

FLORIDA HIGHWAY PATROL
1551 E. INTERNATIONAL SPEEDWAY BLVD.
DELAND, FLORIDA 32724
(386) 736-5350
FAX # (386) 736-5388



FAX TRANSMISSION

TO: LARRY HERSHMAN FROM: CP. J. KIBLER
COMPANY: NHTSA DATE: 11-29-11
FAX #: 202-366-3171

YOU SHOULD RECEIVE 1 PAGES INCLUDING THIS PAGE.

MESSAGE: CRASH REPORT 11/16/11
FHPD11OFF 095212
(V-2) TEEP GRAND CHEROKEE

KEEP IN MIND THIS IS JUST THE CRASH REPORT
NOT THE TRAFFIC HOMICIDE REPORT -

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

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

| | | | | | |
|--------------------------|--------------------------|------------------------------|--|---|---|
| Crash Date 11/16/2011 | Time of Crash 5:55 PM | Date of Report 11/16/2011 | Reporting Agency FLORIDA HIGHWAY PATROL | Reporting Agency Case Number FHPD11OFF095212 | HSMV Crash Report Number 82008616-01 |
|--------------------------|--------------------------|------------------------------|--|---|---|

CRASH IDENTIFIERS

| | | | | | | |
|--|---|-------------------------------|---|---------------------------|--|--|
| County Code 17 | City Code 38 | County of Crash SEMINOLE | Place or City of Crash LAKE MARY | Within City Limits YES | Reported Date/Time 11/16/2011 5:59 PM | Dispatched Date/Time 11/16/2011 6:04 PM |
| On Scene Date/Time 11/16/2011 7:01 PM | Cleared Scene Date/Time 11/16/2011 9:55 PM | Investigation Completed NO | Reason (if investigation Not Complete) PENDING THI | | Notified By LAW ENFORCEMENT AGENCY | |

ROADWAY INFORMATION

| | | | | | |
|--|-----------------|----------------|---|---|-------------------------------|
| Crash Occurred on Street, Road, Highway INTERSTATE 4 (STATE ROAD 400) | | | At Street Address # | At Latitude N 20 46.0773 | And Longitude W 81 21.8536 |
| At Feet | Or Miles 0.7 | Direction E | From Intersection With Street, Road, Highway LAKE MARY BOULEVARD | | Or From Milepost Number |
| Road System Identifier INTERSTATE | | | Type of Shoulder PAVED | Type of Intersection NOT AT INTERSECTION | |

CRASH INFORMATION

| | | | | | |
|---|--|--|--------------------------|--|--|
| <input checked="" type="checkbox"/> Pictures Taken | | | | | |
| Light Condition DUSK | Weather Condition CLEAR | Roadway Surface Condition DRY | School Bus Related NO | Manner of Collision FRONT TO REAR | |
| First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT | First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT | First Harmful Event Location ON ROADWAY | Within Interchange NO | First Harmful Event's Relation to Junction NON-JUNCTION | |
| Contributing Circumstances: Road NONE | | Contributing Circumstances: Road | | Contributing Circumstances: Road | |
| Contributing Circumstances: Environment NONE | | Contributing Circumstances: Environment | | Contributing Circumstances: Environment | |
| Work Zone Related NO | Crash in Work Zone | Type of Work Zone | Workers in Work Zone | Law Enforcement in Work Zone | |

VEHICLE Commercial Motor Vehicle

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|--|--|---|-------------------------------|---|-------------------------------|---|-------------------------------|---|----------------------|
| Vehicle V01 | Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT | Hit & Run (by this vehicle) NO | License Number | State FL | Reg. Expires 1/30/2012 | Permanent Reg. VIN 4M2ZU68E22Z | | | |
| Year 2002 | Make MERC | Model MOUNTAINEER | Style UT | Color WHI | Extent of Damage DISABLING | Est. Damage 8,000 | Towed Due to Damage YES | Vehicle Removed By CORTES TOWING | Rotation ROTATION |
| Insurance Company GEICO | | Insurance Policy Number | | Insurance Agency Number | | | | | |
| Name of Vehicle Owner | | | City ALTAMONTE SPRING FL | | | State Zip Code | | Phone Number(s) | |
| Trailer One | License Number | State | Reg. Expires | Permanent Reg. NO | VIN | Year | Make | Length | Axles |
| Trailer Two | License Number | State | Reg. Expires | Permanent Reg. NO | VIN | Year | Make | Length | Axles |
| Vehicle Traveling | Direction WEST | On Street, Road, Highway INTERSTATE 4 (STATE ROAD 400) | | | | At Est. Speed 65 | Posted Speed 65 | Total Lanes 8 | |
| CMV Configuration | | Cargo Body Type | | Area of Initial Impact | | | Most Damaged Area | | |
| Comm GVW/HGCWH | | Trailer Type (Trailer One) | | Trailer Type (Trailer Two) | | <input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer | | | |
| Haz. Mat. Release | Haz Mat Placard | Haz. Mat. Number | Haz. Mat. Class | | | | | | |
| Motor Carrier Name | | US DOT Number | | | | | | | |
| Motor Carrier Address | | Address Other | | City | State | Zip Code | Phone Number | | |
| Comm/Non-Commercial | Vehicle Body Type (SPORT) UTILITY VEHICLE | Vehicle Defects (one) NONE | | Vehicle Defects (two) | | Emergency Vehicle Use NO | | Special Function of MV NO SPECIAL FUNCTION | |
| Vehicle Maneuver Action STRAIGHT AHEAD | Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER | Roadway Grade LEVEL | Roadway Alignment STRAIGHT | Most Harmful Event COLLISION NON-FIXED OBJECT | | Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT | | | |
| Traffic Control Device for this Vehicle NO CONTROLS | First (1) Sequence of Events COLLISION NON-FIXED OBJECT | | Second (2) Sequence of Events | | Third (3) Sequence of Events | | Fourth (4) Sequence of Events | | |
| | | MOTOR VEHICLE IN TRANSPORT | | | | | | | |

VEHICLE Commercial Motor Vehicle

| | | | | | | | | | |
|------------------------------|--|---|-------------------|-------------------------|-------------------------------|-----------------------------------|----------------------------|-------------------------------------|----------------------|
| Vehicle V02 | Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT | Hit & Run (by this vehicle) NO | License Number | State FL | Reg. Expires 9/1/2012 | Permanent Reg. VIN 1J4FXB85XVC | | | |
| Year 1997 | Make JEEP | Model GRAND CHEROK | Style VN | Color WHI | Extent of Damage DISABLING | Est. Damage 4,500 | Towed Due to Damage YES | Vehicle Removed By CORTES TOWING | Rotation ROTATION |
| Insurance Company UNKNOWN | | Insurance Policy Number | | Insurance Agency Number | | | | | |
| Name of Vehicle Owner | | | City DAVENPORT | | | State Zip Code | | Phone Number(s) | |
| Trailer One | License Number | State | Reg. Expires | Permanent Reg. NO | VIN | Year | Make | Length | Axles |
| Trailer Two | License Number | State | Reg. Expires | Permanent Reg. NO | VIN | Year | Make | Length | Axles |
| Vehicle Traveling | Direction WEST | On Street, Road, Highway INTERSTATE 4 (STATE ROAD 400) | | | | At Est. Speed 0 | Posted Speed 65 | Total Lanes 8 | |

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|--|--|--|-----------------|---|--|--|--|---|-------------------|---|----------|-----------------|
| Crash Date 11/16/2011 | | Time of Crash 5:55 PM | | Date of Report 11/16/2011 | | Reporting Agency FLORIDA HIGHWAY PATROL | | Reporting Agency Case Number FHPD11OFF095212 | | HBMV Crash Report Number 82000616-01 | | |
| CMV Configuration | | | Cargo Body Type | | | Area of Initial Impact | | | Most Damaged Area | | | |
| Comm GVWR/GCWR | | Trailer Type (Trailer One) | | Trailer Type (Trailer Two) | | | | | | | | |
| Haz. Mat. Release | | Haz. Mat. Placard | | Haz. Mat. Number | | | | | | | | Haz. Mat. Class |
| Motor Carrier Name | | | US DOT Number | | | City | | | State | | Zip Code | |
| Motor Carrier Address | | | Address Other | | | City | | | State | | Zip Code | |
| Comm/Non-Commercial | | Vehicle Body Type (SPORT) UTILITY VEHICLE | | Vehicle Defects (one) NONE | | Vehicle Defects (two) | | Emergency Vehicle Use NO | | Special Function of MV NO SPECIAL FUNCTION | | |
| Vehicle Maneuver Action STOPPED IN TRAFFIC | | Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER | | Roadway Grade LEVEL | | Roadway Alignment STRAIGHT | | Most Harmful Event COLLISION NON-FIXED OBJECT | | Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT | | |
| Traffic Control Device for this Vehicle NO CONTROLS | | First (1) Sequence of Events COLLISION NON-FIXED OBJECT | | Second (2) Sequence of Events COLLISION NON-FIXED OBJECT | | Third (3) Sequence of Events | | Fourth (4) Sequence of Events | | | | |
| | | MOTOR VEHICLE IN TRANSPORT | | MOTOR VEHICLE IN TRANSPORT | | | | | | | | |

VEHICLE Commercial Motor Vehicle

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|--|--|--|-----------------|---|--|-------------------------------|--|---|-------------------|---|----------|-------------------------------------|--|----------------------------|--|
| Vehicle V03 | | Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT | | Hit & Run (by this vehicle) NO | | License Number | | State TN | | Reg. Expires 8/30/2012 | | Permanent Reg. NO | | VIN 1GNKVGED5C | |
| Year 2012 | | Make CHEV | | Model TRAVERSE | | Style 4D | | Color SIL | | Extent of Damage DISABLING | | Est. Damage 12,500 | | Towed Due to Damage YES | |
| Insurance Company SELF INSURED | | Name of Vehicle Owner | | City ALCOA | | State TN | | Zip Code | | Phone Number(s) | | Vehicle Removed By CORTES TOWING | | Rotation ROTATION | |
| Trailer One | | License Number | | State | | Reg. Expires | | Permanent Reg. NO | | VIN | | Year | | Make | |
| Trailer Two | | License Number | | State | | Reg. Expires | | Permanent Reg. NO | | VIN | | Year | | Make | |
| Vehicle Travelling | | Direction WEST | | On Street, Road, Highway INTERSTATE 4 (STATE ROAD 400) | | At Est. Speed 0 | | Posted Speed 65 | | Total Lanes 8 | | | | | |
| CMV Configuration | | | Cargo Body Type | | | Area of Initial Impact | | | Most Damaged Area | | | | | | |
| Comm GVWR/GCWR | | Trailer Type (Trailer One) | | Trailer Type (Trailer Two) | | | | | | | | | | | |
| Haz. Mat. Release | | Haz. Mat. Placard | | Haz. Mat. Number | | | | | | | | Haz. Mat. Class | | | |
| Motor Carrier Name | | | US DOT Number | | | City | | | State | | Zip Code | | | | |
| Motor Carrier Address | | | Address Other | | | City | | | State | | Zip Code | | | | |
| Comm/Non-Commercial | | Vehicle Body Type (SPORT) UTILITY VEHICLE | | Vehicle Defects (one) NONE | | Vehicle Defects (two) | | Emergency Vehicle Use NO | | Special Function of MV NO SPECIAL FUNCTION | | | | | |
| Vehicle Maneuver Action STOPPED IN TRAFFIC | | Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER | | Roadway Grade LEVEL | | Roadway Alignment STRAIGHT | | Most Harmful Event COLLISION NON-FIXED OBJECT | | Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT | | | | | |
| Traffic Control Device for this Vehicle NO CONTROLS | | First (1) Sequence of Events COLLISION NON-FIXED OBJECT | | Second (2) Sequence of Events COLLISION NON-FIXED OBJECT | | Third (3) Sequence of Events | | Fourth (4) Sequence of Events | | | | | | | |
| | | MOTOR VEHICLE IN TRANSPORT | | MOTOR VEHICLE IN TRANSPORT | | | | | | | | | | | |

VEHICLE Commercial Motor Vehicle

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|----------------------------|--|--|-----------------|---|--|------------------------|--|-----------------------------|-------------------|---|----------|-------------------------------------|--|----------------------------|--|
| Vehicle V04 | | Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT | | Hit & Run (by this vehicle) NO | | License Number | | State FL | | Reg. Expires 12/28/2011 | | Permanent Reg. NO | | VIN 1N4BA1E44C | |
| Year 2004 | | Make NISS | | Model MAXIMA | | Style 4D | | Color GRY | | Extent of Damage DISABLING | | Est. Damage 7,500 | | Towed Due to Damage YES | |
| Insurance Company GEICO | | Name of Vehicle Owner | | City OCOE | | State FL | | Zip Code | | Phone Number(s) | | Vehicle Removed By CORTES TOWING | | Rotation ROTATION | |
| Trailer One | | License Number | | State | | Reg. Expires | | Permanent Reg. NO | | VIN | | Year | | Make | |
| Trailer Two | | License Number | | State | | Reg. Expires | | Permanent Reg. NO | | VIN | | Year | | Make | |
| Vehicle Travelling | | Direction WEST | | On Street, Road, Highway INTERSTATE 4 (STATE ROAD 400) | | At Est. Speed 0 | | Posted Speed 65 | | Total Lanes 8 | | | | | |
| CMV Configuration | | | Cargo Body Type | | | Area of Initial Impact | | | Most Damaged Area | | | | | | |
| Comm GVWR/GCWR | | Trailer Type (Trailer One) | | Trailer Type (Trailer Two) | | | | | | | | | | | |
| Haz. Mat. Release | | Haz. Mat. Placard | | Haz. Mat. Number | | | | | | | | Haz. Mat. Class | | | |
| Motor Carrier Name | | | US DOT Number | | | City | | | State | | Zip Code | | | | |
| Motor Carrier Address | | | Address Other | | | City | | | State | | Zip Code | | | | |
| Comm/Non-Commercial | | Vehicle Body Type PASSENGER CAR | | Vehicle Defects (one) NONE | | Vehicle Defects (two) | | Emergency Vehicle Use NO | | Special Function of MV NO SPECIAL FUNCTION | | | | | |

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|--|--|---|--|---|---|
| Crash Date 11/16/2011 | Time of Crash 5:55 PM | Date of Report 11/16/2011 | Reporting Agency FLORIDA HIGHWAY PATROL | Reporting Agency Case Number FHPD110FF085212 | HSMV Crash Report Number 82008616-01 |
| Vehicle Maneuver Action STOPPED IN TRAFFIC | Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER | Roadway Grade LEVEL | Roadway Alignment STRAIGHT | Most Harmful Event COLLISION NON-FIXED OBJECT | Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT |
| Traffic Control Device for this Vehicle NO CONTROLS | First (1) Sequence of Events COLLISION NON-FIXED OBJECT MOTOR VEHICLE IN TRANSPORT | Second (2) Sequence of Events COLLISION NON-FIXED OBJECT MOTOR VEHICLE IN TRANSPORT | Third (3) Sequence of Events | Fourth (4) Sequence of Events | |

VEHICLE Commercial Motor Vehicle

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|--|--|----------------------------------|-------------------------------|---|---|---|---|-------------------------------------|------|
| Vehicle V05 MOTOR VEHICLE IN TRANSPORT | Hit & Run (by this vehicle) NO | License Number AMHZ72 | State FL | Reg. Expires 1/27/2012 | Permanent Reg. NO | VIN 1GYFK636X7R | Rotation | | |
| Year 2007 | Make CADI | Model ESCALADE | Style UT | Color RED | Extent of Damage MINOR | Est. Damage \$60 | Towed Due to Damage NO | Vehicle Removed By | |
| Insurance Company ALLSTATE | Insurance Policy Number | | | | | | | | |
| Name of Vehicle Owner | City BARTOW | | State FL | Phone Number(s) | | | | | |
| Trailer One | License Number | State | Reg. Expires | Permanent Reg. | VIN | Year | Make | Length | Axis |
| Trailer Two | License Number | State | Reg. Expires | Permanent Reg. | VIN | Year | Make | Length | Axis |
| Vehicle Direction Traveling WEST | On Street, Road, Highway INTERSTATE 4 (STATE ROAD 400) | | | At Est. Speed 0 | Posted Speed 65 | Total Lanes 8 | | | |
| CMV Configuration | Cargo Body Type | | Area of Initial Impact | | Most Damaged Area | | | | |
| Comm GVWR/GCWR | Trailer Type (Trailer One) UTILITY TRAILER | Trailer Type (Trailer Two) | | <input type="checkbox"/> Undercarriage | <input type="checkbox"/> Overturn | <input type="checkbox"/> Windshield | <input checked="" type="checkbox"/> Trailer | <input checked="" type="checkbox"/> | |
| Haz. Mat. Release | Haz Mat. Placard | Haz. Mat. Number | Hazard Class | | Motor Carrier Name | | | | |
| Motor Carrier Address | | Address Other | | City | State | Zip Code | Phone Number | | |
| Comm/Non-Commercial | Vehicle Body Type (SPORT) UTILITY VEHICLE | Vehicle Defects (one) UNKNOWN | Vehicle Defects (two) | | Emergency Vehicle Use NO | Special Function of MV NO SPECIAL FUNCTION | | | |
| Vehicle Maneuver Action STOPPED IN TRAFFIC | Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER | Roadway Grade LEVEL | Roadway Alignment STRAIGHT | Most Harmful Event COLLISION NON-FIXED OBJECT | Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT | | | | |
| Traffic Control Device for this Vehicle NO CONTROLS | First (1) Sequence of Events COLLISION NON-FIXED OBJECT MOTOR VEHICLE IN TRANSPORT | Second (2) Sequence of Events | Third (3) Sequence of Events | Fourth (4) Sequence of Events | | | | | |

PERSON RECORD

| | | | | | | | | |
|---|---|---|---|---|--------------------------|-------------------------|-------------------------|-----------------------------|
| # 1 | Person Type DRIVER | Vehicle # V01 | Name | Injury Severity NON-INCAPACITATING | Ejection NOT EJECTED | Driver ReExam NO | | |
| Date of Birth | Sex F | Condition at Time of Crash ASLEEP OR FATIGUED | Address TALAMONTE SPRINGS FL | Phone Number | | | | |
| Driver License Number | State FL | Expires 01/30/2014 | Type CLASS E / OPERATOR | Commercial Motor Vehicle Endorsements | | | | |
| Restraint Systems SHOULDER AND LAP BELT USED | Air Bag Deployed DEPLOYMENT UNKNOWN | | Helmet Use | Eye Protection NOT APPLICABLE | | | | |
| Motor Vehicle Seating Position: Row FRONT | Motor Vehicle Seating Position: Seat LEFT | Motor Vehicle Seating Position: Other | | | | | | |
| Driver Distracted By NOT DISTRACTED | Driver Vision Obstructions VISION NOT OBSCURED | | Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OPERATED MOTOR VEHICLE IN CARELESS OR NEGLIGENT MANNER | | | | | |
| Driver Actions at Time of Crash 2 (based on judgement of investigation officer) | | Driver Actions at Time of Crash 3 (based on judgement of investigation officer) | | | | | | |
| Driver Actions at Time of Crash 4 (based on judgement of investigation officer) | | Driver Actions at Time of Crash 4 (based on judgement of investigation officer) | | | | | | |
| Suspected Alcohol Use NO | Alcohol Test TEST GIVEN | Alcohol Test Type BLOOD | Alcohol Test Result PENDING | BAC | Suspected Drug Use NO | Drug Test TEST GIVEN | Drug Test Type BLOOD | Drug Test Result PENDING |
| Source of Transport to Medical Facility EMS | EMS Agency Name or ID SEMNOLE COUNTY FIRE | | EMS Hun Number | Medical Facility Transported To CENTRAL FLORIDA REGIONAL | | | | |

PERSON RECORD

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|---|---|---|---|---|-------------------------------|-----------------------------|----------------|------------------|
| # 2 | Person Type DRIVER | Vehicle # V02 | Name | Injury Severity INCAPACITATING | Ejection NOT EJECTED | Driver ReExam NO | | |
| Date of Birth | Sex M | Condition at Time of Crash UNKNOWN | Address DAVENPORT FL | Phone Number | | | | |
| Driver License Number | State FL | Expires | Type NONE | Commercial Motor Vehicle Endorsements | | | | |
| Restraint Systems SHOULDER AND LAP BELT USED | Air Bag Deployed DEPLOYMENT UNKNOWN | | Helmet Use | Eye Protection NOT APPLICABLE | | | | |
| Motor Vehicle Seating Position: Row FRONT | Motor Vehicle Seating Position: Seat LEFT | Motor Vehicle Seating Position: Other | | | | | | |
| Driver Distracted By NOT DISTRACTED | Driver Vision Obstructions VISION NOT OBSCURED | | Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | | | | |
| Driver Actions at Time of Crash 2 (based on judgement of investigation officer) | | Driver Actions at Time of Crash 3 (based on judgement of investigation officer) | | | | | | |
| Driver Actions at Time of Crash 4 (based on judgement of investigation officer) | | Driver Actions at Time of Crash 4 (based on judgement of investigation officer) | | | | | | |
| Suspected Alcohol Use UNKNOWN | Alcohol Test TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Result | BAC | Suspected Drug Use UNKNOWN | Drug Test TEST NOT GIVEN | Drug Test Type | Drug Test Result |
| Source of Transport to Medical Facility EMS | EMS Agency Name or ID LAKE MARY FIRE | | EMS Hun Number | Medical Facility Transported To ORLANDO REGIONAL MEDICAL | | | | |

PERSON RECORD

| | | | | | | |
|---------------|--------------------------|----------------------------|-----------------------|--|-------------------------|---------------|
| # 3 | Person Type PASSENGER | Vehicle # V02 | Name | Injury Severity FATAL(WITHIN 30 DAYS) | Ejection NOT EJECTED | Driver ReExam |
| Date of Birth | Sex M | Condition at Time of Crash | Address ORLANDO FL | Phone Number | | |

| | | | | | |
|--------------------------|--------------------------|------------------------------|--|---|---|
| Crash Date 11/16/2011 | Time of Crash 5:55 PM | Date of Report 11/16/2011 | Reporting Agency FLORIDA HIGHWAY PATROL | Reporting Agency Case Number FHFD11OFF095212 | HSMV Crash Report Number 82006616-01 |
|--------------------------|--------------------------|------------------------------|--|---|---|

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|---|--|---------------------------------------|---|
| Restraint Systems SHOULDER AND LAP BELT USED | Air Bag Deployed DEPLOYMENT UNKNOWN | Helmet Use | Eye Protection NOT APPLICABLE |
| Motor Vehicle Seating Position: Row FRONT | Motor Vehicle Seating Position: Seat RIGHT | Motor Vehicle Seating Position: Other | |
| Source of Transport to Medical Facility NOT TRANSPORTED | EMS Agency Name or ID | EMS Run Number | Medical Facility Transported To |

PERSON RECORD

| | | | | | | |
|--|--|---------------------------------------|---|---------------------------------------|---------------------------------|--------------------------------------|
| # 4 | Person Type DRIVER | Vehicle # V03 | Name | Injury Severity NONE | Ejection NOT EJECTED | Driver ReExam NO |
| Date of Birth | Sex M | Condition at Time of Crash | Address | City WEXFORD FL 00000 | State | Phone Number |
| Driver License Number | State FF | Expires 03/19/2020 | Type NONE | Commercial Motor Vehicle Endorsements | | |
| Restraint Systems SHOULDER AND LAP BELT USED | Air Bag Deployed NOT DEPLOYED | Helmet Use | Eye Protection NOT APPLICABLE | | | |
| Motor Vehicle Seating Position: Row FRONT | Motor Vehicle Seating Position: Seat LEFT | Motor Vehicle Seating Position: Other | | | | |
| Driver Distracted By NOT DISTRACTED | Driver Vision Obstructions VISION NOT OBSCURED | | | | | |
| Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | | Driver Actions at Time of Crash 2 (based on judgement of investigation officer) | | | |
| Driver Actions at Time of Crash 3 (based on judgement of investigation officer) | | | Driver Actions at Time of Crash 4 (based on judgement of investigation officer) | | | |
| Suspected Alcohol Use NO | Alcohol Tested TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Result | BAC | Suspected Drug Use NO | Drug Tested TEST NOT GIVEN |
| Source of Transport to Medical Facility NOT TRANSPORTED | EMS Agency Name or ID | EMS Run Number | Medical Facility Transported To | | | |

PERSON RECORD

| | | | | | | |
|---|--|---------------------------------------|---|---------------------------------------|--------------------------------|----------------------------|
| # 5 | Person Type PASSENGER | Vehicle # V03 | Name | Injury Severity NONE | Ejection NOT EJECTED | Driver ReExam NO |
| Date of Birth | Sex F | Condition at Time of Crash | Address | City WEXFORD FL 00000 | State | Phone Number |
| Driver License Number | State FF | Expires | Type CLASS E / OPERATOR | Commercial Motor Vehicle Endorsements | | |
| Restraint Systems SHOULDER AND LAP BELT USED | Air Bag Deployed NOT APPLICABLE | Helmet Use | Eye Protection NOT APPLICABLE | | | |
| Motor Vehicle Seating Position: Row FRONT | Motor Vehicle Seating Position: Seat RIGHT | Motor Vehicle Seating Position: Other | | | | |
| Source of Transport to Medical Facility NOT TRANSPORTED | EMS Agency Name or ID | EMS Run Number | Medical Facility Transported To | | | |

PERSON RECORD

| | | | | | | |
|--|--|---------------------------------------|---|--|---------------------------------|--------------------------------------|
| # 6 | Person Type DRIVER | Vehicle # V04 | Name VALERIE CARMEN DOMINIQUE | Injury Severity NON-INCAPACITATING | Ejection NOT EJECTED | Driver ReExam NO |
| Date of Birth | Sex F | Condition at Time of Crash | Address | City OCOOE FL | State | Phone Number |
| Driver License Number | State FL | Expires 12/28/2012 | Type CLASS E / OPERATOR | Commercial Motor Vehicle Endorsements | | |
| Restraint Systems SHOULDER AND LAP BELT USED | Air Bag Deployed NOT DEPLOYED | Helmet Use | Eye Protection NOT APPLICABLE | | | |
| Motor Vehicle Seating Position: Row FRONT | Motor Vehicle Seating Position: Seat LEFT | Motor Vehicle Seating Position: Other | | | | |
| Driver Distracted By NOT DISTRACTED | Driver Vision Obstructions VISION NOT OBSCURED | | | | | |
| Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | | Driver Actions at Time of Crash 2 (based on judgement of investigation officer) | | | |
| Driver Actions at Time of Crash 3 (based on judgement of investigation officer) | | | Driver Actions at Time of Crash 4 (based on judgement of investigation officer) | | | |
| Suspected Alcohol Use NO | Alcohol Tested TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Result | BAC | Suspected Drug Use NO | Drug Tested TEST NOT GIVEN |
| Source of Transport to Medical Facility EMS | EMS Agency Name or ID SEMINOLE COUNTY FIRE | EMS Run Number | Medical Facility Transported To SOUTH SEMINOLE HOSPITAL | | | |

PERSON RECORD

| | | | | | | |
|--|--|--|---|---------------------------------------|--------------------------------------|--------------------------------------|
| # 10 | Person Type DRIVER | Vehicle # V05 | Name | Injury Severity NONE | Ejection NOT EJECTED | Driver ReExam NO |
| Date of Birth | Sex M | Condition at Time of Crash UNKNOWN | Address | City BARTOW FL | State | Phone Number |
| Driver License Number | State FL | Expires 01/27/2017 | Type CLASS E / OPERATOR | Commercial Motor Vehicle Endorsements | | |
| Restraint Systems SHOULDER AND LAP BELT USED | Air Bag Deployed NOT DEPLOYED | Helmet Use | Eye Protection NOT APPLICABLE | | | |
| Motor Vehicle Seating Position: Row FRONT | Motor Vehicle Seating Position: Seat RIGHT | Motor Vehicle Seating Position: Other | | | | |
| Driver Distracted By NOT DISTRACTED | Driver Vision Obstructions VISION NOT OBSCURED | | | | | |
| Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | | Driver Actions at Time of Crash 2 (based on judgement of investigation officer) | | | |
| Driver Actions at Time of Crash 3 (based on judgement of investigation officer) | | | Driver Actions at Time of Crash 4 (based on judgement of investigation officer) | | | |
| Suspected Alcohol Use UNKNOWN | Alcohol Tested TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Result | BAC | Suspected Drug Use UNKNOWN | Drug Tested TEST NOT GIVEN |
| Source of Transport to Medical Facility NOT TRANSPORTED | EMS Agency Name or ID | EMS Run Number | Medical Facility Transported To | | | |

PERSON RECORD

| | | | | | | |
|---|--|---------------------------------------|---|---------------------------------------|--------------------------------|----------------------------|
| # 11 | Person Type PASSENGER | Vehicle # V05 | Name | Injury Severity NONE | Ejection NOT EJECTED | Driver ReExam NO |
| Date of Birth | Sex M | Condition at Time of Crash | Address | City BARTOW FL | State | Phone Number |
| Driver License Number | State FL | Expires | Type CLASS E / OPERATOR | Commercial Motor Vehicle Endorsements | | |
| Restraint Systems SHOULDER AND LAP BELT USED | Air Bag Deployed NOT DEPLOYED | Helmet Use | Eye Protection NOT APPLICABLE | | | |
| Motor Vehicle Seating Position: Row FRONT | Motor Vehicle Seating Position: Seat RIGHT | Motor Vehicle Seating Position: Other | | | | |
| Source of Transport to Medical Facility NOT TRANSPORTED | EMS Agency Name or ID | EMS Run Number | Medical Facility Transported To | | | |

WITNESS RECORD

| | | | | | |
|--------|------|---------|-------------------------------|-------|--------------|
| # 7 | Name | Address | City ORANGE CITY FL | State | Phone Number |
| # 8 | Name | Address | City ORLANDO FL | State | Phone Number |

| | | | | | |
|--------------------------|--------------------------|------------------------------|--|---|---|
| Crash Date 11/16/2011 | Time of Crash 6:35 PM | Date of Report 11/16/2011 | Reporting Agency FLORIDA HIGHWAY PATROL | Reporting Agency Case Number FHPD11OFF085212 | HSMV Crash Report Number 82008616-01 |
|--------------------------|--------------------------|------------------------------|--|---|---|

WITNESS RECORD

| # | Name | Address | Phone Number |
|---|------|------------------|--------------|
| 9 | | DAYTONA BEACH FL | |

NARRATIVE

| | | | | | |
|-------------------|------------------|---------------------|-------------------|--|------------------------------|
| ID Number 2609 | Rank CORPORAL | Name A. W. MEYER | Troop / Post D | Officer Agency FLORIDA HIGHWAY PATROL | Phone Number 386-738-5350 |
|-------------------|------------------|---------------------|-------------------|--|------------------------------|

Vehicles One (V01), Two (V02), Three (V03), Four (V04) and Five (V05) were westbound on Interstate 4 (State Road 400) in the left lane approaching the Lake Mary Boulevard overpass. V02, V03, V04 and V05 had come to a stop for traffic congestion. V01 failed to stop. The front of V01 struck the rear of V02, pushing V02 forward. The front of V02 struck the rear of V03, pushing V03 forward. The front of V03 struck the rear of V04, pushing V04 forward. The front of V04 struck the rear of V05.

The impact between V01 and V02 caused V02 to catch fire. Subsequently, V01 and V02 were completely engulfed in fire. The passenger of V02 was entrapped in the vehicle and located deceased within the front passenger area of V02 when the fire was extinguished.

V05 and the driver of V05 failed to remain at the scene. D-5 made contact with the responding Trooper on scene via telephone, leaving a message in reference to his involvement in this crash. D-5 was contacted by Corporal Kibler. D-5 stated he was told by emergency personnel on scene to leave due to the immediate hazard of the incident.

The front right passenger of V02, [REDACTED], was pronounced deceased on scene on 11/16/2011 at 6:07PM by Battalion Chief Scott Vermeer of the Lake Mary Fire Department.

Traffic Homicide Investigator: Corporal Jennifer B. Kibler

Traffic Homicide Case Number: FHP 711-17-024

Photos taken by: Corporal Jennifer B. Kibler

REPORTING OFFICER

| | | | | | |
|-------------------|------------------|---------------------|-------------------|--|------------------------------|
| ID Number 2609 | Rank CORPORAL | Name A. W. MEYER | Troop / Post D | Officer Agency FLORIDA HIGHWAY PATROL | Phone Number 386-738-5350 |
|-------------------|------------------|---------------------|-------------------|--|------------------------------|

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|--------------------------|--------------------------|------------------------------|--|---|---|
| Crash Date 11/16/2011 | Time of Crash 5:55 PM | Date of Report 11/16/2011 | Reporting Agency FLORIDA HIGHWAY PATROL | Reporting Agency Case Number FHPD11OFF095212 | HSMV Crash Report Number 82008616-01 |
|--------------------------|--------------------------|------------------------------|--|---|---|

DIAGRAM OF CRASH

