

Howell, Rosa (NHTSA)

From: Hershman, Larry (NHTSA)
Sent: Friday, December 04, 2009 5:26 PM
To: Howell, Rosa (NHTSA)
Cc: Demeter, Kathleen (NHTSA); Yon, Scott (NHTSA)
Subject: FW: Police Report on 2008 Jeep Grand Cherokee
Attachments: Crash_Homicide Report-6778.pdf; FHP Field Notes-6779.pdf

Rosa,
Here is another supplement to add to the Center for Auto Safety's defect petition (DP09-005) submission. Thank you for loading in the previous submissions.
Larry

From: Demeter, Kathleen (NHTSA)
Sent: Friday, December 04, 2009 4:44 PM
To: Hershman, Larry (NHTSA); Yon, Scott (NHTSA)
Subject: FW: Police Report on 2008 Jeep Grand Cherokee

[See below](#)

From: Clarence Ditlow [mailto:cmdiii@autosafety.org]
Sent: Friday, December 04, 2009 4:21 PM
To: Chidester, Chip (NHTSA); Demeter, Kathleen (NHTSA)
Cc: KDIGGES@aol.com; Amoni, Marilena (NHTSA); Medford, Ronald (NHTSA)
Subject: Police Report on 2008 Jeep Grand Cherokee

Attached are the police records for the 2008 Jeep Grand Cherokee on October 11, 2007 in Florida which FARS had recorded with Fire as Most Harmful Event. The records show quite clearly that both occupants were ejected before the vehicle caught fire and neither suffered burn injuries. The passenger died of multiple blunt force injuries. The Police Report states: "Upon coming to final rest, V-1 caught fire." Since the occupants were already out of the vehicle, Fire could not have been the Most Harmful Event in this crash.

Note these are public records obtained from the Florida Highway Patrol. Please place the email and attachments in the file on the Center's Defect Petition, DP09-005, on 1993-04 Jeep Grand Cherokees. If possible at this late date, please correct FARS. We are in the process of obtaining photos of the vehicle and will forward them when obtained.

Clarence

Clarence Ditlow
Executive Director
Center for Auto Safety
1825 Connecticut Ave NW
Washington DC 20009

DP09-005

MEMO 1-04-2010

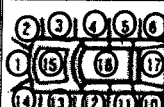
Crash Homicide Report-6778


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 10/11/2007	TIME OF CRASH 04:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER NOTIFIED 5:18 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER ARRIVED 5:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER FHPF07OFF061252	HSMV CRASH REPORT NUMBER 76967425
	COUNTY / CITY CODE 64 / 00	FEET or MILE(S) 36	N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> of	CITY OR TOWN NAPLES		COUNTY Collier
	AT NODE NO. or FEET or MILE(S) 1.5	FROM NODE NO. 00321	NEXT NODE NO. 00322	NO. OF LANES 2	1 DIVIDED 2 UNDIVIDED <input checked="" type="checkbox"/> 1	ON STREET, ROAD OR HIGHWAY US 41/SR 90
	AT THE INTERSECTION OF (street, road or highway) or FEET MILE(S) 3.8		N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/>	FROM INTERSECTION OF (street, road or highway) BURNS RD		

Section 1 Vehicle	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A <input type="checkbox"/> 03	YEAR 08	MAKE JEEP	TYPE 01	USE 01	VEH. LICENSE NUMBER [REDACTED]	STATE FL	VEHICLE IDENTIFICATION NUMBER 1J8HR78338C	 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 01		
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other 01		
	VEHICLE TRAVELING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> SR 90		ON	AT	Est. MPH 90	Posted Speed 55	EST. VEHICLE DAMAGE \$45,000	1 Disabling 2 Functional 3 No Damage 01	EST. TRAILER DAMAGE		
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) ALLSTATE		POLICY NUMBER [REDACTED]		VEHICLE REMOVED BY: BALD EAGLE TOW		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other 01		
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street) [REDACTED]		CITY AND STATE OCHOPEE FL		ZIP CODE [REDACTED]				
	NAME OF OWNER (Trailer or Towed Vehicle) <input type="checkbox"/>		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 [REDACTED]		CURRENT ADDRESS (Number and Street) PEMBROKE PINES FL		CITY & STATE / ZIP CODE		DATE OF BIRTH 05/18/89				
	DRIVER LICENSE NUMBER [REDACTED]		STATE FL	DL TYPE 5	REQ. END. 3	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS 01	ALC/DRUG 5	PHYS.DEF. 1	RES. 2	RACE 4
	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input checked="" type="checkbox"/>		PLACARDED 1 Yes 2 No <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No <input checked="" type="checkbox"/>	DRIVER'S PHONE NO.			

Section 2 Vehicle	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)		
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other		
	VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		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) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				
	NAME OF OWNER (Trailer or Towed Vehicle) <input type="checkbox"/>		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 [REDACTED]		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH				
	DRIVER LICENSE NUMBER [REDACTED]		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
	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>		PLACARDED 1 Yes 2 No <input type="checkbox"/>	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 <input type="checkbox"/>	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No <input type="checkbox"/>	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	01 Private Transportation	01 Single Semi Trailer	1 County of Crash	1 No Defects Known	1 Not Drinking or Using Drugs	1 Front Left
	02 Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center
	03 Light Truck / P.U. - 2 or 4 rear tires	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident Out of State	3 Fatigue / Asleep	3 Drugs - Under Influence	3 Front Right
	04 Medium Truck - 4 rear tires	04 Public Transportation	04 Saddle Mount / Flatbed	4 Foreign 5 Unknown	4 Hearing Defect	4 Alcohol & Drugs - Under Influence	4 Rear Left
	05 Heavy Truck - 2 or more rear axles	05 Public School Bus	05 Boat Trailer	DL TYPE	5 Illness	5 Had Been Drinking	5 Rear Center
	06 Truck Tractor (Cab-Bobtail)	06 Private School Bus	06 Utility Trailer	1 A 2 B 3 C	6 Seizure, Epilepsy, Blackout	6 Pending ALC/DRUG Test Result	6 Rear Right
	07 Motor Home (RV)	07 Ambulance	07 House Trailer	4 D / Chauffeur	7 Other Physical Defect		7 In Body of Truck
	08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer	5 E / Operator	INJURY SEVERITY	SAFETY EQUIPMENT IN USE	8 Bus Passenger
	09 Bus (driver + seats for over 15)	09 Fire/Rescue	09 Towed Vehicle	6 E / Oper-Rest	1 None	1 Not in Use	9 Other
10 Bicycle	10 Military	10 Auto Transport	7 Other	2 Possible	2 Seat Belt / Shoulder Harness	EJECTED	
11 Motorcycle	11 Other Government	77 Other	REQUIRED ENDORSEMENTS	3 Non-Incapacitating	3 Child Restraint	1 No	
12 Moped	12 Dump		1 Yes	4 Incapacitating	4 Air Bag - Deployed	2 Yes	
13 All Terrain Vehicle	13 Concrete Mixer		2 No	5 Fatal (Within 30 Days)	5 Air Bag - Not Deployed	3 Partial	
14 Train	14 Garbage or Refuse		3 No Endorsement Required	6 Non-Traffic Fatality	6 Safety Helmet		
15 Low Speed Vehicle	15 Cargo Van				7 Eye Protection		
77 - Other	77 Other						

Section	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUI	18 Undercarriage 19 Overturn 20 Windshield 22 Trailer					
	TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE		EST. MPH		Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)				
	VEHICLE TRAVELING		ON	AT	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER	VEHICLE REMOVED BY:	1 Tow Rotation List 2 Tow Owner's Request	3 Driver 4 Other				
	NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
Pedestrian	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
	NAME OF MOTOR CARRIER (Commercial vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS							
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH							
	DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	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?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
# 1		PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP
# 2		PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP
CONTIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECTS		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS		SOURCE OF CARRIER INFORMATION		LOCATION TYPE				
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		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 09 On Road 10 Not On Road 11 Shoulder 12 Median 13 Turn Lane 14 None 15 Nearby 16 Entered		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		1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance 7 All Other (Explain in Narrative)		1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other		1 Primarily Business 2 Primarily Residential 3 Open Country				
FIRST / SUBSEQUENT HARMFUL EVENT(S)		ROAD SYSTEM IDENTIFIER		LIGHTING CONDITION		ROAD SURFACE / CONDITION		WEATHER		ROAD SURFACE TYPE				
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		01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike / Toll		01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 06 Unknown		01 Dry 02 Wet 03 Slippery 04 Icy 05 All Other (Explain in Narrative)		01 Clear 02 Cloudy 03 Rain 04 Fog 05 All Other (Explain in Narrative)		01 Slag / Gravel / Stone 02 Blacktop 03 Brick / Block 04 Concrete 05 Dirt 06 All Other (Explain in Narrative)				
ROAD CONDITIONS AT TIME OF CRASH		VISION OBSTRUCTED		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER						
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 Stading Water 09 Worn / Polished Road Surface 10 All Other (Explain in Narrative)		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		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		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		1. Straight-Level 2. Straight-Upgrade / Downgrade 3. Curve-Level 4. Curve-Upgrade / Downgrade 5. TYPE SHOULDER 1. Paved 2. Unpaved 3. Curb		1		2		
Violator(s)	SECTION #	NAME OF VIOLATOR (s)	FL STATUTE NUMBER	CHARGE	CITATION NUMBER									
	SECTION #	NAME OF VIOLATOR (s)	FL STATUTE NUMBER	CHARGE	CITATION NUMBER									
	SECTION #	NAME OF VIOLATOR (s)	FL STATUTE NUMBER	CHARGE	CITATION NUMBER									
	SECTION #	NAME OF VIOLATOR (s)	FL STATUTE NUMBER	CHARGE	CITATION NUMBER									

FLORIDA TRAFFIC CRASH REPOF

NARRATIVE / DIAGRAM

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

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) 4:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) 4:37 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 10/11/2007	COUNTY / CITY CODE 64 / 00	INVEST. AGENCY REPORT NUMBER FHPF07OFF061252	HSMV CRASH REPORT NUMBER 76967425
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(NARRATIVE)

VEHICLE 1 WAS TRAVELING EAST ON STATE ROAD 90. VEHICLE 1 FOR AN UNKNOWN REASON (CONTRIBUTING CAUSE #77) DROVE OFF THE ROADWAY AND ONTO THE SOUTH GRASS SHOULDER. DRIVER 1 WHILE ON THE SOUTH GRASS SHOULDER, LOST CONTROL OF THE VEHICLE. VEHICLE 1 THEN DROVE BACK ONTO THE ROADWAY IN A SOUTHEAST DIRECTION. VEHICLE 1 THEN PASSED A SMALL BRIDGE AND AGAIN ENTERED THE SOUTH GRASS SHOULDER IN A SOUTHEAST DIRECTION. VEHICLE 1 THEN TRAVELED INTO A MARSH AREA. VEHICLE 1 CORRECTED AND TRAVELED IN AN EAST DIRECTION. VEHICLE 1, WITH IT'S FRONT, STRUCK SEVERAL TREES. VEHICLE 1 THEN WITH, IT'S UNDERCARRIAGE, STRUCK A ROCK MOUND CAUSING VEHICLE 1 TO OVERTURN ON IT'S LEFT SIDE. BOTH THE DRIVER AND THE PASSENGER WERE EJECTED. VEHICLE 1 CAUGHT FIRE AND CAME TO FINAL REST ON IT'S LEFT SIDE, FACING SOUTH IN A MARSH AREA. UPON MY ARRIVAL COLLIER COUNTY DEPUTIES AND MICCOSUKEE POLICE WERE AT THE SCENE. VEHICLE 1 DRIVER WAS AIRLIFTED TO THE HOSPITAL.

NAME OF DECEDENT

DATE OF BIRTH: 08/24/1989

DATE OF DEATH: 10/11/2007

TIME OF DEATH: 4:27 A.M.

TRAFFIC HOMICIDE INVESTIGATOR: CORPORAL DAVID KRANTZ ID# 1285

PHOTOGRAPHS TAKEN BY: CORPORAL DAVID KRANTZ ID # 1285

TRAFFIC HOMICIDE CASE NUMBER: FHP707-64-031

Latitude: 25.8693766666667 Longitude: -81.157075

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT	
1	01		OCHOPEE	FL		08/24/89	4	2	3	5	1	4	2
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
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)		CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)		CURRENT ADDRESS	CITY & STATE	ZIP CODE
FIRST AID GIVEN BY - NAME: COLLIER EMS					INJURED TAKEN TO: NAPLES COMMUNITY HOSPI				
1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified 1st Aider 5 Other					BY - NAME: COLLIER EMS				
WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO <input checked="" type="checkbox"/>		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? 1 YES 2 NO <input checked="" type="checkbox"/>	IF NO, THEN WHY?		DATE OF REPORT 10/11/2007	PHOTOS TAKEN? 1 YES 2 NO <input checked="" type="checkbox"/>	IF YES, BY WHOM? 1 INVEST. AGENCY 2 OTHER <input checked="" type="checkbox"/>
INVESTIGATOR - RANK & SIGNATURE TPR DANIEL CASTILLA				ID / BADGE NUMBER 1916/2352	DEPARTMENT FLORIDA HIGHWAY PATROL				FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> OTHER <input type="checkbox"/>

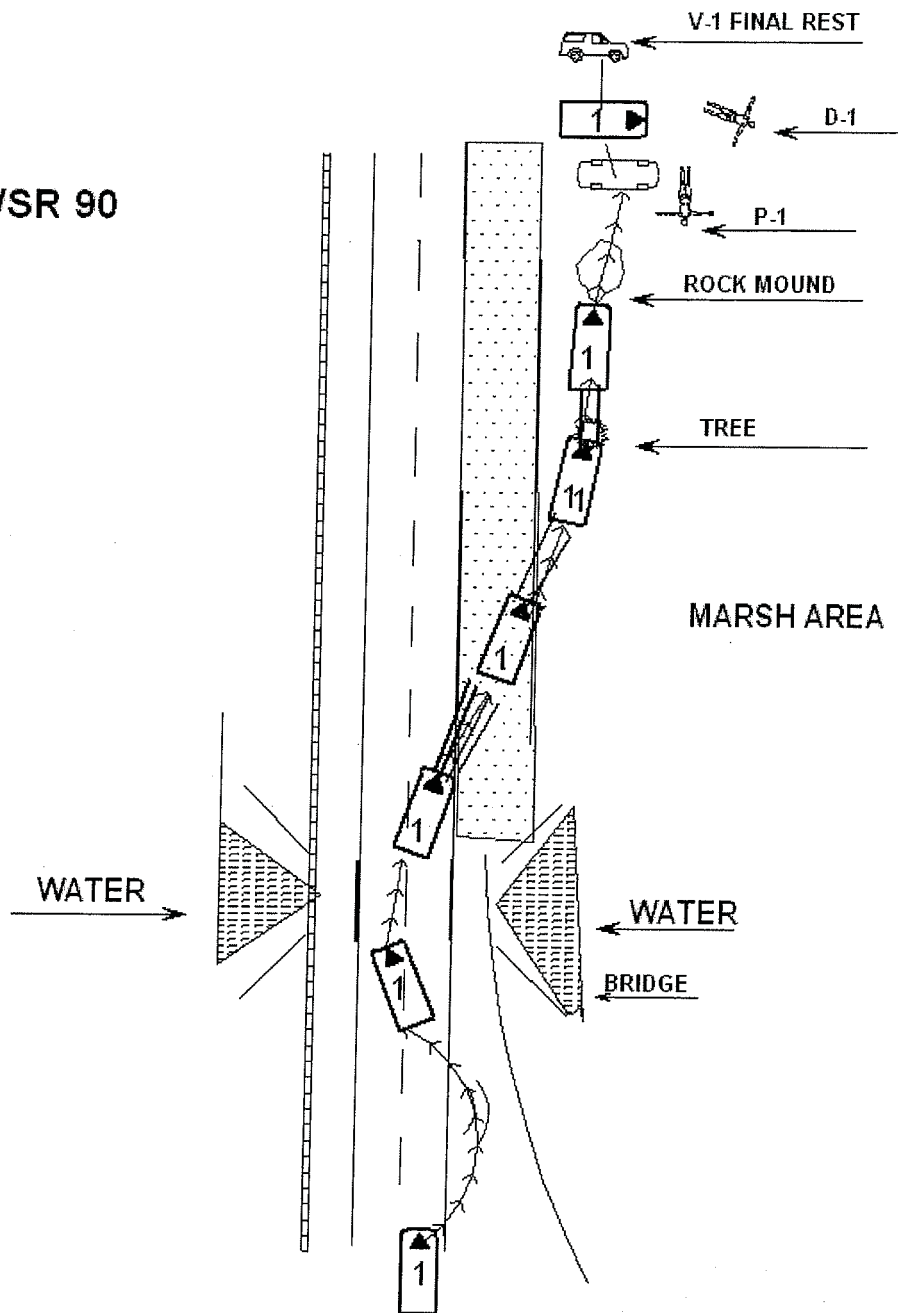
DIAGRAM

INDICATE NORTH
WITH ARROW



US 41/SR 90

NOT TO SCALE
0% GRADE



FLORIDA TRAFFIC CRASH REPORT

☒ UPDATE ☐ CONTINUATION

DO NOT WRITE IN THIS SPACE

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

DATE OF CRASH 10/11/2007		COUNTY/CITY CODE 64 / 00		INVEST. AGENCY REPORT NUMBER FHPF07OFF061252		HSMV CRASH REPORT NUMBER 76967425	
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Section 1	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	<input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
	TRAILER OR TOWED VEHICLE INFORMATION											

Vehicle	VEHICLE TRAVELING	N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	<input type="checkbox"/>	EST. TRAILER DAMAGE	<input type="checkbox"/>	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)											

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

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	3 Urine	4 Refused	5 None
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX WAS HAZARDOUS MATERIAL SPILLED?	
1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	
RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.		
1 Yes 2 No	1 Yes 2 No		

Section 2	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	<input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
	TRAILER OR TOWED VEHICLE INFORMATION											

Vehicle	VEHICLE TRAVELING	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	<input type="checkbox"/>	EST. TRAILER DAMAGE	<input type="checkbox"/>	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)											

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

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	4 Refused	5 None
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX WAS HAZARDOUS MATERIAL SPILLED?	
1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	
RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.		
1 Yes 2 No	1 Yes 2 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
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WAS INVESTIGATION MADE AT SCENE? 1 Yes <input checked="" type="checkbox"/> 2 No	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 Yes <input checked="" type="checkbox"/> 2 No	IF NO, THEN WHY?
INVESTIGATOR - RANK AND SIGNATURE CPL. DAVID KRANTZ		ID / BADGE NUMBER 2215/2560	
DATE OF REPORT 11/28/2007		PHOTOS TAKEN? 1 - Yes <input checked="" type="checkbox"/> 2 - No	
INVESTIGATING AGENCY FLORIDA HIGHWAY PATROL		IF YES, BY WHOM? 1 Investigating Agency <input checked="" type="checkbox"/> 2 Other	

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 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) 27 All Other (Explain)		VEHICLE DEFECT 01 Defects 02 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		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 Driveless 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 77 All Other (Explain) 88 Unknown	
				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)			

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)				1 <input type="checkbox"/> <input type="checkbox"/>	
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(ADDITIONAL NARRATIVE)

TRAFFIC HOMICIDE INVESTIGATION

On October 11, 2007 at approximately 4:53 a.m., the Florida Highway Patrol Fort Myers Regional Communications Center notified me of this crash. The crash occurred at approximately 4:10 a.m. on State Road 90 (US-41), approximately 3.8 miles east of Burns Road in Collier County, Florida. I arrived on scene at 6:03 a.m. The assigned Crash Investigator was Trooper Daniel Castilla (#1036). Trooper Castilla briefed me with the following details: The crash involved a single vehicle occupied by two subjects. The driver (D-1) was identified as Nicholas Schilling of Pembroke Pines, Florida by his Florida Driver License. The passenger (O-1) was identified as Frankie Nia Billie of Ochopee, Florida by her Florida Driver License. Prior to my arrival, the Collier County Sheriff's Office located D-1 and O-1 in the marshy area. D-1 was transported to Naples Community Hospital by Collier County EMS via medical helicopter. O-1 from V-1 suffered fatal injuries resulting from the crash and was still on scene.

I was requested to assist with a more expanded traffic homicide investigation. (State Road 90 was a 2-lane undivided roadway. In the area of this crash, the eastbound lane is separated from the westbound lane by a single dashed yellow roadway marking. The roadway contained a bridge which measured approximately 43 feet 9 nine inches long. The eastbound and westbound lanes had grass shoulders. Adjacent to the eastbound lane on the south shoulder was a raised metal guardrail. The total length of the guardrail on the south shoulder was 203 feet.

Also on scene were deputies from the Collier County Sheriff's Office conducting traffic control. Officers from the Miccosukee Police Department were also on scene talking to O-1's family members.

In the course of my investigation, I was able to make the following determinations through physical evidence and witness statements, as outlined below:

I started along the west side of the crash and began walking towards the east making the following observations: I saw tire marks (V-1's) on the south shoulder of State Road 90 west of the bridge and guardrail. These tire marks continued from the shoulder onto the eastbound lane. The tire marks continued across the center line into the westbound lane then back into the

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		316.1925.1	CARELESS DRIVING	1649-SCI
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

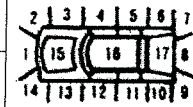
FLORIDA TRAFFIC CRASH REP

☐ UPDATE ☒ CONTINUATION

DO NOT WRITE IN THIS SPACE

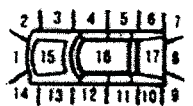
MAIL TO: DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DATE OF CRASH 10/11/2007		COUNTY/CITY CODE 64 / 00		INVEST. AGENCY REPORT NUMBER FHPF07OFF061252		HSMV CRASH REPT NUMBER 76967425	
DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE					
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling <input type="checkbox"/> 2 Functional <input type="checkbox"/> 3 No Damage <input type="checkbox"/>	EST. TRAILER DAMAGE \$ <input type="checkbox"/>
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List <input type="checkbox"/> 2 Tow Owner's Request <input type="checkbox"/> 3 Driver <input type="checkbox"/> 4 Other <input type="checkbox"/>	
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	
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 <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine <input type="checkbox"/> 4 Refused <input type="checkbox"/> 5 None <input type="checkbox"/>	RESULTS AL / DRUG PHYS. DEF. RES RACE SEX INJ.	S. EQUIP. <input type="checkbox"/> EJECT. <input type="checkbox"/>
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>		PLACARDED 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX AS HAZARDOUS ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	
DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE					
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling <input type="checkbox"/> 2 Functional <input type="checkbox"/> 3 No Damage <input type="checkbox"/>	EST. TRAILER DAMAGE \$ <input type="checkbox"/>
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List <input type="checkbox"/> 2 Tow Owner's Request <input type="checkbox"/> 3 Driver <input type="checkbox"/> 4 Other <input type="checkbox"/>	
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	
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 <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine <input type="checkbox"/> 4 Refused <input type="checkbox"/> 5 None <input type="checkbox"/>	RESULTS AL / DRUG PHYS. DEF. RES RACE SEX INJ.	S. EQUIP. <input type="checkbox"/> EJECT. <input type="checkbox"/>
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>		PLACARDED 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX AS HAZARDOUS ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	
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 <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>		IF NO, THEN WHY?	
INVESTIGATOR - RANK AND SIGNATURE CPL. DAVID KRANTZ		ID / BADGE NUMBER 2215/2560		DEPARTMENT FLORIDA HIGHWAY PATROL		DATE OF REPORT 11/28/2007	
PHOTOS TAKEN? 1 - Yes <input type="checkbox"/> 2 - No <input checked="" type="checkbox"/>		IF YES, BY WHOM? 1 Investigating Agency <input type="checkbox"/> 2 Other <input type="checkbox"/>		FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> OTHER <input type="checkbox"/>			



18 Undercarriage
19 Overturn
20 Windshield
21 Trailer

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



18 Undercarriage
19 Overturn
20 Windshield
21 Trailer

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

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 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 01 Defects 02 Worn / Smooth Tires 03 Defective / Improper Lights 04 Puncture / Blowout 05 Steering Mech. 06 Windshield Wipers 07 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		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 Driveless or Runaway Veh. 77 All Other (Explain in Narrative) 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		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	
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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)		
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(ADDITIONAL NARRATIVE)

eastbound lane in a southeast direction. The tire marks continued across the eastbound lane onto the south grass shoulder adjacent to the east end of the guardrail. The tire marks separated into four distinct marks on the south shoulder. The four tire marks indicated V-1 started to slide sideways in a southeast direction upon entering the shoulder with its left side leading. These marks continued across the shoulder area and then transitioned back into two tire marks prior to entering the marshy area. The two tire marks straightened out indicating V-1 started to travel in an easterly direction. V-1 continued east in the marshy area. The marshy area consisted of soft ground, various shrubbery and large trees. As V-1 traveled through the marshy area, it struck several large trees with its front, snapping them in half. V-1 then struck a large rock mound causing V-1 to overturn towards its left side. Exterior parts of V-1 were observed throughout the marshy area. Approximately 26 feet east of the rock mound I observed a large indentation in the ground along with shrubbery bent downwards towards the east indicating where V-1 began overturning. I then observed O-1 lying on her right side facing north in the marshy area. To the east of O-1, I observed V-1 at final rest. V-1 was at final rest in the marshy area approximately 32 feet 6 inches south of the eastbound lane of State Road 90 facing south on its left side. Upon coming to final rest, V-1 caught fire. The length of the crash scene from when V-1 drove off the roadway until its final rest measured approximately 864 feet. The interior of V-1 was completely burned out. V-1's exterior paint was burned off from its surface displaying a gray color. V-1 had extreme crush damage to its front end, roof and left side. V-1's front end, along with several engine components and wheel assembly, had been torn free from their mounts. The exterior of V-1 displayed burn damage except its left side which had been submerged underneath the water. V-1's interior compartment was completely burned out except for areas that were submerged under water.

I then photographed and documented the physical evidence. I established a Zero Point at the southwest corner of Bridge # 030092 along the south shoulder of eastbound State Road 90. I assigned a Reference Line as the white painted outside edge line of eastbound State Road 90. All measurements were determined using the Zero Point and Reference Line.

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
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REP

☐ UPDATE ☒ CONTINUATION

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

DATE OF CRASH 10/11/2007		COUNTY/CITY CODE 64 / 00		INVEST. AGENCY REPORT NUMBER FHPF07OFF061252		HSMV CRASH REPT NUMBER 76967425	
DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE					
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		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	
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
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
DRIVER'S PHONE NO.							

DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE					
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		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	
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
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
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 <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>		IF NO, THEN WHERE?			IS INVESTIGATION COMPLETE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>		IF NO, THEN WHY?		
INVESTIGATOR - RANK AND SIGNATURE CPL. DAVID KRANTZ		ID / BADGE NUMBER 2215/2560			DEPARTMENT FLORIDA HIGHWAY PATROL		DATE OF REPORT 11/28/2007		
PHOTOS TAKEN? 1 - Yes <input checked="" type="checkbox"/> 2 - No <input type="checkbox"/>		IF YES, BY WHOM? 1 Investigating Agency 2 Other							

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT	VEHICLE MOVEMENT	VEHICLE SPECIAL FUNCTIONS
01 No Improper Driving / Action		01 Defects	01 Straight Ahead	1 None
02 Careless Driving (Explain in Narrative)		02 Not On Road	02 Slowing / Stopped / Stalled	2 Farm
03 Failed to Yield Right-of-Way		03 Worn / Smooth Tires	03 Making Left Turn	3 Police Pursuit
04 Improper Backing		04 Defective / Improper Lights	04 Backing	4 Recreational
05 Improper Lane Change		05 Puncture / Blowout	05 Making Right Turn	5 Emergency Operation
06 Improper Turn		06 Steering Mech.	06 Changing Lanes	6 Construction / Maintenance
07 Alcohol-Under Influence		07 Windshield Wipers	07 Entering/Leaving Parking Space	SOURCE OF CARRIER INFORMATION
08 Drugs-Under Influence		08 Equipment / Vehicle Defect	08 Properly Parked	1 Not Applicable
09 Drugs & Alcohol-Under Influence		77 All Other (Explain in Narrative)	09 Improperly Parked	2 Shipping Papers
10 Followed Too Closely		POINT OF COLLISION	10 Making U-Turn	3 Vehicle Side
11 Disregarded Traffic Signal	19 Improper Load	1 On Road	PEDESTRIAN ACTION	4 Driver
12 Exceeded Safe Speed Limit	20 Disregarded Other Traffic Control	2 Not On Road	01 Crossing Not at Intersection	5 Other
13 Disregarded Stop Sign	21 Driving Wrong Side / Way	3 Shoulder	02 Crossing at Mid-block Crosswalk	
14 Failed to Maintain Equip. / Vehicle	22 Fleeing Police	4 Median	03 Crossing at Intersection	
15 Improper Passing	23 Vehicle Modified	5 Turn Lane / Safety Zone	04 Walking Along Road With Traffic	
16 Drove Left of Center	24 Driver Distraction (Explain in Narrative)	WORK AREA	05 Walking Along Road Against Traffic	
17 Exceeded Stated Speed Limit	77 All Other (Explain)	01 None	06 Working on Vehicle in Road	
18 Obstructing Traffic		02 Nearby	07 Working in Road	
		03 Entered	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) | 15 Collision with Animal | 29 MV Ran Into Ditch / Culvert |
| 02 Collision With MV in Transport (Head-on) | 16 MV Hit Sign / Sign Post | 30 Ran Off Road / Into Water |
| 03 Collision With MV in Transport (Angle) | 17 MV Hit Utility Pole / Light Pole | 31 Overturned |
| 04 Collision With MV in Transport (Left Turn) | 18 MV Hit Guardrail | 32 Occupant Fell From Vehicle |
| 05 Collision With MV in Transport (Right Turn) | 19 MV Hit Fence | 33 Tractor / Trailer Jackknifed |
| 06 Collision With MV in Transport (Sideswipe) | 20 MV Hit Concrete Barrier Wall | 34 Fire |
| 07 Collision With MV in Transport (Backed Into) | 21 MV Hit Bridge / Pier / Abutment / Rail | 35 Explosion |
| 08 Collision With Parked Car | 22 MV Hit Tree / Shrubbery | 36 Downhill Runaway |
| 09 Collision with MV on Other Roadway | 23 Collision with Construction Barricade Sign | 37 Cargo Loss or Shift |
| 10 Collision with Pedestrian | 24 Collision with Traffic Gate | 38 Separation of Units |
| 11 Collision with Bicycle | 25 Collision with Crash Attenuators | 39 Median Crossover |
| 12 Collision with Bicycle (Bike Lane) | 26 Collision with Fixed Object Above Road | 77 All Other (Explain in Narrative) |
| 13 Collision with Moped | 27 MV Hit Other Fixed Object | |
| 14 Collision with Train | 28 Collision with Moveable Object on Road | |

(ADDITIONAL NARRATIVE)

On October 11, 2007 at 7:46 a.m., Corporal Jackson Gissendaner of the Florida Highway Patrol arrived at Naples Community Hospital and interviewed Mr. [REDACTED] (D-1). Mr. [REDACTED] relayed the following information:

[REDACTED] stated he had been driving too fast prior to the crash. He also advised he had not had anything to drink. He was unable to provide any other information due to his medical state. While talking to [REDACTED] Corporal Gissendaner could not smell any odor of alcoholic beverages coming from [REDACTED] facial area. [REDACTED] agreed to a voluntary blood withdrawal at Corporal Gissendaner's request. At 8:20 a.m. ER Technician Yamilka Gonzalez conducted a blood withdrawal from [REDACTED] in the presence of Corporal Gissendaner. Upon completion of the blood withdrawal, Corporal Gissendaner took custody of the blood samples and sealed them in the blood kit. Corporal Gissendaner was advised by an emergency room nurse that [REDACTED] did not have a measurable amount of alcohol in his system or any drugs. Corporal Gissendaner placed the blood kit into evidence at the Naples Florida Highway Patrol Station. The collected blood samples from D-1 were sent to the Florida Department of Law Enforcement for toxicology analysis. At the time of this report, the results of that analysis were not available but will be the subject of a later update once they are received.

On October 11, 2007, at 8:00 p.m., Doctor Manfred Borges of the District 20 Medical Examiner's Office conducted an autopsy on O-1. Doctor Borges concluded O-1's death was a result of multiple blunt force injuries due to a single vehicle accident.

On October 14, 2007, Cpl. Robert Brown conducted a post collision inspection of V-1. The damage to V-1 was as follows: The right front of V-1 crushed rearward into the engine compartment. The front crush damage caused damage to the hood, fenders, front doors and the interior. The front end, along with several engine components, had been torn free, exposing the engine. All windows, except the driver's side door, left passenger and left rear, shattered. All air bags inside V-1 had deployed. The interior and exterior of V-1 displayed fire damage.

On October 29, 2007, at 3:10 p.m., I made contact with [REDACTED] (D-1) via telephone. I asked [REDACTED] if he would give a statement regarding this crash. [REDACTED] agreed and provided the following information after being read his Miranda

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

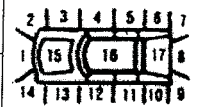
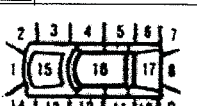
Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REPORT

☐ UPDATE ☒ CONTINUATION

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

DO NOT WRITE IN THIS SPACE

<div style="display: flex; justify-content: space-between;"> <div> DATE OF CRASH 10/11/2007 </div> <div> COUNTY/CITY CODE 64 / 00 </div> <div> INVEST. AGENCY REPORT NUMBER FHPF07OFF061252 </div> <div> HSMV CRASH REPORT NUMBER 76967425 </div> </div>															
Section Vehicle	DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) <input type="checkbox"/>						
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE											
	VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage <input type="checkbox"/>	EST. TRAILER DAMAGE \$ <input type="checkbox"/>							
	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 <input type="checkbox"/>								
Section Pedestrian	NAME OF VEHICLE OWNER (Check if Same As Driver) <input type="checkbox"/>		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								
Section Vehicle	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	BAC TEST 1 Blood 2 Breath	3 Urine 4 Refused 5 None <input type="checkbox"/>	RESULTS <input type="checkbox"/> %	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>		PLACARDED 1 Yes 2 No <input type="checkbox"/>		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No <input type="checkbox"/>				RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No <input type="checkbox"/>		DRIVER'S PHONE NO.				
	DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) <input type="checkbox"/>					
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE											
Section Pedestrian	NAME OF VEHICLE OWNER (Check if Same As Driver) <input type="checkbox"/>		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								
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	DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH								
Section Vehicle	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	BAC TEST 1 Blood 2 Breath	3 Urine 4 Refused 5 None <input type="checkbox"/>	RESULTS <input type="checkbox"/> %	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>		PLACARDED 1 Yes 2 No <input type="checkbox"/>		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No <input type="checkbox"/>				RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No <input type="checkbox"/>		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 <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>		IF NO, THEN WHY?		DATE OF REPORT 11/28/2007		PHOTOS TAKEN? 1 - Yes <input type="checkbox"/> 2 - No <input checked="" type="checkbox"/>		IF YES, BY WHOM? 1 Investigating Agency <input type="checkbox"/> 2 Other <input type="checkbox"/>			
INVESTIGATOR - RANK AND SIGNATURE CPL. DAVID KRANTZ				ID / BADGE NUMBER 2215/2560		DEPARTMENT FLORIDA HIGHWAY PATROL				FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> OTHER <input type="checkbox"/>					

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
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		02 Defects 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)		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		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	
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)		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		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)

- | | | |
|---|---|-------------------------------------|
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| 14 Collision with Train | 28 Collision with Moveable Object on Road | |

(ADDITIONAL NARRATIVE)

Rights from a printed text:

O-1 picked up [REDACTED] at his residence at around 8 p.m. O-1 was driving V-1 when she arrived. [REDACTED] and O-1 had made plans to drive over to Naples to visit a friend. He and O-1 left his residence en route for O-1's mother's residence to pick up some clothing items. [REDACTED] drove V-1 from his residence to Naples. They arrived at [REDACTED] friend's house at around 9 p.m. in Naples. They left [REDACTED] friend's house between 1:30 and 2:00 a.m. en route back to the Miccosukee Hotel and Resort where they had previously rented a room. [REDACTED] drove V-1 and O-1 was in the right front passenger seat. While traveling east on State Road 90 [REDACTED] reached down to get his drink from the cup holder located in the center console. [REDACTED] stated his speed prior to the crash was 80 to 85 mile per hour. He then lost control of V-1. He then remembered V-1 striking the guardrail. When he awoke, he noticed he was in a water filled ditch. He looked up and noticed V-1 overturned. He started calling out loud for O-1. He did not get a response from O-1. He tried to stand up but was unable to due to his injuries. He began to crawl towards the roadway, at which time he noticed V-1 was on fire. Several vehicles passed by his location before anyone stopped. He estimated he was in the ditch 40 to 60 minutes prior to anyone stopping. He had not been drinking or using any drugs prior to the crash. He had driven V-1 several times prior to the crash and was familiar with its operation. Neither he nor O-1 were wearing their seatbelts.

Based on my investigation, available evidence and D-1's statement, I find this crash was a result of driver error on the part of D-1. D-1 failed to drive in a careful and prudent manner while traveling east on State Road 90. V-1 traveled off of the roadway. D-1 attempted to regain control of V-1 by steering back towards the left. V-1 entered the roadway and westbound lane. D-1 overcorrected causing V-1 to travel across the eastbound lane of State Road 90 onto the south grass shoulder. Upon entering the south grass shoulder, D-1 was unable to regain control of V-1. V-1 continued traveling east in the marshy area adjacent to the south shoulder striking several trees and a rock mound. V-1 then overturned causing D-1 and O-1 to be ejected from V-1. From physical evidence and D-1's statement, it was established that D-1 was operating V-1 in excess of the posted speed limit of 60 mile per hour in violation of Florida State Statute 316.187. D-1 was unable to regain control of V-1 upon

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
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

☐ UPDATE ☒ CONTINUATION

DO NOT WRITE IN THIS SPACE.

HSMV 90004 (Rev. 1/02)

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
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FIRST / SUBSEQUENT HARMFUL EVENT(S)		
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(ADDITIONAL NARRATIVE)

traveling onto the grass shoulder. Therefore, I find D-1 was in violation of Florida State Statute 316.1925 "Careless Driving" which states, "Any person operating a vehicle upon the streets or highway within the state shall drive the same in a careful and prudent manner, having regard for width, grade, curves, corners, traffic and all other attendant circumstances, so as not to endanger the life, limb, or property of any person".

Neither D-1 nor O-1 were utilizing seat belts in violation of Florida State Statute 316.614.

The aforementioned violations by D-1 were the direct cause of this crash, all property damage, and the untimely death of O-1, as well as his own incapacitating injuries.

CASE CLOSING STATUS: By citation issued

The investigation is complete and has led the to the issuance of a uniform traffic citation for a noncriminal traffic violation to Driver One (D-1).

FHP707-64-031

Latitude: 25.8693766666667 Longitude: -81.157075

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
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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

DP09-005

MEMO 1-04-2010

FHP Field Notes-6779

FLORIDA HIGHWAY PATROL



Traffic Homicide "Field Notes"

Case Number: FHP707-64-031

Prepared By: Corporal David Krantz
Traffic Homicide Investigator



H.I.T.S.

Homicide Investigation Tracking System Case Summary Report



Date of Report: 10/11/2007 1:45:17 PM

WARNING: This Case has NOT been released for Public Record.

THI Case#: 707-64-031 Agency Case #: EHPF07OFF061252 HSMV #: 76967425

Crash Information

Date of Crash:	Thursday, October 11, 2007	Alcohol Related?:	Pending
Time of Crash:	4:10:00 AM	Drug Related?:	Pending
Street or Highway:	S.R. 90	Delayed Fatality?:	NO
Intersecting Roadway:	S.R. 29	Hit & Run?:	NO
Weather Conditions:	Clear	Troop:	F
		District:	Ft. Myers
		County:	Collier
THI Classification:	2		

Tracking Information

Investigator:	Krantz, David A.	Date Submit GHQ:	Not Entered
Date Assigned:	10/11/2007	Date Submit SAO:	Not Entered
Date Due:	10/21/2007	Received GHQ:	Not Entered
Date Turned In:	Not Entered	Case Suspended:	NO
Date Return/Corrections:	Not Entered		

Closing Information

Case Closing Status: THI Released?: NO

Vehicle Information

V#	Year	Make	Model	Type	Defect Type	Defect Explanation
V-1	2008	Jeep	Cherokee	SUV	No Defects	

Driver / Passenger / Pedestrian / Victim Information

V#	Name	Age	Sex	DL Number	Restraint Usage	Status	Injury Status	Notify	BACDrug
V-1		18	Female		Air Bag	Passenger	Fatal (24 Hours)	YES	NO NO
V-1		18	Male		Air Bag	Driver	Incapacitating	YES	YES YES

Case Synopsis Information

Date Record Created
10/11/2007 1:14:18 PM

Synopsis

Vehicle One (V-1) was traveling east on S.R. 90. V-1 traveled onto the the south grass shoulder for an unknown reason. Driver One (D-1) steered V-1 back towards the left and re-entered the eastbound lane. D-1 overcorrected by steering towards the right. V-1 slid clockwise across the eastbound lane and onto the south shoulder. V-1 continued sliding on the shoulder for a short distance before straightening up. V-1 entered a marshy area and continued east. The front of V-1 then struck several trees and a rock mound. V-1 began overturning towards its left side. D-1 and the front right occupant (O-1) were ejected from V-1. V-1 came to final rest on its left side facing south in the marshy area. V-1 then became fully engulfed in fire. O-1 was pronounced deceased on scene. D-1 was transported to Naples Community Hospital with incapacitating injuries.

Contributing Causes - Driver or Pedestrian

Driver/Pedestrian/Participant

Contributing Cause(s)

Careless Driving

Arrest Information

Participant

Charge

Date of Arrest

Citation/Warrant

Case Status and Update History

Date Record Created

Status Update Information

LEGEND SHEET

Zero Point: SW Corner of Bridge # 030092

SOUTH SHOULDER

Sub-Zero Point: N/A

Reference Line:

WHITE PAINTED ROADWAY EDGE LINE OF E/B US 41 / SR 90

FLORIDA
HIGHWAY
PATROL

ZERO POINT			REFERENCE LINE				Description(s)
Feet	Inches	⊕	Feet	Inches	⊕		
344	0	W	0	8	S	A	V-1'S R/SIDE TIRES ENTER GRASSY SHOULDER
330	6	W	0	8	S	B	" L/SIDE " " "
251	4	W	13	6	S	C	CONTINUATION OF V-1'S R/SIDE TIRE TRACKS
251	4	W	7	9	S	D	" " L/SIDE " "
213	6	W	0	8	S	E	V-1'S L/SIDE TIRES RE-ENTER ROADWAY
201	6	W	0	8	S	F	" R/SIDE " "
87	6	W	11	10	N	G	BEGIN V-1'S L/REAR TIRE
80	8	W	11	2	N	H	" " L/Front TIRE
54	6	W	11	2	N	I	L/REAR CROSSES CENTERLINE
46	4	E	1	09	S	J	R/F ENTER GRASS
59	4	E	0	8	S	K	R/R " "
85	11	E	0	0	S	L	L/F CROSS REF LINE
91	4	E	0	8	S	M	L/F ENTERS GRASS
110	6	E	0	8	S	N	L/R ENTERS GRASS
222	9	E	20	8	S	O	TIRE TRACKS R/L CONVERGE
222	9	E	15	6	S	P	" LEFT "
228	5	E	23	0	S	Q	RIGHT SIDE ENTERS MARSH / BRUSH
330	7	E	32	3	S	R	V1 R/F STRIKES TREE
388	0	E	41	8	S	S	V1 STRIKES ROCK MOUND START
397	4	E	41	8	S	T	END OF ROCK MOUND
414	0	E	36	3	S	U	V1 BEGIN OVERTURN
478	9	E	38	9	S	V	V1 CONTINUE TO OVERTURN
501	2	E	46	2	S	W	O-1 FINAL TEST
502	6	E	67	3	S	X	O-1 F/R
519	3	E	32	6	S	Y	L/R TIRE F/R V-1
520	4	E	44	0	S	Z	L/F " "

Additional Notes (and/or Diagram Instructions)

Road width EB 11'2" W/B 11'4" Bridge Length 43'9"

Bridge span 31'10"

South shoulder 23'0" to marsh. Guard Rail End East 58'2" E

Total Length Guardrail 203'0" of 2/P

West End 16'5" from Ref Line

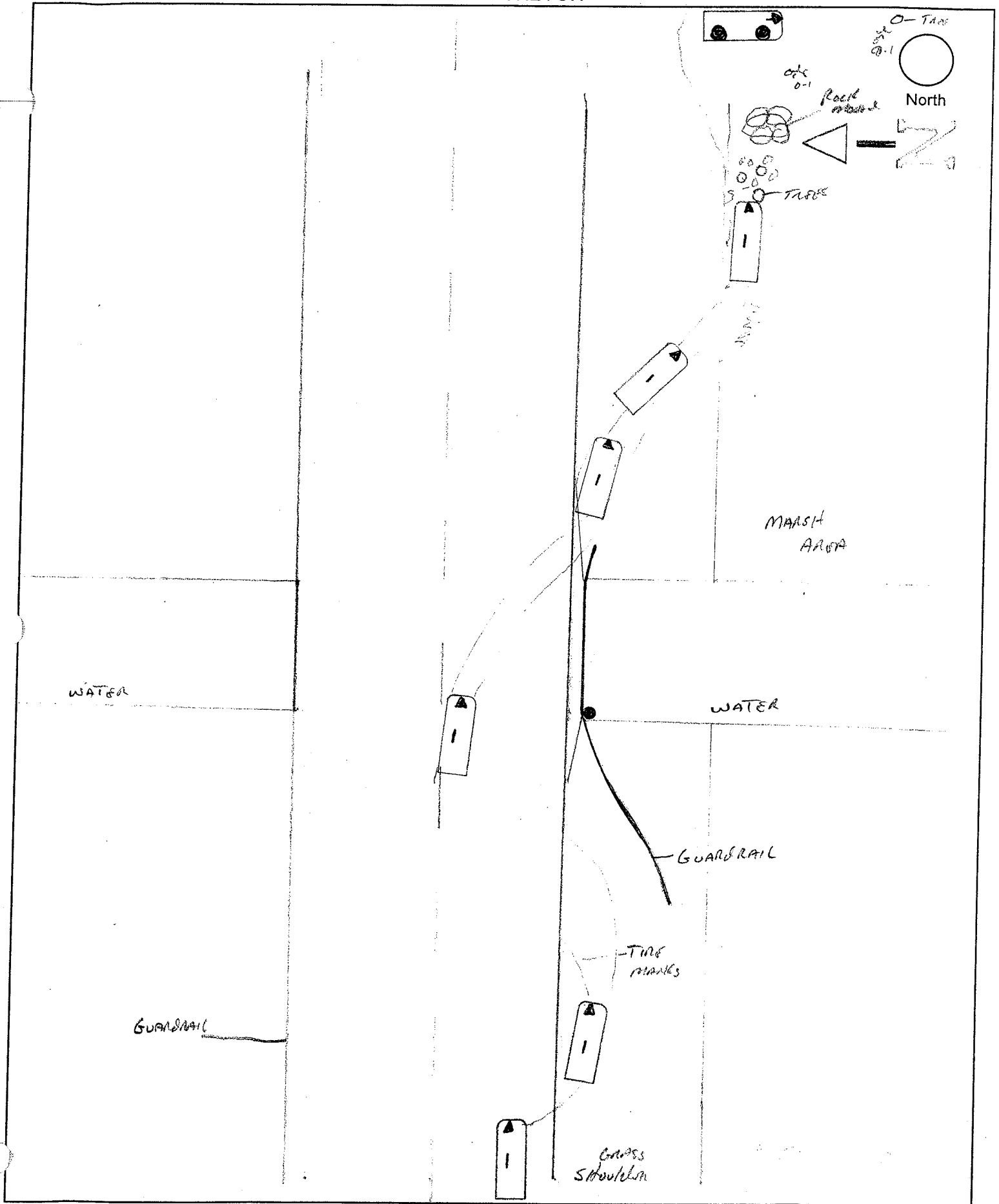
Case Number:

HSMV 62708 (REV. 10/05)

FHP 907-64-031

Page: 1

FIELD SKETCH



Florida Highway Patrol
INVENTORY AND VEHICLE STORAGE RECEIPT

THI / Other Dept. Case No. _____ Date 10/11/2007 Time 6:52 ☒ AM ☐ PM Case No. FHPF07OFF061252

Name / Owner [REDACTED] Phone _____

Address / Owner [REDACTED] OCHOPEE FL [REDACTED]

Name / Driver ☐ Check if same [REDACTED] Phone _____

Address / Driver [REDACTED] PEMBROKE PINES, FL [REDACTED]

Year Vehicle 2008 Make of Vehicle JEEP Body Style 4DR Miles NA

Color BLK Tag # NA State _____ VIN # 1J8HR78338 [REDACTED]

Vehicle Red Tagged on Date _____ Time _____ ☐ AM ☐ PM By Name _____ I.D. # _____

Location Vehicle Invent. / Towed From US 41 & KIRBY MARKET

Name of Towing Service BALD EAGLE TOWING

Address of Towing Company 855 BALD EAGLE DR MARCO FL Phone 239-642-0003


Address Where Vehicle is Stored ☒ Check If Same As Towing Company 855 BALD EAGLE DR

☐ Owner Present ☐ Owner Request ☒ Rotation

Reason Vehicle Towed: ☒ Crash ☐ Abandonment/Disabled ☐ Arrest ☐ Seizure ☐ Other _____

Equipment in Vehicle:

- ☐ Cellular Phone: _____ Make / Model _____
- ☐ Radar Detector _____ Make / Model _____
- ☒ AM-FM Radio / Tape / CD _____ 5 _____ No. of Tires (including spare)
- ☐ CB Radio / 2 Way Radio ☒ Trunk Accessible ☒ Yes ☐ No
- ☐ Trailer Hitch ☐ Rear Spoiler
- ☐ Wheel Covers / No. of _____
- ☒ Custom Wheel Rims / No. of 4

INDICATE VEHICLE DAMAGE	
	MARK AREA OF DAMAGE
<input checked="" type="checkbox"/> Undercarriage	<input checked="" type="checkbox"/> Overturn
<input checked="" type="checkbox"/> Windshield	<input checked="" type="checkbox"/> Fire
<input checked="" type="checkbox"/> 22 Trailer	
<input type="checkbox"/> No Damage	

List Property in Vehicle AIR BAGS DEPLOYED.

H
O
L
D

C
E
I
V
E
D

- ☐ NO HOLD - MAY BE RELEASED
- ☒ HOLD - NOT TO EXCEED 5 DAYS
(Excluding Holidays and Weekends)

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

Signature [Signature]
(Tow Truck Driver)

Name Nick A. Shewey
(Printed)

☐ Inventory Continued

Signature [Signature]
(Trooper)

Trooper Name TPR DANIEL CASTILLA
(Printed)

Troop F District NAPLES

VEHICLE: 1

(Post Collision Inspection)

Processing Date: 10 - 14 - 07 Processing Time: 9:00 (AM) PM
 Processed by: CPL. R. B. BROWN
 Processing Location: BALD EAGLE TOWING 1911 E. TAMiami TRl, NAPLES

Vehicle and Registrant Information

Year: 2008 Make: JEEP Model: CHEROKEE Color(s): BLACK
 Type of Vehicle: SUV VIN Number: 1J8HR78338C
 Tag Number: [REDACTED] State: FLORIDA Decal Number: [REDACTED] Expiration: [REDACTED]
 Registered To: [REDACTED] Mileage: UNK Weight (GVWR): 6150
 Address: [REDACTED], OCHOPEE, FL [REDACTED]

FLORIDA HIGHWAY PATROL

Electrical, Lighting System & Safety Glass	Equipped	Operative	Crash Disabled	Fire Department Disabled	Shattered Out	Comments
Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On: <input type="checkbox"/> High: <input type="checkbox"/> Low: <input type="checkbox"/>
Taillights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tag Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stop Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fog Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C B Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windshield	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
L/F Window	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Up: <input checked="" type="checkbox"/> Down: <input type="checkbox"/>
L/R Window	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Up: <input checked="" type="checkbox"/> Down: <input type="checkbox"/>
R/F Window	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up: <input type="checkbox"/> Down: <input type="checkbox"/>
R/R Window	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up: <input type="checkbox"/> Down: <input type="checkbox"/>
Back Window	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up: <input type="checkbox"/> Down: <input type="checkbox"/>

Restraint System	Lap Belt	Shoulder Harness	Air Bag	Air Bag Deployed	Head Restraint
Driver	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVER HEAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	Disk	Drum	Air	Electric	Other
Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Did brakes contribute to this crash? Yes: ☐ No: ☒

Drive Train				Other	Equipment		Other
Transmission	Automatic: <input checked="" type="checkbox"/> Manual: <input type="checkbox"/>	Gears:	Gear Position:		Padded Interior	<input type="checkbox"/>	
Driven:	Front: <input type="checkbox"/> Rear: <input checked="" type="checkbox"/>				Interior Condition	Good: <input type="checkbox"/> Poor: <input type="checkbox"/>	
Axles	<u>TWO</u>				Exterior Condition	Good: <input type="checkbox"/> Poor: <input type="checkbox"/>	
Steering	Assisted: <input checked="" type="checkbox"/> Manual: <input type="checkbox"/>				Exhaust	Good: <input type="checkbox"/> Poor: <input checked="" type="checkbox"/>	
					Mirrors	Inside: <input type="checkbox"/> Left side: <input checked="" type="checkbox"/> Right side: <input type="checkbox"/>	

*Notes:

DRIVER'S CURTAIN

**FIRE DAMAGED
BURNED OUT**

Case Number: 707-64-031

DAMAGED IN CRASH

VEHICLE 1

(Post Collision Inspection-Sheet 2)

Processing Date: 10 - 14 - 07 Processing Time: 9⁰⁰ AM PM
 Processed by: CPL. R.B. BROWN
 Processing Location: BALDEAGLE TOWING 1911 E. TAMIAHI TRL, NAPLES

Tire Information

Make	Design	Size	Pressure	Tread Depth		
Did Tire Contribute to Crash? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Explain:				Inside	Middle	Outside
R/F:	(DETACHED & MISSING)	/	/	/	/	/
R/R:	(COMPLETELY BURNED)	/	/	/	/	/
L/F:	GOODYEAR EAGLE RS-A	RADIAL	255/45R20	UNK	11	11
L/R:	GOODYEAR EAGLE RS-A	RADIAL	285/40R20	Ø	11	11
R/R In:	/	/	/	/	/	/
L/R In:	/	/	/	/	/	/

Post Vehicle Dimensions

Front Wheel to Bumper:	Left side	DETACHED	Right side	DETACHED
Rear Wheel To Bumper:	Left Side	36"	Right Side	DETACHED
Wheelbase:	Left Side	UNK	Right Side	DETACHED
Track Width:	Front	UNK	Rear	UNK

Damage Description

R/F CRUSHED FORWARD INTO ENGINE COMPARTMENT
 FRONT CRASH DAMAGE TO HOOD, FENDERS, FRONT DOOR AND
 INTERIOR. FRONT END ALONG WITH ENGINE COMPONENTS
 TORN FREE EXPOSING ENGINE. ALL WHEELS EXCEPT
 DRIVERS SIDE. LEFT WHEEL AND L/R SHATTERED OUT.
 ALL AIRBAGS DEPLOYED. VEHICLES INTERIOR / EXTERIOR
 BURNED OUT EXCEPT DEPLOYED SEVERAL FIRE DAMAGE.

Case Number: 707-64-031

FLORIDA HIGHWAY PATROL



FLORIDA UNIFORM TRAFFIC CITATION

1648-SCI CHECK 8
DIGIT

COUNTY OF COLLIER		<input checked="" type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) NAPLES		FLORIDA HIGHWAY PATROL AGENCY	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
DAY OF WEEK WEDNESDAY	MONTH 11	DAY 14	YEAR 2007
		TIME 04:29	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
MIDDLE			
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE			
CITY PEMBROKE PINES		STATE FL	ZIP CODE
TELEPHONE NUMBER	DATE OF BIRTH 05 18 1989	RACE O	SEX M
DRIVER LICENSE NUMBER	STATE FL	CLASS E	CDL LICENSE N
YR. VEHICLE 2008	MAKE JEEP	STYLE SUV	COLOR BLK
TRAILER TAG NO.		STATE FL	YEAR TAG EXPIRES 2008
UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION, NAMELY US-41 / SR-90 3.8 MILES EAST OF BURNS RD			
FT. _____ MILES _____			
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.			

<input type="checkbox"/> UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH	<input type="checkbox"/> INTERSTATE <input type="checkbox"/> 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.)
<input type="checkbox"/> RELESS DRIVING	<input type="checkbox"/> SAFETY BELT VIOLATION
<input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE	<input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY	<input type="checkbox"/> EXPIRED TAG
<input type="checkbox"/> IMPROPER CHANGE OF LANE OR COURSE	<input type="checkbox"/> SIX (6) MONTHS OR LESS
<input type="checkbox"/> IMPROPER PASSING	<input type="checkbox"/> MORE THAN SIX (6) MONTHS
<input type="checkbox"/> CHILD RESTRAINT	<input type="checkbox"/> NO PROOF OF INSURANCE
<input type="checkbox"/> DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DRIVING/ACTUAL PHYSICAL CONTROL WHILE IMPAIRED, OR DRIVING/ACTUAL PHYSICAL CONTROL WITH UNLAWFUL BLOOD/URINE ALCOHOL LEVEL. BAL _____ %	

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE
FHP707-64-031 CITATION ISSUED ON 11/14/07 VIA
US MAIL

<input type="checkbox"/> AGGRESSIVE DRIVING	<input checked="" type="checkbox"/> IN VIOLATION OF STATE STATUTE	SECTION 316.1925.1	SUB-SECTION
CRASH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY DAMAGE <input checked="" type="checkbox"/> YES \$ _____ <input type="checkbox"/> NO	INJURY TO ANOTHER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CRIMINAL VIOLATION COURT APPEARANCE REQUIRED, AS INDICATED BELOW.		FATAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

<input checked="" type="checkbox"/> INFRACTION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW.	1648-SCI CHECK 8 DIGIT
<input type="checkbox"/> INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.	
COURT INFORMATION	DATE 11/14/07
TIME PM	
COURT COLLIER COUNTY COURT	
LOCATION 3301 E TAMiami TRL BLD L	
NAPLES FL 34112 239 774 8105	

ARREST DELIVERED TO _____ DATE _____

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF DEFENDANT
CPL. D.A. KRANTZ 2560 2215 F
SIGNATURE OF OFFICER _____ BADGE NO. _____ ID. NO. _____ TROOP UNIT _____

REPORT OF ACTION ON CASE

VIOLATIONS BUREAU:

Date _____

Amt. of Fine Paid \$ _____ Costs \$ _____

COURT ACTION:

Date _____ Plea _____

Disposition _____

Amt. of Fine Paid \$ _____ Costs \$ _____

License Action _____

OFFICER'S NOTES FOR TESTIFYING IN COURT:

PLEASE NOTE FACTS AND CIRCUMSTANCES IN ADDITION TO THOSE CHECKED ON FACE OF COMPLAINT -- THAT IS: 1. ANY SPECIFIC ACTION OF VIOLATOR WHICH INCREASED THE HAZARD OF THE VIOLATION; 2. WHERE VIOLATION OBSERVED AND CONTACT MADE; 3. TOTAL DISTANCE TRAVELED DURING PURSUIT; 4. STATEMENTS BY VIOLATOR AND GENERAL ATTITUDE; AND 5. PLACE OF EMPLOYMENT.

SLIPPERY PAVEMENT <input type="checkbox"/> Wet <input type="checkbox"/> Rain <input type="checkbox"/> Night <input type="checkbox"/> Fog <input type="checkbox"/> Darkness <input type="checkbox"/> Rain <input type="checkbox"/> Unlighted <input type="checkbox"/> Cross <input type="checkbox"/> Other <input type="checkbox"/> Traffic <input type="checkbox"/> Present	CAUSED PERSON TO DODGE <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> JUST MISSED <input type="checkbox"/> ONCOMING CRASH BY APPROX. _____ FT. <input type="checkbox"/> Same <input type="checkbox"/> Direction	CRASH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ped. <input type="checkbox"/> Hit Fixed Object <input type="checkbox"/> Right Angle <input type="checkbox"/> Head On <input type="checkbox"/> Side Swipe <input type="checkbox"/> Rear End <input type="checkbox"/> Ran Off Roadway <input type="checkbox"/> Intersection	<input type="checkbox"/> PD <input type="checkbox"/> PI <input type="checkbox"/> Fatal <input type="checkbox"/> Vehicle	HIGHWAY TYPE: <input type="checkbox"/> 2 Lane <input type="checkbox"/> 3 Lane <input type="checkbox"/> 4 Lane <input type="checkbox"/> 4 Lane Divided
AREA: <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Industrial <input type="checkbox"/> Business				

WITNESSES: _____

VEHICLE DEFECTS

Service Brake _____
Parking Brake _____
Headlights _____
Tail Lights _____
Stop Lights _____
Windshield Wiper _____
Horn _____
Tires _____
Other _____

061252

Ochope^{re}

Received

Note

on

4:33

5:18

5:30

Ems 56-4:20 97-4:37

4:15



FEMALE DIAGRAM
Autopsy

ME#07-349
CASE #

[REDACTED]

NAME

10/11/2007
DATE

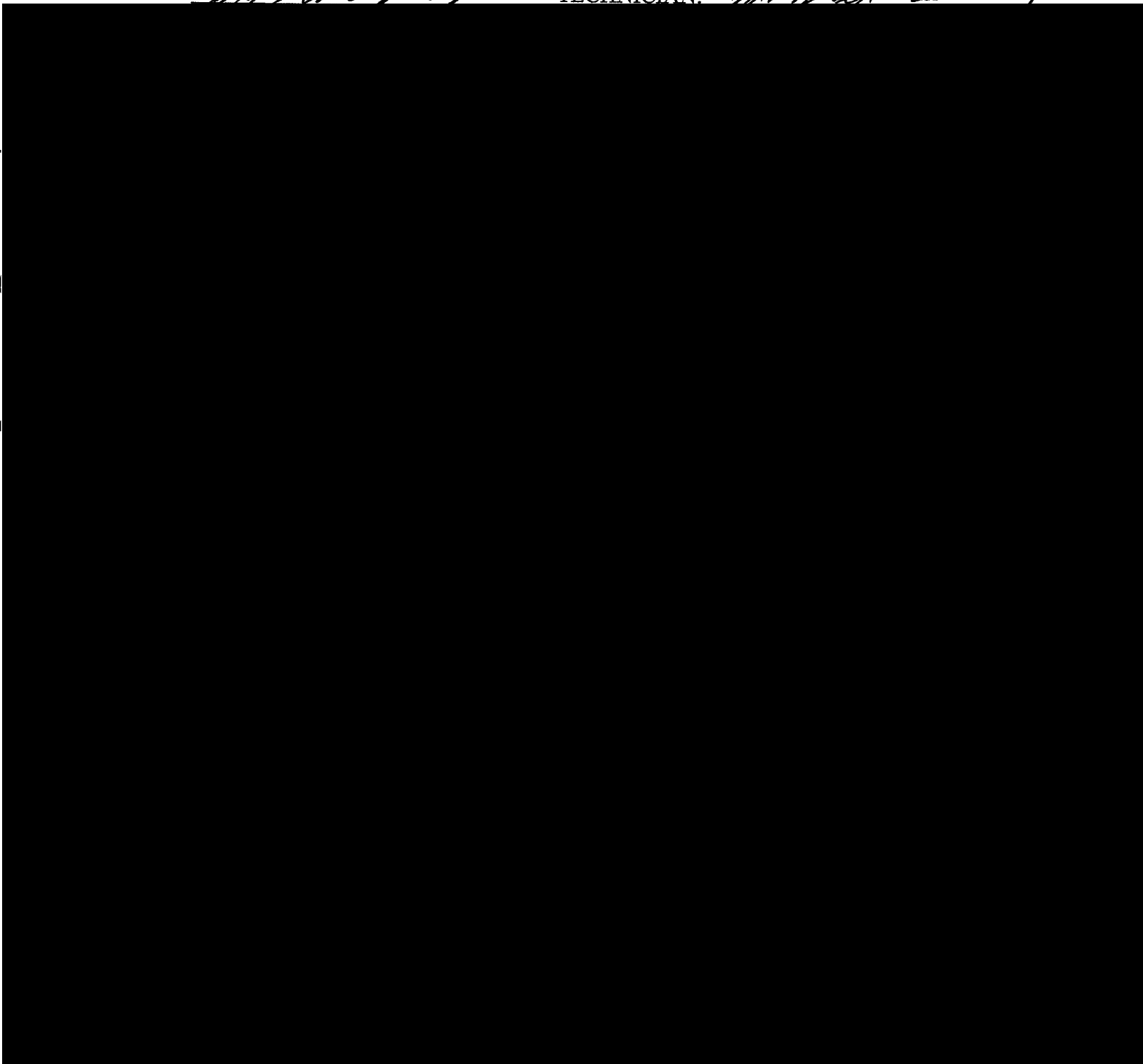
2800
TIME

AM/PM

DATE OF DEATH: 10/11/2007 DATE OF BIRTH: 08/24/1989 AGE: 18

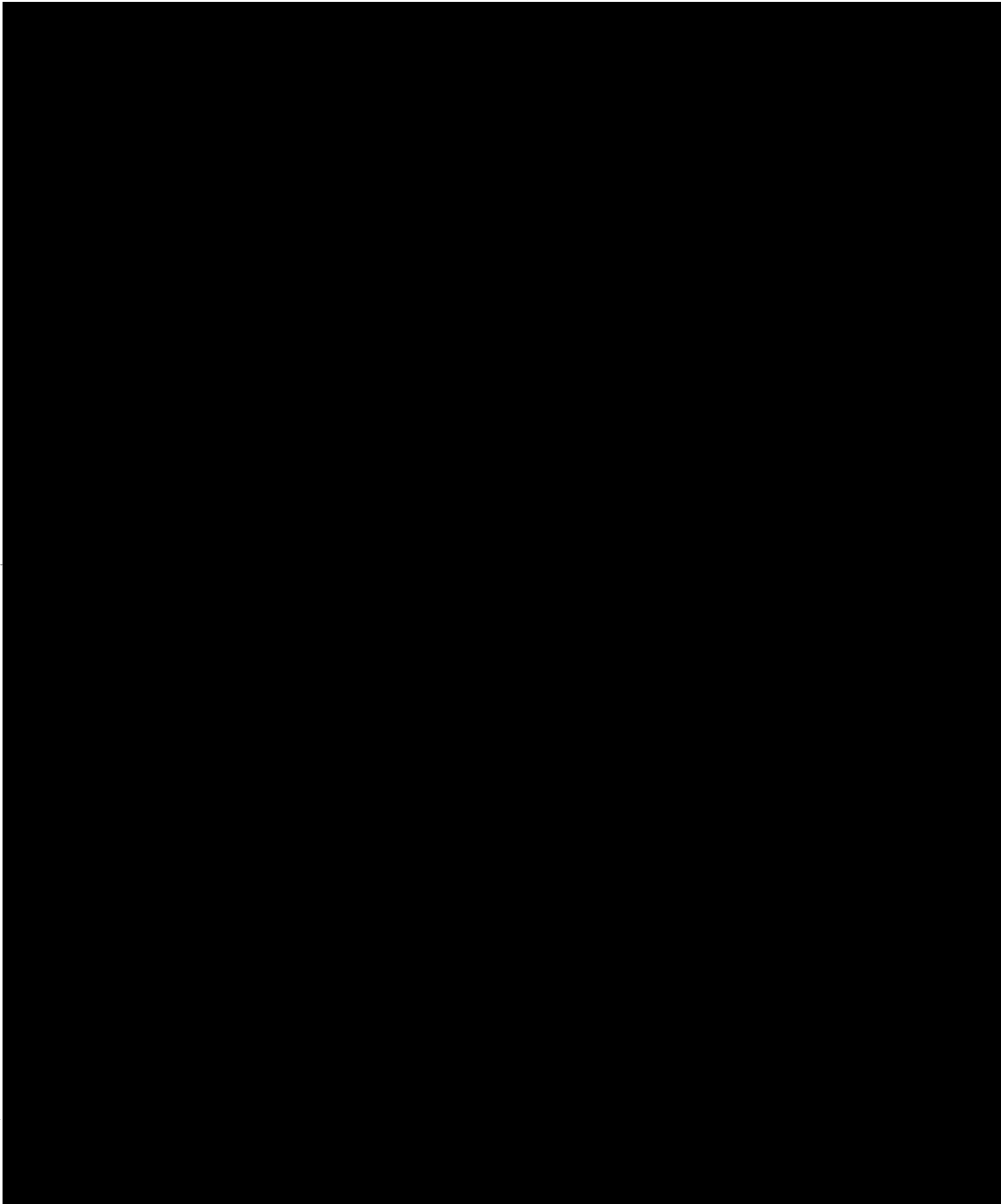
HT: 4'11" WT: 101 RACE: W/NATIVE HAIR: BLACK with
W/AMERICAN BROWN HIGHLIGHTS EYES: BROWN

DOCTOR: [Signature] TECHNICIAN: [Signature]



DISTRICT TWENTY MEDICAL EXAMINER
TRANSPORT SERVICE PROPERTY INVENTORY FORM

Tag No.: 0043941

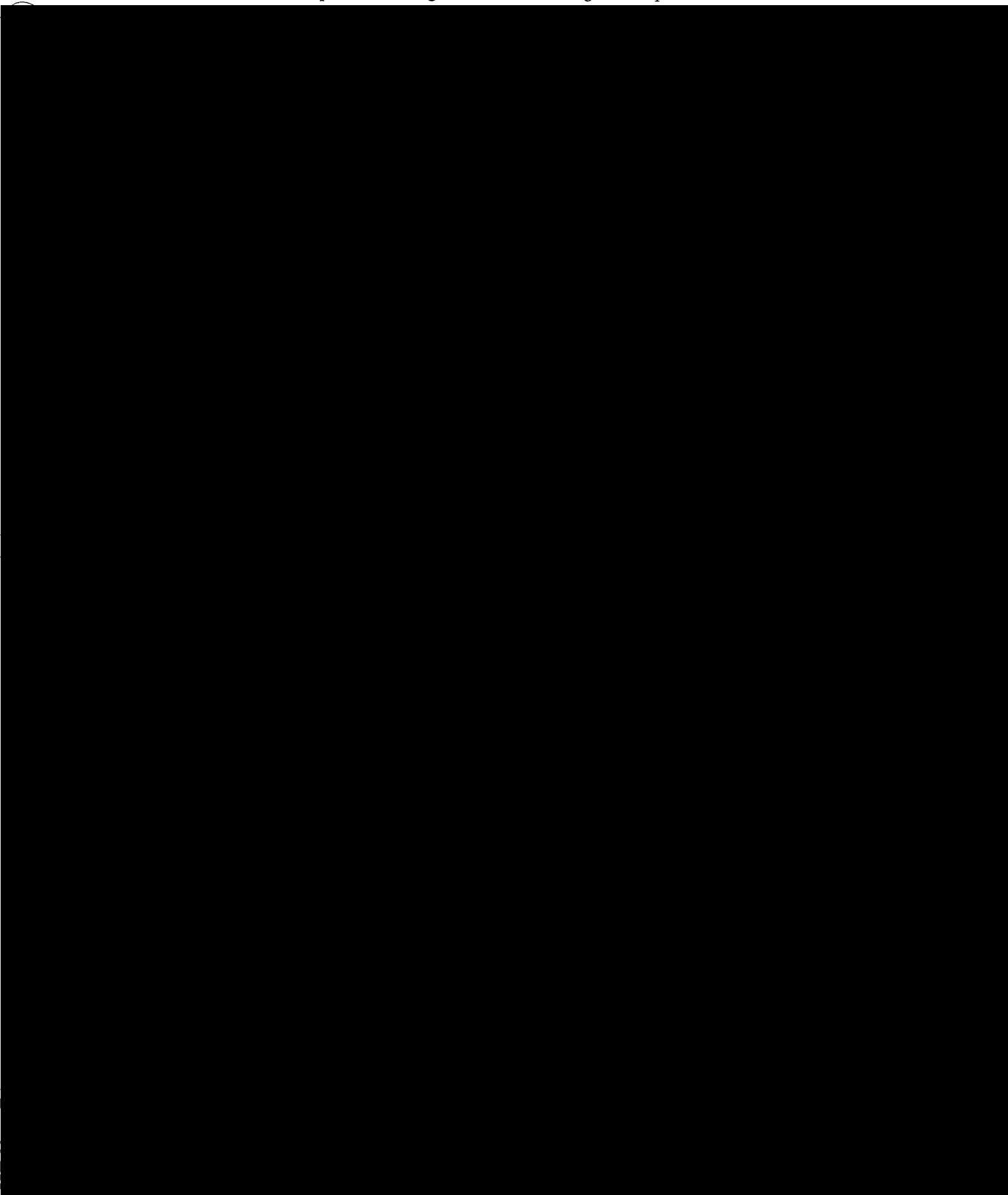


District Twenty Medical Examiner

3838 Domestic Avenue • Naples, Florida 34104

Phone: (239) 434-5020 • Fax: (239) 434-5027

naplesme@colliergov.net • www.colliergov.net/naplesme



OFFENSE INCIDENT REPORT

Juvenile

1. Original
2. Supplement

1

Agency ORI Number		Agency Name FLORIDA HIGHWAY PATROL		Agency Report Number FHPF07OFF061252	
Reported Day THU		Date 10/11/2007		Time (mil) 08:20	
Time Dispatched (mil) 07:10		Time Arrived (mil) 07:46		Time Completed (mil)	
Incident Type 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other		Incident: Day From THU		Date 10/11/2007	
Time (mil) 13:00		Day THU		Date 10/11/2007	
Time (mil) 13:00					
Offense # 1		Type Blood Withdrawal		Statute Violation Number	
#		A-Attempted C-Committed		NCIC/UCR Code	
Incident Location (Street, Apt. Number) NAPLES COMMUNITY HOSPITAL, NAPLES		City		Zip	
Business Name / Area Identifier		Geographical Area		Forced Entry 0. N/A 2. No 1. Yes	
Occupancy 0. N/A 2. Unoccupied 1. Occupied 3. Abandoned					
Location Type 01. Residence-Single 05. Convenience Store 09. Supermarket 13. Bank/Financial Inst 17. Gov't/Public Bldg. 21. Airport 25. Parking Lot/Garage 29. Motor Vehicle 02. Apartment/Condo 06. Gas Station 10. Dept/Discount Store 14. Commercial/Office Bldg 18. School/University 22. Bus/Rail Terminal 26. Highway/Roadway 30. Other Mobile 03. Residence-Other 07. Liquor Sales 11. Specialty Store 15. Industrial/Mfg. 19. Jail/Prison 23. Construction Site 27. Park/Woodlands/Field 99. Other 04. Hotel/Motel 08. Bar/Nightclub 12. Drug Store/Hospital 16. Storage 20. Religious Bldg. 24. Other Structure 28. Lake/Waterway					
# Offenses 0		# Victims 0		# Offenders 0	
# Prem. Ent. 0		# Veh. Stolen 0		Type Weapon 00. N/A 01. Handgun 02. Rifle 03. Shotgun 04. Firearm 05. Knife/Cutting Instrument 06. Blunt Object 07. Hands/Fists/Feet 08. Poison 09. Explosives 10. Fire/Incendiary 11. Threat Intimidation 12. Simulated Weapon 13. Drugs 88. Unknown 89. Other	
V/W Code V-Victim P-Proprietor Z-Other W-Witness C-Reporting Person		Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other		Race N- N/A W- White B- Black I- American Indian O- Oriental/Asian U- Unknown M- Male F- Female U- Unknown	
Injury Type 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 89. Other		Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger 03. Spouse 04. Ex-Spouse 05. Co-Habitant 06. Parent 07. Brother 08. Child 09. Step-Parent 10. Step-Child 11. In-Law 12. Other Family 13. Student 14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend 17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee 21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known		Residence Type 0. N/A 1. City 2. County 3. Florida 4. Out-of-State	
Residence Status 0. N/A 1. Full Time 2. Part Time 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal			
Offense Indicator 1. #1 3. Both 2. #2		V/W Code # V. Type Name (Last, First, Middle or Business)		Residence Phone	
Address (Street, Apt. Number)		City		State Zip	
Business Phone					
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement			
If Victim Type Race Sex Date of Birth or Age Res. Type Res. Status Extent of Injury Injury Type Relationship Ethnicity		1, 2, or 3			
Offense Indicator V/W Code # V. Type Name (Last, First, Middle or Business)		Residence Phone			
Address (Street, Apt. Number)		City		State Zip	
Business Phone					
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement			
If Victim Type Race Sex Date of Birth or Age Res. Type Res. Status Extent of Injury Injury Type Relationship Ethnicity		1, 2, or 3			
Offense Indicator Suspect Code Code # Juvenile Name (Last, First, Middle or Business)		Residence Phone			
Maiden Name Nickname/ Street Name Place of Birth					
Address (Street, Apt. Number)		City		State Zip	
Occupation		Employer/School, Address			
Immigration and Naturalization Number		Other ID. Number		OBTS Number (Arrested)	
FCIC/NCIC					
Clothing (Describe) NONE - IN HOSPITAL BED		Scars/Marks/Tattoos (Location/Describe)			
Race Sex Date of Birth or Age Height Weight Eye Color Hair Color Hair Length Hair Style		O M 05/18/1989 18 5-11 BRO BLK SHT			
Complexion Build Facial Hair Teeth Speech/Voice Special Identifiers		MED MED NONE			
CAD INCIDENT DISPOSITION CODE: [] At 7:10AM, I was contacted by the Fort Myers Regional Communications center and advised that Sergeant David Contessa had requested that I proceed to Naples Community Hospital and assist with a legal blood draw stemming from a current fatality case. While enroute to the hospital I made telephone contact with Sergeant Contessa and obtained some facts of the case that would assist me with my investigation at the hospital. Sergeant Contessa advised that the subject at the hospital was [] with a date of birth of 05-18-89. I arrived at the hospital at 7:46 AM. I met with Trooper Annistasia Graeve and discussed the situation with her. Afterwards, I entered the hospital and located [] in the emergency room, occupying bed 16. I made contact with Schilling and spoke to him briefly. [] was very					
Report Contains		Related Report Number(s)			
Officer Reporting CPL J.E. GISSENDANER		ID. Number(s) 1252-0759		Troop F	
Officer Reviewing (If Applicable)		Routed To		Referred To	
Assigned To		By		Date 10/11/2007	
Case Status		Clearance Type 1. Arrest 2. Exceptional 3. Unfounded		Date Cleared	
Arrest Number		Number Arrested			
Exception Type 1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V/W Refused to Cooperate	
5. Prosecution Declined 6. Juvenile / No Custody		OBTS Number		Page 1 of 2	

NARRATIVE CONTINUATION

1. Offense **1** Juvenile
2. Arrest
1. Original
2. Supplement **1**

Agency ORI Number	Agency Name	FLORIDA HIGHWAY PATROL	Agency Report Number FHPF07OFF061252
-------------------	-------------	-------------------------------	--

Original Date Reported 10/11/2007	Case Reference
---	----------------

groggy and semi-responsive. According to the hospital staff, [REDACTED] had been administered pain medication due to his injuries. [REDACTED] was able to briefly open his eyes and speak with me. He indicated to me that he could understand what I was saying. [REDACTED] told me that he had been driving too fast and had crashed. [REDACTED] stated that he had not had anything to drink. From my position, I could not smell any odor of alcoholic beverages; however, due to [REDACTED] being treated by medical staff at the time, I could not get very close to him. [REDACTED] agreed to submit to a voluntary blood withdrawal. I made contact with ER Technician Yamilka Gonzalez and requested her to conduct the withdrawal. Gonzalez drew the blood from [REDACTED] left hand in my presence at 8:20 AM. Gonzalez gave the vials of blood directly to me. The vials were gently rocked a few times and I sealed them in the blood kit. I kept the kit in my direct possession while I completed some paperwork and then I locked it in the trunk of my patrol car at 8:45 AM. I arrived at the Naples Florida Highway Patrol Station at approximately 12:15 PM and submitted the blood kit into evidence.

NARRATIVE

ADMINISTRATIVE

Report Contains		Related Perort Number(s)			
Officer(s) Reporting CPL. J.E. GISSENDANER		ID. Number(s) 1252-075C	Troop F	Date 10/11/2007	
Officer Reviewing (If Applicable)		ID. Number	Routed To	Referred To	Assigned To By Date
Case Studies	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded	A-Adult J-Juvenile	Date Cleared	Arrest Number	Number Arrested
Exception Type 1. Extradiction Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V/W Refused to Cooperate	5. Prosecution Declined 6. Juvenile / No Custody	OBTS Number	Page 2 of 2

EVIDENCE PROPERTY RECEIPT

:: FLORIDA HIGHWAY PATROL ::

F-09-07-0207

EVIDENCE CONTROL NO F-09-07-0207

PRIMARY CASE NO FHPF07OFF061252

COUNTY COLLIER

DISTRICT 9

DATE/TIME Oct 11 2007 1:18PM

DESCRIPTION S7

EVIDENCE DETAIL

LOCATION

NAPLES COMMUNITY HOSPITAL ER BED 16

OWNER VICTIM

NAME

PHONE

ADDRESS

DISCOVERED BY

NAME

Gissendaner, Jackson

PHONE Auto Populate Phone

ADDRESS Auto Populate Address

SUBJECT/SUSPECT

NAME

DOB 05/18/1989

RACE O

SEX M

DL STAT FL

DL #

WARRANT N

INCARCERATED N

PROPERTY ITEM NO F-09-07-0207-001

PROPERTY TYPE BIOHAZARDOUS

GENERAL DETAILS

GENERAL TYPE BLOOD

QUANTITY 1

DESCRIPTION BLOOD KIT

I HEREBY ACKNOWLEDGE THAT THE LIST ABOVE REPRESENTS ALL PROPERTY TAKEN FROM MY POSSESSION AND I HAVE RECEIVED A COPY OF THIS RECEIPT.

SIGNATURE

PRINT

I HEREBY ACKNOWLEDGE THAT THE LIST ABOVE REPRESENTS ALL PROPERTY IMPOUNDED BY ME IN THE OFFICIAL PERFORMANCE OF MY DUTY AS A STATE TROOPER.

TROOPER SIGNATURE

PRINT

CPL. JACKSON GISSENDANER

A WITNESS SIGNATURE IS REQUIRED WHENEVER THE PROPERTY VALUE MEETS THE CRITERIA IN FHP POLICY 12.02:

WITNESS SIGNATURE

PRINT

:: FLORIDA HIGHWAY PATROL ::

F-09-07-0207

RECEIVED BY

REASON

DATE/TIME RECEIVED

IS/ YAMILKA GONZALEZ

WITHDREW BLOOD

10-11-07 8:20 AM

RECEIVED BY

REASON

DATE/TIME RECEIVED

JACKSON / G. B. BENDANER
CPL [Signature]

CUSTODY OF EVIDENCE

10-11-07 8:25 AM

RECEIVED BY

REASON

DATE/TIME RECEIVED

RECEIVED BY

REASON

DATE/TIME RECEIVED

RECEIVED BY

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:: FLORIDA HIGHWAY PATROL ::

F-09-07-0207

RECEIVED BY

REASON

DATE/TIME RECEIVED

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REASON

DATE/TIME RECEIVED

CHECK IF PRESENT
☒ SHARPS / BIOHAZARD

11	01 Property of Deceased	05 Property Seized	09 Weapon/Firearm Safekeeping (NTE 60 Days)	EP (OFFICE USE ONLY)
	02 Stolen Property	06 Safekeeping	10 Found/Abandoned Property	Control
	03 Public Property	07 Seized Vehicle	11 Evidence (Other)	Number
	04 DHSMV Property	08 Weapons/Firearms (T.O.T., S.O.)	12 Joint Investigation	

NAPLES COMMUNITY HOSPITAL ER BED 16

SUBJECT / SUSPECT

WARRANT
☐ YES ☒ NO

DOB 05-18-89	RACE/ORIGIN W	SEX M	D.L. # / I.D. Card # [REDACTED]	STATE FL
-----------------	------------------	----------	------------------------------------	-------------

[illegible]

SIGNATURE (X) _____ PRINT _____

TROOPER _____ Signature [Signature]
Troop _____ District NAPLES I.D. No. 1252-0759

RECEIVED BY Yamilka Gonzalez	REASON WITHDRAWN BLOOD	DATE AND TIME RECEIVED 10-1-07 8:20 AM
RECEIVED BY CPL. J. E. GISSENDAWER	REASON CUSTODY OF EVIDENCE	DATE AND TIME RECEIVED 10-1-07 8:25 AM
RECEIVED BY	REASON	DATE AND TIME RECEIVED

HSMV 61802 (Rev. 5/99) S

Florida Department of Law Enforcement

Alcohol Testing Program

CERTIFICATION OF BLOOD WITHDRAWAL

I certify that as a physician, certified paramedic, registered nurse, licensed practical nurse, or other person authorized by a hospital to draw blood, or as a licensed clinical laboratory director, supervisor, technologist or technician, I am authorized by 316.1932, 316.1933, 322.63, 327.352 and 327.353, Florida Statutes, to withdraw blood at the request of a law enforcement officer. I certify that on 10-11-07 0820 I
(Date)
withdrew blood from [REDACTED] at the request of
(Driver)
CPL. JACKSON GISSENDANER. The blood sample(s) were collected and labeled in accordance
(Officer)
with the provisions of Rule 11D-8.012, Florida Administrative Code. Before collecting the blood sample(s), the skin was cleansed with an antiseptic that did not contain alcohol. The blood sample(s) were collected in glass evacuation tubes that contained a preservative and an anticoagulant. Immediately after collection, the tubes were inverted several times. The blood collection tubes were labeled with the name of the person tested, the date and time the sample(s) were collected and the initials of the person who collected the sample(s).

YAMILKA GONZALEZ

(Printed name of person withdrawing blood)

ER TECH

(Title)

[Signature]

(Signature)

10-11-07

(Date)

May also be used in administrative proceedings pursuant to s. 322.2615, Florida Statutes. To be forwarded to the local Bureau of Driver Improvement Office, Division of Driver Licenses, Department of Highway Safety and Motor Vehicles.

FORT MYERS REGIONAL COMMUNICATIONS CENTER



4700-2 Terminal Drive

Fort Myers, Florida 33907

Phone: (239)-938-1800 Fax: (239)-938-1863

Captain Terry C. Davis, Commander

FAX TRANSMITTAL FORM

DATE: 10/11/07 DESTINATION FAX #: _____

DESTINATION: Naples 1285

ATTENTION: _____

FROM: L. Hyl

REF: _____

Message: _____

Page # 1 of 4 pages



FLORIDA HIGHWAY PATROL (TROOP F - FMRCC)

CALL HISTORY RECORD

Page 1 of 6

Printed By:

LHTS11

Printed On:

10/11/2007 14:48:30

DISPATCH TO LOCATION

Address Apt / Lot
 US41
 12 MI E OF SR29
 Cross Street
 MONUMENT RD
 City Incorporated? State County Zip Code
 OCHOPEE No FL 34141
 ZONE TROOP FDOTREG REGION FHP FDOTRFO FWC
 COLL F 1 S F04 W11

LOCATION OF OCCURRENCE

Address Apt / Lot
 US41
 12 MI E OF SR29
 Cross Street
 MONUMENT RD
 City Incorporated? State County Zip Code
 OCHOPEE No FL 34141
 ZONE TROOP FDOTREG REGION FHP FDOTRFO FWC
 COLL F 1 S F04 W11

Complaint Type / Call Nature Priority Weapon Complainant Phone Number Ext Contact 911
 S7 2 COLLIER X49 N N

Primary Unit	BackUp Units	Dispatcher	Disposition Codes
036	1285 222	BZT870	(1) L (4)
PF	FHPF FHPF	Call Taker	(2) (5)
		MWT849	(3) (6)

Incident Number	CALL DATES & TIMES (Note: Individual Unit Times & Close/Code Times are listed after the Call Notes)					Closed
Report Number	Received	Shipped	Dispatched	Enroute	Onscene	
FMR07CAD081739	10/11/2007	10/11/2007				10/11/2007
FHPF07OFF061252	04:33:18	04:34:51				10:29:24

CALL STATISTICS	Create Time	Hold Time	Rollout Time	Enroute Time	Onscene Time
	00:01:33	**34:51	00:00:00	00:00:00	**29:24
		Dispatch Time	Response Time	Total Call Time	
		**33:18	00:00:00	05:59:06	



FLORIDA HIGHWAY PATROL (TROOP F - FMRCC)

CALL HISTORY RECORD

Page 2 of 6

Printed By:
LHTS11Printed On:
10/11/2007 14:48:30**SUBJECT RECORD**

Date Added 10/11/2007 Time Added 08:33:26 Added By RPT921 Subject Type FATAL
 Last Name [REDACTED] First Name [REDACTED] Middle Name NIA Title (jr, sr, etc.)
 Race Sex DoB Age Hair Eyes Height Weight
 O F 03/24/1989 18 0'00" 0
 SSN [REDACTED] DL/ID Number [REDACTED] State FL

Description/Comments

Activity UNKNOWN ☐ Drinking ☐ Drugs ☐ Weapon
 Extent of Injuries N/A ☐ Seat Belt Required? ☐ Airbag Installed? ☐ Childseat Used?
☐ Seat Belt Used? ☐ Airbag Deployed? ☐ Childseat Required?

Next of Kin
X78 MADE TO MOTHER AT 0445 HRS

Notified by:
☒ Notified? X78 MADE TO MOTHER AT 0445 HR:

Approved for Release By:

☐ Allow Public Release of Information on this Subject?
SUBJECT RECORD

Date Added 10/11/2007 Time Added 10:27:36 Added By 1036/FHFF Subject Type
 Last Name [REDACTED] First Name [REDACTED] Middle Name Title (jr, sr, etc.)
 Race Sex DoB Age Hair Eyes Height Weight
 18 0'00" 0
 SSN [REDACTED] DL/ID Number [REDACTED] State

Description/Comments

Activity ☐ Drinking ☐ Drugs ☐ Weapon
 Extent of Injuries ☐ Seat Belt Required? ☐ Airbag Installed? ☐ Childseat Used?
☐ Seat Belt Used? ☐ Airbag Deployed? ☐ Childseat Required?

Next of Kin

Notified by:
☐ Notified?

Approved for Release By:

☐ Allow Public Release of Information on this Subject?



FLORIDA HIGHWAY PATROL (TROOP F - FMRCC)

CALL HISTORY RECORD

Page 3 of 6

Printed By:
LHTS11Printed On:
10/11/2007 14:48:31

SUBJECT RECORD

Date Added 10/11/2007 Time Added 06:46:09 Added By RPT921 Subject Type DRIVER

Last Name First Name Middle Name Title (jr, sr, etc.)

Race Sex DoB Age Hair Eyes Height Weight
O M 05/18/1989 18 0'00" 0

SSN DL/ID Number State
FL

Description/Comments

Activity UNKNOWN ☐ Drinking ☐ Drugs ☐ Weapon Weapon Description

Extent of Injuries N/A ☐ Seat Belt Required? ☐ Airbag Installed? ☐ Childseat Used?
☐ Seat Belt Used? ☐ Airbag Deployed? ☐ Childseat Required?

Next of Kin

Notified by:

☐ Notified?

Approved for Release By:

☐ Allow Public Release of Information on this Subject?



FLORIDA HIGHWAY PATROL (TROOP F - FMRCC)

CALL HISTORY RECORD

Page 4 of 6

Printed By:
LHTS11Printed On:
0/11/2007 14:48:31

VEHICLE RECORD

Date Added 10/11/2007 Time Added 10:29:07 Added By 1036/FHPF

State Tag Number Tag Year Description
DUPE SCREEN

VIN Year Make Model Color

Vehicle Type Vehicle Activity Crash Type

☐ Towed? ☐ Rotation? ☐ Requested? ☐ Other Tow Type

Description of Other Tow Type

☐ Abandoned? ☐ Cleared?

Abandoned On Date/Time:

Removal Due On Date/Time:

VEHICLE RECORD

Date Added 0/11/2007 Time Added 06:16:55 Added By BZT870

State Tag Number Tag Year Description
FL 443HDS 2008 HOLD ON VEH

VIN Year Make Model Color
1J8HR78338C 2008 JEEP CHEROKEE BLK

Vehicle Type Vehicle Activity Crash Type
CRASH FATAL

☒ Towed? ☒ Rotation? ☐ Requested? ☐ Other Tow Type

Description of Other Tow Type

☐ Abandoned? ☐ Cleared?

Abandoned On Date/Time:

Removal Due On Date/Time:



FLORIDA HIGHWAY PATROL (TROOP F - FMRCC)

CALL HISTORY RECORD

Page 5 of 6

Printed By:
LHTS11Printed On:
10/11/2007 14:48:31

CALL NOTES

Added By	Date	Time	Note
MWT849	10/11/2007	04:34:55	OFFENSE NUMBER [FHPF07OFF061252] AUTOMATICALLY GENERATED USING AGENCY [FHPF] CHOSEN BY
MWT849	10/11/2007	04:35:06	SINGLE VEH ROLL OVER
MWT849	10/11/2007	04:35:12	2 EJECTIONS
MWT849	10/11/2007	04:35:21	1 CONFIRMED FATAL
MWT849	10/11/2007	04:35:42	OLD@WEB UNKNOWN ROADBLOCK
MWT849	10/11/2007	04:35:58	X49 ADV X69 X71 X51
BZT870	10/11/2007	04:38:12	X51 MM 103 X52 1 HOUR
MWT849	10/11/2007	04:40:01	OTHER SUBJ CRITICAL
BZT870	10/11/2007	04:46:16	X39 222 ADV HAVE 1036 ADV WHEN X97 AND CALL BACK
BZT870	10/11/2007	04:46:27	ADV CALL OUT 1285
BZT870	10/11/2007	04:53:01	X39 1285
BZT870	10/11/2007	05:09:43	*****EMS TIMES*****
BZT870	10/11/2007	05:10:45	REC 04:15 DIS 04:16 X51 04:20 X97 04:37 PRONOUNCED S7 04:27 BY LT ROBERSON ID
BZT870	10/11/2007	05:10:58	*****
BZT870	10/11/2007	05:11:29	MEDIC 60 RESPONDED
BZT870	10/11/2007	05:41:13	DRIVER WAS AIRLIFTED AND PASSENGER IS S7 VEH IS 30 TO 40 FT S OF US41
BZT870	10/11/2007	05:41:42	ADV WHERE WAS DRIVER TRANSPORTED AND CONDITION
BZT870	10/11/2007	05:42:11	ADV TRANSPORTED TO NAPLES DOWNTOWN AND INJURY WAS BROKEN FEMUR SUBJ WAS CONCIIOUS
BZT845	10/11/2007	05:45:58	OLD@WEB INTERSECTION BLOCKED
BZT870	10/11/2007	05:46:00	NAPLES COMMUNITY ADV DRIVER IS STABLE
BZT870	10/11/2007	05:47:02	ADV HAVE 6AM UNIT X51 TO H1 REF POSS BLOOD DRAW
BZT870	10/11/2007	05:53:10	ADV FIND OUT IF MICCOSUKEE IS STILL X97 OR WHO THE OFFICER WAS AND THEIR X43
BZT870	10/11/2007	05:58:43	MICCOSUKEE PD ADV OFFICER MARIA BELLO IS STILL X97
BZT870	10/11/2007	06:04:26	ADV MIC PD ADV FAMILY OF S7 AND FAMILY IS X51 REF PROTOCOL
BZT870	10/11/2007	06:09:40	ADV HAVE ME X51
BZT870	10/11/2007	06:16:48	ADV CALL X70 ADV THEM VEH IS SOME SHALLOW WATER AND MUD AND WAS ON FIRE
BZT870	10/11/2007	06:17:23	ROTATION TOW: BALD EAGLE TOWING(239)642-0003 (PH: (239)642-0003) FOR:
BZT870	10/11/2007	06:23:28	X39 ME OFFICE
NZT549	10/11/2007	08:14:51	EB LANES ARE TEMP BLOCKED
NZT549	10/11/2007	08:15:12	TRAFFIC IS STILL FLOWING
NZT549	10/11/2007	08:15:32	@WEB EAST BOUND LANES ARE BLOCKED, BUT TRAFFIC IS FLOWING
RPT921	10/11/2007	08:29:42	MIC PD ADV X78 MADE AT 0445 HRS
RPT921	10/11/2007	08:41:55	1036 ADV X70 X41 ALSO HOLD ON VEH
RPT921	10/11/2007	08:42:03	1036 X98 SCENE X53
RPT921	10/11/2007	09:37:10	1036 X6 S1
RPT921	10/11/2007	09:44:22	1285 222 X98 SCENE
RPT921	10/11/2007	10:02:16	DELAYED ENTRY - 759 X51 H1 AT 0710 X97 H1 0746 X98 0954



FLORIDA HIGHWAY PATROL (TROOP F - FMRCC)

CALL HISTORY RECORD

Page 6 of 6

Printed By:
LHTS11Printed On:
10/11/2007 14:48:32

UNIT / CALL TIMES

DATE	TIME	CALLNO	AGENCY	DESCRIPT	DISPATCHER
10/11/2007	04:37:42	1036	FHPF	ENROUTE	BZT870
10/11/2007	05:18:57	1285	FHPF	ENROUTE	1285/FHPF
10/11/2007	05:26:29	1036	FHPF	ONSCENE	BZT870
10/11/2007	05:26:29	1036	FHPF	REPORTING	BZT870
10/11/2007	05:30:25	222	FHPF	ENROUTE	222/FHPF
10/11/2007	06:03:51	1285	FHPF	ONSCENE	BZT870
10/11/2007	06:09:25	222	FHPF	ONSCENE	BZT870
10/11/2007	10:29:24				
10/11/2007	10:29:24				DC1916
10/11/2007	10:35:36				

END OF CALL HISTORY RECORD

FLORIDA HIGHWAY PATROL

SWORN INTERVIEW - ADVICE OF RIGHTS

I am Corporal David Krantz of the Florida Highway Patrol conducting a death investigation.

This sworn interview is being conducted at [REDACTED] Naples, FL [REDACTED]

Today's date is 10/29/07

(Location)
The time is 3:10 AM (PM)

Persons present at this interview are (If applicable)

This sworn interview is being taken in relation to FHP707-64-031

At this time I am advising you of your rights.

Before I ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advise before I ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you, without cost, before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you consult a lawyer.

I, [REDACTED] had read and explained to me this statement of my rights, and I understand what my rights are. I am willing at this time to make a statement and answer questions. I do not want a lawyer at this time. Any and all statements given by me will be freely and voluntarily. No promises, threats or inducements of any kind or nature whatsoever have been promised me in order to consent to this interview.

KNOWING MY RIGHT, I HEREBY, PRIOR TO BEING INTERVIEWED, WAIVE MY RIGHTS TO CONSULT WITH A LAWYER OR TO HAVE ONE PRESENT DURING THIS INTERVIEW. I do hereby affix my signature accordingly.

Signed: via telephone

D. O. B.: 05/18/1989

Date: 10/29/07

Time: 3:10 AM (PM)

Witness: [Signature]

Witness: _____

Time: 3:10 AM (PM)

At this time I will administer the oath.

OATH

This will be a sworn digitally 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 via telephone

(Signature of witness)

Please state your full name.

Please state your current address.

Pembroke Pines, FL.

Please state your home phone number.

Please state your work phone number.

Please state your place of employment. student

Please state your current occupation.

INTERVIEW

Time interview concluded 3:31 AM PM

CERTIFICATION

The undersigned trooper acknowledges taking and being present during the foregoing interview. The interview was recorded as a digital recording file and marked by the name of the witness, the THI case number FHP707-64-031 and the date of interview 10/29/07.
Initials of trooper taking statement.

(Signature of Corporal)

1288
DAVID KRAUTZ

FHP707-64-031

(THI Case Number)

SWORN STATEMENT

STATE OF FLORIDA

-VS-

I, Corporal Jackson E. Gissendaner, being duly sworn, deposes and says that on the 11TH day of October A.D. 2007, in Collier County, State of Florida, that: At 7:10AM, I was contacted by the Fort Myers Regional Communications center and advised that Sergeant David Contessa had requested that I proceed to Naples Community Hospital and assist with a legal blood draw stemming from a current fatality case. While enroute to the hospital I made telephone contact with Sergeant Contessa and obtained some facts of the case that would assist me with my investigation at the hospital. Sergeant Contessa advised that the subject at the hospital was [REDACTED] with a date of birth of 05-18-89. I arrived at the hospital at 7:46 AM. I met with Trooper Annistasia Graeve and discussed the situation with her. Afterwards, I entered the hospital and located [REDACTED] in the emergency room, occupying bed 16. I made contact with [REDACTED] and spoke to him briefly. [REDACTED] was very groggy and semi-responsive. According to the hospital staff, [REDACTED] had been administered pain medication due to his injuries. [REDACTED] was able to briefly open his eyes and speak with me. He indicated to me that he could understand what I was saying. [REDACTED] told me that he had been driving too fast and had crashed. [REDACTED] stated that he had not had anything to drink. From my position, I could not smell any odor of alcoholic beverages; however, due to [REDACTED] being treated by medical staff at the time, I could not get very close to him. [REDACTED] agreed to submit to a voluntary blood withdrawal. I made contact with ER Technician Yamilka Gonzalez and requested her to conduct the withdrawal. Gonzalez drew the blood from [REDACTED] left hand in my presence at 8:20 AM. Gonzalez gave the vials of blood directly to me. The vials were gently rocked a few times and I sealed them in

Sworn to and subscribed before me
this 11th day of October 2007

Notary Public per F.S.S. 117.10

Corporal Jackson E. Gissendaner
I.D. # 759


SWORN STATEMENT

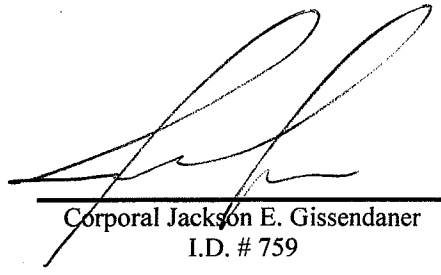
STATE OF FLORIDA

-VS-

the blood kit. I kept the kit in my direct possession while I completed some paperwork and then I locked it in the trunk of my patrol car at 8:45 AM. I arrived at the Naples Florida Highway Patrol Station at approximately 12:15 PM and submitted the blood kit into evidence.

Sworn to and subscribed before me
this 11th day of October, 2007


Notary Public per F.S.S. 117.10


Corporal Jackson E. Gissendan
I.D. # 759