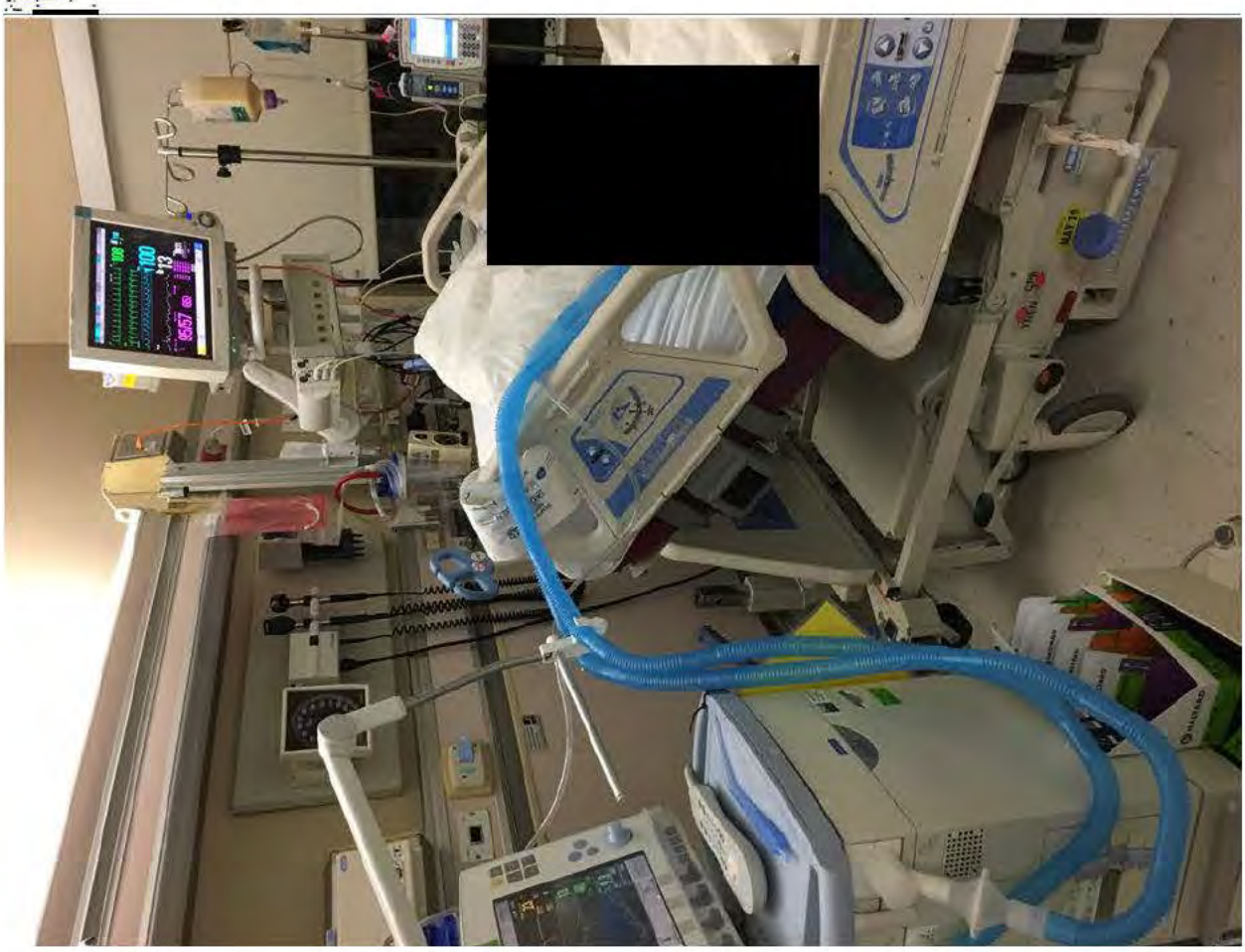

Sen f m my Pad

> On J n 9 2020 a 10 46 AM EVOQ NHTSA) <EVOQ@ ot gov> w o e
>
> P e se see he at ach d opy of you cent omp a nt and nst uct o s P e se m ke any nece sa y d s and e u n v a ema o dat qua y@do gov o fax to 202) 366 1767 Due to t e vo ume of comp a n s we ece ve and ou m ed e ou es we can ot e pond to eve y comp a nt
> NHTSA O f e of D fec s In est g t on
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FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☐ SHORT FORM ☐ UPDATE ☒

(Electronic Version)

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

Date of Crash	Time of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
09/Nov/2018	09/Nov/2018 06:05 AM	09/May/2019 09:47 AM	[redacted]	[redacted]

CRASH IDENTIFIERS

County Code	City Code	County of Crash	Place or City of Crash	Within City Limits	Time Reported	Time Dispatched
06	62	PALM BEACH	LAKE WORTH	No	09/Nov/2018 06:14 AM	09/Nov/2018 06:21 AM

Time on Scene	Time Cleared Scene	Completed	Reason (if Investigation NOT Completed)	Notified By
09/Nov/2018 06:31 AM	09/Nov/2018 11:00 AM	Yes		Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway	❶ At Street Address#	❷ At Lattitude	and Longitude
SB US 1		26.57037	-80.205780000000004

At Feet	Or Miles	Direction	❸From Intersection With Street, Road, Highway	❹ Or From Milepost #
5		South	SCOTIA DR	

Road System Identifier	Type Of Shoulder	Type Of Intersection
2 U.S.	3 Curb	1 Not at Intersection

CRASH INFORMATION (Check if Pictures Taken) ☐

light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner Of Collision
3 Dawn	1 Clear	1 Dry	1 No	4 Sideswipe, same direction

First Harmful Event Type	First Harmful Event	First Harmful Event Location	Within Interchange	First Harmful Event Relation to Junction
	15	1 On Roadway	No	1 Non-Junction

Contributing Circumstances: Road	Contributing Circumstances: Road	Contributing Circumstances: Road
1 None		

Contributing Circumstances: Environment	Contributing Circumstances: Environment	Contributing Circumstances: Environment
1 None		

Work Zone Related	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone
1 No				

VEHICLE (Check if Commercial) ☐

Vehicle	Motor Vehicle Type	Hit and Run	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN
2	1 Vehicle in Transport	1 No	[redacted]	FL	08/May/2020	No	19XFB2F50CE[redacted]

Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By	Rotation
2012	HOND	CIVIC	4D	BLU	Disabling	5000	Yes	D AND D TOWING	Rotation

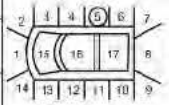
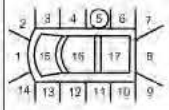
Insurance Company	Insurance Policy Number
PROGRESSIVE AMERICAN INSURANCE COMPANY	[redacted]

Name of Vehicle Owner (Check Box If Business) ☐	Current Address (Number and Street)	City and State	Zip Code
[redacted]	[redacted]	BOYNTON BEACH FL	[redacted]

Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles

Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles

Vehicle Traveling:	Direction	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes
	South	SB US 1		40	2

CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
		 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer	 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer

Comm GVWR/GCWR	Trailer Type (trailer one)	Trailer Type (trailer two)

Haz. Mat. Release	Haz Mat. Placard	Number	Class

Motor Carrier Name	US DOT Number

Motor Carrier Address	City and State	Zip Code	Phone Number

Comm/Non-Commercial	Vehicle Body Type	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Use	Special Function of MV
	1 Passenger Car	1 None		1 No	1 No Special Function

Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event	Most Harmful Event Detail
1 Straight Ahead	4 Two-Way, Divided, Positive Median Barrier	1 Level	1 Straight	2 Collision with Non-Fixed Object	15 Parked Motor Vehicle

Traffic Control Device For This Vehicle	First (1) Sequence of Events	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
1 No Controls	2 Collision with Non-Fixed Object 15 Parked Motor Vehicle			

VEHICLE (Check if Commercial) ☐

Vehicle	Motor Vehicle Type	Hit and Run	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN
1	1 Vehicle in Transport	1 No	[redacted]	FL	24/Mar/2019	No	JH4KB16515C[redacted]

Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By	Rotation
2005	ACUR	RL	4D	BLU	Disabling	5000	Yes	D AND D TOWING	Rotation

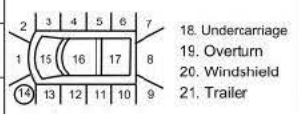
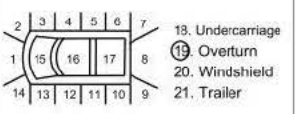
Insurance Company	Insurance Policy Number
GOVERNMENT EMPLOYEES INSURANCE COMPANY	[redacted]

Date of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
09/Nov/2018 06:05 AM	09/Nov/2018 06:05 AM	[redacted]	[redacted]

Name of Vehicle Owner (Check Box If Business)	Current Address (Number and Street)	City and State	Zip Code
[redacted] ☐	[redacted]	ORANGE PARK FL	[redacted]

	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer One:									
Trailer Two:									

Vehicle Traveling:	Direction	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes
	South	SB US 1	55	40	2

CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
		 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer	 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer

Comm GVWR/GCWR	Trailer Type (trailer one)	Trailer Type (trailer two)

Haz. Mat. Release	Haz Mat. Placard	Number	Class

Motor Carrier Name	US DOT Number

Motor Carrier Address	City and State	Zip Code	Phone Number

Comm/Non-Commercial	Vehicle Body Type	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Use	Speciual Function of MV
	1 Passenger Car	1 None		1 No	1 No Special Function

Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event	Most Harmful Event Detail
1 Straight Ahead	4 Two-Way, Divided, Positive Median Barrier	1 Level	1 Straight	1 Non-Collision	1 Overturn/Rollover

Traffic Control Device For This Vehicle	First (1) Sequence of Events	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
1 No Controls	2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport	10 Pedestrian	14 Motor Vehicle in Transport	1 Overturn/Rollover

VEHICLE (Check if Commercial) ☐

Vehicle	Motor Vehicle Type	Hit and Run	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN
3	1 Vehicle in Transport	1 No	[redacted]	FL	23/Oct/2019	No	JNKCV51E96M[redacted]

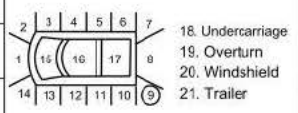
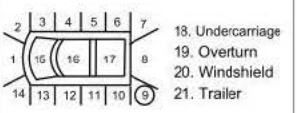
Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By	Rotation
2006	INFI	G35	4D	BLK	Disabling	15000	Yes	D AND D TOWING	Rotation

Insurance Company	Insurance Policy Number

Name of Vehicle Owner (Check Box If Business)	Current Address (Number and Street)	City and State	Zip Code
[redacted] ☐	[redacted]	BOYNTON BEACH FL	[redacted]

	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer One:									
Trailer Two:									

Vehicle Traveling:	Direction	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes
	South	SB US 1		40	2

CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
		 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer	 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer

Comm GVWR/GCWR	Trailer Type (trailer one)	Trailer Type (trailer two)

Haz. Mat. Release	Haz Mat. Placard	Number	Class

Motor Carrier Name	US DOT Number

Motor Carrier Address	City and State	Zip Code	Phone Number

Comm/Non-Commercial	Vehicle Body Type	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Use	Speciual Function of MV
	1 Passenger Car	1 None		1 No	1 No Special Function

Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event	Most Harmful Event Detail
8 Parked	4 Two-Way, Divided, Positive Median Barrier	1 Level	1 Straight	2 Collision with Non-Fixed Object	14 Motor Vehicle in Transport

Traffic Control Device For This Vehicle	First (1) Sequence of Events	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
1 No Controls	2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport			

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam
1	1 Driver	1	[redacted]	[redacted]	1 Male		No

Address	City	State	Zip Code
[redacted]	BOYNTON BEACH	FL	[redacted]

Driver License Number	State	Expires	DL Type	Req. End.	Injury Severity	Ejection
[redacted]	FL	23/Jan/2021	5 E/Operator	2 No	4 Incapacitating	1 Not Ejected

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	3 Deployed-Front		3 Not Applicable	1 Left	1 Front	1 Not Applicable

Date of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
09/Nov/2018 06:05 AM	09/Nov/2018 06:05 AM	[redacted]	[redacted]

Drivers Actions at Time of Crash (first)	Drivers Actions at Time of Crash (second)	Driver Distracted By	Vision Obstruction
2 Operated MV in Careless or Negligent Manner		1 Not Distracted	1 Vision Not Obscured
Drivers Actions at Time of Crash (third)	**Drivers Actions at Time of Crash (fourth)**	**Drivers Condition at Time of Crash**	
		1 Apparently Normal	

Suspected Alcohol Use	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
1 No	1 Test Not Given				1 No	1 Test Not Given		

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
2 EMS	BOYNTON FIRE RESCUE	11987	DELRAY MEDICAL CENTER

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam
2	1 Driver	2	[redacted]	[redacted]	2 Female		No

Address	City	State	Zip Code
[redacted]	BOYNTON BEACH	FL	[redacted]

Driver License Number	State	Expires	DL Type	Req. End.	Injury Severity	Ejection
[redacted]	FL	29/Nov/2018	5 E/Operator	2 No	2 Possible	1 Not Ejected

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	2 Not Deployed		3 Not Applicable	1 Left	1 Front	1 Not Applicable

Drivers Actions at Time of Crash (first)	Drivers Actions at Time of Crash (second)	Driver Distracted By	Vision Obstruction
1 No Contributing Action		1 Not Distracted	1 Vision Not Obscured
Drivers Actions at Time of Crash (third)	**Drivers Actions at Time of Crash (fourth)**	**Drivers Condition at Time of Crash**	
		1 Apparently Normal	

Suspected Alcohol Use	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
1 No	1 Test Not Given				1 No	1 Test Not Given		

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
1 Not Transported			

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Injury Severity	Ejection
3	3 Passenger	2	[redacted]	[redacted]		1 None	1 Not Ejected

Address	City	State	Zip Code
[redacted]	BOYNTON BEACH	FL	[redacted]

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	2 Not Deployed		3 Not Applicable	3	1	1

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
1 Not Transported			

PERSON RECORD

Person#	Description	Name	Date of Birth	Sex	Injury Severity	Phone Number
4	2 Non-Motorist	[redacted]	[redacted]	1 Male	5 Fatal (within 30 days)	

Address	City	State	Zip Code
[redacted]	BOYNTON BEACH	FL	[redacted]

Non-Motorist Description Detail	Non-Motorist Action Prior to Crash	Non-Motorist Location at Time of Crash
2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.)	77 Other, Explain in Narrative	5 Travel Lane - Other Location

Non-Motorist Actions/Circumstance (First)	Non-Motorist Actions/Circumstance (Second)	Non-Motorist Safety Equipment (One)	Non-Motorist Safety Equipment (Two)
1 No Improper Action		6 Not Applicable	

Suspected Alcohol Use	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
88 Unknown	3 Test Given	1 Blood	2 Completed	0.260	88 Unknown	3 Test Given	1 Blood	2 Negative

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
77 Other, Explain in Narrative	ELITE BODY REMOVAL		PALM BCH MEDICAL EXAMINER OFFI

NARRATIVE

Date of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
09/Nov/2018 06:05 AM	09/Nov/2018 06:05 AM	[redacted]	[redacted]

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
1915	CORPORAL	K.A. CASELLA	L	FLORIDA HIGHWAY PATROL	561-357- 4040	Nov 16, 2018

*Prior to this traffic crash, V03 was involved in a crash and its driver was ejected from V03. See FHP case # [redacted] HSMV # [redacted]

V01 was traveling southbound on US 1 (Federal Highway), in the inside lane. V02 was stopped in the inside lane. The driver of V02 was attempting to render aid to NM01 in the roadway. V03 was disabled in the outside lane, facing east. NM01 was lying in the outside travel lane, just north of V03. V01 was to the rear of V02, V03 and NM01. While traveling south, the driver 1 of V01 failed to observe V02 stopped in the roadway. As a result of this, driver 1 steered V01 to the right in an attempt to avoid a collision with V02. As V01 was passing V02, the left front of V01 collided with the right side of V02. After the impact with V01 continued to travel in a southwesterly direction and into the outside lane. While in the outside lane, the left front of V01 collided with the NM01. After the collision with NM01, V01 became airborne, traveling in a southerly direction. While airborne, the undercarriage of V01 collided with the left rear of V03. After the collision with V03, V01 overturned, traveling in a southwesterly direction onto the right grassy shoulder, and came to a final rest upright, facing southeast.

At the time of this collision, V03 was unoccupied when V01 collided with it.

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
1915	CORPORAL	K.A. CASELLA	L	FLORIDA HIGHWAY PATROL	561-357- 4040	Apr 13, 2019

Pending BAC

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
1915	CORPORAL	K.A. CASELLA	L	FLORIDA HIGHWAY PATROL	561-357- 4040	May 09, 2019

The results of the toxicology analysis were positive for 0.256 g/dl of ethanol, NM01. This result does exceed the per se legal limit of .08 g/dL for Florida drivers. NM01 tested negative for chemical and/or controlled substances.

REPORTING OFFICER

ID/Badge #	Rank and Name	Department	Type of Department
1915	CORPORAL K.A. CASELLA	FLORIDA HIGHWAY PATROL	FHP

Date of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
09/Nov/2018 06:05 AM	09/Nov/2018 06:05 AM	[redacted]	[redacted]

Southbound Lanes of US 1
(Federal Highway)