U.S. Department of Transportation

National Highway Traffic Safety Administration

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

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
11-MAR-2016 MAY 10 2016	Reference No. 10846180

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	[redacted]
Address	[redacted]	E-mail Address	[redacted]
City SANFORD	State FL	Zip Code [redacted]	Evening Telephone Number [redacted]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2T1BR32E25C[redacted]	TOYOTA	COROLLA	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
3/12/2005	Central FL Toyota			No: Cylinders	
Original Owner ☑	Dealer's City Orlando, FL	State FL	Zip Code 32824		

Transmission Type	Powertrain	Multiple Failure:	Incident Date(s)
☑ Antilock Brakes ☑ Cruise Control			01-MAR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 150000 SEAT BELTS	Failure Mileage	Failure Speed
	125000	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1 3		Y

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

TL* THE CONTACT OWNS A 2005 TOYOTA COROLLA. WHILE DRIVING AT AN UNKNOWN SPEED, THE VEHICLE WAS ~~INVOLVED IN A HEAD ON COLLISION~~ AND THE SEAT BELTS FAILED TO RETRACT ON IMPACT. AS A RESULT, THE CONTACT LUNGED FORWARD, BUMPED HER HEAD AGAINST THE DOOR FRAME, AND LOST CONSCIOUSNESS. THE CONTACT SUSTAINED A CONCUSSION AND THE OTHER TWO PASSENGERS SUSTAINED MINOR BRUISING. ~~ALL THREE OCCUPANTS REQUIRED MEDICAL ASSISTANCE~~ AND A POLICE REPORT WAS FILED. THE VEHICLE WAS TAKEN TO THE DEALER. THE TECHNICIAN WAS UNABLE TO DETERMINE THE CAUSE OF THE FAILURE. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND SENT AN ENGINEER TO INSPECT THE VEHICLE. THE VEHICLE WAS REPAIRED. THE FAILURE MILEAGE WAS 125,000.

It was a side on the front part of the left side of the vehicle. Only 2 passengers were taken to the hospital and received a cat scan. All seat belts failed. Toyota Company claimed nothing wrong with seat belts

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

see police report attached and photos

ACCELERATED CLAIMS, INC.

January 4, 2016

Certified Mailing

[redacted]
Sanford, FL [redacted]

Patient: [redacted]
Hospital Account No.: [redacted]
Date of Service: 12/30/2015
Amount of Charges: $9889.92 (May change due to adjustments)

Dear [redacted]

Pursuant to the Laws of Florida, you are hereby notified that Florida Hospital Waterman claims a lien for hospital care, treatment or services. This lien is not a lien against [redacted] or any other property or assets of thereof and is not evidence of the patient's failure to pay a debt.

Attached is a copy of the lien.

Please keep in mind that this lien does **not** represent any action or judgment against [redacted] and is limited only to any proceeds arising from the following known auto coverages. We may still be in the process of verifying insurance coverage. If we have obtained the insurance information, what we have on file is listed below.

If you have any questions, please feel free to contact me at (877) 932-2235 Extension 735 or you may select Option 2 for more information about the lien process. Thank you for your assistance in this matter.

Sincerely,

Jo Palmer

Jo Palmer
877-932-2235 Ext. 735

Enclosure

Claims, Inc. | P.O. Box 2315 | Kennesaw, GA 30156 | 877.932.2235 | fax 866.399.5885 | HFMA Member

STATE OF FLORIDA TRAFFIC CRASH

[redacted]

LONG FORM ☑ SHORT FORM (Shaded Areas) ☐ UPDATE ☐

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

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

CRASH DATE	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
12/30/2015	2:13 PM	12/30/2015	[redacted]	[redacted]

CRASH IDENTIFIERS

COUNTY CODE	CITY CODE	COUNTY OF CRASH	PLACE OF CITY OF CRASH	CHECK IF WITHIN CITY LIMITS	TIME REPORTED	TIME DISPATCHED
12	32	LAKE	EUSTIS	☑	2:14 PM	2:14 PM

TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED	REASON (If Investigation NOT Complete)	Notified By: 1 Motorist 2 Law Enforcement
2:16 PM	2:59 PM	☑		2

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY	1 AT STREET ADDRESS #	2 AT LATITUDE AND LONGITUDE
S BAY ST (SR 19)		

AT FEET	OR MILES	N ☐ S ☐ E ☐ W ☐	3 AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY	4 OR FROM MILEPOST #
			E LEMON AVE	

Road System Identifier: 3 — 1 Interstate, 2 U.S., 3 State, 4 County, 5 Local, 6 Turnpike/Toll, 7 Forest Road, 8 Private Roadway, 9 Parking Lot, 77 All other, Explain in Narrative

Type of Shoulder: 3 — 1 Paved, 2 Unpaved, 3 Curb

Type of Intersection: 2 — 1 Not at Intersection, 2 Four Way Intersection, 3 T Intersection, 4 Y Intersection, 5 Traffic Circle, 6 Roundabout, 7 Five Point, or More, 77 Other, Explain in Narrative

CRASH INFORMATION (CHECK IF PICTURES TAKEN ☐)

Light Condition: 1 — 1 Daylight, 2 Dusk, 3 Dawn, 4 Dark Lighted, 5 Dark Not Lighted, 6 Dark Unknown Lighting, 77 Other, Explain in Narrative, 88 Unknown

Weather Condition: 1 — 1 Clear, 2 Cloudy, 3 Rain, 4 Fog, Smog, Smoke, 5 Sleet/Hail/Freezing Rain, 6 Blowing Sand, Soil, Dirt, 7 Severe Crosswinds, 77 Other, Explain in Narrative

Roadway Surface Condition: 1 — 1 Dry, 2 Wet, 4 Ice/Frost, 5 Oil, 6 Mud, Dirt, Gravel, 7 Sand, 8 Water (standing/moving), 77 Other, Explain in Narrative, 88 Unknown

School Bus Related: 1 — 1 No, 2 Yes, School Bus Directly Involved, 3 Yes, School Bus Indirectly Involved

Manner of Collision/Impact: 4 — 1 Front to Rear, 2 Front to Front, 3 Angle, 4 Sideswipe, same direction, 5 Sideswipe, Opposite Direction, 6 Rear to Side, 7 Rear to Rear, 77 Other, Explain in Narrative, 88 Unknown

First Harmful Event: 14

Non-Collision: 1 Overturn/Rollover, 2 Fire/Explosion, 3 Immersion, 4 Jackknife, 5 Cargo/Equipment Loss or Shift, 6 Fell/Jumped from Motor Vehicle, 7 Thrown or Falling Object, 8 Ran into Water/Canal, 9 Other Non Collision

Collision-non Fixed Object: 10 Pedestrian, 11 Pedalcycle, 12 Railway Vehicle (train, engine), 13 Animal, 14 Motor Vehicle in Transport, 15 Parked Motor Vehicle, 16 Work Zone / Maintenance Equipment, 17 Struck By Falling, Shifting Cargo, 18 Other Non Fixed Object

Collision with Fixed Object: 19 Impact Attenuator/Crash Cushion, 20 Bridge Overhead Structure, 21 Bridge Pier or Support, 22 Bridge Rail, 23 Culvert, 24 Curb, 25 Ditch, 26 Embankment, 27 Guardrail Face, 28 Guardrail End, 29 Cable Barrier, 30 Concrete Traffic Barrier, 31 Other Traffic Barrier, 32 Tree (standing), 33 Utility Pole/Light Support, 34 Traffic Sign Support, 35 Traffic Signal Support, 36 Other Post, Pole or Support, 37 Fence, 38 Mailbox, 39 Other Fixed Object (wall, building, tunnel, etc.)

First Harmful Event within Interchange: 1 — 1 No, 2 Yes, 88 Unknown

First Harmful Event Location: 1 — 1 On Roadway, 2 Off Roadway, 3 Shoulder, 4 Median, 6 Gore, 7 Separator, 8 In Parking Lane or Zone, 9 Outside Right of way, 10 Roadside, 88 Unknown

First Harmful Event Relation to Junction: 2 — 1 Non Junction, 2 Intersection, 3 Intersection Related, 4 Driveway/ Alley Access Related, 5 Railway Grade Crossing, 14 Entrance/Exit Ramp, 15 Crossover Related, 16 Shared Use Path or Trail, 17 Acceleration/Deceleration Lane, 18 Through Roadway, 77 Other Location, 88 Unknown

Contributing Circumstances: Road: 1 — 1 None, 4 Work Zone (construction/maintenance/ utility), 6 Shoulders (none, low, soft, high), 7 Rut, Holes, Bumps, 9 Worn, Travel Polished Surface, 10 Road Surface Condition(wet, icy, snow, slush, etc.), 11 Obstruction in Roadway, 12 Debris, 13 Traffic Control Device Inoperative, Missing or Obscured, 14 Non Highway Work, 77 Other, Explain in Narrative, 88 Unknown

Contributing Circumstances: Environment: 1 — 1 None, 2 Weather Conditions, 3 Physical Obstruction(s), 4 Glare, 5 Animal(s) in Roadway, 77 Other, Explain in Narrative, 88 Unknown

Work Zone related: 1 — 1 No, 2 Yes, 88 Unknown

Crash in Work Zone: 1 Before the First Work Zone Warning Sign, 2 Advance Warning Area, 3 Transition Area, 4 Activity Area, 5 Termination Area

Type of Work Zone: 1 Lane Closure, 2 Lane Shift/Crossover, 3 Work on Shoulder or Median, 4 Intermittent or Moving Work, 77 Other, Explain in Narrative

Workers in Work Zone: 1 No, 2 Yes, 88 Unknown

Law Enforcement in Work Zone: 1 No, 2 Officer Present, 3 Law Enforcement Vehicle Only Present

WITNESSES

NAME	ADDRESS	CITY & STATE	ZIP CODE	TELEPHONE
[redacted]	[redacted]	ALTOONA FL	[redacted]	[redacted]
NAME	ADDRESS	CITY & STATE	ZIP CODE	TELEPHONE
NAME	ADDRESS	CITY & STATE	ZIP CODE	TELEPHONE

NON VEHICLE PROPERTY DAMAGE

VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business) ☐	ADDRESS	CITY & STATE	ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business) ☐	ADDRESS	CITY & STATE	ZIP CODE

VEHICLE # 1 | Check if Commercial ☐ | REPORTING AGENCY CASE NUMBER [redacted] | HSMV CRASH REPORT NUMBER [redacted]

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN
1	[redacted]	FL	05/2016	☐	2T1BR32E25[redacted]

Hit and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	EST. DAMAGE
1	2005	TOYT	COA	4D	Silver, Aluminum	1	$3,000

INSURANCE COMPANY (Driver)	INSURANCE POLICY NUMBER	Towed due to Damage: 1No 2 Yes	VEHICLE REMOVED BY	1. Rotation 2. Owner Request 3. Driver 77. Other, Explain in Narrative
ALLSTATE	[redacted]	2	EUSTIS AMACO	2

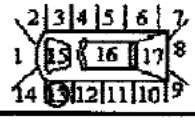
NAME OF VEHICLE OWNER (Check if Business) ☐	CURRENT ADDRESS	CITY & STATE	ZIP CODE
[redacted]	[redacted]	SANFORD, FL	[redacted]

TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
				☐					
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
				☐					

VEHICLE TRAVELING	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY	AT EST. SPEED	POSTED SPEED	TOTAL LANES
	☐	☑	☐	☐	☐	☐	S Bay St	35	35	2

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT NUMBER	HAZ. MAT CLASS
☐	☐		

Area of Initial Impact / Most Damaged Area



MOTOR CARRIER NAME	US DOT NUMBER

MOTOR CARRIER ADDRESS	CITY & STATE	ZIP CODE	PHONE NUMBER

Vehicle Body Type: 1

1 Passenger Car, 2 Passenger Van, 3 Pickup, 7 Motor Home, 8 Bus, 11 Motorcycle, 12 Moped, 13 All Terrain Vehicle (ATV), 15 Low Speed Vehicle, 16 (Sport) Utility Vehicle, 17 Cargo Van (10,000 lbs or less), 18 Motor Coach, 19 Other Light Trucks (10,000 lbs or less), 20 Medium / Heavy Trucks (more than 10,000 lbs (4,536 kg)), 21 Farm Labor Vehicle, 77 Other, Explain in Narrative, 88 Unknown

Trafficway: 1

1 Two Way, Not Divided; 2 Two Way, Not Divided, with a Continuous Left Turn Lane; 3 Two Way, Divided, Unprotected (painted >4 feet) Median; 4 Two Way, Divided, Positive Median Barrier; 5 One Way Trafficway; 88 Unknown

Commercial Motor Vehicle Configuration: ☐

1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials; 2 Single Unit Truck (2 axle and GVWR more than10,000 lbs (4,536 kg)); 3 Single Unit Truck (3 or more axles); 4 Truck Pulling Trailer(s); 5 Truck Tractor (bobtail); 6 Truck Tractor/Semi Trailer; 7 Truck Tractor/Double Truck; 8 Tractor/Triple; 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify; 10 Bus/Large Van (seats for 9 15 occupants, including driver); 11 Bus (seats for more than 15 occupants, including driver); 77 Other, Explain in Narrative; 88 Unknown

Trailer Type: TRAILER 1 ☐ TRAILER 2 ☐

1 Single Semi Trailer, 2 Tandem Semi Trailer, 3 Tank Trailer, 4 Saddle Mount/Trailer, 5 Boat Trailer, 6 Utility Trailer, 7 House Trailer, 8 Pole Trailer, 9 Towed Vehicle, 10 Auto Transport, 77 Other, Explain in Narrative, 88 Unknown

Cargo Body Type: ☐

1 No Cargo, 2 Bus, 3 Van/Enclosed Box, 4 Hopper, 5 Pole Trailer, 6 Cargo Tank, 7 Flatbed, 8 Dump, 9 Concrete Mixer, 10 Auto Transport, 11 Garbage/Refuse, 12 Log, 13 Intermodal Container Chassis, 14 Vehicle Towing Another Vehicle, 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard), 77 Other, Explain in Narrative, 88 Unknown

Comm/Non-Commercial: ☐

1 Interstate Carrier, 2 Intrastate Carrier, 3 Not in Commerce/Government, 4 Not in Commerce/Other Truck

Comm GVWR/GCWR: ☐

1 10,000 lbs (4,536 kg) or less, 2 10,001 26,000 lbs (4,536 11,793 kg), 3 More than 26,000 lbs (11,793 kg), 4 Not Applicable

Most Harmful Event: 14

Non Collision: 1 Overturn/Rollover, 2 Fire/Explosion, 3 Immersion, 4 Jackknife, 5 Cargo/Equipment Loss or Shift, 6 Fell/Jumped From Motor Vehicle, 7 Thrown or Falling Object, 8 Ran into Water/ Canal, 9 Other Non Collision

Collision with Non-Fixed Object: 10 Pedestrian, 11 Pedalcycle, 12 Railway Vehicle (train, engine), 13 Animal, 14 Motor Vehicle in Transport, 15 Parked Motor Vehicle, 16 Work Zone / Maintenance Equipment, 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle, 18 Other Non Fixed Object

Collision Fixed Object: 19 Impact Attenuator/Crash Cushion, 20 Bridge Overhead Structure, 21 Bridge Pier or Support, 22 Bridge Rail, 23 Culvert, 24 Curb, 25 Ditch, 26 Embankment, 27 Guardrail Face, 28 Guardrail End, 29 Cable Barrier, 30 Concrete Traffic Barrier, 31 Other Traffic Barrier, 32 Tree (standing), 33 Utility Pole/Light Support, 34 Traffic Sign Support, 35 Traffic Signal Support, 36 Other Post, Pole, or Support, 37 Fence, 38 Mailbox, 39 Other Fixed Object (wall, building, tunnel, etc.)

Sequence of Events

1st	2nd	3rd	4th
14			

(40-46 Sequence of Events only): 40 Equipment Failure (blown tire, brake failure, etc.), 41 Separation of Units, 42 Ran Off Roadway, Right, 43 Ran Off Roadway, Left, 44 Cross Median, 45 Cross Centerline, 46 Downhill Runaway

Emergency Vehicle Use: 1

1 No, 2 Yes, 88 Unknown

Roadway Grade: 1

1 Level, 2 Hillcrest, 3 Uphill, 4 Downhill, 5 Sag (bottom)

Roadway Alignment: 1

1 Straight, 2 Curve Right, 3 Curve Left

Vehicle Maneuver Action: 6

1 Straight Ahead, 3 Turning Left, 4 Backing, 5 Turning Right, 6 Changing Lanes, 8 Parked, 10 Making U Turn, 11 Overtaking/ Passing, 13 Stopped in Traffic, 14 Slowing, 15 Negotiating a Curve, 16 Leaving Traffic Lane, 17 Entering Traffic Lane, 77 Other, Explain in Narrative, 88 Unknown

Traffic Control Device For This Vehicle: 1

1 No Controls, 4 School Zone Sign/ Device, 5 Traffic Control Signal, 6 Stop Sign, 7 Yield Sign, 8 Flashing Signal, 9 Railway Crossing Device, 10 Person (including Flagman, Officer, Guard, etc.), 13 Warning Sign, 77 Other, Explain in Narrative, 88 Unknown

Vehicle Defects: 1 ☐

1 None, 2 Brakes, 3 Tires, 4 Lights (head, signal, tail), 6 Steering, 7 Wipers, 9 Exhaust System, 10 Body, Doors, 11 Power Train, 12 Suspension, 13 Wheels, 14 Windows/ Windshield, 15 Mirrors, 16 Truck Coupling / Trailer Hitch / Safety Chains, 77 Other, Explain in Narrative, 88 Unknown

Special Function of Motor Vehicle: 1

1 No Special Function, 2 Farm Vehicle, 3 Police, 7 Taxi, 8 Military, 9 Ambulance, 10 Fire Truck, 11 Farm Labor Transport, 12 School Bus, 13 Transit/ Commuter Bus, 14 Intercity Bus, 15 Charter/Tour Bus, 16 Shuttle Bus, 17 Farm Labor Bus, 88 Unknown

VIOLATIONS

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

PERSON 1

REPORTING AGENCY CASE NUMBER: [redacted]

HSMV CRASH REPORT NUMBER: [redacted]

1 Driver, 2 Non Motorist, 3 Passenger: 1

VEHICLE #: 1

NAME: [redacted]

PHONE NUMBER: [redacted]

Check if Recommend Driver Re exam: ☐

CURRENT ADDRESS (Number and Street): [redacted]

CITY & STATE: SANFORD, FL

ZIP CODE: [redacted]

DATE OF BIRTH: [redacted]

SEX: 1 Male, 2 Female, 88 Unknown: 1

DRIVER LICENSE NUMBER: [redacted]

STATE: FL

EXPIRES: 05/2019

INJURY SEVERITY: 1 None, 2 Possible, 3 Non incapacitating, 4 Incapacitating, 5 Fatal (within 30 days), 6 Non Traffic Fatality: 4

DRIVER

DL Type: 5 (1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper –Rest 7 None)

Required Endorsements: 3 (1 Yes 2 No 3 No Req. Endorsement)

Drivers Actions at Time of Crash

1st: 30

2nd:

3rd:

4th:

1 No Contributing Action
2 Operated MV in Careless or Negligent Manner
3 Failed to Yield Right of Way
4 Improper Backing
6 Improper Turn
10 Followed too Closely
11 Ran Red Light
12 Drove too Fast for Conditions
13 Ran Stop Sign
15 Improper Passing
17 Exceeded Posted Speed
21 Wrong Side of Wrong Way
25 Failed to keepin Proper Lane
26 Ran off Roadway
27 Disregarded other Traffic Sign
28 Disregarded Other Road Markings
29 Over Correcting/Over Steering
30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non Motorist in Roadway, etc.
31 Operated MV in Erratic, Reckless or Aggressive Manner
77 Other Contributing Action

Condition At Time of Crash: 1 (1 Apparently Normal, 3 Asleep or Fatigued, 5 Ill (sick) or Fainted, 6 Seizure, Epilepsy, Blackout, 7 Physically Impaired, 8 Emotional (depression, angry, disturbed, etc.), 9 Under the Influence of Medications/Drugs/Alcohol, 77 Other, Explain In Narrative, 88 Unknown)

Driver Distracted By: 1 (1 Not Distracted, 2 Electronic Communication Devices (cell phone, etc.), 3 Other Electronic Device (navigation device, DVD player), 4 Other Inside the Vehicle (explain in narrative), 5 External Distraction (outside the vehicle, explain in narrative), 6 Texting, 7 Inattentive, 88 Unknown)

Driver Vision Obstructions: 1 (1 Vision Not Obscured, 2 Inclement Weather, 3 Parked / Stopped Vehicle, 4 Trees / Crops / Bushes, 5 Load on Vehicle, 6 Building / Fixed Object, 7 Signs / Billboards, 8 Fog, 9 Smoke, 10 Glare, 77 All Other, Explain in Narrative)

DRIVER OR PASSENGER

Helmet Use (HU): 3 (1 DOT Compliant Motorcycle Helmet, 2 Other Helmet, 3 No Helmet)

Eye Protection (EP): 3 (1 Yes, 2 No, 3 Not Applicable)

Restraint Systems (RS): 3 (1 Not Applicable (non-motorist), 2 None Used - Motor Vehicle Occupant, 3 Shoulder and Lap Belt Used, 4 Shoulder Belt Only Used, 5 Lap Belt Only Used, 6 Restraint Used - Type Uknown, 7 Child Restraint System - Forward Facing, 8 Child Restraint System - Read Facing, 9 Booster Seat, 10 Child Restraint Type Uknown, 77 Other, Explain in Narrative)

Motor Vehicle Seating Position:

LOCATION: (LOC) SEAT: 1 ROW: 1 OTHER: 1

Seat: 1 Left, 2 Middle, 3 Right, 77 Other (explain in narrative), 88 Unknown

Row: 1 Front, 2 Second, 3 Third, 4 Fourth, 77 Other Row, 88 Unknown

Other: 1 Not Applicable, 2 Sleeper Section of Truck Cab, 3 Other Enclosed Cargo Area, 4 Unenclosed Cargo Area, 5 Trailing Unit, 6 Riding on Motor Vehicle Exterior (non-trailing unit), 88 Unknown

Ejection (EJECT): 1 (1 Not Ejected, 2 Ejected, Totally, 3 Ejected, Partially, 4 Not Applicable, 88 Unknown)

Air Bag Deployed (ABD): 1 (1 Not Applicable, 2 Not Deployed, 3 Deployed-Front, 4 Deployed-Side, 5 Deployed-Other (knee, air belt, etc.), 6 Deployed-Combination, 7 Deployed-Curtain, 88 Deployment Uknown)

NON-MOTORIST

Non-Motorist Description: (1 Pedestrian, 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.), 3 Bicyclist, 4 Other Cyclist, 5 Occupant of Motor Vehicle Not in Transport (parked, etc.), 6 Occupant of a Non Motor Vehicle Transportation Device, 7 Unknown Type of Non Motorist)

Non-Motorist Location At Time of Crash: (1 Intersection Marked Crosswalk, 2 Intersection Unmarked Crosswalk, 3 Intersection –Other, 4 Midblock Marked Crosswalk, 5 Travel Lane Other Location, 6 Bicycle Lane, 7 Shoulder/Roadside, 8 Sidewalk, 9 Median/Crossing Island, 10 Driveway Access, 11 Shared Use Path or Trail, 12 Non Trafficway Area, 77 Other, Explain in Narrative, 88 Unknown)

Action Prior to Crash: (1 Crossing Roadway, 2 Waiting to Cross Roadway, 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane), 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane), 5 Walking/Cycling on Sidewalk, 6 In Roadway Other (working, playing, etc.), 7 Adjacent to Roadway (e.g., shoulder, median), 8 Going to or from School (K 12), 9 Working in Trafficway (incident response), 10 None, 77 Other, Explain in Narrative, 88 Unknown)

Non-Motorist Actions/Circumstances

1st:

2nd:

1 No Improper Action, 2 Dart/Dash, 3 Failure to Yield Right of Way, 4 Failure to Obey Traffic Signs, Signals, or Officer, 5 In Roadway Improperly (standing, lying, working, playing), 6 Disabled Vehicle Related (working on, pushing, leaving/approaching), 7 Entering/Exiting Parked/Standing Vehicle, 8 Inattentive (talking, eating, etc), 9 Not Visible (dark clothing, no lighting, etc.), 10 Improper Turn/Merge, 11 Improper Passing, 12 Wrong Way Riding or Walking, 77 Other, Explain in Narrative, 88 Unknown

Safety Equipment: (1 None, 2 Helmet, 3 Protective Pads Used (elbows, knees, shins, etc.), 4 Reflective Clothing (jacket, backpack, etc.), 5 Lighting, 6 Not Applicable, 77 Other, Explain in Narrative, 88 Unknown)

ALCOHOL OR DRUG EMS

SUSPECTED ALCOHOL USE: 1 (1 No, 2 Yes, 88 Unknown)

ALCOHOL TESTED: (1 Test Not Given, 2 Test Refused, 3 Test Given, 88 Unknown if Tested)

ALCOHOL TEST TYPE: (1 Blood, 2 Breath, 3 Urine, 77 Other, Explain in Narrative)

ALCOHOL TEST RESULT: (1 Pending, 2 Completed, 88 Unknown)

BAC:

SUSPECTED DRUG USE: 1 (1 No, 2 Yes, 88 Unknown)

DRUG TESTED: (1 Test Not Given, 2 Test Refused, 3 Test Given, 88 Unknown if Tested)

DRUG TEST TYPE: (1 Blood, 3 Urine, 77 Other, Explain in Narrative)

DRUG TEST RESULT: (1 Positive, 2 Negative, 3 Pending, 88 Unknown)

SOURCE OF TRANSPORT TO MEDICAL FACILITY: 2 (1 Not Transported, 2 EMS, 3 Law Enforcement, 77 Other, Explain in Narrative, 88 Unknown)

EMS AGENCY NAME OR ID: Lake EMS

EMS RUN NUMBER: 530919

MEDICAL FACILITY TRANSPORTED TO: Florida Hospital Waterman

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
3	1	[redacted]	[redacted]	3	2	3	1	1	1	3	3	1	3

CURRENT ADDRESS (Number and Street): [redacted]

CITY & STATE: LEESBURG, FL

ZIP CODE: [redacted]

SOURCE OF TRANSPORT TO MEDICAL FACILITY: 1 (1 Not Transported, 2 EMS, 3 Law Enforcement, 77 Other, Explain in Narrative, 88 Unknown)

EMS AGENCY NAME OR ID:

EMS RUN NUMBER:

MEDICAL FACILITY TRANSPORTED TO:

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
4	1	[redacted]	[redacted]	2	2	3	2	1	1	3	3	1	3

CURRENT ADDRESS (Number and Street): [redacted]

CITY & STATE: MOUNT DORA, FL

ZIP CODE: [redacted]

SOURCE OF TRANSPORT TO MEDICAL FACILITY: 1 (1 Not Transported, 2 EMS, 3 Law Enforcement, 77 Other, Explain in Narrative, 88 Unknown)

EMS AGENCY NAME OR ID:

EMS RUN NUMBER:

MEDICAL FACILITY TRANSPORTED TO:

VEHICLE # 2 — Check if Commercial ☐

REPORTING AGENCY CASE NUMBER: [redacted] | HSMV CRASH REPORT NUMBER: [redacted]

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN
1	[redacted]	FL	12/2016	☐	4T3ZF13C51U[redacted]

Hit and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	EST. DAMAGE
1	2001	TOYT	SNA	VN	Green	1	$3,000

INSURANCE COMPANY (Driver)	INSURANCE POLICY NUMBER	Towed due to Damage: 1No 2 Yes	VEHICLE REMOVED BY	1. Rotation 2. Owner Request 3. Driver 77. Other, Explain in Narrative
STATE FARM	[redacted]	2	EUSTIS AMACO	2

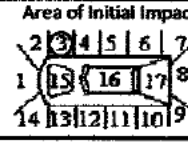
NAME OF VEHICLE OWNER (Check if Business) ☐	CURRENT ADDRESS	CITY & STATE	ZIP CODE
[redacted]	[redacted]	DILLONVALE, OH	[redacted]

TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
				☐					
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
				☐					

VEHICLE TRAVELING	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY	AT EST. SPEED	POSTED SPEED	TOTAL LANES
	☐	☑	☐	☐	☐	☐	S Bay St.	35	35	2

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT NUMBER	HAZ. MAT CLASS
☐	☐		

Area of Initial Impact / Most Damaged Area



MOTOR CARRIER NAME	US DOT NUMBER

MOTOR CARRIER ADDRESS	CITY & STATE	ZIP CODE	PHONE NUMBER

Vehicle Body Type
2
1 Passenger Car, 2 Passenger Van, 3 Pickup, 7 Motor Home, 8 Bus, 11 Motorcycle, 12 Moped, 13 All Terrain Vehicle (ATV), 15 Low Speed Vehicle, 16 (Sport) Utility Vehicle, 17 Cargo Van (10,000 lbs or less), 18 Motor Coach, 19 Other Light Trucks (10,000 lbs or less), 20 Medium / Heavy Trucks (more than 10,000 lbs (4,536 kg)), 21 Farm Labor Vehicle, 77 Other, Explain in Narrative, 88 Unknown

Trafficway
1
1 Two Way, Not Divided; 2 Two Way, Not Divided, with a Continuous Left Turn Lane; 3 Two Way, Divided, Unprotected (painted >4 feet) Median; 4 Two Way, Divided, Positive Median Barrier; 5 One Way Trafficway; 88 Unknown

Commercial Motor Vehicle Configuration
☐
1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials; 2 Single Unit Truck (2 axle and GVWR more than10,000 lbs (4,536 kg)); 3 Single Unit Truck (3 or more axles); 4 Truck Pulling Trailer(s); 5 Truck Tractor (bobtail); 6 Truck Tractor/Semi Trailer; 7 Truck Tractor/Double Truck; 8 Tractor/Triple; 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify; 10 Bus/Large Van (seats for 9 15 occupants, including driver); 11 Bus (seats for more than 15 occupants, including driver); 77 Other, Explain in Narrative; 88 Unknown

Trailer Type
TRAILER 1 ☐ TRAILER 2 ☐
1 Single Semi Trailer; 2 Tandem Semi Trailer; 3 Tank Trailer; 4 Saddle Mount/Trailer; 5 Boat Trailer; 6 Utility Trailer; 7 House Trailer; 8 Pole Trailer; 9 Towed Vehicle; 10 Auto Transport; 77 Other, Explain in Narrative; 88 Unknown

Cargo Body Type
☐ 1 No Cargo 2 Bus
3 Van/Enclosed Box; 4 Hopper; 5 Pole Trailer; 6 Cargo Tank; 7 Flatbed; 8 Dump; 9 Concrete Mixer; 10 Auto Transport; 11 Garbage/Refuse; 12 Log; 13 Intermodal Container Chassis; 14 Vehicle Towing Another Vehicle; 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard); 77 Other, Explain in Narrative; 88 Unknown

Comm/Non-Commercial
☐
1 Interstate Carrier; 2 Intrastate Carrier; 3 Not in Commerce/Government; 4 Not in Commerce/Other Truck

Comm GVWR/GCWR
☐
1 10,000 lbs (4,536 kg) or less; 2 10,001 26,000 lbs (4,536 11,793 kg); 3 More than 26,000 lbs (11,793 kg); 4 Not Applicable

Most Harmful Event
14

Non Collision
1 Overturn/Rollover; 2 Fire/Explosion; 3 Immersion; 4 Jackknife; 5 Cargo/Equipment Loss or Shift; 6 Fell/Jumped From Motor Vehicle; 7 Thrown or Falling Object; 8 Ran into Water/ Canal; 9 Other Non Collision

Sequence of Events
1st: 14 — 2nd: 24 — 3rd: — 4th:

[40-46 Sequence of Events only]
40 Equipment Failure (blown tire, brake failure, etc.); 41 Separation of Units; 42 Ran Off Roadway, Right; 43 Ran Off Roadway, Left; 44 Cross Median; 45 Cross Centerline; 46 Downhill Runaway

Collision with Non-Fixed Object
10 Pedestrian; 11 Pedalcycle; 12 Railway Vehicle (train, engine); 13 Animal; 14 Motor Vehicle in Transport; 15 Parked Motor Vehicle; 16 Work Zone / Maintenance Equipment; 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle; 18 Other Non Fixed Object

Collision Fixed Object
19 Impact Attenuator/Crash Cushion; 20 Bridge Overhead Structure; 21 Bridge Pier or Support; 22 Bridge Rail; 23 Culvert; 24 Curb; 25 Ditch; 26 Embankment; 27 Guardrail Face; 28 Guardrail End; 29 Cable Barrier; 30 Concrete Traffic Barrier; 31 Other Traffic Barrier; 32 Tree (standing); 33 Utility Pole/Light Support; 34 Traffic Sign Support; 35 Traffic Signal Support; 36 Other Post, Pole, or Support; 37 Fence; 38 Mailbox; 39 Other Fixed Object (wall, building, tunnel, etc.)

Emergency Vehicle Use
1
1 No; 2 Yes; 88 Unknown

Roadway Grade
1
1 Level; 2 Hillcrest; 3 Uphill; 4 Downhill; 5 Sag (bottom)

Roadway Alignment
1
1 Straight; 2 Curve Right; 3 Curve Left

Vehicle Maneuver Action
1
1 Straight Ahead; 3 Turning Left; 4 Backing; 5 Turning Right; 6 Changing Lanes; 8 Parked; 10 Making U Turn; 11 Overtaking/ Passing; 13 Stopped in Traffic; 14 Slowing; 15 Negotiating a Curve; 16 Leaving Traffic Lane; 17 Entering Traffic Lane; 77 Other, Explain in Narrative; 88 Unknown

Traffic Control Device For This Vehicle
1
1 No Controls; 4 School Zone Sign/ Device; 5 Traffic Control Signal; 6 Stop Sign; 7 Yield Sign; 8 Flashing Signal; 9 Railway Crossing Device; 10 Person (including Flagman, Officer, Guard, etc.); 13 Warning Sign; 77 Other, Explain in Narrative; 88 Unknown

Vehicle Defects
1 ☐
1 None; 2 Brakes; 3 Tires; 4 Lights (head, signal, tail); 6 Steering; 7 Wipers; 9 Exhaust System; 10 Body, Doors; 11 Power Train; 12 Suspension; 13 Wheels; 14 Windows/ Windshield; 15 Mirrors; 16 Truck Coupling / Trailer Hitch / Safety Chains; 77 Other, Explain in Narrative; 88 Unknown

Special Function of Motor Vehicle
1
1 No Special Function; 2 Farm Vehicle; 3 Police; 7 Taxi; 8 Military; 9 Ambulance; 10 Fire Truck; 11 Farm Labor Transport; 12 School Bus; 13 Transit/ Commuter Bus; 14 Intercity Bus; 15 Charter/Tour Bus; 16 Shuttle Bus; 17 Farm Labor Bus; 88 Unknown

VIOLATIONS

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

PERSON 2

REPORTING AGENCY CASE NUMBER: [redacted]

HSMV CRASH REPORT NUMBER: [redacted]

1 Driver, 2 Non Motorist, 3 Passenger: 1

VEHICLE #: 2

NAME: [redacted]

PHONE NUMBER:

Check if Recommend Driver Re exam:

CURRENT ADDRESS (Number and Street): [redacted]

CITY & STATE: UMATILLA, FL

ZIP CODE: [redacted]

DATE OF BIRTH: [redacted]

SEX: 1 Male, 2 Female, 88 Unknown: 2

DRIVER LICENSE NUMBER: [redacted]

STATE: FL

EXPIRES: 08/2020

INJURY SEVERITY: 1 None, 2 Possible, 3 Non incapacitating, 4 Incapacitating, 5 Fatal (within 30 days), 6 Non Traffic Fatality: 2

DRIVER

DL Type: 2
1 A 2 B 3 C, 4 D/Chauffeur, 5 E/Operator, 6 E/Oper –Rest, 7 None

Required Endorsements: 3
1 Yes, 2 No, 3 No Req. Endorsement

Drivers Actions at Time of Crash
1st: 1
2nd:
3rd: 1
4th:
1 No Contributing Action, 2 Operated MV in Careless or Negligent Manner, 3 Failed to Yield Right of Way, 4 Improper Backing, 6 Improper Turn, 10 Followed too Closely, 11 Ran Red Light, 12 Drove too Fast for Conditions, 13 Ran Stop Sign, 15 Improper Passing, 17 Exceeded Posted Speed, 21 Wrong Side of Wrong Way, 25 Failed to keepin Proper Lane, 26 Ran off Roadway, 27 Disregarded other Traffic Sign, 28 Disregarded Other Road Markings, 29 Over Correcting/Over Steering, 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non Motorist in Roadway, etc., 31 Operated MV in Erratic, Reckless or Aggressive Manner, 77 Other Contributing Action

Condition At Time of Crash: 1
1 Apparently Normal, 3 Asleep or Fatigued, 5 Ill (Sick) or Fainted, 6 Seizure, Epilepsy, Blackout, 7 Physically Impaired, 8 Emotional (depression, angry, disturbed, etc.), 9 Under the Influence of Medications/Drugs/Alcohol, 77 Other, Explain in Narrative, 88 Unknown

Driver Distracted By: 1
1 Not Distracted, 2 Electronic Communication Devices (cell phone, etc.), 3 Other Electronic Device (navigation device, DVD player), 4 Other Inside the Vehicle (explain in narrative), 5 External Distraction (outside the vehicle, explain in narrative), 6 Texting, 7 Inattentive, 88 Unknown

Driver Vision Obstructions: 1
1 Vision Not Obscured, 2 Inclement Weather, 3 Parked / Stopped Vehicle, 4 Trees / Crops / Bushes, 5 Load on Vehicle, 6 Building / Fixed Object, 7 Signs / Billboards, 8 Fog, 9 Smoke, 10 Glare, 77 All Other, Explain in Narrative

DRIVER OR PASSENGER

Helmet Use (HU): 3
1 DOT Compliant Motorcycle Helmet, 2 Other Helmet, 3 No Helmet

Eye Protection (EP): 3
1 Yes, 2 No, 3 Not Applicable

Restraint Systems (RS): 4
1 Not Applicable (non-motorist), 2 None Used - Motor Vehicle Occupant, 3 Shoulder and Lap Belt Used, 4 Shoulder Belt Only Used, 5 Lap Belt Only Used, 6 Restraint Used - Type Uknown, 7 Child Restraint System - Forward Facing, 8 Child Restraint System - Read Facing, 9 Booster Seat, 10 Child Restraint Type Uknown, 77 Other, Explain in Narrative

DRIVER OR PASSENGER

Motor Vehicle Seating Position:

LOCATION (LOC): SEAT 1, ROW 1, OTHER 1

Seat: 1 Left, 2 Middle, 3 Right, 77 Other (explain in narrative), 88 Unknown

Row: 1 Front, 2 Second, 3 Third, 4 Fourth, 77 Other Row, 88 Unknown

Other: 1 Not Applicable, 2 Sleeper Section of Truck Cab, 3 Other Enclosed Cargo Area, 4 Unenclosed Cargo Area, 5 Trailing Unit, 6 Riding on Motor Vehicle Exterior (non-trailing unit), 88 Unknown

Ejection (EJECT): 1
1 Not Ejected, 2 Ejected, Totally, 3 Ejected, Partially, 4 Not Applicable, 88 Unknown

Air Bag Deployed (ABD): 2
1 Not Applicable, 2 Not Deployed, 3 Deployed-Front, 4 Deployed-Side, 5 Deployed-Other (knee, air belt, etc.), 6 Deployed-Combination, 7 Deployed-Curtain, 88 Deployment Uknown

NON MOTORIST

Non-Motorist Description:
1 Pedestrian, 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.), 3 Bicyclist, 4 Other Cyclist, 5 Occupant of Motor Vehicle Not in Transport (parked, etc.), 6 Occupant of a Non Motor Vehicle Transportation Device, 7 Unknown Type of Non Motorist

Non-Motorist Location At Time of Crash:
1 Intersection Marked Crosswalk, 2 Intersection Unmarked Crosswalk, 3 Intersection Other, 4 Midblock Marked Crosswalk, 5 Travel Lane Other Location, 6 Bicycle Lane, 7 Shoulder/Roadside, 8 Sidewalk, 9 Median/Crossing Island, 10 Driveway Access, 11 Shared Use Path or Trail, 12 Non Trafficway Area, 77 Other, Explain in Narrative, 88 Unknown

Action Prior to Crash:
1 Crossing Roadway, 2 Waiting to Cross Roadway, 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane), 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane), 5 Walking/Cycling on Sidewalk, 6 In Roadway Other (working, playing, etc.), 7 Adjacent to Roadway (e.g., shoulder, median), 8 Going to or from School (K 12), 9 Working in Trafficway (incident response), 10 None, 77 Other, Explain in Narrative, 88 Unknown

Safety Equipment:
1 None, 2 Helmet, 3 Protective Pads Used (elbows, knees, shins, etc.), 4 Reflective Clothing (jacket, backpack, etc.), 5 Lighting, 6 Not Applicable, 77 Other, Explain in Narrative, 88 Unknown

Non-Motorist Actions/Circumstances
1st:
2nd:
1 No Improper Action, 2 Dart/Dash, 3 Failure to Yield Right of Way, 4 Failure to Obey Traffic Signs, Signals, or Officer, 5 In Roadway Improperly (standing, lying, working, playing), 6 Disabled Vehicle Related (working on, pushing, leaving/approaching), 7 Entering/Exiting Parked/Standing Vehicle, 8 Inattentive (talking, eating, etc), 9 Not Visible (dark clothing, no lighting, etc.), 10 Improper Turn/Merge, 11 Improper Passing, 12 Wrong Way Riding or Walking, 77 Other, Explain in Narrative, 88 Unknown

ALCOHOL DRUG EMS

SUSPECTED ALCOHOL USE: 1 No, 2 Yes, 88 Unknown: 1

ALCOHOL TESTED: 1 Test Not Given, 2 Test Refused, 3 Test Given, 88 Unknown if Tested:

ALCOHOL TEST TYPE: 1 Blood, 2 Breath, 3 Urine, 77 Other, Explain in Narrative:

ALCOHOL TEST RESULT: 1 Pending, 2 Completed, 88 Unknown:

BAC:

SUSPECTED DRUG USE: 1 No, 2 Yes, 88 Unknown: 1

DRUG TESTED: 1 Test Not Given, 2 Test Refused, 3 Test Given, 88 Unknown if Tested:

DRUG TEST TYPE: 1 Blood, 3 Urine, 77 Other, Explain in Narrative:

DRUG TEST RESULT: 1 Positive, 2 Negative, 3 Pending, 88 Unknown:

SOURCE OF TRANSPORT TO MEDICAL FACILITY: 1
1 Not Transported, 2 EMS, 3 Law Enforcement, 77 Other, Explain in Narrative, 88 Unknown

EMS AGENCY NAME OR ID:

EMS RUN NUMBER:

MEDICAL FACILITY TRANSPORTED TO:

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street): CITY & STATE: ZIP CODE:

SOURCE OF TRANSPORT TO MEDICAL FACILITY: 1 Not Transported, 2 EMS, 3 Law Enforcement, 77 Other, Explain in Narrative, 88 Unknown:

EMS AGENCY NAME OR ID:

EMS RUN NUMBER:

MEDICAL FACILITY TRANSPORTED TO:

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street): CITY & STATE: ZIP CODE:

SOURCE OF TRANSPORT TO MEDICAL FACILITY: 1 Not Transported, 2 EMS, 3 Law Enforcement, 77 Other, Explain in Narrative, 88 Unknown:

EMS AGENCY NAME OR ID:

EMS RUN NUMBER:

MEDICAL FACILITY TRANSPORTED TO:

NARRATIVE

REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
[redacted]	[redacted]

Vehicle 2 was traveling South in the far left lane on [redacted] at the intersection of [redacted] Vehicle 1 was traveling South in the South bound lanes in the right hand lane of [redacted] at the intersection of [redacted] An unknown white pickup truck pulling a large car trailer was in the right hand turning lane on [redacted] and traveled into Vehicle 1's lane to turn right onto [redacted] Vehicle 1 swerved into Vehicle 2's lane to avoid the unkown truck. The driver side of vehicle 1 struck the passenger side of vehicle 2. After the impact vehicle 1 and 2 struck the curb on the left side of [redacted] causing damage to both vehicles. Driver and front passenger of vehicle 1 were transported to the hospital by EMS. Neither driver was found at fault.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE

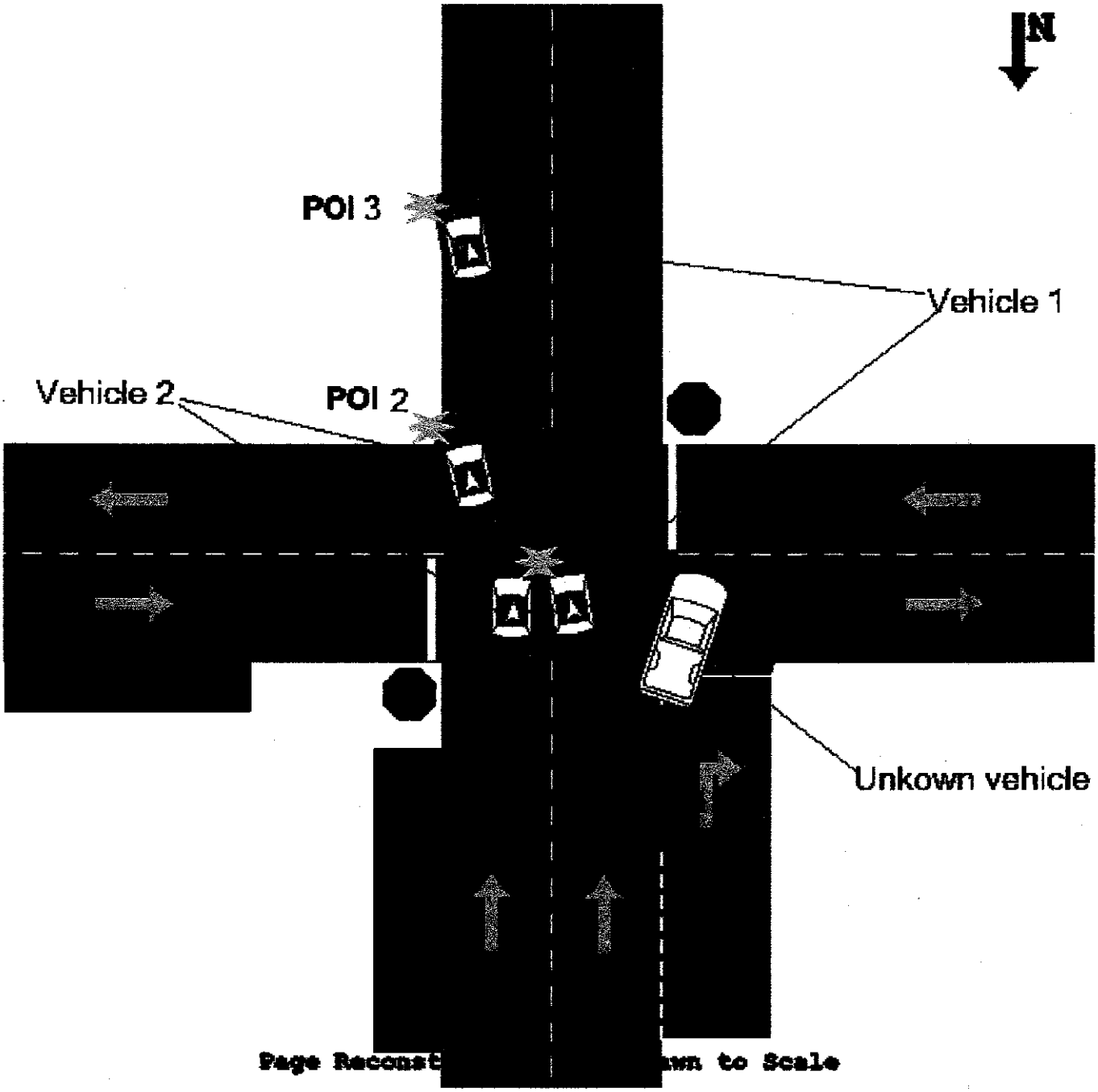
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

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

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
E43	Off. LEONARD ARNOLD	Eustis Police Department	☐	☐	☑	☐



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