at a chiropractic college and is survived by his parents and younger brother. [redacted]parents, individually and on behalf of his estate, sued the manufacturer of the SUV, alleging that the front passenger seat belt was defective. Specifically, plaintiffs claimed that the belt was defective in that it was designed with a loop of 10 inches of overlapping material sewn into the belt with stitches that were designed to break in a severe impact, permitting the belt to extend. As a result, plaintiffs claimed, the belt permitted the introduction of too much slack and failed to keep [redacted]ithin the occupant compartment's survival zone.

Evidence showed that the driver, who did not have a 10-inch loop in her belt, walked away from the incident with only a scratch on her hand.

Plaintiffs also alleged that the front passenger seat—which in tandem with the belt comprised the vehicle occupant protection system—should have been stronger. Plaintiffs claimed that pairing the seat, which was designed to be a "yielding" seat, with a belt that purposely introduced slack rendered the occupant protection system defective.

The jury awarded $11 million, including $5 million to each parent for past and future pain and suffering, about $890,400 for lost future earnings, and about $42,300 for medical and funeral expenses.

Defendant has filed motions for a new trial or remittitur.

Plaintiffs' experts were Bryant Buchner, accident reconstruction, Tallahassee, Fla.; Jack Lenox, biomechanics, San Antonio, Tex.; and Lou D'Aulerio, seats and seat belts, Philadelphia, Pa.

Defendant's experts were Tom Perl, accident reconstruction, Salt Lake City, Utah; Andrew Levitt, seats, Los Angeles, Cal.; Robert Gratzinger, seat belts, Los Angeles, Cal.; and Debra Marth, biomechanics, Detroit, Mich.

Plaintiffs' Counsel
Joseph J. Reiter,
Donald R. Fountain, and
W. Hampton Keen, all of West Palm Beach, Fla.

FLORIDA HIGHWAY PATROL

TRAFFIC HOMICIDE INVESTIGATION

PREPARED BY: C.R. Jones, Corporal
Law Enforcement Investigator I

CASE NO. FHP 704-19-036

TABLE OF CONTEN

Pages(s)	
1	Prosecutor's or Supervisor's Release (HSMV 6271 0 or HSMV 62004)
2	Cover Sheet (HSMV 62699 or HSMV 62700)
3	Table of Contents (HSMV 62701)
4-9	Copy of Florida Uniform Traffic Crash Report
10-14	Investigative Report (HSMV 62702)
	Reconstruction Diagram (HSMV 62703)
15	Diagram (HSMV 62725)
16-18	Witness List (HSMV 62704)
	Statements and/or Written Interviews (HSMV 62705, HSMV 62751 or HSMV 62752)
	Chemical Test Information (HSMV 62706)
	Driver License Record
	Arrest Information (HSMV 62709)
	Other*

Classification 2

Investigation: Corporal Charles R. Jones — Traffic Homicide Investigator — 10-14-04 Date

Investigation Reviewed by: SGT. C.M. Griffith — THI Supervisor — 10/21/04 Date

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 SF

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
09/25/2004	10:00 [X] AM [ ] PM	10:05 [X] AM [ ] PM	10:06 [X] AM [ ] PM	FHPD04OFF097341	73647898

COUNTY / CITY CODE	FEET or MILE(S)	N S E W of	CITY OR TOWN (Check if in City or Town)	COUNTY
19 / 00	1	[ ] [ ] [ ] [X]	SCOTTSMOOR [X]	BREVARD

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	00135	00145	4	1	STATE ROAD 9 (I-95)

AT THE INTERSECTION OF (street, road or highway) or	FEET or	MILE(S)	N S E W	FROM INTERSECTION OF (street, road or highway)
		2.3	[ ] [X] [ ] [ ]	STATE ROAD 5A (STUCKWAY RD.)

Section 1 — Vehicle

DRIVER ACTION (1 Phantom 2 Hit & Run 3 N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
03	00	MITS	01	01	[redacted]	FL	JA4LS31H4YP[redacted]

TRAILER OR TOWED VEHICLE INFORMATION — TRAILER TYPE:

16 Undercarriage 17 Overturn 18 Windshield 21 Trailer

SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S): 19

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
[X] [ ] [ ] [ ]	STATE ROAD 9(I-95)		80	70	$10,000	01	

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
ALLSTATE	[redacted]	MIMS QUALITY	01

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

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

Section 1 — Pedestrian

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] PORT ORANGE	FL [redacted]	02/13/78

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	05	-	1	1	2	3	2	4	2 4	1

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No)	PLACARDED (1 Yes 2 No)	IF YES, INDICATE NAME OF 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	

Section 2 — 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:

16 Undercarriage 19 Overturn 20 Windshield 21 Trailer

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

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
[ ] [ ] [ ] [ ]							

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

Section 2 — Pedestrian

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 OF 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.

Code Information

VEHICLE TYPE
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

VEHICLE USE
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

TRAILER TYPE
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

RESIDENCE (Driver Only)
1 County Crash
2 Elsewhere In State
3 Non-Resident of State
4 Foreign 5 Unknown

DL TYPE
1 A 2 B 3 C
4 D / Chauffeur
5 E / Operator
6 E / Over-Rest
7 Other

RACE
1 White
2 Black
3 Hispanic
4 Other

REQUIRED ENDORSEMENTS
1 Yes
2 No
3 No Endorsement Required

SEX
1 Male
2 Female

PHYSICAL DEFECTS
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

ALCOHOL / DRUG USE
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 BAC Test Result

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

LOCATION IN VEHICLE
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

Vehicle

Pedestrian

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

18 Undercarriage, 19 Overturn, 20 Windshield, 22 Trailer

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

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

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 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	CL TYPE	REQ END	ALC/DRUG TEST TYPE (1 Blood, 2 Breath, 3 Urine, 4 Refused, 5 None)	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 OF 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.

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

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)
Entered: 1: 02, 2: 17, 3:

VEHICLE DEFECTS
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)
Entered: 1: 01

POINT OF COLLISION
01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane
Entered: 1: 04

WORK AREA
01 None
02 Nearby
03 Entered
Entered: 1: 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)
Entered: 1: 01

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

VEHICLE SPECIAL FUNCTIONS
1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance
Entered: 1: 1

SOURCE OF CARRIER INFORMATION
1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other
Entered: 1: 1

LOCATION TYPE
1 Primarily Business
2 Primarily Residential
3 Open Country
Entered: 03

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 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)
Entered: 1: 31, 2: 31, 3: 31

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)
Entered: 01

LIGHTING CONDITION
01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Light)
05 Dark (No Street Light)
88 Unknown
Entered: 01

ROAD SURFACE / CONDITION
01 Dry
02 Wet
03 Slippery
04 Icy
77 All Other (Explain in Narrative)
Entered: 01

WEATHER
01 Clear
02 Cloudy
03 Rain
04 Fog
77 All Other (Explain in Narrative)
Entered: 01

ROAD SURFACE TYPE
01 Slag / Gravel / Stone
02 Blacktop
03 Brick / Block
04 Concrete
05 Dirt
77 All Other (Explain in Narrative)
Entered: 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 / Uneven Paved Edge
08 Standing Water
09 Worn / Polished Road Surface
77 All Other (Explain in Narrative)
Entered: 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)
Entered: 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 / Flagman
11 Posted No U-Turn
12 No Passing Zone
77 All Other (Explain in Narrative)
Entered: 01

SITE LOCATION
01 Not At Intersection / RR Xing / 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)
Entered: 01

TRAFFICWAY CHARACTER
1. Straight-Level
2. Straight-Upgrade / Downgrade
3. Curve-Level
4. Curve-Upgrade / Downgrade
Entered: 3

TYPE SHOULDER
1. Paved
2. Unpaved
3. Curb
Entered: 1

Violator(s)

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

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS

TIME EMS NOTIFIED (FATALITIES ONLY)	TIME EMS ARRIVED (FATALITIES ONLY)	DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
10:00 [X] AM [ ] PM	10:09 [X] AM [ ] PM	09/25/2004	19 / 00	FHPD04OFF097341	73647898

(NARRATIVE)

V-1 WAS TRAVELING SOUTHBOUND ON STATE ROAD 9 IN THE INSIDE LANE. D-1 FAILED TO NEGOTIATE A CURVE IN THE AREA OF THE 229 MILE POST, TRAVELING INTO THE CENTER GRASS MEDIAN. D-1 OVER CORRECTED V-1 BACK ONTO THE PAVED ROADWAY. D-1 THEN OVER CORRECTED V-1 BACK TO THE LEFT, CAUSING V-1 TO ROTATE IN A COUNTER CLOCKWISE MOTION INTO THE CENTER GRASS MEDIAN. V-1 THEN OVER TURNED THREE TIMES ACROSS THE CENTER GRASS MEDIAN, COMING TO FINAL REST ON ITS' ROOF. V-1 RESTED FACING EAST IN THE CENTER OF THE NORTHBOUND LANES OF STATE ROAD 9. MY OBSERVATION OF THE VEHICLE REVEALED THAT THE DRIVERS SEAT WAS IN A FORWARD POSITION AND THAT THE SEAT BELT WAS LATCHED AND IN AN EXTENDED POSITION. D-1 WAS FOUND LAYING BY THE DRIVERS SIDE OF THE VEHICLE. D-1 HAD ABRASIONS ON THE INSIDE OF HER FOREARMS FROM THE DRIVERS SIDE AIRBAGS.

NAME OF DECEASED: [redacted]
DECEASED DATE OF BIRTH: 10/15/1978
DATE OF DEATH : 09/25/2004
TIME OF DEATH: 1:51PM.
PHOTOGRAPHS TAKEN BY CPL. W.H. CORBETT #438
MEASUREMENTS WERE TAKEN BY CPL. C. R. JONES #594.
TRAFFIC HOMICIDE CASE NUMBER: 704-19-036

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
1	01	[redacted]	[redacted] PORT ORANGE	FL	[redacted]	10/15/78	3	1	3	5	1	3
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
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	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
[redacted]		TITUSVILLE FL [redacted]		[redacted]		TITUSVILLE FL [redacted]	

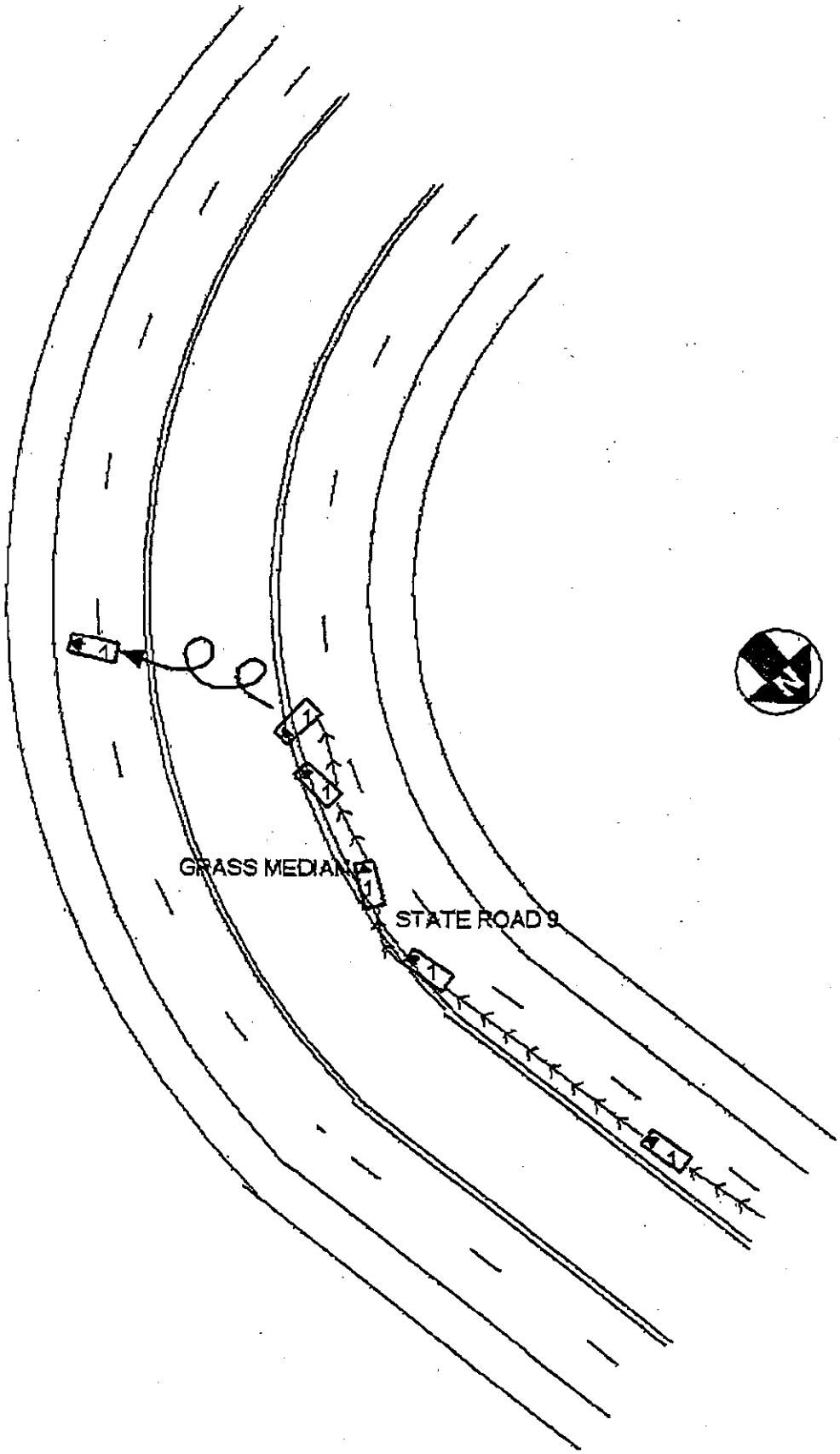
FIRST AID GIVEN BY - NAME:	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified 1st Aider 5 Other		INJURED TAKEN TO:	BY - NAME:
B.C.F.R.		02	O.R.M.C / HALIFAX	B.C.F.R. / LIFE FLIGHT

WAS INVESTIGATION 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	PHOTOS TAKEN? 1 YES 2 NO	IF YES, BY WHOM? 1 INVEST. AGENCY 2 OTHER
1		2	FATAL	09/25/2004	1	1

INVESTIGATOR - RANK & SIGNATURE	ID / BADGE NUMBER	DEPARTMENT	FHP	SO	CPD	OTHER
TROOPER D.D. VANLANDINGHAM	1331/914	FLORIDA HIGHWAY PATROL	X			

DIAGRAM

INDICATE NORTH
WITH ARROW



FLORIDA TRAFFIC CRASH RE[illegible]RT

☒ UPDATE ☐ CONTINUA

MAIL TO: DEPT OF HIGHWAY SAFETY & M[illegible]OR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS S[illegible]

COUNTY/CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPROT NUMBER
19 / 00	09/25/2004	FHPD04OFF097341	73647898

Section 1

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

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 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 AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS

Pedestrian

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

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ END	BAC TEST (3 Urine, 1 Blood, 4 Refused, 2 Breath, 5 None)	RESULTS	AL / 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 OF 4 DIGIT NUMBER FROM DIAMOND OR BOWAS HAZARDOUS ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. 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	

Section 2

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 TRAVELING (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 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 AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS

Pedestrian

DRIVER (Exactly as on Driver License) / Pedestrian	CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIRTH

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ END	BAC TEST (3 Urine, 1 Blood, 4 Refused, 2 Breath, 5 None)	RESULTS	AL / 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 OF 4 DIGIT NUMBER FROM DIAMOND OR BOWAS HAZARDOUS ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. MATERIAL SPILLED? (1 Yes 2 No)	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE (1 Yes 2 No)	DRIVER'S PHONE NO.

	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

WAS INVESTIGATION MADE AT SCENE? (Yes 1, No 2)	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? (1 Yes, 2 No)	IF NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN? (1 - Yes, 2 - No)	IF YES, BY WHOM? (1 Investigating Agency, 2 Other)
1		1	FATAL	10/14/2004	1	1

INVESTIGATOR - RANK AND SIGNATURE	ID / BADGE NUMBER	DEPARTMENT	FHP	SO	CPD	OTHER
TROOPER D.D. VANLANDINGHAM	1331/914	FLORIDA HIGHWAY PATROL	X			

FEB. 19. 2019 2:19PM ROOM 8 NO. [illegible]

CONTRIBUTING CAUSES-DRIVER/PEDESTRIAN — 1

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 Drugs & Alcohol-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)

VEHICLE DEFECT — 1

p Defects
Jef. 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 — 1

1 On Road
2 Not On Road
3 Shoulder
4 Median
5 Turn Lane / Safety Zone

WORK AREA — 1

01 None
02 Nearby
03 Entered

VEHICLE MOVEMENT — 1

01 Straight Ahead
02 Slowing / Stopped / St
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 Driveless or Runaway Veh.
77 All Other (Explain in Narrative)

VEHICLE SPECIAL FUNCTIONS — 1

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

SOURCE OF CARRIER INFORMATION — 1

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

PEDESTRIAN ACTION — 1

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(S) — 1

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 Down/Ill Runaway
37 Cargo Loss or Shift
38 Separation of Units
39 Median Crossover
77 All Other (Explain In Narrative)

(ADDITIONAL NARRATIVE)

ADDITIONAL PASSENGERS

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
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
1	[redacted]	316.1925.1	CARELESS DRIVING	5554-SBF
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

ASSIGNMENT

On Saturday 09-25-04, I was on routine traffic patrol for the Cocoa District, of the Florida Highway Patrol. At approximately 10:15 AM, I was notified by our Communications Center that Tpr. Vanlandingham was on the scene of a single vehicle rollover traffic crash with one possible fatal injury involved. Cpl. Corbettt, Sgt. Griffith and myself, responded to the scene, and arrived at approximately 10:40 AM. It was learned that the front right passenger of the vehicle involved, was in very critical condition and was being airlifted to Orlando Regional Medical Center. We began a preliminary traffic homicide investigation, to preserve the physical evidence from this traffic crash. Cpl. Corbett took photographs of the scene, vehicle and physical evidence. I took measurements of the scene, vehicle and physical evidence. The vehicle was removed from the scene by Mims Quality Towing, with a hold placed on it for later examination.

DRIVER: V-1: SECTION 1

D-1 is [redacted] a 26 year old female who resides at [redacted] Port Orange, Florida [redacted] She holds a valid Class "E" Florida Operators license with no endorsements and an "A" restriction (corrective lenses). It could not be determined if D-1 was in compliance of the restriction. She advised she was wearing seat belts at the time of the crash and received minor injuries. She is familiar with the vehicle she was operating and the route being traveled. D-1 advised she departed the Port Orange area at approximately 9:30 AM, with [redacted] as a front right occupant. She advised they were in route to the

Orlando International Airport, where they both had scheduled flights out. D-1 advised they were departing the area due to an approaching hurricane, and the airport was closing later that day in preparation for the hurricane. D-1 advised, prior to the crash she was operating V-1 southbound on State Road 9 (I95) in the inside lane at approximately 80-85 miles per hour. D-1 advised she does not remember how, but V-1 moved to it's left and departed the roadway onto the median. She advised she attempted to correct V-1 by steering it back to the right. She advised V-1 came back onto the roadway, but had to correct V-1's course of travel back to the left, in an attempt to maintain it's travel in the inside lane. D-1 advised V-1 began to move sharply to the left and rotate in a counter-clockwise manner. V-1 departed the roadway, and began to skid sideways in a southeast direction across the median, where it began to overturn.

CRASH ANALYSIS

This fatal traffic crash was documented through the taking of photographs and measurements. The measurements were taken through the use of a sub-zero point, zero point and reference line. The sub-zero point is the area where V-1 departed the roadway onto the median. This sub-zero point is 2.3 miles south of the zero point, which is the bridge overpass for State Road 5A at State Road 9. The reference line is the inside lane edge line for southbound State Road 9. As previously described, V-1 was traveling southbound on State Road 9 in the inside lane. This area is predominately straight and level, but V1 had entered a

right hand curve in the roadway, which has a radius of 3048 feet. V-1 had traveled 318 feet into this curve where V-1 departed the roadway onto the median shoulder. As previously described, D-1 could not remember how V-1 moved to its left. It appears D-1 was inattentive for some reason, and holding V-1 to a straight course of travel. With D-1 being inattentive, V-1 departed the roadway in a straight line of travel due to the curve in the roadway. When D-1 realized V1 had departed the roadway she attempted to correct it's travel by steering to the right, and came back onto the roadway 84 feet later. D-1 attempted to regain control of V-1 and maintain a course of travel in the inside lane, but it began to rotate counter-clockwise and move toward the median, 24 feet later. V-1 traveled 141 feet in this rotation and departed the roadway onto the median. V-1 traveled in a southeast direction, as it began to skid in a sideways manner on the median 35 feet, where it began to overturn onto it's right side. V-1 overturned approximately two times on the grass median, as indicated by roof and tire gouges left in the median. V-1 continued to travel in a southeast direction while overturning for another 100 feet, where it entered the northbound lanes of travel and overturned one-half times onto it's roof. V-1 skidded to a stop in the outside travel lane 46 feet later. V-1's travel prior to and during the crash were observed by [redacted] They observed that V-1 had been traveling alone and that it departed the roadway onto the median and overturned several times. During the overturning, V-1 sustained crush damage to it's roof and sides. The roof sustained downward crush damage to the right side of 4 inches at the front, 3 inches at the center, and 1

inch at the rear. The roof sustained downward crush damage to the left side of 1 inch at the front. The front of V-1 sustained damage to the entire front with the bumper, grill and all lights, being torn off. The front left corner sustained rearward crush of 7 inches and inward crush of 9 inches, inclusive of the outer and inner fenders, along with the suspension and wheel components. The hood was also folded upward and rearward at it's center. The rear right corner sustained 7 inches of inward crush at it's rearmost area. V-1 also sustained heavy scratches and abrasions to it's side and roof, consistent with the direction of overturning and contact to the median and paved roadway. After the crash, D-1 and her passenger were found outside V-1 lying on the roadway. D-1's door was open, but the right passenger door was not. There was no independent witness as to how V-1's occupants exited the vehicle. D-1 had advised she was wearing her seat belts at the time of the crash. With the driver door being found open, she may have extricated herself from the vehicle. The Medical Examiner, who performed the autopsy on the front right passenger [redacted] advised he had marks across his waist and diagonally from right shoulder to lower left across his chest, that were indicative he was wearing seat belts. It appears [redacted] seat belt became unlatched during the overturning, and he was ejected from V-1 through a broken window. D-1 was observed at the scene and Halifax Hospital, and exhibited no signs of physical impairment, and no further tests were requested.

INVESTIGATIVE SUMMARY

The District 9 Associate Medical Examiner, Dr. Sara Irrgang advised [redacted] died as a result of "Severe Craniocerebral Blunt Force Trauma". These injuries were received from the traffic crash, while he was a front right passenger in V-1. The cause of the crash was through the operator actions, exhibited by D-1, [redacted] Through D-1's own admissions she was operating V-1 at a speed of 80-85 miles per hour in a 70 mile per hour posted zone. D-1 also stated she was being inattentive in the moments prior to the crash. Even with the high rate of speed, D-1 should have been able to negotiate the curve in the roadway if she had been attentive to her driving. D-1's overall operation of V-1, which resulted in this traffic crash, is a violation of F.S. 316.1925; Careless Driving.

CASE CLOSING STATUS: Closed: by Arrest: The investigation is complete and has lead to charges being filed by the crash investigator.

Charles R. Jones 10-14-04
Corporal

DIAGRAM

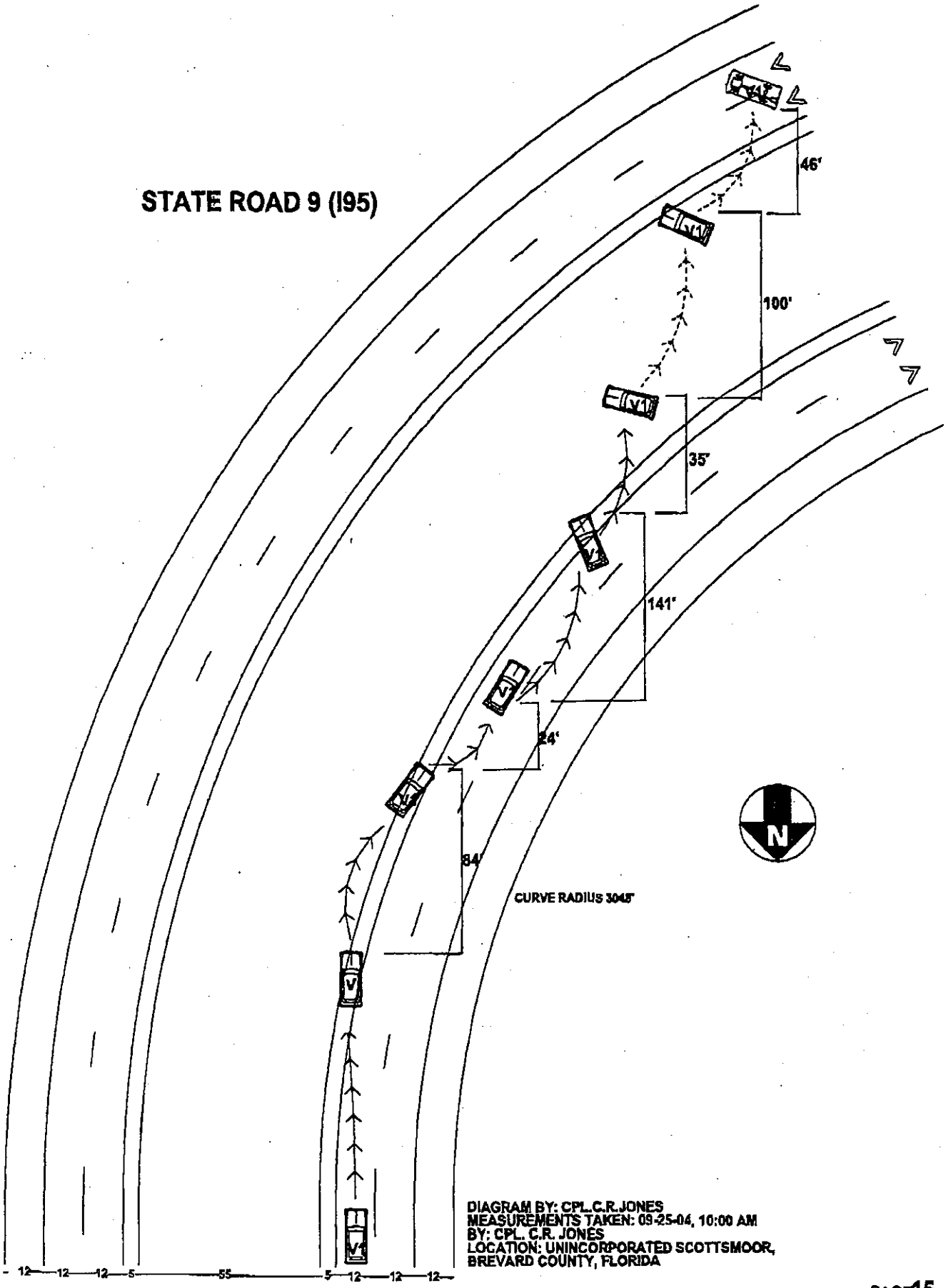


DIAGRAM BY: CPL.C.R.JONES
MEASUREMENTS TAKEN: 09-25-04, 10:00 AM
BY: CPL. C.R. JONES
LOCATION: UNINCORPORATED SCOTTSMOOR, BREVARD COUNTY, FLORIDA

CASE NUMBER FHP 704-19-036

WITNESS LIST

Name [redacted] Statement ☒ Yes ☐ No

Address [redacted] Port Orange, Fl [redacted]

Place of Employment

Phone Numbers: Home ( ) Work ( )

Can Testify To: She was the driver of V-1 in this traffic crash. She gave a sworn taped statement, which is available at FHP Cocoa.

Name [redacted] Statement ☒ Yes ☐ No

Address [redacted], Titusville, Fl [redacted]

Place of Employmen [redacted]

Phone Numbers: Home ([redacted] Work ([redacted]

Can Testify To: Witness to the traffic crash of V-1. Witness statement given and available at FHP Cocoa.

Name [redacted] Statement ☒ Yes ☐ No

Address [redacted] Titusville, Fl [redacted]

Place of Employment [redacted]

Phone Numbers: Home [redacted] Work ([redacted]

Can Testify To: Witness to the traffic crash of V-1. Witness statement given and available at FHP Cocoa.

WITNESS LIST

Name Trooper Daniel Vanlandingham Statement ☐ Yes ☒ No

Address N/A

Place of Employment Florida Highway Patrol, 3775 West King Street, Cocoa, Fl 32926

Phone Numbers: Home (N/A) Work (321) 690-3902

Can Testify To: Conducted traffic crash investigation into the crash of V-1.

Name Corporal William Corbett Statement ☐ Yes ☒ No

Address N/A

Place of Employment Florida Highway Patrol, 3775 West King Street, Cocoa, Fl 32926

Phone Numbers: Home (N/A) Work (321) 690-3902

Can Testify To: Assisted at the scene by taking photographs of the vehicle and physical evidence.

Name Sergeant Charles Griffith Statement ☐ Yes ☒ No

Address N/A

Place of Employment Florida Highway Patrol, 3775 West King Street, Cocoa, Fl 32926

Phone Numbers: Home (N/A) Work (321) 690-3902

Can Testify To: FHP supervisor on the scene of the traffic crash.

WITNESS LIST

Name Trooper Cliff Chitwood Statement ☐ Yes ☒ No

Address N/A

Place of Employment Florida Highway Patrol, 1551 E. International Speedway Blvd, Deland, Fl 32724

Phone Numbers: Home (N/A) Work (800) 226-5350

Can Testify To: Obtained a sworn interview from D-1 of this traffic crash at Halifax Hospital.

Name Doctor Sara Irrgang Statement ☐ Yes ☒ No

Address N/A

Place of Employment Associate Medical Examiner District 9, 1401 Lucerne Terrace, Orlando, Fl 32806

Phone Numbers: Home (N/A) Work (407) 836-9400

Can Testify To: Conducted autopsy on the front right passenger of V-1, [redacted]

Name Statement ☐ Yes ☐ No

Address

Place of Employment

Phone Numbers: Home ( ) Work ( )

Can Testify To:

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
09/25/2004	10:00 [X] AM [ ] PM	10:05 [X] AM [ ] PM	10:06 [X] AM [ ] PM	FHPD04OFF097341	73647898

COUNTY / CITY CODE	FEET	or	MILE(S)	N	S	E	W	CITY OR TOWN (Check if in City or Town)	COUNTY
19 / 00			1	[ ]	[ ]	[ ]	[X]	SCOTTSMOOR [X]	BREVARD

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	00135	00145	4	1	STATE ROAD 9 (I-95)

AT THE INTERSECTION OF (street, road or highway)	or	FEET	or	MILE(S)	N	S	E	W	FROM INTERSECTION OF (street, road or highway)
				2.3	[ ]	[X]	[ ]	[ ]	STATE ROAD 5A (STUCKWAY RD.)

Section 1 — Vehicle

DRIVER ACTION (1 Prearrest 2 Hit & Run 3 N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
03	00	MITS	01	01	[redacted]	FL	JA4LS31H4YP[redacted]

TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE			

VEHICLE TRAVELING (N [ ] S [X] E [ ] W [ ])	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE
[X]	STATE ROAD 9(I-95)		80	70	$10,000	01	

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
ALLSTATE	[redacted]	MIMS QUALITY	

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

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

Section 1 — Pedestrian

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

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIR
[redacted]	PORT ORANGE FL [redacted]		02/13/78

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. ENDS.	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.
[redacted]	FL	5	3	05		1	1	2	3	2	4	2 4

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No)	PLACARDED (1 Yes 2 No)	IF YES, INDICATE NAME OF 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	

Section 2 (passenger) — Vehicle

DRIVER ACTION (1 Prearrest 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
[ ]						[ ]	

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

Section 2 (passenger) — Pedestrian

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

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

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. ENDS.	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.

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No)	PLACARDED (1 Yes 2 No)	IF YES, INDICATE NAME OF 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.
[ ]	[ ]		[ ]	[ ]	

Code Information

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATI (IN VEHI
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 Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown DL TYPE: 1 A 2 B 3 C 4 D / Chauffeur 5 E / Operator 6 E / Oper-Rest 7 Other 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 BAC Test Result 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 Le 2 Front Ce 3 Front Rig 4 Rear Le 5 Rear Ce 6 Rear Rig 7 In Body 8 Bus Pass 9 Other EJECT 1 No 2 Yes 3 Partial

09/25/04

Section

Vehicle

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

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 AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUM

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

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

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | IF YES, INDICATE NAME OF 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.

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

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN (1 | 2 | 3): 02 | 17

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 DEFECTS (1 | 2 | 3): 01

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

POINT OF COLLISION (1 | 2 | 3): 04

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

WORK AREA (1 | 2 | 3): 01

01 None
02 Nearby
03 Entered

VEHICLE MOVEMENT (1 | 2 | 3): 01

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)

PEDESTRIAN ACTION (1 | 2 | 3):

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

VEHICLE SPECIAL FUNCTIONS (1 | 2): 1

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

SOURCE OF CARRIER INFORMATION (1 | 2): 1

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

LOCATION

1 Primarily Business
2 Primarily Residential
3 Open Count

FIRST / SUBSEQUENT HARMFUL EVENTS (1 | 2 | 3): 31 | 31 | 31

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)

ROAD SYSTEM IDENTIFIER: 01

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)

ROAD SURFACE / CONDITION: 01

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

WEATHER: 01

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

LIGHTING CONDITIC

01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Light
05 Dark (No Street Li
88 Unknown

ROAD SURFACE

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

ROAD CONDITIONS AT TIME OF CRASH: 01

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)

VISION OBSTRUCTED: 01

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)

TRAFFIC CONTROL: 01

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 / Flagman
11 Posted No U-Turn
12 No Passing Zone
77 All Other (Explain in Narrative)

SITE LOCATION: 01

01 Not At Intersection / Off Xing / 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)

TRAFFICWAY CHARACTER

1. Straight-Level
2. Straight-Upgrade / Downgrade
3. Curve-Level
4. Curve-Upgrade / Downgrade

TYPE SHOULDER

1. Paved
2. Unpaved
3. Curb

Violator(s)

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

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / LOCATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASEE, FLORIDA 32399-0500

DO NOT WRITE 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
10:00 [X] AM [ ] PM	10:09 [X] AM [ ] PM	09/25/2004	19 / 00	FHPD04OFF097341	73647898

(NARRATIVE)

V-1 WAS TRAVELING SOUTHBOUND ON STATE ROAD 9 IN THE INSIDE LANE. D-1 FAILED TO NEGOTIATE A CUR
IN THE AREA OF THE 229 MILE POST, TRAVELING INTO THE CENTER GRASS MEDIAN. D-1 OVER CORRECTED V
BACK ONTO THE PAVED ROADWAY. D-1 THEN OVER CORRECTED V-1 BACK TO THE LEFT, CAUSING V-1 TO
ROTATE IN A COUNTER CLOCKWISE MOTION INTO THE CENTER GRASS MEDIAN. V-1 THEN OVER TURNED THI
TIMES ACROSS THE CENTER GRASS MEDIAN, COMING TO FINAL REST ON ITS' ROOF. V-1 RESTED FACING EA
THE CENTER OF THE NORTHBOUND LANES OF STATE ROAD 9. MY OBSERVATION OF THE VEHICLE REVEALED
THAT THE DRIVERS SEAT WAS IN A FORWARD POSITION AND THAT THE SEAT BELT WAS LATCHED AND IN AN
EXTENDED POSITION. D-1 WAS FOUND LAYING BY THE DRIVERS SIDE OF THE VEHICLE. D-1 HAD ABRASIONS C
THE INSIDE OF HER FOREARMS FROM THE DRIVERS SIDE AIRBAGS.

NAME OF DECEASED: [redacted]
DECEASED DATE OF BIRTH: 10/15/1978
DATE OF DEATH : 09/25/2004
TIME OF DEATH: 1:51PM.
PHOTOGRAPHS TAKEN BY CPL. W.H. CORBETT #438
MEASUREMENTS WERE TAKEN BY CPL. C. R. JONES #594.
TRAFFIC HOMICIDE CASE NUMBER: 704-19-036

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQU
1	01	[redacted]	PORT ORANGE FL	[redacted]		10/15/78	3	1	3	5	1

Violation(s)	SECTION #	NAME	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CO
[redacted]		TITUSVILLE FL [redacted]		[redacted]		TITUSVILLE FL [redacted]	

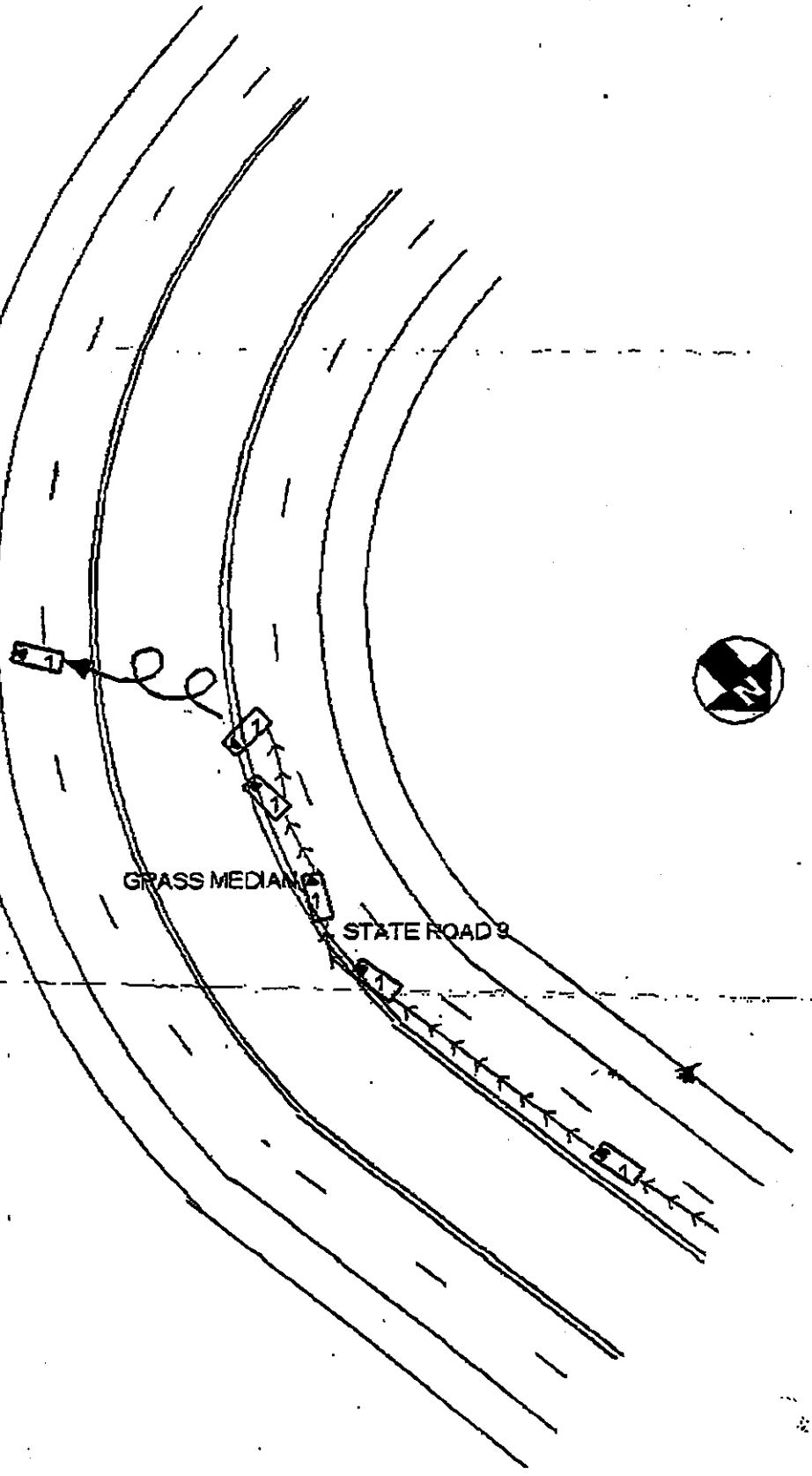
FIRST AID GIVEN BY - NAME:	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified 1st Aider 5 Other	INJURED TAKEN TO:	BY - NAME:
B.C.F.R.		02 O.R.M.C / HALIFAX	B.C.F.R. / LIFE FLIGHT

WAS INVESTIGATION 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	PHOTOS TAKEN? 1 YES 2 NO	IF YES, BY WHOM? 1 INVEST. AGENCY 2 OTHER
1		2	FATAL	09/25/2004	1	1

INVESTIGATOR - RANK & SIGNATURE	ID / BADGE NUMBER	DEPARTMENT	FHP	SO	CPD
TROOPER D.D. VANLANDINGHAM	1331/914	FLORIDA HIGHWAY PATROL	X		

DIAGRAM

INDICATE NOR
WITH ARROV



1-10-08 OF Reviewed for PP

ESTATE OF [redacted]
MITSUBISHI

05/0174

FLORIDA HIGHWAY PATROL PHOTOGRAPHS

DF/WJK






MITSUBISHI













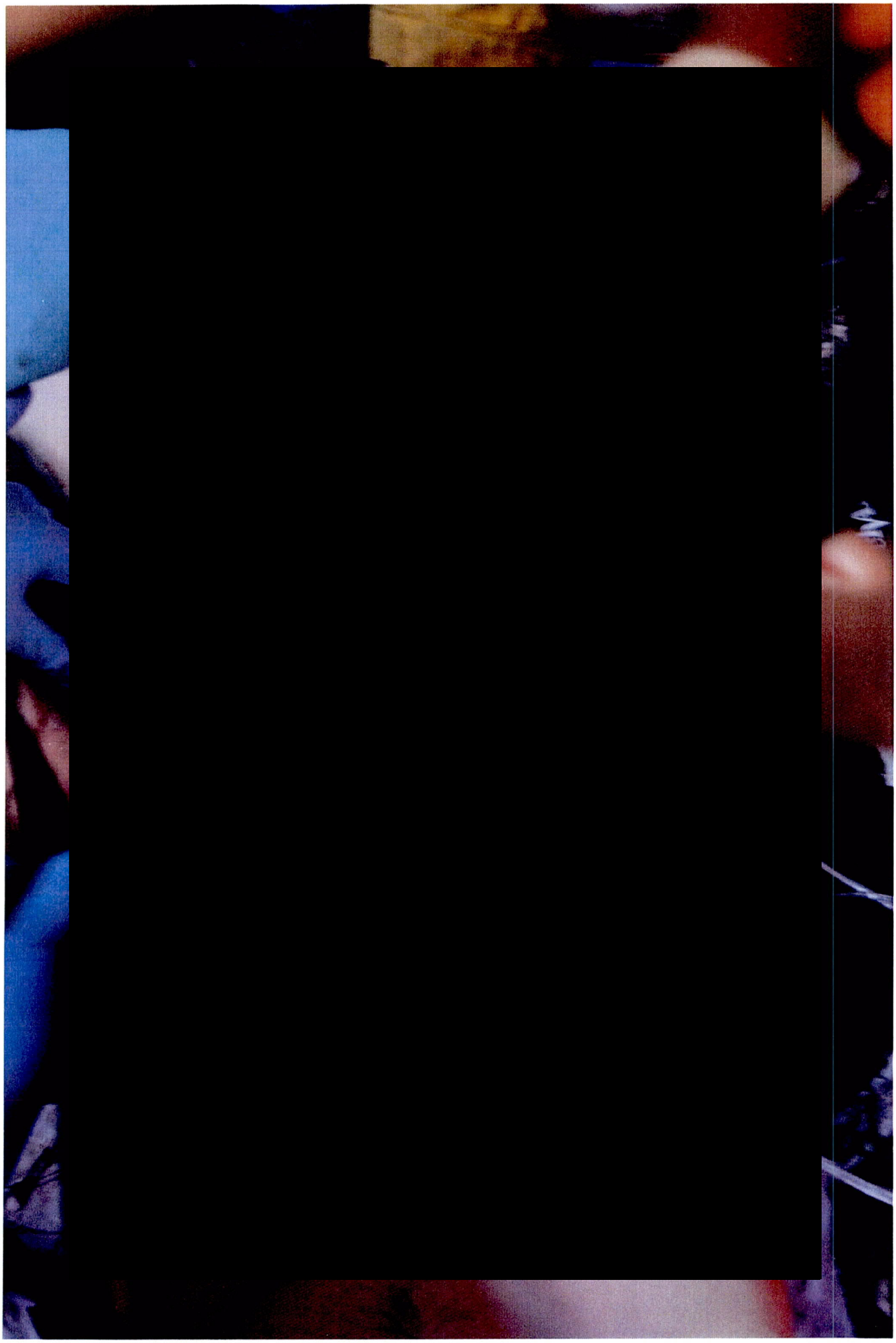

SHERIFF








23
BCFR
















MAXIMA

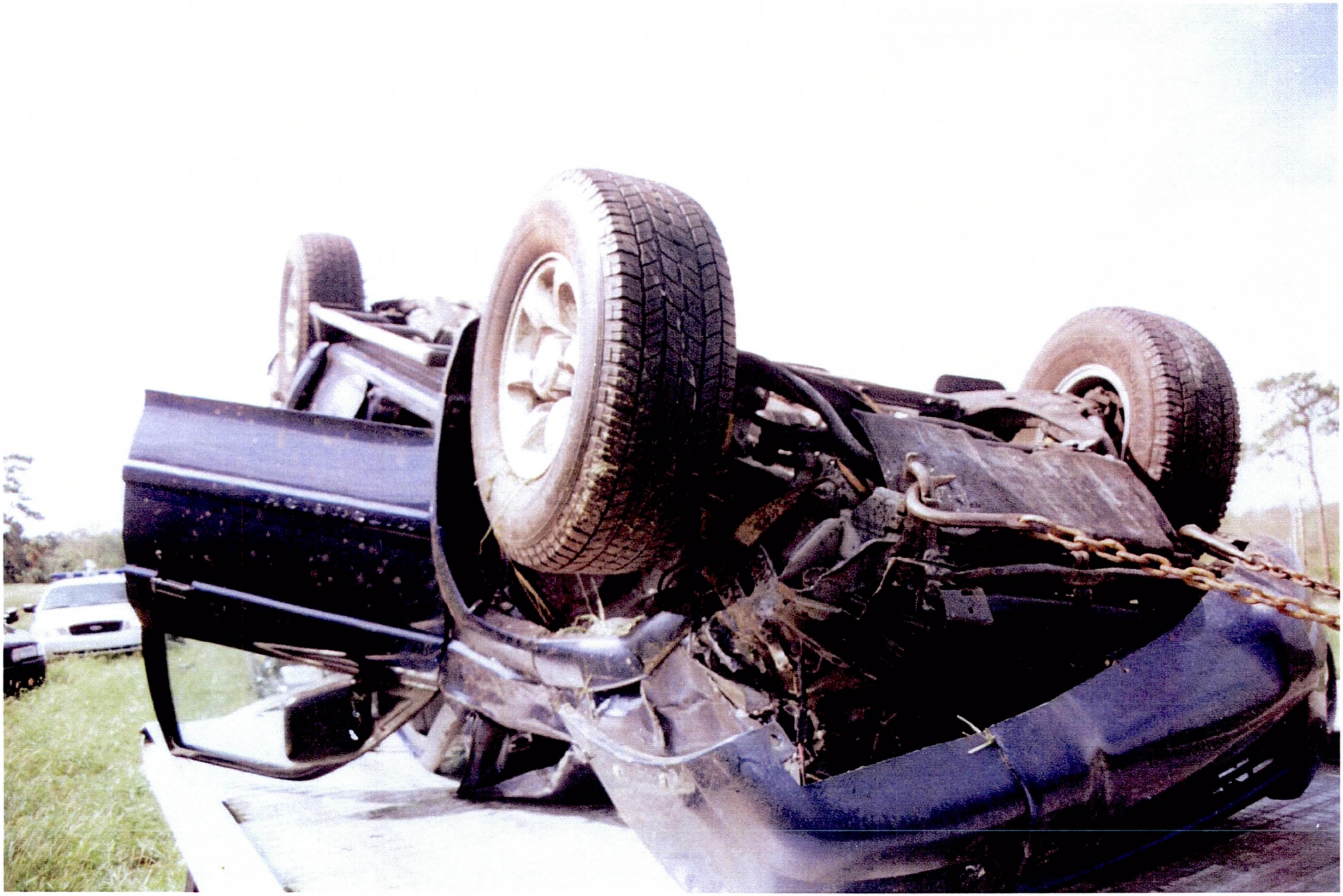



MATIVA


MITSUBISHI
MATIVA
LS
COUNTY


ALTIMA

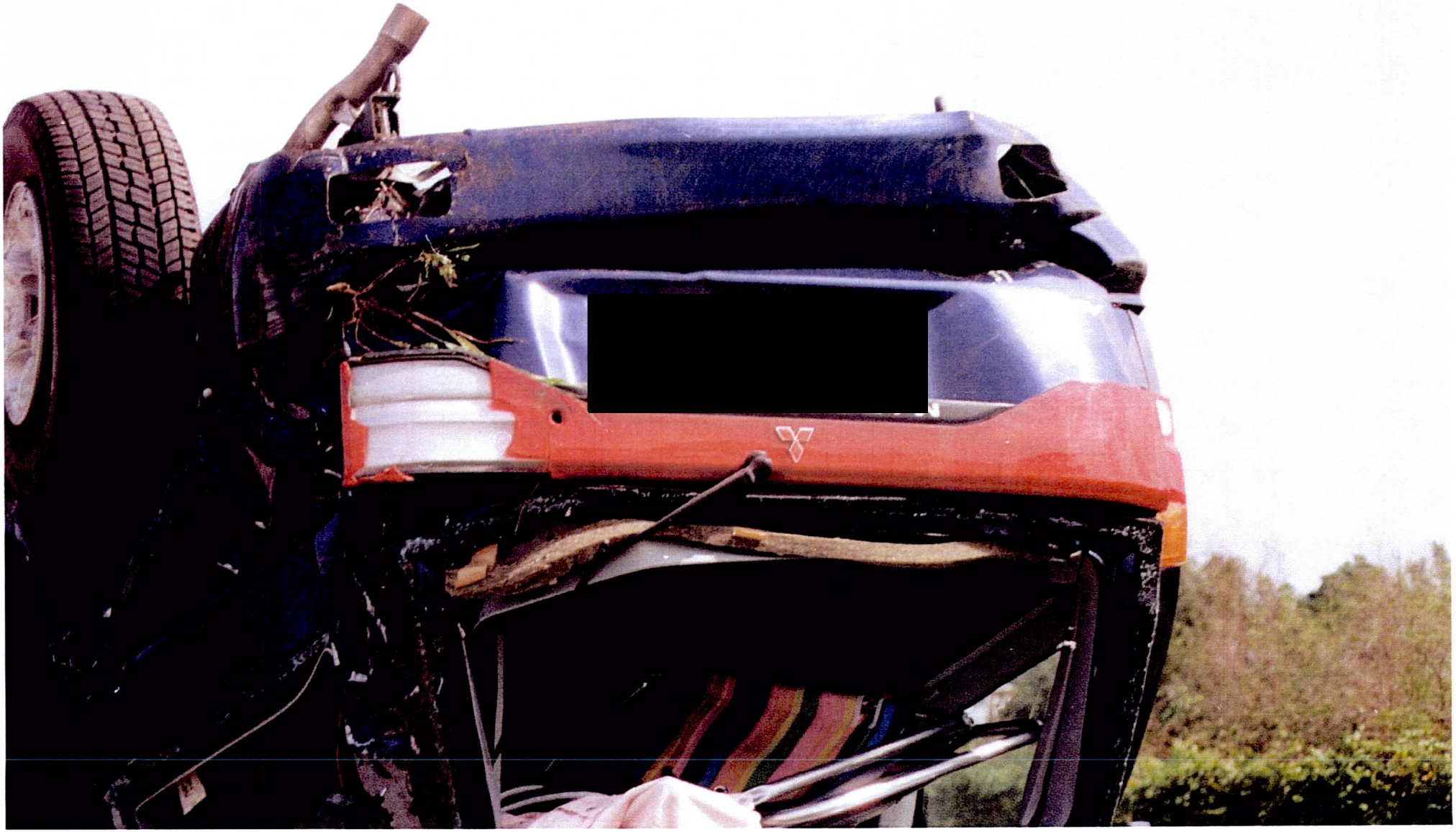


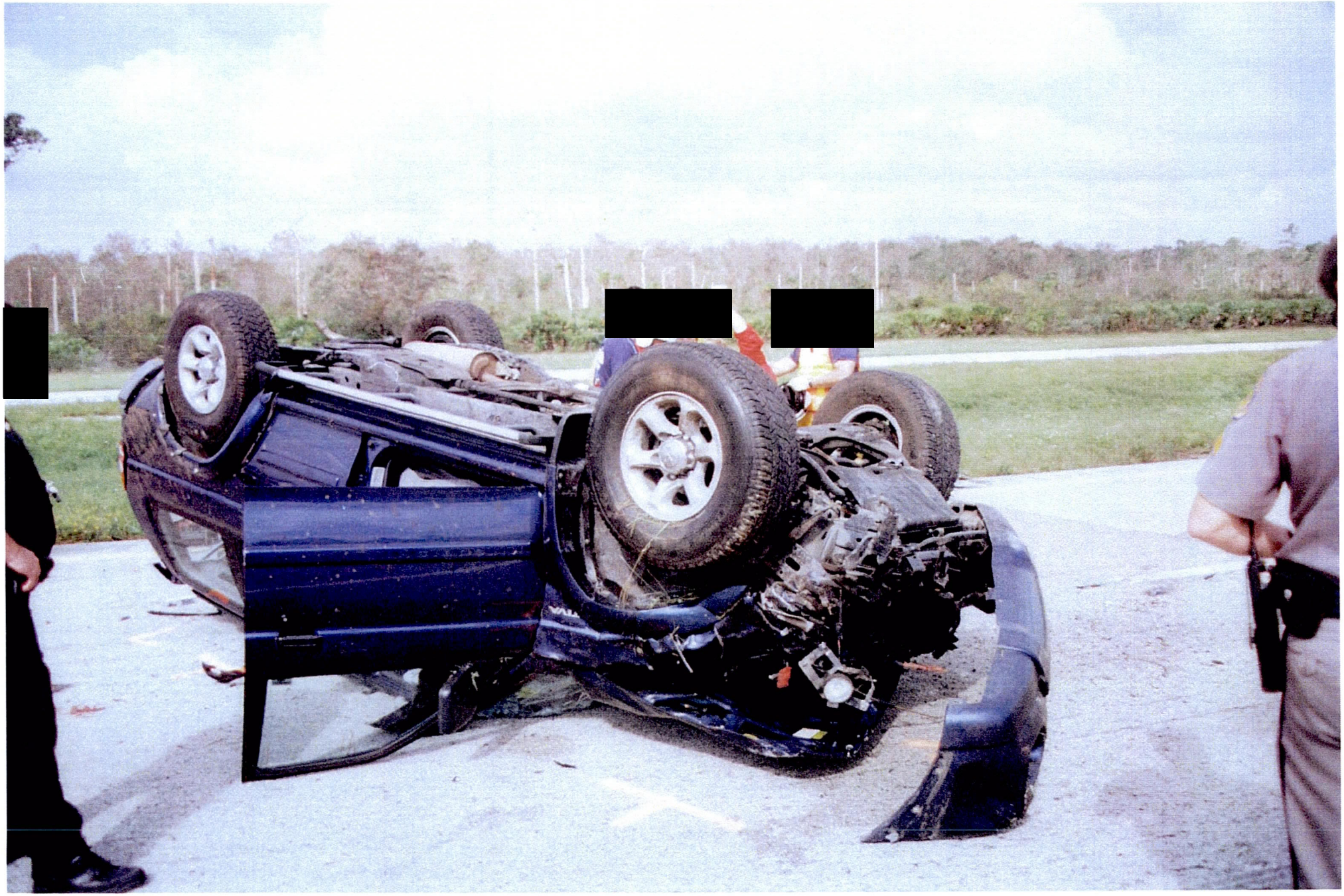






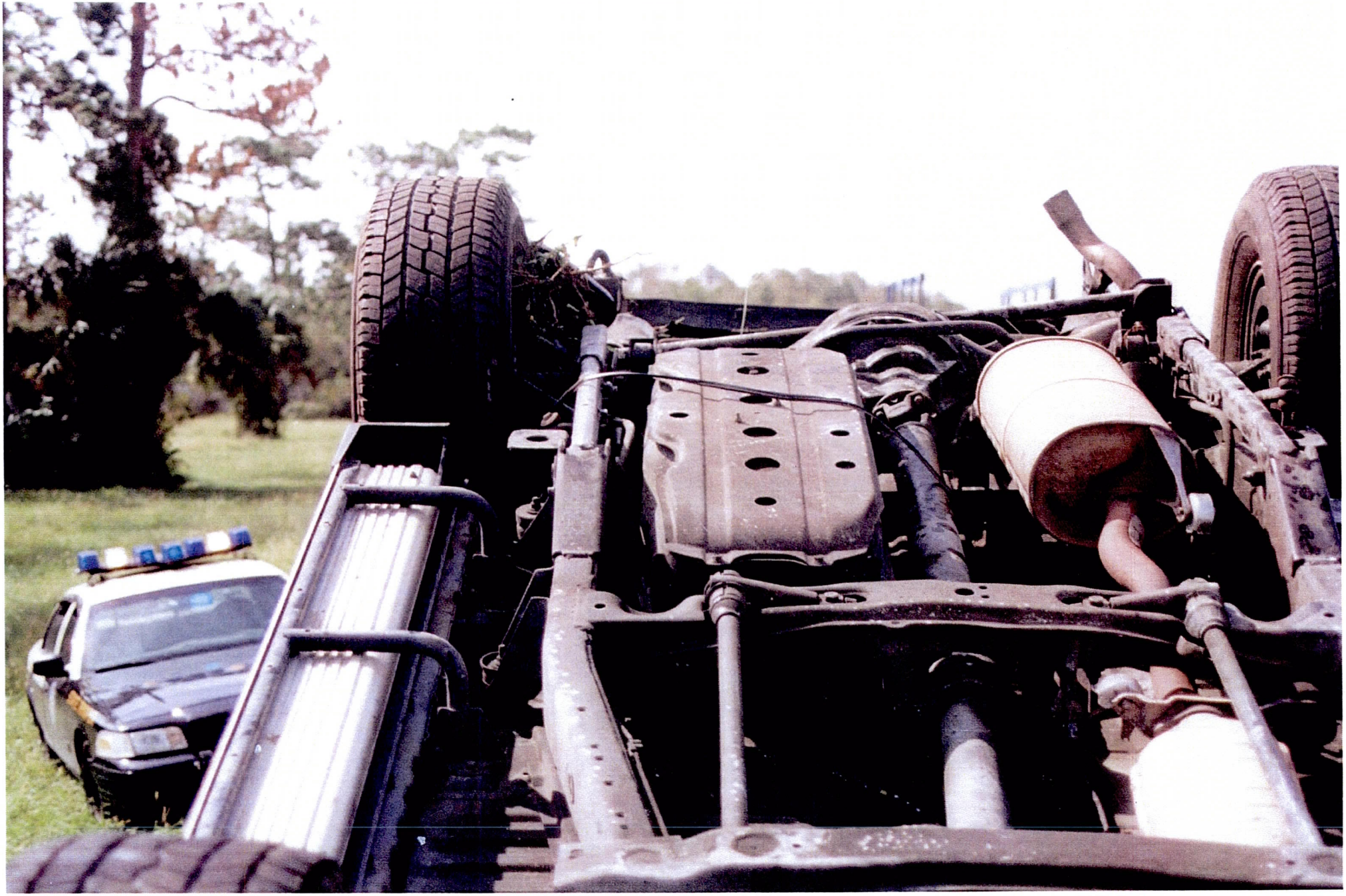


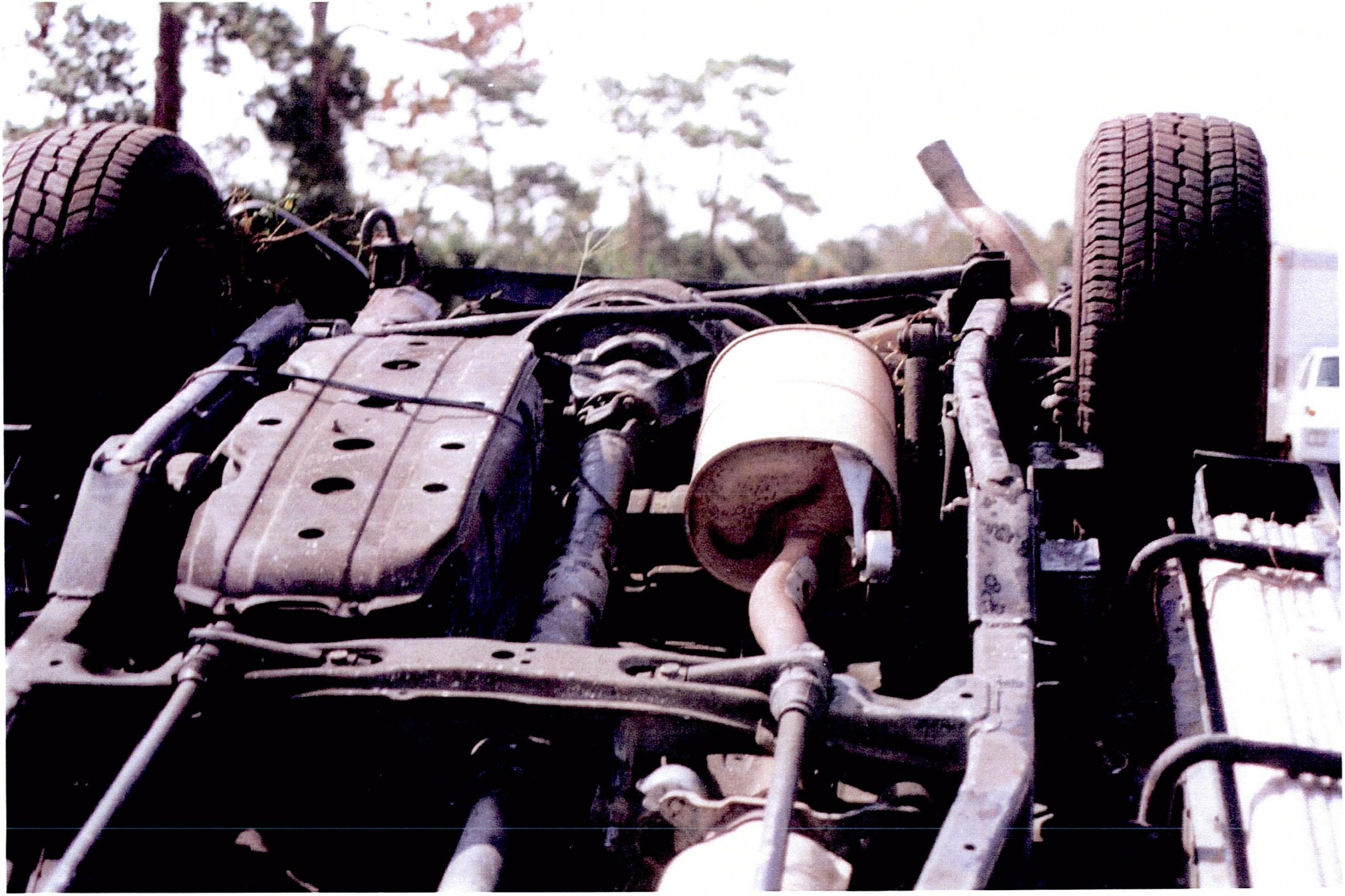






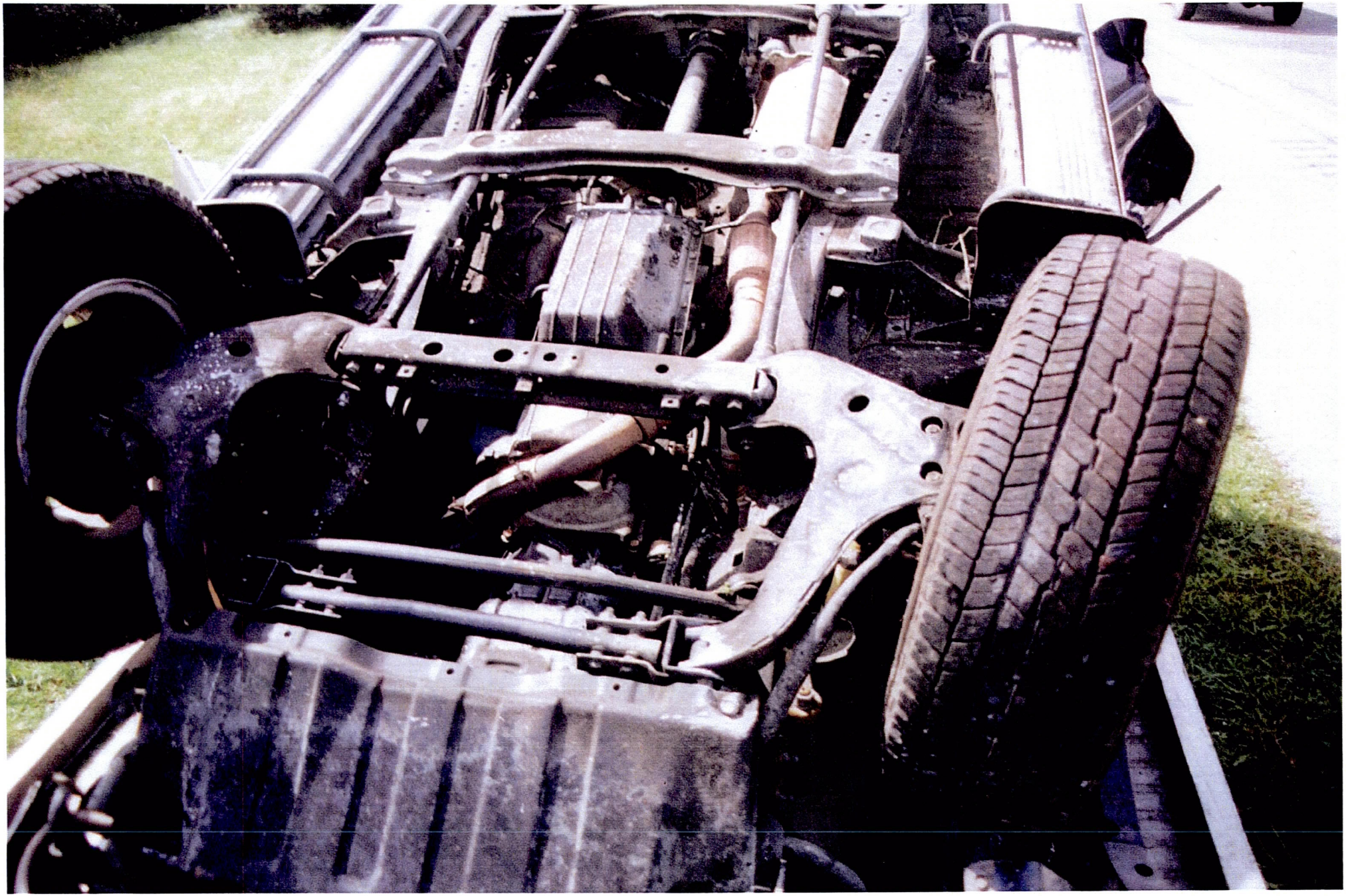










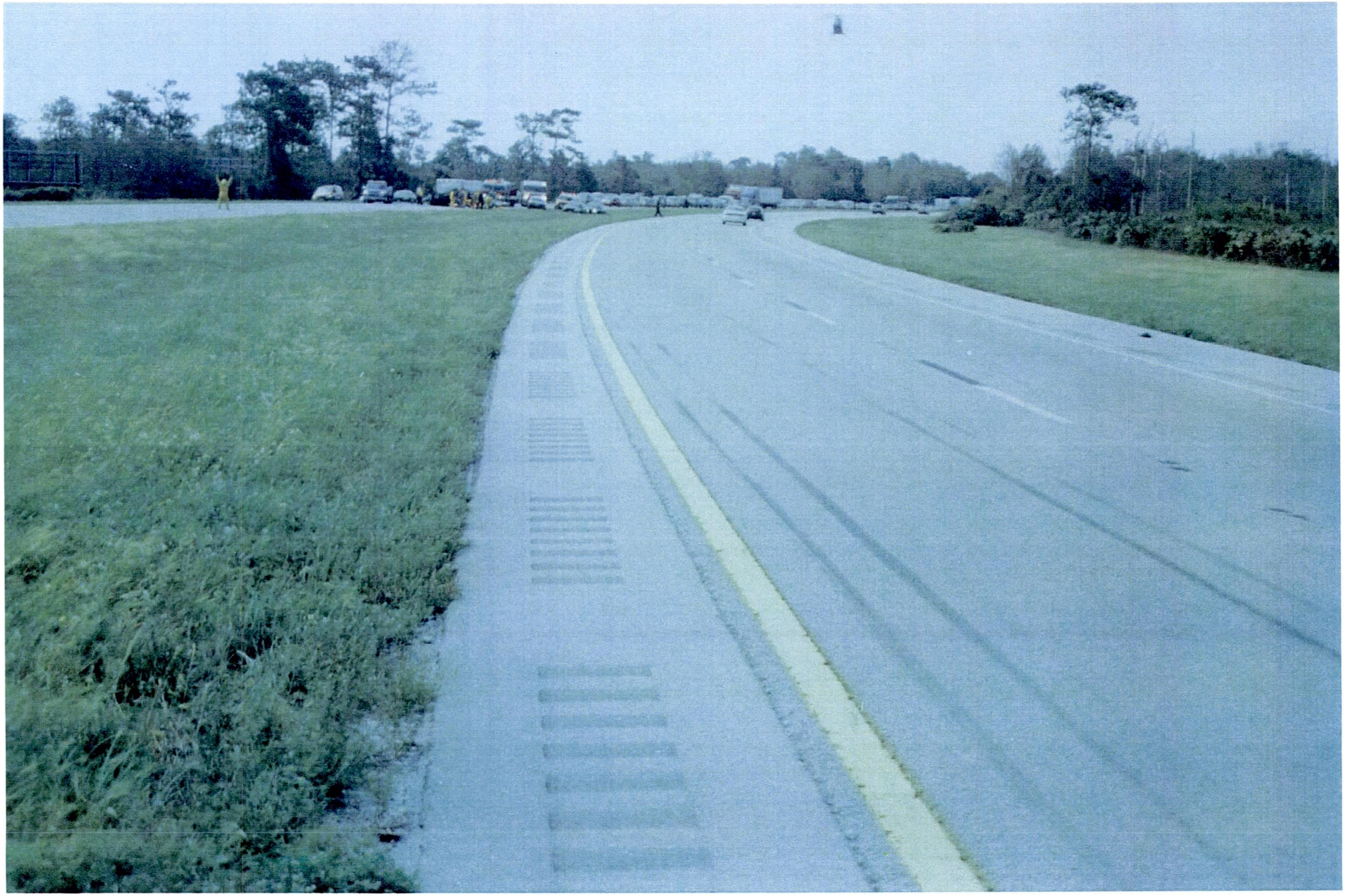








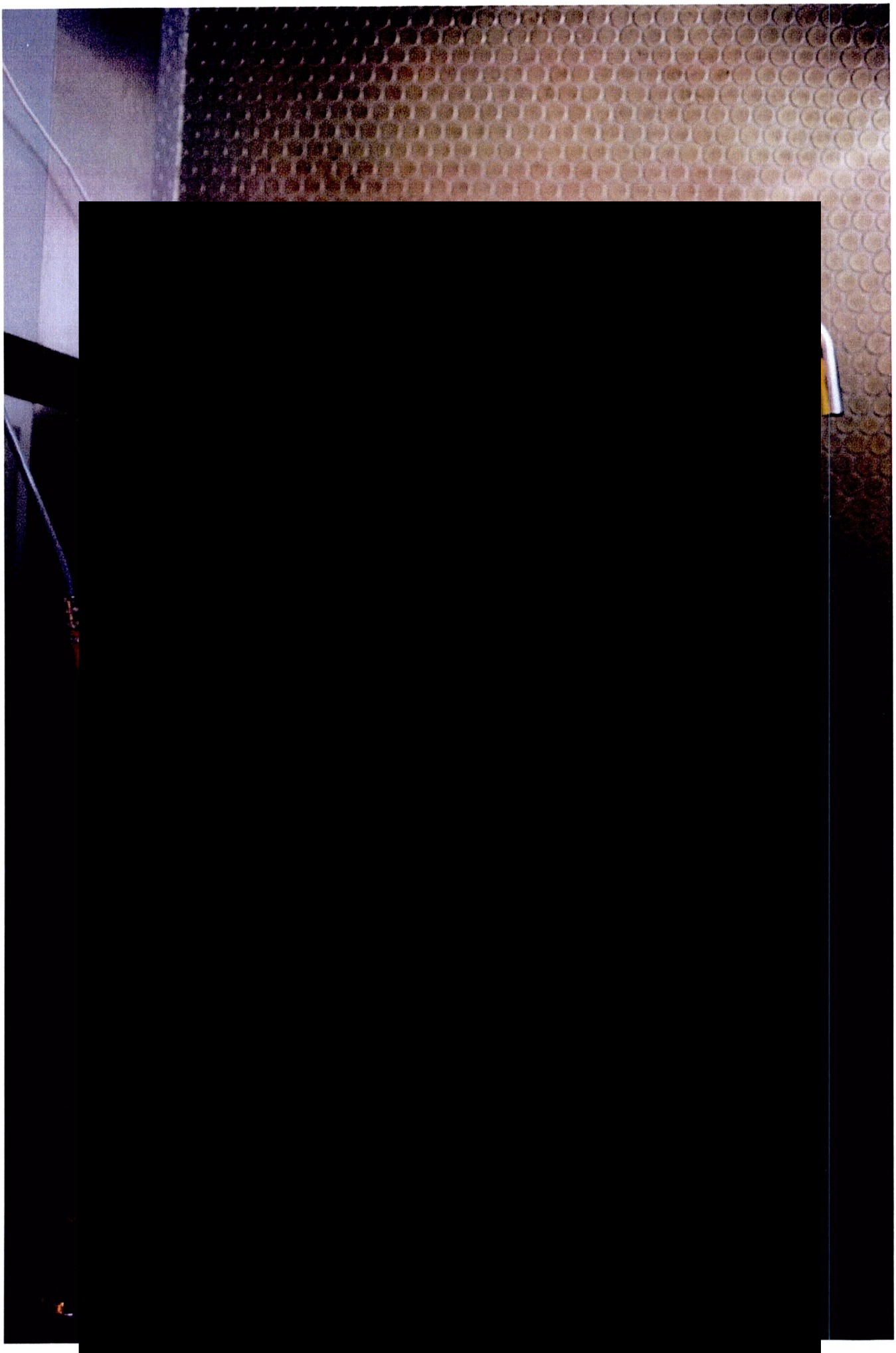























BCFR





























FLORIDA
HIGHWAY PATROL

SUBJECT: TRAFFIC HOMICIDE INVESTIGATION RELEASE

CASE NO.: FHP703-32-013

TO: CORPORAL Ronald R. Carvalho
Florida Highway Patrol

2929 N. 25th Street
Ft. Pierce, FL 34946

This is to certify that the above captioned case was reviewed by this office and:

✓ We do not intend to file a criminal information based on the information provided.

___ A criminal information was filed and the above investigation was disclosed to the defense counsel as a result of discovery, or disclosed at a public hearing.

___ A criminal information was filed and all prosecution and appeals in this case are completed.

The Florida Highway Patrol will release the above captioned case as a public record in accordance with Florida Statutes.

(Signature of State Attorney)

NICOLE P. MENZ
(State Attorney's Name - Typed/Printed)

19
(State Attorney's Circuit)

8/1/03
(Date)

Case Number FHP703-32-013

HSMV 62710 (Rev. 3/96)S

FLORIDA
HIGHWAY PATROL

TRAFFIC HOMICIDE
INVESTIGATION

PREPARED BY: Corporal Ronald R. Carvalho

CASE NO: FHP703-32-013

HSMV 62699 (Rev. 01/02)

THI 10-32

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12-15	Investigative Report (HSMV 62702)
	Reconstruction Diagram (HSMV 62703)
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	Arrest Information (HSMV 62709)
	Other *

Classification 3

Investigation : Corporal Ronald R. Carvalho — Traffic Homicide Investigator — 07/19/03 Date

Investigation Reviewed by: Sergeant James D. Shaw — THI Supervisor — 07/19/03 Date

Case Number FHP703-32-013

HSMV 62701 (Rev. 01/02

LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, 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
5/24/2003	05:55 AM [X] PM	5:55 AM [X] PM	6:02 AM [X] PM	03-10-01531-32	70374676

COUNTY / CITY CODE	FEET	or MILE(S)	N	S	E	W	CITY OR TOWN	(Check if in City or Town)	COUNTY
32 / 00		3.3	[ ]	[X]	[ ]	[ ]	FT. DRUM	[ ]	INDIAN RIVER

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
					4	1	S.R. 91 (TURNPIKE) 189.7 MM

AT THE INTERSECTION OF (street, road or highway) or FEET or MILE(S) 3.3 N [ ] S [X] E [ ] W [ ] FROM INTERSECTION OF (street, road or highway): STATE ROAD 60 (EXIT # 193)

Vehicle

DRIVER ACTION (1 Phantom 2 Hit & Run 3 N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
03	00	MITS	03	01	[redacted]	FL	JA4LS21H6YP[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): 19

EST. TRAILER DAMAGE:

VEHICLE TRAVELING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage
N [ ] S [X] E [ ] W [ ]	S.R. 91 (TURNPIKE)	189.7 MM	75	70	$15,000	01

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): USAA GENERAL INDEMNITY — POLICY NUMBER: [redacted]

VEHICLE REMOVED BY: FLORIDA TOWING (1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other: 01)

NAME OF VEHICLE OWNER (Check Box If Same As Driver): [redacted] — CITY AND STATE: ORLANDO FL — ZIP CODE: [redacted]

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 AND ZIP CODE — US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (take From Driver License) / PEDESTRIAN: [redacted] — CURRENT ADDRESS (Number and Street): [redacted] — CITY & STATE / ZIP CODE: FL [redacted] — DATE OF BIRTH: 02/15/80

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE (1 Blood 2 Breath 3 Urine 4 Refused 5 None)	RESULTS	ALC/ DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT
[redacted]	FL	5	3	01	PEN	6	1	2	3	1	2	2	5 1

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No)	PLACARDED (1 Yes 2 No)	IF YES, INDICATE NAME OF 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	

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):

EST. TRAILER DAMAGE:

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

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 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 2 Breath 3 Urine 4 Refused 5 None)	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 OF 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.

Code Information

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	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 Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown DL TYPE: 1 A 2 B 3 C 4 D / Chauffeur 5 E / Operator 6 E / Oper-Rest 7 Other 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 90 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 BAC Test Result 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 EJECTED: 1 No 2 Yes 3 Partial	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

Section

ACTION 3 N/A

TRAILER OR TOWED VEHICLE INFORMATION — TRAILER TYPE

VEHICLE TRAVELING N S E W — ON — AT — Est. MPH — Posted Speed — EST. VEHICLE DAMAGE — EST. TRAILER DAMAGE

1 Disabling 2 Functional 3 No Damage

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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 Undercarriage 19 Quantum 20 Windshield 22 Trailer

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

Vehicle

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 AND ZIP CODE — US DOT or ICC MC IDENTIFICATION NUMBER

Pedestrian

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

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

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No) — PLACARDED (1 Yes 2 No) — IF YES, INDICATE NAME OF 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.

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

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN — 1: 02

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 DEFECTS — 1: 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 — 1: 04

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

WORK AREA — 1: 01

01 None
02 Nearby
03 Entered

VEHICLE MOVEMENT — 1: 01

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 Property Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Vehicle
77 All Other (Explain in Narrative)

VEHICLE SPECIAL FUNCTIONS — 1: 1

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

SOURCE OF CARRIER INFORMATION — 1: 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

LOCATION TYPE — 02

1 Primarily Business
2 Primarily Residential
3 Open Country

FIRST / SUBSEQUENT HARMFUL EVENT(S) — 1: 31

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)

ROAD SYSTEM IDENTIFIER — 06

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)

LIGHTING CONDITION — 0

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

ROAD SURFACE / CONDITION — 01

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

WEATHER — 02

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

ROAD SURFACE TYPE — 02

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

ROAD CONDITIONS AT TIME OF CRASH — 01 / 01

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)

VISION OBSTRUCTED — 01 / 01

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)

TRAFFIC CONTROL — 01 / 01

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 / Flagman
11 Posted No U-Turn
12 No Passing Zone
77 All Other (Explain In Narrative)

SITE LOCATION — 01 / 01

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)

TRAFFICWAY CHARACTER — 1

1 Straight-Level
2 Straight-Upgrade / Downgrade
3 Curve-Level
4 Curve-Upgrade / Downgrade

TYPE SHOULDER — 1

1 Paved
2 Unpaved
3 Curb

Violator(s)

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

NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY AND MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASEE, FLORIDA 32399-

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
5:55 __ AM X PM	6:36 __ AM X PM	5/24/2003	32 / 00	03-10-01531-32	70374676

(NARRATIVE)

V1 was traveling southbound on SR 91 (Florida Turnpike) in the area of the 189.7 mile marker. V1 was in the inside (left) lane when it drifted into the grass median with its left tires. The driver steered to the right, bringing V1 back into the inside lane, the over-corrected the steering to the left, causing V1 to leave the roadway again and enter the grass median. V1 then began to rotate in a clockwise direction and rolled over approximately three times. V1 came to final rest on its left side, partially in the grass median and partially in the inside lane, facing west.

The victim of the fatality was the right-front passenger, [redacted]
date and time of death: 05-24-2003 @ 7:19 p.m.

Traffic Homicide Investigator: Cpl. Ronald Carvalho #789
Traffic Homicide Case # FHP703-32-013

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.
1	01	[redacted]		ORLANDO FL	[redacted]	05/24/80	3	1	3	5	2 5
1	02	[redacted]		ORLANDO FL	[redacted]	12/28/77	3	1	4	4	2
1	03	[redacted]		ORLANDO FL	[redacted]	05/07/79	3	1	5	4	1
1	04	[redacted]		OVIEDO FL	[redacted]	04/10/82	3	1	6	4	2

Violator(s)

SECTION #:	NAME	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION #:	NAME	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1) [redacted] CURRENT ADDRESS [redacted] CITY & STATE APOPKA FL [redacted] ZIP CODE

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

FIRST AID GIVEN BY - NAME: INDIAN RIVER EMS
1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified 1st Aider 5 Other: 02

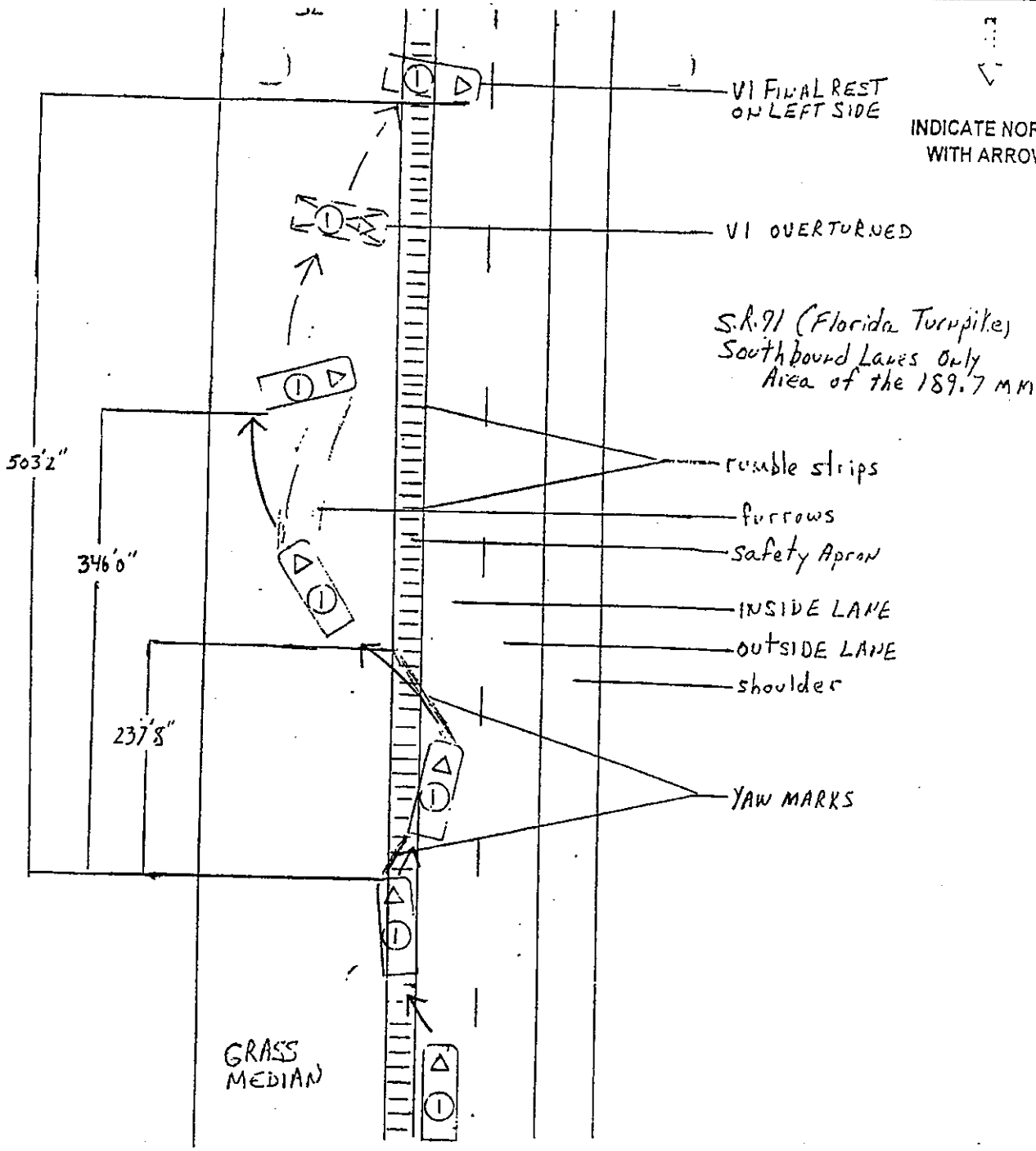
INJURED TAKEN TO: HOLMES AND ST. CLOUD

BY - NAME: FIRST FLIGHT AND AERO

WAS INVESTIGATION 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	PHOTOS TAKEN? 1 YES 2 NO	IF YES, BY WHOM? 1 INVEST. AGENCY 2 OTHER
1		2	PENDING BAC	5/24/2003	1	1

INVESTIGATOR - RANK & SIGNATURE: T. MORAN TROOPER | ID / BADGE NUMBER: 2012-1449 | DEPARTMENT: FLORIDA HIGHWAY PATROL | FHP X | SO | CPD | OT

HSMV 90005 (Rev. 01/02)



DRAWING NOT TO SCALE-
NO MEASURED GRADE

MAIL TO: DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASEE, FLORIDA 3239!

COUNTY/CITY CODE	DATE OF CRASH	INVEST. AG.	REPORT NUMBER	HSMV CRASH REPROT NUMBER
32 / 00	5/24/2003		03-10-01531-32	70374676

Section I — 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 | $ | SHOW FIRST PC OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA

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 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 AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

Pedestrian

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

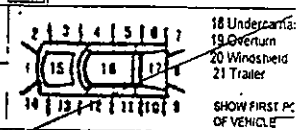
DRIVER LICENSE NUMBER | STATE | DL TYPE | REQ. END. | BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None | RESULTS | % | AL / DRUG | PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP | EJEC

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

Section II — 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 | $ | SHOW FIRST PC OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA

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 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 AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

Pedestrian

DRIVER (Exactly as on Driver License) / Pedestrian | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | DATE OF BIRTH

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

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX WAS HAZARDOUS ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. | 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
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

[redacted] PORT ST. LUCIE FL [redacted]

WAS INVESTIGATION MADE AT SCENE? 1 Yes 2 No: 1 | IF NO, THEN WHERE? | IS INVESTIGATION COMPLETE? 1 Yes 2 No: 2 | IF NO, THEN WHY? PENDING BAC | DATE OF REPORT 5/24/2003 | PHOTOS TAKEN? 1 - Yes 2 - No: 1 | IF YES, BY WHOM? 1 Investigating Agency 2 Other: 1

INVESTIGATOR - RANK AND SIGNATURE: TROOPER T. MORAN | ID / BADGE NUMBER: 2012-1449 | DEPARTMENT: FLORIDA HIGHWAY PATROL | FHP: X | SO: | CPD: | OTHER:

HSMV 90004 (Rev. 1/02)

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 Drugs & Alcohol-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)

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
1 On Road
2 Not On Road
3 Shoulder
4 Median
5 Turn Lane / Safety Zone

WORK AREA
01 None
02 Nearby
03 Entered

02 Slowing / Stopped / Stalled
03 Making Left Turn
04 Backing
05 Making Right Tu.
06 Changing Lanes
07 Entering/Leaving Parking Space
08 Property Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driveway or Runaway Veh.
77 All Other (Explain in Narrative)

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(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 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
35 Downhill Runaway
37 Cargo Loss or Shift
38 Separation of Units
39 Median Crossover
77 All Other (Explain in Narrative)

(ADDITIONAL NARRATIVE)

ADDITIONAL PASSENGERS

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

Violator(s)

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REPORT

☒ UPDATE ☐ CONTINUAT.

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
05/24/03	32/00	03-10-01531-32	

Section 1 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 TRAVELING (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

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 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]			

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.
				1	.000	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 MATERIALS SPILLED? (1 Yes 2 No)	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE (1 Yes 2 No)	DRIVER'S PHONE NO.
					[redacted]

Section 2 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 TRAVELING (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

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

	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

WAS INVESTIGATION 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	PHOTOS TAKEN (1 YES 2 NO)	IF YES, BY WHOM? (1 INVESTIGATING AGENCY 2 OTHER)
1		1		07/11/03	1	1

INVESTIGATOR - RANK & SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	FHP	SO	PD	OTHER
Cpl. Ronald R. Carvalho	0943/0789	Florida Highway Patrol	☒	☐	☐	☐

HSMV-90004 (REV. 1/02)

Case Number FHP703-32-013

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)

VEHICLE DEFECT

No Defects
Def. Brakes
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 VEHICLE IMPACT ON ROADWAY

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

WORK AREA

01 None
02 Nearby
03 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 Veh.
77 All Other (Explain In Narrative)

VEHICLE SPECIAL FUNCTIONS

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 In Narrative)
88 Unknown

FIRST / SUBSEQUENT HARMFUL EVENT(S)

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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/C ,lvert
30 Ran Off Road In:.o 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)

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

INVESTIGATIVE REPORT

ASSIGNMENT

This crash occurred on Saturday, May 24th, 2003, at approximately 5:55 P.M. This crash occurred on State Road 91 (Ronald Reagan Turnpike). I was notified of this crash at approximately 6:20 P.M. and arrived at approximately 7:00 P.M.

DRIVER: V-1 (SECTION 1)

Driver: V-1: [redacted] Orlando. He held a valid Florida class E operators license with no restrictions or endorsements. There were no attitudes or distractions. There was no physical impairment. He was familiar with the vehicle, route, and area. There were no visual obstructions or roadway defects that contributed to the crash. D-1 took evasive action by braking and steering V-1 to the right. There were no environmental factors that contributed to this crash.

CRASH ANALYSIS

V-1 was traveling southbound on State Road 91 (Ronald Reagan Turnpike) in the inside lane. D-1 and his passengers were enroute from Orlando, Florida to the Miami area to visit D-1's relatives. D-1 allowed V-1 to leave the inside lane and enter the center grass median with its left side tires. D-1 attempted to correct V-1's direction by steering to the right and braking. This action caused D-1 to lose control of V-1. V-1 continued to rotate clockwise, where it overturned several times in the center grass median. V-1 came to final rest on its left side facing west, partially in the center grass median and the inside southbound lane of State Road 91. V-1 sustained heavy crush damage to the roof, left side doors, left side quarter panels, hood, rear hatch, front and rear fenders, headlight, and taillight assemblies, grill, and front dash. The left front, and right rear tires were flat from being pulled from the rims. The left outside rearview mirror was torn away and there was

frame damage. D-1 sustained minor cuts and abrasions. V-1's left rear, right rear center. and right rear occupants sustained serious injuries from V-1's multiple overturns. V-1's front right passenger sustained fatal head and internal injuries from the rollover, after being partially ejected from V-1 during the rollover. There was no other property damage caused as a result of this crash.

A zero point was established at the prolongated intersecting lines of State Road 91 and the overpass of State Road 60. This is the west lane edge line of State Road 91 southbound, and the south end of the State Road 60 overpass. A sub-zero point was established at the 189.9 motorist call box. The white painted west lane edge line of State Road 91 was used as a reference line. All measurements were taken from the sub-zero point. The point where V-1 first left the roadway is approximately 39 feet, 1 inch south of the sub-zero point and approximately 28 feet east of the reference line. V-1 traveled approximately 462 feet from first leaving the roadway to final rest measured in a straight line.

INVESTIGATIVE SUMMARY

Based on all the available evidence gathered during this investigation, which includes the witness statements, laboratory results, and physical evidence the following is concluded. [redacted] was the driver of V-1, and was operating V-1. V-1 was traveling southbound on State Road 91 in the inside lane. This is confirmed by the witness interviews, and tire marks left by V-1. D-1 allowed V-1 to leave the inside lane and enter the center grass median. This is a violation of Florida State Statute 316.089, Driving on roadways laned for traffic. D-1 braked and steered to the right in an attempt to get V-1 back onto the roadway. This action caused D-1 to lose control of V-1. V-1 continued to

rotate to the right, where it overturned several times in the center grass median. There is no evidence of excessive speed. Both front seat occupants were restrained. There is no evidence of tire malfunction. This is supported by D-1's sworn statement that V-1 was operating normally, and V-1 left the roadway due to his inattentiveness. He stated he did not believe he fell asleep at the wheel, but did state that all of the other occupants in V-1 were asleep, just prior to the crash occurring. There is no evidence of a mechanical malfunction. This is also supported by the post-crash inspection of V-1 that did not reveal any tire or mechanical defects. D-1 stated no other vehicle cut him off, nor was there anything in the roadway that caused him to swerve. There is no evidence of impairment on the part of D-1. This is supported by the results of a voluntary blood withdrawal obtained at the scene from D-1. The results were 0.000% BAC, and negative drugs. This was also sustained by my personal observations of D-1 at the scene. I did not observe any signs of impairment. I saw no roadway defects in the area of the crash.

On Monday, June 30th, 2003, I received the Medical Examiners report on [redacted] the right front passenger in V-1. Dr. Charles A. Diggs, Associate Medical Examiner for the Nineteenth District stated the cause of death for [redacted] was severe head trauma, and blunt force internal injuries. This is consistent with the type of crash involved.

On Friday, July 18th, 2003, I traveled to CoPart Vehicle storage facility located in Fort Pierce, Florida, where V-1 was located. I performed an additional post-crash inspection on V-1's brakes. I took several photographs of the brake lines. I found no evidence of any tampering, cut, or damaged brake lines on any of the four brakes.

It is my conclusion that [redacted] (D-1) while traveling southbound on State Road 91, allowed V-1's left side tires to leave the roadway and enter the center grass median. D-1 overcorrected V-1 by braking and steering to the right. This caused V-1 to lose control. V-1 then overturned several times, during which [redacted] was partially ejected from V-1. The crash resulted in the death of [redacted] as well as the injury to D-1 and his other passengers. [redacted] is solely responsible for this crash.

CASE CLOSING STATUS

Closed by forward to another agency: This case was forwarded to the Indian River County State Attorney for their review.

Corporal Ronald R. Carvalho

07/19/03

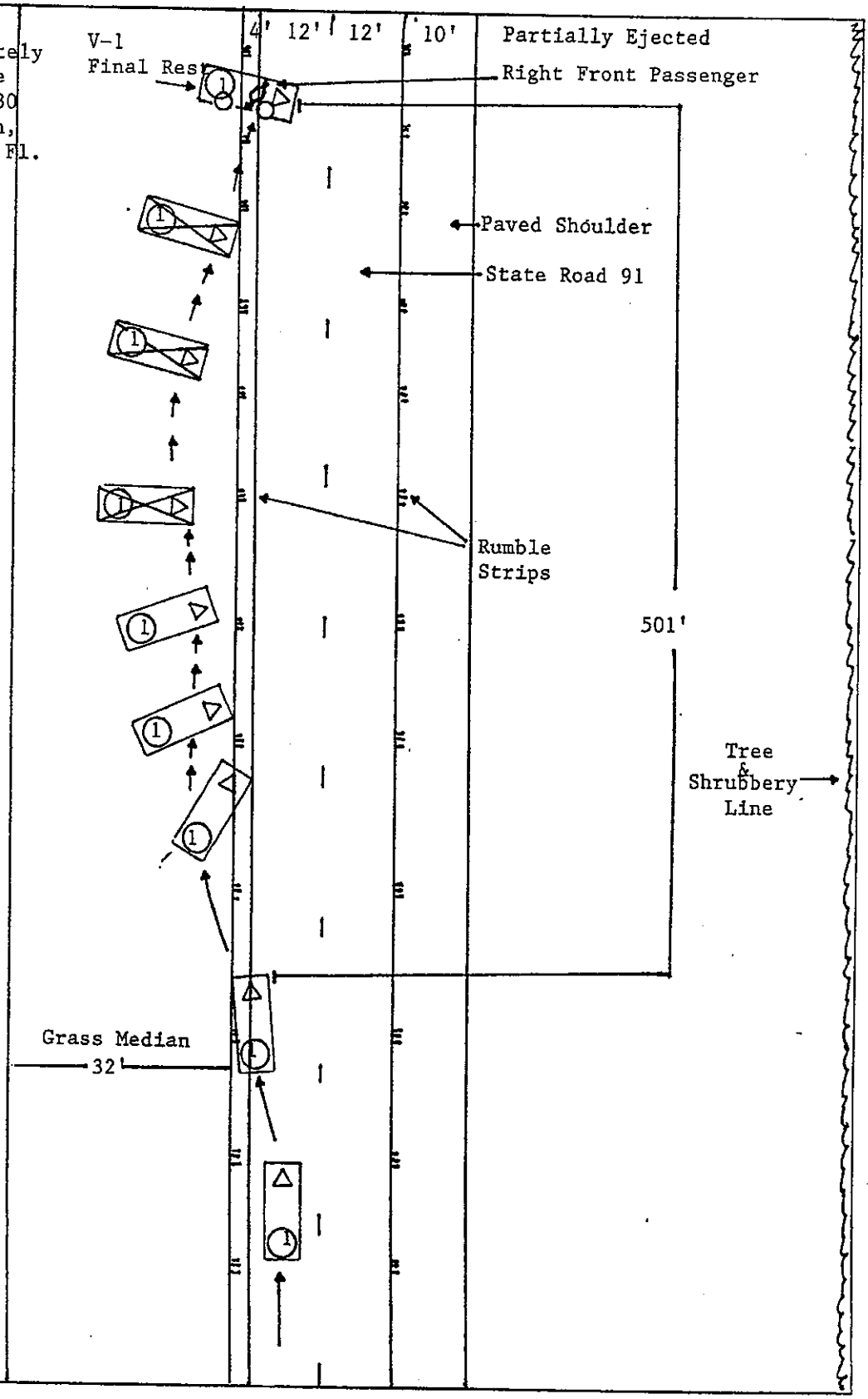
DIAGRAM

North

LOCATION OF CRASH
State Road 91 approximately .3 miles south of State Road 60, approximately 30 miles west of Vero Beach, in Indian River County Fl.

DIAGRAM DRAWN BY:
Cpl. Ronald R. Carvalho

MEASUREMENTS TAKEN BY:
Cpl. Ronald R. Carvalho
05-24-03 @ 7:30 P.M.



Case Number FHP703-32-013

HSMV 62703 (Rev.1/89)

WITNESS LIST

Name Linda M.Sullivan Supervisor Statement ☐ Yes ☒ No

Address N/A

Place of Employment Weustoff Reference Laboratory 6800 Spyglass Ct. Melbourne, Fl.

Phone Numbers: Home ( ) N/A Work (321) 255-8000

Can Testify To: Supervisor of laboratory technicians at Weustoff Reference Lab where the blood and urine of [redacted] was analyzed.

Name Dr. Roger E. Mittleman Chief Medical Examiner Statement ☐ Yes ☒ No

Address N/A

Place of Employment Medical Examiners Office 2500 S. 35th Street Ft. Pierce, FL

Phone Numbers: Home ( ) N/A Work (772) 464-7378

Can Testify To: Was the Medical Examiner that conducted the autopsy on [redacted]

Name Trooper Thomas R. Moran Statement ☐ Yes ☒ No

Address N/A

Place of Employment Florida Highway Patrol Turnpike Post 5 Port St. Lucie, Fl.

Phone Numbers: Home ( ) N/A Work (772) 871-7635

Can Testify To: Conducted the Crash Investigation.

Case Number FHP 703-32-013

HSMV 62704 (Rev. 1/89)

WITNESS LIST

Name Corporal Ronald R. Carvalho — Statement ☐ Yes ☒ No

Address N/A

Place of Employment 2929 N. 25th Street Ft. Pierce Fl.

Phone Numbers: Home ( ) N/A Work (772) 468-3967

Can Testify To: Conducted the Traffic Homicide Investigation.

Name Captain Bradley A. Pelton — Statement ☐ Yes ☒ No

Address N/A

Place of Employment Florida Highway Patrol Turnpike Post 4 West Palm Beach, Fl.

Phone Numbers: Home ( ) N/A Work (561) 640-2831

Can Testify To: Florida Highway Patrol Troop K District Captain on scene of crash.

Name Sgt. Darren K. Slater — Statement ☐ Yes ☒ No

Address N/A

Place of Employment Florida Highway Patrol Troop K Post 5 Port St. Lucie, Fl.

Phone Numbers: Home ( ) N/A Work (772) 871-7635

Can Testify To: Florida Highway Patrol Supervisor on scene of crash.

WITNESS LIST

Name Corporal Ernest F. Chapman Statement ☐ Yes ☒ No

Address N/A

Place of Employment Florida Highway Patrol Troop K Post 5 Port St. Lucie, Fl.

Phone Numbers: Home ( ) N/A Work (772) 871-7635

Can Testify To: Assisted with traffic control.

Name Indian River County Fire/Rescue Statement ☐ Yes ☒ No

Address N/A

Place of Employment Indian River County Fire Rescue 1500 Old Dixie Hwy. Vero Beach, Fl.

Phone Numbers: Home ( ) N/A Work (772) 562-2028

Can Testify To: Indian River County Fire Rescue responded to the crash and provided patient care.

Name Indian River County EMS Statement ☐ Yes ☒ No

Address N/A

Place of Employment Indian River County EMS 1729 17th Ave. Vero Beach, Fl.

Phone Numbers: Home ( ) N/A Work (772) 567-3160

Can Testify To: Indian River County EMS responded to the crash and provided Patient Care.

Case Number FHP 703-32-013

HSMV 62704 (Rev. 1/89)

WITNESS LIST

Name [redacted] Sales Manager Statement ☒ Yes ☐ No

Address [redacted] Plantation, Fl

Place of Employment [redacted] Plantation, Fl.

Phone Numbers: Home [redacted] Work [redacted]

Can Testify To: Observed V-1 lose control and overturn.

Taped statement on file at the Ft. Pierce FHP Station.

Name [redacted] Unemployed Statement ☒ Yes ☐ No

Address [redacted] Gainesville, Fl.

Place of Employment N/A

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

Can Testify To: Observed V-1 lose control and overturn.

Taped statement on file at the Ft. Pierce FHP Station.

Name [redacted] Food & Beverage Director Statement ☒ Yes ☐ No

Address [redacted] Apopka, Fl.

Place of Employment [redacted] Orlando, Fl.

Phone Numbers: Home [redacted] Work [redacted]

Can Testify To: Observed V-1 lose control and overturn.

Taped statement on file at the Ft. Pierce FHP Station.

WITNESS LIST

Name [redacted] Nursery Worker Statement ☒ Yes ☐ No

Address [redacted] Port St. Lucie, Fl.

Place of Employment [redacted] Port St. Lucie, Fl.

Phone Numbers: Home [redacted] Work [redacted]

Can Testify To: Observed V-1 lose control and overturn.

Taped statement on file at the Ft. Pierce FHP Station.

Name [redacted] Statement ☒ Yes ☐ No

Address [redacted]

Place of Employment [redacted]

Phone Numbers: Home [redacted] Work [redacted]

Can Testify To: Observed V-1 lose control and overturn.

Taped statement on file at the Ft. Pierce FHP Station.

Name [redacted] Self-Employed Statement ☒ Yes ☐ No

Address [redacted] Orlando, Fl.

Place of Employment [redacted] Orlando, Fl.

Phone Numbers: Home [redacted] Work [redacted]

Can Testify To: Was the driver of V-1.

Taped statement on file at the Ft. Pierce FHP Station.

WITNESS LIST

Name [redacted] Student Statement ☐ Yes ☒ No

Address [redacted] Orlando, Fl.

Place of Employment N/A

Phone Numbers: Home ( ) _____ Work ( ) N/A

Can Testify To: Was passenger in V-1.

Name [redacted] Student Statement ☐ Yes ☒ No

Address [redacted] Orlando, Fl.

Place of Employment _____

Phone Numbers: Home ( ) _____ Work ( ) N/A

Can Testify To: Was passenger in V-1.

Nam[redacted] Student Statement ☐ Yes ☒ No

Addres[redacted] Orlando, Fl.

Place of Employment N/A

Phone Numbers: Home ( ) _____ Work ( ) N/A

Can Testify To: Was passenger in V-1.

FLORIDA HIGHWAY PATROL

SWORN WITNESS INTERVIEW

I am Corporal Ronald R. Carvalho of the Florida Highway Patrol conducting a criminal investigation.
This interview is being conducted at Crash Scene State Road 91 Indian River County, Fl. (Location)
Today's date is 05/24/03 The time is 7:13 . AM or (PM)
Persons present at this interview are [redacted] and myself (if applicable).
The name of the person being interviewed is [redacted]
This sworn interview is being taken in relation to Traffic Fatality; FHP703-32-013
At this time I will administer the oath.

OATH

This is, a sworn, tape recorded interview taken by a law enforcement officer pursuant to section 1 17. 1 0, F. S. Please raise your right hand. Do you swear or affirm that the statement you are about to give will be the truth, the whole truth, and nothing but the truth?

Yes, I so swear or affirm [redacted]
(Signature of witness)

Please state your full name.
Please state your current address.
Please state your home phone number.
Please state your work phone number.
Please state your current occupation.

INTERVIEW

Time interview concluded 7:18 AM or (PM)

CERTIFICATION

The undersigned trooper acknowledges taking and being present during the foregoing interview.
The interview was recorded on side A of tape 1
and marked by the name of the witness, the THI case number FHP703-32-013
Date of interview 05/24/03 Initials of trooper taking statement. R.R.C.

/s/ Ronald R. Carvalho
(Signature of Trooper)

FHP703-32-013
(THI Case #)

FLORIDA HIGHWAY PATROL

SWORN WITNESS INTERVIEW

I am Corporal Ronald R. Carvalho of the Florida Highway Patrol conducting a criminal investigation.
This interview is being conducted at Crash Scene State Road 91 Indian River County, Fl. (Location)
Today's date is 05/24/03 The time is 7:19 AM or (PM)
Persons present at this interview are [redacted] and myself (if applicable).
The name of the person being interviewed is [redacted]
This sworn interview is being taken in relation to Traffic Fatality: FHP703-32-013
At this time I will administer the oath.

OATH

This is, a sworn, tape recorded interview taken by a law enforcement officer pursuant to section 1 17. 1 0, F. S. Please raise your right hand. Do you swear or affirm that the statement you are about to give will be the truth, the whole truth, and nothing but the truth?

Yes, I so swear or affirm [redacted]
(Signature of witness)

Please state your full name.
Please state your current address.
Please state your home phone number.
Please state your work phone number.
Please state your current occupation.

INTERVIEW

Time interview concluded 7:23 AM or (PM)

CERTIFICATION

The undersigned trooper acknowledges taking and being present during the foregoing interview.
The interview was recorded on side A of tape 1
and marked by the name of the witness, the THI case number FHP703-32-013
Date of interview 05/24/03 Initials of trooper taking statement. R.R.C.

/s/ Ronald R. Carvalho
(Signature of Trooper)

FHP703-32-013
(THI Case #)

FLORIDA HIGHWAY PATROL

SWORN WITNESS INTERVIEW

I am Corporal Ronald R. Carvalho of the Florida Highway Patrol conducting a criminal investigation.
This interview is being conducted at Crash Scene State Road 91 Indian River County, Fl. (Location)
Today's date is 05/24/03 The time is 7:28 AM or (PM)
Persons present at this interview are [redacted] and myself (if applicable).
The name of the person being interviewed is [redacted]
This sworn interview is being taken in relation to Traffic Fatality: FHP703-32-013
At this time I will administer the oath.

OATH

This is, a sworn, tape recorded interview taken by a law enforcement officer pursuant to section 117.10, F. S. Please raise your right hand. Do you swear or affirm that the statement you are about to give will be the truth, the whole truth, and nothing but the truth?

Yes, I so swear or affirm [redacted]
(Signature of witness)

Please state your full name.
Please state your current address.
Please state your home phone number.
Please state your work phone number.
Please state your current occupation.

INTERVIEW

Time interview concluded 7:33 AM or (PM)

CERTIFICATION

The undersigned trooper acknowledges taking and being present during the foregoing interview.
The interview was recorded on side A of tape 1
and marked by the name of the witness, the THI case number FHP703-32-013
Date of interview 05/24/03 Initials of trooper taking statement. R.R.C.

/s/ Ronald R. Carvalho
(Signature of Trooper)

FHP703-32-013
(THI Case #)

FLORIDA HIGHWAY PATROL

SWORN WITNESS INTERVIEW

I am Corporal Ronald R. Carvalho of the Florida Highway Patrol conducting a criminal investigation.
This interview is being conducted at Crash Scene State Road 91 Indian River County, Fl. (Location)
Today's date is 05/24/03 The time is 7:37 AM or (PM)
Persons present at this interview are [redacted] and myself (if applicable).
The name of the person being interviewed is [redacted]
This sworn interview is being taken in relation to Traffic Fatality; FHP703-32-013
At this time I will administer the oath.

OATH

This is, a sworn, tape recorded interview taken by a law enforcement officer pursuant to section 117.10, F.S. Please raise your right hand. Do you swear or affirm that the statement you are about to give will be the truth, the whole truth, and nothing but the truth?

Yes, I so swear or affirm [redacted]
(Signature of witness)

Please state your full name.
Please state your current address.
Please state your home phone number.
Please state your work phone number.
Please state your current occupation.

INTERVIEW

Time interview concluded 7:45 AM or (PM)

CERTIFICATION

The undersigned trooper acknowledges taking and being present during the foregoing interview.
The interview was recorded on side B of tape 1
and marked by the name of the witness, the THI case number FHP703-32-013
Date of interview 05/24/03 Initials of trooper taking statement. R.R.C.

/s/ Ronald R. Carvalho
(Signature of Trooper)

FHP703-32-013
(THI Case #)

FLORIDA HIGHWAY PATROL

SWORN WITNESS INTERVIEW

I am Corporal Ronald R. Carvalho of the Florida Highway Patrol conducting a criminal investigation.
This interview is being conducted at Crash Scene State Road 91 Indian River County, Fl. (Location)
Today's date is 05/24/03 The time is 7:47 AM or (PM)
Persons present at this interview are [redacted] and myself (if applicable).
The name of the person being interviewed is [redacted] and myself
This sworn interview is being taken in relation to Traffic Fatality; FHP703-32-013
At this time I will administer the oath.

OATH

This is, a sworn, tape recorded interview taken by a law enforcement officer pursuant to section 1 17. 1 0, F. S. Please raise your right hand. Do you swear or affirm that the statement you are about to give will be the truth, the whole truth, and nothing but the truth?

Yes, I so swear or affirm [redacted]
(Signature of witness)

Please state your full name.
Please state your current address.
Please state your home phone number.
Please state your work phone number.
Please state your current occupation.

INTERVIEW

Time interview concluded 7:51 AM or (PM)

CERTIFICATION

The undersigned trooper acknowledges taking and being present during the foregoing interview.
The interview was recorded on side A of tape 1
and marked by the name of the witness, the THI case number FHP703-32-013
Date of interview 05/24/03 Initials of trooper taking statement. R.R.C.

/s/ Ronald R. Carvalho
(Signature of Trooper)

FHP703-32-013
(THI Case #)

FLORIDA HIGHWAY PATROL

SWORN WITNESS INTERVIEW

I am Corporal Ronald R. Carvalho of the Florida Highway Patrol conducting a criminal investigation.
This interview is being conducted at Crash Scene State Road 91 Indian River County, Fl. (Location)
Today's date is 05/24/03 The time is 7:51 AM or (PM)
Persons present at this interview are [redacted] and myself (if applicable).
The name of the person being interviewed is [redacted]
This sworn interview is being taken in relation to Traffic Fatality; FHP703-32-013
At this time I will administer the oath.

OATH

This is, a sworn, tape recorded interview taken by a law enforcement officer pursuant to section 1 17. 1 0, F. S. Please raise your right hand. Do you swear or affirm that the statement you are about to give will be the truth, the whole truth, and nothing but the truth?

Yes, I so swear or affirm [redacted]
(Signature of witness)

Please state your full name.
Please state your current address.
Please state your home phone number.
Please state your work phone number.
Please state your current occupation.

INTERVIEW

Time interview concluded 7:57 AM or (PM)

CERTIFICATION

The undersigned trooper acknowledges taking and being present during the foregoing interview.
The interview was recorded on side A of tape 1
and marked by the name of the witness, the THI case number FHP703-32-013
Date of interview 05/24/03 Initials of trooper taking statement. R.R.C.

/s/ Ronald R. Carvalho
(Signature of Trooper)

FHP703-32-013
(THI Case #)

CHEMICAL TEST INFORMATION

Name [redacted] ☒ Alive ☐ Deceased

Test Offered: ☐ Breath ☒ Blood ☐ Urine ☐ Other

Was Test Refused: ☐ Yes ☒ No

BREATH TEST INFORMATION

Test Requested By N/A

Test Given By _____ Date _____ Time _____ ☐ a.m. ☐ p.m.

Location _____

Instrument _____

Results of Test _____

BLOOD TEST INFORMATION

Test Requested By Corporal Ronald R. Carvalho

Blood Drawn By _____

Date 05/24/03 Time _____ ☐ a.m. ☒ p.m. Title Paramedic

Analyzed By For Lab Technician, direct inquiries to person listed below Location Crash Scene SR-91, Indian River Co.

Results of Test 0.000 BAC, Negative Drugs

CHAIN OF POSSESSION

Received From [redacted]

By Trp. Thomas R. Moran Date 5-24-03 Time 7:00 ☐ a.m. ☒ p.m.

Received From Trp. Thomas R. Moran

By: TSF Date 5-24-03 Time 11:15 ☐ a.m. ☒ p.m.

Received From TSF

By Sgt. Darren K. Slater Date 5-25-03 Time 3:30 ☐ a.m. ☒ p.m.

Received From Sgt. Darren K. Slater

By E/P Room Date 5-25-03 Time 3:30 ☐ a.m. ☒ p.m.

Received From E/P Room

By Lt. Gregory L. Shuman Date 6-20-03 Time 3:20 ☐ a.m. ☒ p.m.

ADDITIONAL COMMENTS

I.R.C.C. Crime Laboratory: 3209 Virginia Ave. Fort Pierce, Fl 34981.

Case Number FHP 703-32-013

CHEMICAL TEST INFORMATION

Name [redacted] ☒ Alive ☐ Deceased

Test Offered: ☐ Breath ☒ Blood ☐ Urine ☐ Other

Was Test Refused: ☐ Yes ☒ No

BREATH TEST INFORMATION

Test Requested By N/A

Test Given By _____ Date _____ Time _____ ☐ a.m. ☐ p.m.

Location _____

Instrument _____

Results of Test _____

BLOOD TEST INFORMATION

Test Requested By Corporal Ronald R. Carvalho

Blood Drawn By _____

Date 05/24/03 Time _____ ☐ a.m. ☒ p.m. Location Crash Scene SR-91, Indian River Co. Title Paramedic

Analyzed By For Lab Technician, direct inquiries to person listed below

Results of Test 0.000 BAC, Negative Drugs

CHAIN OF POSSESSION

Received From Lt. Gregory L. Shuman

By Kathy King Date 5-25-03 Time 3:20 ☐ a.m. ☒ p.m.

Received From _____

By: _____ Date _____ Time _____ ☐ a.m. ☐ p.m.

Received From _____

By _____ Date _____ Time _____ ☐ a.m. ☐ p.m.

Received From _____

By _____ Date _____ Time _____ ☐ a.m. ☐ p.m.

Received From _____

By _____ Date _____ Time _____ ☐ a.m. ☐ p.m.

Received From _____

By _____ Date _____ Time _____ ☐ a.m. ☐ p.m.

ADDITIONAL COMMENTS

I.R.C.C. Crime Laboratory: 3209 Virginia Ave. Fort Pierce, Fl 34981.

Case Number FHP 703-32-013

CHEMICAL TEST INFORMATION

Name [redacted] ☐ Alive ☒ Deceased

Test Offered: ☐ Breath ☒ Blood ☒ Urine ☐ Other _____

Was Test Refused: ☐ Yes ☒ No

BREATH TEST INFORMATION

Test Requested By N/A

Test Given By _____ Date _____ Time _____ ☐ a.m. ☐ p.m.

Location _____

Instrument _____

Results of Test _____

BLOOD TEST INFORMATION

Test Requested By Corporal Ronald R. Carvalho

Blood Drawn By Dr. Charles A. Diggs Title Associate Medical Examiner

Date 05/25/03 Time 11:00 ☒ a.m. ☐ p.m. Location M.E. Morgue, Ft. Pierce, Fl.

Analyzed By For Lab Technician, direct inquiries to person listed below.

Results of Test 0.00% BAC, Negative Drugs.

CHAIN OF POSSESSION

Received From Maintained at the Medical Examiners Office.

By _____ Date _____ Time _____ ☐ a.m. ☐ p.m.

Received From _____

By: _____ Date _____ Time _____ ☐ a.m. ☐ p.m.

Received From _____

By _____ Date _____ Time _____ ☐ a.m. ☐ p.m.

Received From _____

By _____ Date _____ Time _____ ☐ a.m. ☐ p.m.

Received From _____

By _____ Date _____ Time _____ ☐ a.m. ☐ p.m.

ADDITIONAL COMMENTS

Blood and Urine test is a routine part of the Autopsy.

Medical Examiners Office: 2500 S. 35th Street. Ft. Pierce, Fl.

For Lab Technician information contact: Linda Sullivan:

Wuestoff Reference Laboratory 6800 Spyglass Court, Melbourne, Fl.

Case Number FHP 703-32-013

PAGE: 1
DATE 30-JUN-2003 06.14.29

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF DRIVER LICENSES TRANSCRIPT OF DRIVER RECORD

[redacted] MIDDLE OR MAIDEN [redacted] LAST SUFFIX

[redacted] ADDRESS

ORLANDO CITY | ORANGE COUNTY/STATE | [redacted] ZIP

02/15/80 DOB | 5 7 HEIGHT | H RACE | M SEX

E CLASS | 08/12/97 DATE ISSUED | 02/15/04 DATE EXPIRED | RESTRICTIONS | ENDORSEMENTS

EXAMS: 1 VISION | 1 SIGNS | 1 RULES | 1 DRIVING | 0 MOTORCYCLE | 0

DRIVER EDUCATION | 06/30/03 SEARCH DATE | 689 REQUESTOR

[redacted] FLORIDA DRIVER LICENSE/ID NUMBER | PR [redacted] PRIOR STATE AND DRIVER LICENSE NUMBER

08/12/97 DATE ORIG DL ISSUED | CDL ISSUE DATE | PREVIOUS BATCH | 081297G02 CURRENT BATCH

DUPLICATE LICENSE | REPLACEMENT LICENSE [redacted]

CRASH/OFFENSE EFFECTIVE DATE	CONVICTION DATE	REINSTATEMENT DATE	INFORMATION FROM COUNTY/STATE	CITY	COURT	ENTRY	DESCRIPTION	REP	CITATION	CRASH	DISP	ACTION	DOCKET OR TICKET NUMBER	DEPT USE ONLY BATCH
*** ENTRIES BELOW COVER THIS PERSONS ENTIRE RECORD *** ** THIS PERSON HAS A DIGITAL IMAGE **														
02/26/98	04/01/98		ORANGE		County	CONV- 4.0 PTS	UNLAWFUL SPEED 072/45					1	194380V	8191BE
10/22/99	11/19/99		ORANGE		County	CONV- 4.0 PTS	CARELESS DRIVING			A		1	763622E	993634MH
07/15/00	08/07/00		ORANGE		County	CONV- 3.0 PTS	FAIL TO OBEY TRAF INSTR SIGN/DEVICE					1	9737AKN	002864QG
01/20/01	02/20/01		ORANGE		County	ADJ WITHHELD	UNLAWFUL SPEED 040/20					5	3170ANP	011164LB
						CLERK COURT								

END OF RECORD

IN COMPLIANCE WITH SECTION 322.201, F.S., I, 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 SUBJECT'S 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. 626.9701

LICENSE CLASSES

CLASS A: ANY TRACTOR-TRAILER WITH A GVWR OF 26,001 POUNDS OR MORE

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

CLASS C: ANY ENDORSED VEHICLE WITH A GVWR OF LESS THAN 26,001 POUNDS.

CLASS D: ANY SINGLE VEHICLE OF 8,000 POUNDS OR MORE, BUT LESS THAN 26,001 POUNDS GVWR, OR MORE THAN 80 INCHES WIDE

CLASS E: REGULAR OPERATOR'S LICENSE

CLASS E(L): LEARNER'S LICENSE

RESTRICTIONS

A. CORRECTIVE LENSES
B. OUTSIDE REARVIEW MIRROR
C. BUSINESS PURPOSES
D. EMPLOYMENT PURPOSES
E. DAYLIGHT DRIVING ONLY
F. AUTOMATIC TRANSMISSION
G. POWER STEERING
I. DIRECTIONAL SIGNALS
J. GRIP ON STEERING WHEEL
K. HEARING AID
L. SEAT CUSHION
M. HAND CONTROLS OR PEDAL EXTENSION
N. LEFT FOOT ACCELERATOR
P. PROBATION-INTERLOCK DEVICE
R. RESTRICTED
S. OTHER RESTRICTIONS
T. NO PASSENGERS ON MOTORCYCLE
X. MEDICAL ALERT BRACELET
Y. EDUCATION PURPOSES
1. VEHICLES W/O AIR BRAKES
3. CDL INTRASTATE ONLY
5. CDL BUS ONLY
6. CMV < 26,001 LBS. GVWR
8. NO TRACTOR/TRAILERS
6. NO CLASS A PASSENGER VEHICLE
7. NO CLASS B PASSENGER VEHICLE

REPRESENTATIVE CODES

C. REPRESENTED BY COUNSEL
W. COUNSEL WAIVED

DISPOSITION CODES

1 - GUILTY
2 - ESTREATURE
3 - FORFEITURE
4 - ADJUDGED DELINQUENT
5 - ADJUDICATION WITHHELD

CITATION/CRASH CODES

C - INDICATES CITATION ISSUED
A - INDICATES CRASH

ACTION CODES

D - DEPARTMENT ACTION
C - COURT ACTION

Case Number FHP703-32-013


#91


27 2:13PM

	[redacted] v. Mitsubishi	[redacted] v. Mitsubishi
Vehicle	Nativa (a/k/a Montero Sport)	Montero Sport
Model Year/Date of Manufacture	2000/May 1999	2000/Nov 1999
VIN	JA4LS31H4YP[redacted]	JA4LSZ1M6YP[redacted]
Photo of Vehicle	Attached	Attached
Place of Manufacture	Japan	Japan
Date of Accident	9-25-04	5-24-03
Location of Accident	Southbound I-95	Turnpike
Number of Rolls	3½ or 4½	3+
Roll Leading	Passenger side	Driver Side
Roll Speed	45-60 mph	45+
Injured Occupant	Right front passenger	Right front passenger
Height/Weight	5'-10" / 170-200 lbs	5'-10" / 184 lbs
Seat Belt Model	Takata-TK AB2 N626	Takata-TK AB2 N626
Seat Position Pre-Accident	Upright	Upright
Fused Loop	10 inches	10 inches
Deployed	Fully	Fully
Ejection	Partial	Partial
Portal	Right rear window	Right front window
Injury	Fatal head injury	Fatal head injury
Lawsuit Filed	2005	2003
County	Palm Beach	Orange
Disposition	Trial February 2008	Settled before any trial date
Driver of vehicle	No significant injury	No significant injury

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT IN AND FOR PALM BEACH COUNTY, FLORIDA.

PETER LALIBERTE, as Personal Representative of the Estate of SCOTT T. LALIBERTE, deceased,

Plaintiffs,

vs.

LYANN AGRESAR, MITSUBISHI MOTORS CORPORATION, and MITSUBISHI MOTORS NORTH AMERICA, INC., f/k/a MITSUBISHI MOTOR SALES OF AMERICA, INC.,

Defendants.
_____/

CASE NO.: 50 2005 CA 006369 XXXX MB

AJ

COPY
RECEIVED FOR FILING
JUL 08 2005
SHARON R. BOCK
CLERK & COMPTROLLER
CIRCUIT CIVIL DIVISION

COMPLAINT

Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate of SCOTT T. LALIBERTE, deceased, sues the Defendants, LYANN AGRESAR, MITSUBISHI MOTORS CORPORATION (hereinafter "MITSUBISHI"), and MITSUBISHI MOTORS NORTH AMERICA, INC., f/k/a MITSUBISHI MOTOR SALES OF AMERICA, INC., (hereinafter "MMNA"), and states the following:

ALLEGATIONS COMMON TO ALL COUNTS

1. This is an action for damages which exceed the sum of Fifteen Thousand Dollars ($15,000.00).

2. On or about September 25, 2004, and at all relevant times hereto, LYANN AGRESAR, owned a 2001 Mitsubishi Montero, VIN No. JA4LS31H4YP003817 (hereinafter referred to as "THE VEHICLE").

3. On or about September 25, 2004 and at all times material hereto, LYANN AGRESAR purchased, maintained and garaged THE VEHICLE in Florida.

4. On or about September 25, 2004, and at all times material hereto, Plaintiff, SCOTT LALIBERTE, deceased, was riding as a passenger in THE VEHICLE.

5. On or about September 25, 2004, LYANN AGRESAR was operating THE VEHICLE northbound on State Road 9, in a manner that was intended and/or reasonably foreseeable by MITSUBISHI and MMNA.

6. On or about September 25, 2004, and at all times material hereto, Plaintiff, SCOTT LALIBERTE, was wearing his seatbelt.

7. On or about September 25, 2004, while proceeding southbound on State Road 9, THE VEHICLE experienced a loss of control and overturned on the roadway.

8. As a direct and proximate result of THE VEHICLE's loss of control and/or overturning, the decedent, SCOTT LALIBERTE, suffered catastrophic bodily injuries, which caused his death.

9. As a direct and proximate result of THE VEHICLE's manufacturing and design defects, the decedent, SCOTT LALIBERTE, suffered catastrophic bodily injuries, which caused his death.

10. At all times material hereto, the Plaintiff, SCOTT LALIBERTE, was a resident of and domiciled in the State of Florida.

11. At all times material hereto, the Defendant, LYANN AGRESAR, was a resident of and domiciled in the State of Florida.

12. Plaintiff, PETER LALIBERTE, is the duly appointed Personal Representative for the

Estate of SCOTT LALIBERTE, which Estate is pending in Florida and is presently serving in such capacity and is entitled to maintain this action. A copy of the Letters of Administration appointing Peter Laliberte as Personal Representative is attached hereto as Exhibit "A".

13. As a direct and proximate result of the negligence of the Defendants and the defects in THE VEHICLE, SCOTT LALIBERTE's survivors and Estate have sustained damages as provided by the Florida Wrongful Death Statute. Identified as survivors under the statute are the following:

A) DONNA S. LALIBERTE, surviving natural mother;

B) PETER LALIBERTE, surviving natural father; and

C) PETER LALIBERTE, as personal representative of the Estate of SCOTT LALIBERTE, Deceased. SCOTT LALIBERTE's date of birth is October 15, 1978.

14. Pursuant to Fla. Stat. 768.21, damages of the survivors and the Estate are the following:

A) PETER LALIBERTE has incurred mental pain and suffering, both past and future, and has lost future support and services of his child;

B) DONNA S. LALIBERTE has incurred mental pain and suffering, both past and future, and has lost future support and services of her child;

C) PETER LALIBERTE, as personal representative of the Estate of SCOTT LALIBERTE, deceased, has incurred medical bills and funeral expenses;

D) PETER LALIBERTE, as personal representative of the Estate of SCOTT LALIBERTE, deceased, has suffered loss of the prospective net accumulations of his Estate.

15. The Defendants, MITSUBISHI and MMNA, are subject to jurisdiction of this Court

pursuant to Section 48.193, Florida Statutes personally and/or through their agents including but not limited to doing the following acts:

(A) Committing a tortious act within this state by selling and delivering defective MITSUBISHI and MMNA vehicles and component parts, to persons, firms, or corporations in this state via its distributors, dealers, wholesalers and brokers. Such MITSUBISHI and MMNA vehicles were used by consumers in Florida in the ordinary course of commerce and trade and specifically in Palm Beach County, Florida;

(B) Conducting and engaging in substantial business and other activities in Florida by selling and servicing MITSUBISHI and MMNA vehicles and component parts, to persons, firms, or corporations in this state via its distributors, wholesalers dealers and brokers. Such MITSUBISHI and MMNA vehicles were used by consumers in Florida in the ordinary course of commerce and trade and specifically in Palm Beach County, Florida;

(C) The acts or omissions of Defendants, MITSUBISHI and MMNA, caused injuries to persons in Florida, including Decedent. At or about the time of said injuries, this Defendants engaged in solicitation activities in Florida and specifically Palm Beach County, Florida to promote the sale, consumption, use, maintenance and repair of MITSUBISHI and MMNA vehicles, tires, and parts including the vehicle which is the subject of this complaint;

(D) Selling MITSUBISHI and MMNA vehicles and/or component parts, including the vehicle which is the subject of this complaint, with knowledge or reason to foresee that its motor vehicle would be shipped in the interstate commerce and would reach the market of Florida users or consumers and specifically Palm Beach County, Florida;

(E) Voluntarily qualifying to conduct business in this state by registering with the Florida Department of State and designating a resident agent for service of process in Florida.

ALLEGATIONS COMMON TO COUNTS II - VII, VII - XIII

16. The Defendants, MITSUBISHI and MMNA, are foreign corporations authorized to and doing business in the State of Florida and at all times material hereto were doing business in Palm Beach County, Florida.

17. The Defendants, MITSUBISHI and MMNA, at all times material hereto were

engaged in the business of designing and manufacturing motor vehicles outside of the State of Florida, but with the intent through marketing and sales that they be sold and utilized within the State of Florida, and more specifically in Palm Beach County.

18. The Defendants, MITSUBISHI and MMNA, sold and distributed THE VEHICLE within the State of Florida.

19. At all times material hereto, the Defendants, MITSUBISHI and MMNA, adopted a design and manufacturing process for THE VEHICLE and component parts of THE VEHICLE, which were not common, usual, customary, prudent, or in accordance with the established industry standards relating to the manufacture of similar motor vehicles of a similar intended and/or reasonable function.

20. At all times material hereto, THE VEHICLE was designed and manufactured without consideration for vehicle handling, vehicle stability, vehicle integrity, and vehicle safety restraints while being used under intended and/or reasonably foreseeable conditions, and/or in an intended or reasonably foreseeable manner and/or during a motor vehicle collision or accident.

21. At all times material hereto, the Defendants, MITSUBISHI and MMNA, failed to perform testing adequate to determine the circumstances under which THE VEHICLE's handling, stability, integrity, seats, and safety restraints would become dangerous or hazardous to occupants within THE VEHICLE while being used under intended or reasonably foreseeable conditions and/or in an intended or reasonably foreseeable manner and/or during a motor vehicle collision.

22. Decedent, SCOTT LALIBERTE was not given proper protection by THE VEHICLE's restraint system and suffered catastrophic bodily injuries, which caused death and/or permanent bodily injury, because MITSUBISHI and MMNA failed to provide a vehicle which was

reasonably safe and which would provide adequate protection to its occupants during foreseeable accidents.

23. At the time of the collision, THE VEHICLE was unreasonably dangerous and defective and the defects existing therein subjected the Decedent, SCOTT LALIBERTE to an unreasonable risk of harm in that THE VEHICLE, as designed, had a substantial propensity to lose directional stability and to roll over under foreseeable conditions.

24. At the time of the collision, THE VEHICLE was unreasonably dangerous and defective and the defects existing therein subjected the Decedent, SCOTT LALIBERTE to an unreasonable risk of harm in that THE VEHICLE, as designed, had a substantial propensity to have its safety restraint system(s) and seat(s) fail under foreseeable conditions.

25. THE VEHICLE was unreasonably dangerous and defective in design in that the vehicle did not provide reasonable and adequate restraint systems; seats; window glazing; roof structure; interior padding; door and rear latch mechanisms, and was otherwise not crashworthy.

26. THE VEHICLE was also not crashworthy in that THE VEHICLE was not designed to adequately contain occupants in THE VEHICLE should THE VEHICLE rollover.

27. During the rollover of THE VEHICLE and at all material times hereto, the door(s) and/or rear hatch detached and/or unlatched resulting in the ejection and/or partial ejection of decedent.

28. The Defendants, MITSUBISHI and MMNA, designed, manufactured, and placed THE VEHICLE into the stream of commerce, intending that it be used in the precise manner that it was being used at the time the above-mentioned accident and/or rollover and injuries occurred.

29. At all times material hereto, THE VEHICLE was maintained and inspected as often

as a reasonably prudent person would have done under the same or similar circumstances and at no time material hereto was THE VEHICLE subjected to any unintended and/or unforeseeable conditions.

30. THE VEHICLE was in substantially the same defective condition at the time of the above-mentioned accident and/or rollover as it was when it left the Defendants, MITSUBISHI and MMNA's, possession or control.

31. The Defendants, MITSUBISHI and MMNA, owed a duty to the decedent, SCOTT LALIBERTE and other persons similarly situated, to use reasonable care in designing, testing, assembling, manufacturing, inspecting, maintaining, repairing and replacing THE VEHICLE, and in the testing and inspecting of any component parts made by another, so that THE VEHICLE could be safely used in a manner and for a purpose in which it was made.

32. Defendants, MITSUBISHI and MMNA, breached such duties by testing, assembling, installing, inspecting, maintaining, repairing, replacing and warning about dangers with THE VEHICLE in such a negligent manner that it was likely to fail even while being used in an intended and/or reasonably foreseeable manner.

33. THE VEHICLE was not crashworthy when MITSUBISHI and MMNA placed it into the stream of commerce and THE VEHICLE was in substantially the same defective condition at the time of the above-mentioned accident as it was when it left the Defendant MITSUBISHI and MMNA's possession or control.

34. The Defendants, MITSHUBISHI and MMNA, breached their duties by selling, maintaining, installing, repairing, replacing and inspecting THE VEHICLE in such a negligent manner that it was likely to fail even while being used in an intended or reasonably foreseeable

manner.

COUNT I - NEGLIGENCE AGAINST LYANN AGRESAR

35. At the time and place of the aforementioned accident, the Defendant, LYANN AGRESAR, so negligently operated and maintained THE VEHICLE so as to cause it to lose control and roll over.

36. As a direct and proximate result of the aforementioned negligence, decedent SCOTT LALIBERTE sustained catastrophic bodily injuries which caused his death.

WHEREFORE, the Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate of SCOTT LALIBERTE, deceased, demands judgment for damages against the Defendant, LYANN AGRESAR, and further demands trial by jury.

COUNT II - STRICT LIABILITY AGAINST MITSUBISHI MANUFACTURING DEFECT(S)

37. At the time THE VEHICLE was manufactured and placed into the stream of commerce by the Defendant, MITSUBISHI, THE VEHICLE contained manufacturing defects which were unreasonably dangerous to persons such as the decedent, SCOTT LALIBERTE, who was an intended and/or reasonably foreseeable user.

38. As a result of the manufacturing defects, THE VEHICLE failed to perform as safely as an ordinary consumer would expect when utilizing THE VEHICLE in an intended and/or reasonably foreseeable manner.

39. The manufacturing defects in THE VEHICLE were the direct and proximate cause of the accident, THE VEHICLE's overturning, and subsequent injuries to decedent.

40. The manufacturing defects in THE VEHICLE were the direct and proximate cause of decedent SCOTT LALIBERTE's catastrophic bodily injuries which caused his death.

WHEREFORE, the Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate of SCOTT LALIBERTE, deceased, demands judgment for damages against the Defendant, MITSUBISHI, and further demands trial by jury.

COUNT III - STRICT LIABILITY AGAINST MITSUBISHI - DESIGN DEFECT(S)

41. At the time THE VEHICLE was designed and placed into the stream of commerce by the Defendant, MITSUBISHI, it contained design defects which were unreasonably dangerous to persons such as the decedent, SCOTT LALIBERTE, who was an intended and/or reasonably foreseeable user.

42. As a result of the design defects, THE VEHICLE failed to perform as safely as an ordinary consumer would expect when utilizing THE VEHICLE in an intended and/or reasonably foreseeable manner, and/or the risk of danger inherent in the design of THE VEHICLE outweighed the benefits of its design.

43. The design defects in THE VEHICLE were the direct and proximate cause of the accident, THE VEHICLE's overturning, and subsequent injuries to Plaintiff.

44. The design defects in THE VEHICLE were the direct and proximate cause of decedent SCOTT LALIBERTE's catastrophic bodily injuries which caused his death.

WHEREFORE, the Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate of SCOTT LALIBERTE, deceased, demands judgment for damages against the Defendant, MITSUBISHI, and further demands, trial by jury.

COUNT IV- STRICT LIABILITY AGAINST MITSUBISHI DEFECTIVE WARNING(S)

45. At the time THE VEHICLE was designed, manufactured, and placed into the stream

of commerce by the Defendant, MITSUBISHI, it lacked and/or contained defective warnings which rendered THE VEHICLE unreasonably dangerous to persons such as the decedent, SCOTT LALIBERTE, who was an intended and/or reasonably foreseeable user.

46. At all times material hereto, THE VEHICLE was maintained and inspected and the warnings read and comprehended as often and as completely as a reasonably prudent person would have done under the same or similar circumstances, and at no time material hereto was THE VEHICLE subjected to any unintended and/or unforeseeable conditions.

47. At all times material hereto, the use of THE VEHICLE in a manner that was intended and/or reasonably foreseeable by the Defendant, MITSUBISHI, involved substantial danger that would not be readily recognized by an ordinary user of THE VEHICLE.

48. At all times material hereto, this danger(s) was known or knowable by the Defendant, MITSUBISHI, in light of the generally recognized and prevailing best scientific knowledge available at the time of the design, manufacture, and distribution of THE VEHICLE.

49. At all times material hereto, the Defendant, MITSUBISHI, had a duty to provide adequate warnings to the decedent, SCOTT LALIBERTE and other intended or reasonably foreseeable users, on how to use, maintain, and recognize and appreciate the dangers inherent within THE VEHICLE.

50. At all times material hereto, the Defendant, MITSUBISHI, failed to give adequate warnings of the dangers associated with THE VEHICLE.

51. As a result of the lack of and/or defective warning(s), THE VEHICLE failed to perform as safely as an ordinary consumer would expect when utilizing THE VEHICLE in an intended and/or reasonably foreseeable manner, and/or the risk of danger inherent in the lack of

and/or defective warning(s) on or with THE VEHICLE outweighed the benefits of the warning(s), design, and the use of THE VEHICLE.

52. The lack of and/or defective warning(s) on or with THE VEHICLE were the direct and proximate cause of the accident, THE VEHICLE's overturning, and subsequent injuries to Plaintiffs.

53. The lack of and/or defective warning(s) on or with THE VEHICLE was the direct and proximate cause of decedent SCOTT LALIBERTE's death.

WHEREFORE, the Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate of SCOTT LALIBERTE, deceased, demands judgment for damages against the Defendant, MITSUBISHI, and further demands trial by jury.

COUNT V - NEGLIGENCE AGAINST MITSUBISHI - MANUFACTURE

54. The Defendant, MITSUBISHI, breached such duties by designing, testing, manufacturing, assembling, inspecting, maintaining, repairing, and replacing THE VEHICLE in such a negligent manner that it was likely to have: a) a loss of control; b) overturn; c) have the integrity of the vehicle compromised; and d) have its safety restraint system(s) fail even while being used in an intended and/or reasonably foreseeable manner.

55. The negligent manner in which THE VEHICLE was manufactured was the direct and proximate cause of the accident, THE VEHICLE's overturning, and subsequent injuries to Plaintiff.

56. The negligent manufacture of THE VEHICLE was the direct and proximate cause of decedent SCOTT LALIBERTE's death.

WHEREFORE, the Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate of SCOTT LALIBERTE, deceased, demands judgment for damages against the Defendant,

MITSUBISHI, and further demands trial by jury.

COUNT VI - NEGLIGENCE AGAINST MITSUBISHI - DESIGN

57. The Defendant, MITSUBISHI, breached such duties by designing, testing, manufacturing, assembling, inspecting, maintaining, repairing, and replacing THE VEHICLE in such a negligent manner it was likely to have: a) a loss of control; b) overturn; c) have the integrity of the vehicle compromised; and d) have its safety restraint system(s) fail even while being used in an intended and/or reasonably foreseeable manner.

58. The negligent manner in which THE VEHICLE was designed was the direct and proximate cause of the accident, THE VEHICLE's overturning, and subsequent injuries to Plaintiffs.

59. The negligent design of THE VEHICLE was the direct and proximate cause of decedent SCOTT LALIBERTE's death.

WHEREFORE, the Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate of SCOTT LALIBERTE, deceased, demands judgment for damages against the Defendant, MITSUBISHI, and further demands trial by jury.

COUNT VII - NEGLIGENCE AGAINST MITSUBISHI - WARNING(S)

60. At all times material hereto, the use of THE VEHICLE in a manner that was intended and/or reasonably foreseeable by the Defendant, MITSUBISHI, involved substantial danger that would not be readily recognized by an ordinary user of THE VEHICLE.

61. At all times material hereto, this danger(s) was known or knowable by the Defendant, MITSUBISHI, in light of the generally recognized and prevailing best scientific knowledge available at the time of the design, manufacture, and distribution of THE VEHICLE.

62. At all times material hereto, the Defendant, MITSUBISHI, had a duty to provide

adequate warning(s) to the decedent, SCOTT LALIBERTE and other intended or reasonably foreseeable users, on how to use, maintain, and recognize and appreciate the dangers inherent within THE VEHICLE.

63. At all times material hereto, the Defendant, MITSUBISHI, failed to give adequate warning(s) of the danger associated with THE VEHICLE.

64. The lack of and/or negligent warning(s) on or with THE VEHICLE was the direct and proximate cause of the accident, THE VEHICLE's overturning, and subsequent injuries to dededen t.

65. The lack of and/or negligent warning(s) on or with THE VEHICLE was the direct and proximate cause of decedent SCOTT LALIBERTE's death.

WHEREFORE, the Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate of SCOTT LALIBERTE, deceased, demands judgment for damages against the Defendant, MITSUBISHI, and further demands trial by jury.

COUNT VIII - STRICT LIABILITY AGAINST MMNA MANUFACTURING DEFECT(S)

66. At the time THE VEHICLE was manufactured and placed into the stream of commerce by the Defendant, MMNA, THE VEHICLE contained manufacturing defects which were unreasonably dangerous to persons such as the decedent, SCOTT LALIBERTE who was an intended and/or reasonably foreseeable user.

67. As a result of the manufacturing defects, THE VEHICLE failed to perform as safely as an ordinary consumer would expect when utilizing THE VEHICLE in an intended and/or reasonably foreseeable manner.

68. The manufacturing defects in THE VEHICLE were the direct and proximate cause of the accident, THE VEHICLE's overturning, and subsequent injuries to decedent.

69. The manufacturing defects in THE VEHICLE were the direct and proximate cause of decedent SCOTT LALIBERTE's catastrophic bodily injuries which caused his death.

WHEREFORE, the Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate of SCOTT LALIBERTE, deceased, demands judgment for damages against the Defendant, MMNA, and further demands trial by jury.

COUNT IX - STRICT LIABILITY AGAINST MMNA - DESIGN DEFECT(S)

70. At the time THE VEHICLE was designed and placed into the stream of commerce by the Defendant, MMNA, it contained design defects which were unreasonably dangerous to persons such as the decedent, SCOTT LALIBERTE, who was an intended and/or reasonably foreseeable user.

71. As a result of the design defects, THE VEHICLE failed to perform as safely as an ordinary consumer would expect when utilizing THE VEHICLE in an intended and/or reasonably foreseeable manner, and/or the risk of danger inherent in the design of THE VEHICLE outweighed the benefits of its design.

72. The design defects in THE VEHICLE were the direct and proximate cause of the accident, THE VEHICLE's overturning, and subsequent injuries to Plaintiff.

73. The design defects in THE VEHICLE were the direct and proximate cause of decedent SCOTT LALIBERTE's catastrophic bodily injuries which caused his death.

WHEREFORE, the Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate of SCOTT LALIBERTE, deceased, demands judgment for damages against the Defendant, MMNA, and further demands, trial by jury.

COUNT X- STRICT LIABILITY AGAINST MMNA DEFECTIVE WARNING(S)

74. At the time THE VEHICLE was designed, manufactured, and placed into the stream of commerce by the Defendant, MMNA, it lacked and/or contained defective warnings which rendered THE VEHICLE unreasonably dangerous to persons such as the decedent, SCOTT LALIBERTE, who was an intended and/or reasonably foreseeable user.

75. At all times material hereto, THE VEHICLE was maintained and inspected and the warnings read and comprehended as often and as completely as a reasonably prudent person would have done under the same or similar circumstances, and at no time material hereto was THE VEHICLE subjected to any unintended and/or unforeseeable conditions.

76. At all times material hereto, the use of THE VEHICLE in a manner that was intended and/or reasonably foreseeable by the Defendant, MMNA, involved substantial danger that would not be readily recognized by an ordinary user of THE VEHICLE.

77. At all times material hereto, this danger(s) was known or knowable by the Defendant, MMNA, in light of the generally recognized and prevailing best scientific knowledge available at the time of the design, manufacture, and distribution of THE VEHICLE.

78. At all times material hereto, the Defendant, MMNA, had a duty to provide adequate warnings to the decedent, SCOTT LALIBERTE and other intended or reasonably foreseeable users, on how to use, maintain, and recognize and appreciate the dangers inherent within THE VEHICLE.

79. At all times material hereto, the Defendant, MMNA, failed to give adequate warnings of the dangers associated with THE VEHICLE.

80. As a result of the lack of and/or defective warning(s), THE VEHICLE failed to perform as safely as an ordinary consumer would expect when utilizing THE VEHICLE in an

intended and/or reasonably foreseeable manner, and/or the risk of danger inherent in the lack of and/or defective warning(s) on or with THE VEHICLE outweighed the benefits of the warning(s), design, and the use of THE VEHICLE.

81. The lack of and/or defective warning(s) on or with THE VEHICLE were the direct and proximate cause of the accident, THE VEHICLE's overturning, and subsequent injuries to Plaintiffs.

82. The lack of and/or defective warning(s) on or with THE VEHICLE was the direct and proximate cause of decedent SCOTT LALIBERTE's death.

WHEREFORE, the Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate of SCOTT LALIBERTE, deceased, demands judgment for damages against the Defendant, MMNA, and further demands trial by jury.

COUNT XI - NEGLIGENCE AGAINST MMNA - MANUFACTURE

83. The Defendant, MMNA, breached such duties by designing, testing, manufacturing, assembling, inspecting, maintaining, repairing, and replacing THE VEHICLE in such a negligent manner that it was likely to have: a) a loss of control; b) overturn; c) have the integrity of the vehicle compromised; and d) have its safety restraint system(s) fail even while being used in an intended and/or reasonably foreseeable manner.

84. The negligent manner in which THE VEHICLE was manufactured was the direct and proximate cause of the accident, THE VEHICLE's overturning, and subsequent injuries to Plaintiff.

85. The negligent manufacture of THE VEHICLE was the direct and proximate cause of decedent, SCOTT LALIBERTE's death.

WHEREFORE, the Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate

of SCOTT LALIBERTE, deceased, demands judgment for damages against the Defendant, MMNA, and further demands trial by jury.

COUNT XII - NEGLIGENCE AGAINST MMNA - DESIGN

86. The Defendant, MMNA, breached such duties by designing, testing, manufacturing, assembling, inspecting, maintaining, repairing, and replacing THE VEHICLE in such a negligent manner it was likely to have: a) a loss of control; b) overturn; c) have the integrity of the vehicle compromised; and d) have its safety restraint system(s) fail even while being used in an intended and/or reasonably foreseeable manner.

87. The negligent manner in which THE VEHICLE was designed was the direct and proximate cause of the accident, THE VEHICLE's overturning, and subsequent injuries to Plaintiffs.

88. The negligent design of THE VEHICLE was the direct and proximate cause of decedent, SCOTT LALIBERTE's death.

WHEREFORE, the Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate of SCOTT LALIBERTE, deceased, demands judgment for damages against the Defendant, MMNA, and further demands trial by jury.

COUNT XIII - NEGLIGENCE AGAINST MMNA - WARNING(S)

89. At all times material hereto, the use of THE VEHICLE in a manner that was intended and/or reasonably foreseeable by the Defendant, MMNA, involved substantial danger that would not be readily recognized by an ordinary user of THE VEHICLE.

90. At all times material hereto, this danger(s) was known or knowable by the Defendant, MMNA, in light of the generally recognized and prevailing best scientific knowledge available at the time of the design, manufacture, and distribution of THE VEHICLE.

91. At all times material hereto, the Defendant, MMNA, had a duty to provide adequate warning(s) to the decedent, SCOTT LALIBERTE and other intended or reasonably foreseeable users, on how to use, maintain, and recognize and appreciate the dangers inherent within THE VEHICLE.

92. At all times material hereto, the Defendant, MMNA, failed to give adequate warning(s) of the danger associated with THE VEHICLE.

93. The lack of and/or negligent warning(s) on or with THE VEHICLE was the direct and proximate cause of the accident, THE VEHICLE's overturning, and subsequent injuries to dededent.

94. The lack of and/or negligent warning(s) on or with THE VEHICLE was the direct and proximate cause of decedent, SCOTT LALIBERTE's death.

WHEREFORE, the Plaintiff, PETER LALIBERTE, as Personal Representative of the Estate of SCOTT LALIBERTE, deceased, demands judgment for damages against the Defendant, MMNA, and further demands trial by jury.

DATED THIS 27 day of July, 2005.

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MITSUBISHI
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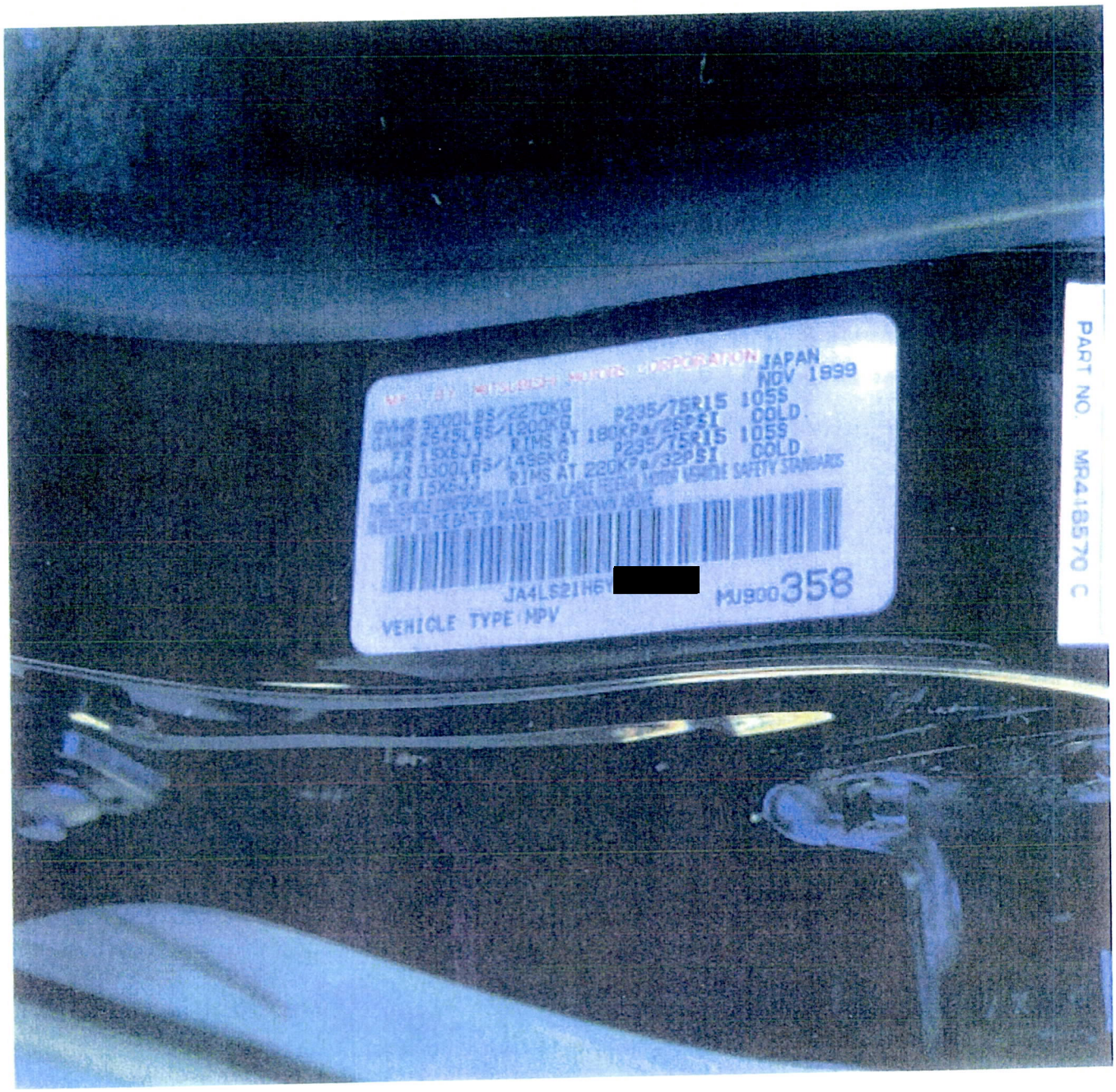
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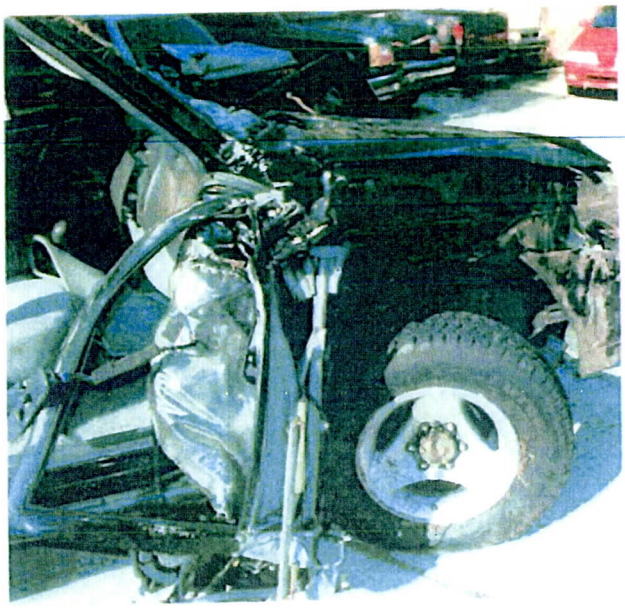

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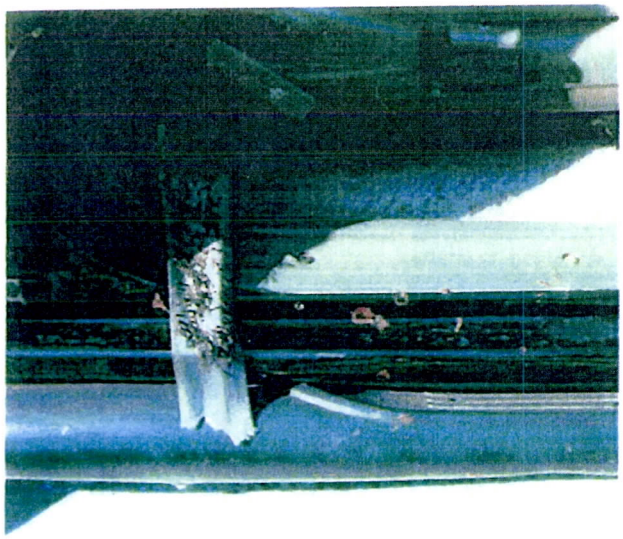

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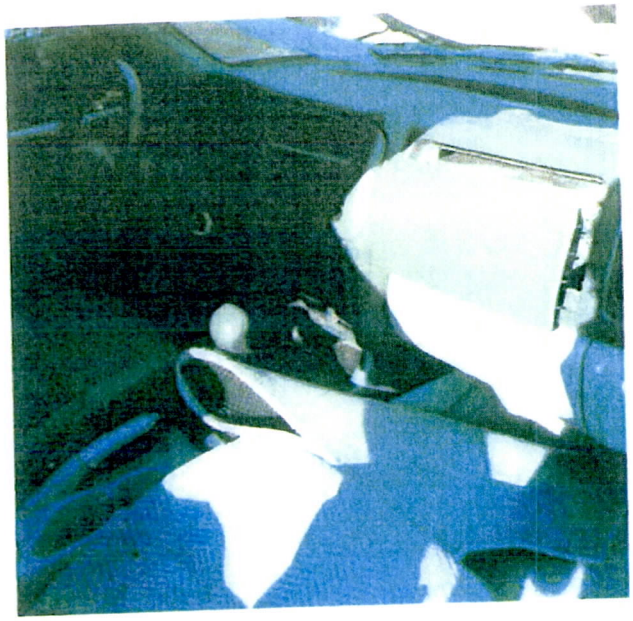

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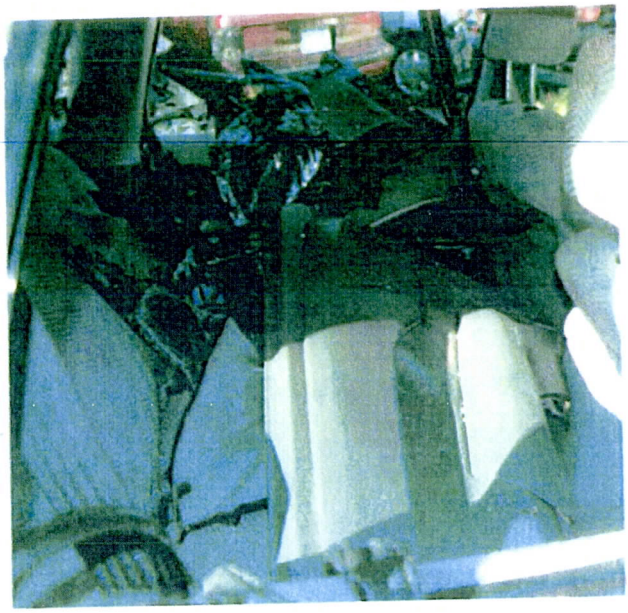

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To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.