

DP14-004

CHRYSLER

9/15/2014

Legals and Cust Complaints

PUBLIC



RUDNITSKY
LAW FIRM

Taras S. Rudnitsky
Admitted in Florida & Michigan
Taras@CarSafetyLawyer.com

615 Crescent Executive Court
Suite 130
Lake Mary, Florida 32746

Phone: 407-804-1300
Fax: 407-804-1399
www.CarSafetyLawyer.com

March 16, 2009

Updated / cm/sp

Mr. Robert M. Fulton, Esq.
Hill, Ward & Henderson, P.A.
P.O. Box 2231
Tampa, FL 33601-2231

Re: [REDACTED] v. Chrysler LLC, et al.

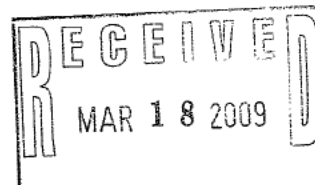
Dear Mr. Fulton,

During Chrysler's inspection of the [REDACTED] vehicle in late January, we spoke about this separate case involving a 2008 Jeep Wrangler. We also exchanged several emails relating to this [REDACTED] case subsequent to that inspection.

As you may recall, Mr. [REDACTED] was the properly seat belted driver of a 2008 Jeep Wrangler Unlimited X when it was involved in a frontal accident on or about August 17, 2008. His driver air bag failed to deploy during the accident, and his seat belt failed to restrain him, causing him to suffer fatal injuries. Structural failures of the Wrangler also appear to have contributed to Mr. [REDACTED] injuries. As promised, I am enclosing the police report, police photographs and death certificate for Chrysler's consideration.

The other vehicle involved in the accident was a U-Haul truck. I have informed U-Haul's counsel, Mr. Nicholas Freeman of [REDACTED] in Orlando (tel.: 407-423-7287 x320), of your possible interest in having the U-Haul preserved for inspection by Chrysler's and its suppliers' representatives.

In the meantime, I respectfully request that Chrysler preserve all evidence relating to the air bag system, seat belt system and vehicle structure for the 2008 Jeep Wrangler Unlimited and substantially similar vehicles and components. This includes not only documents and electronic records, but also physical evidence such as crash test vehicles and components, sled (impact simulator) test components, warranty return parts, engineering / sample approval parts, production part approval program (PPAP) components, parts submitted for quality control or quality evaluation, parts relating to other claims, etc.

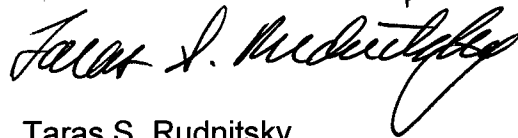


Mr. Robert M. Fulton, Esq.
March 16, 2009
Page 2

Although this case is not yet filed, I expect to file it in the not-too-distant future. Of course, if you have any additional questions, or if Chrysler would like to evaluate this case prior to the filing of the lawsuit, please feel free to call me. Otherwise, I will provide you with a courtesy copy of the complaint when it is filed.

Sincerely,

RUDNITSKY LAW FIRM

A handwritten signature in cursive script, appearing to read "Taras S. Rudnitsky".

Taras S. Rudnitsky

Encl.: Police report
FHP photographs
Death Certificate



RUDNITSKY
LAW FIRM

Taras S. Rudnitsky
Admitted in Florida & Michigan
Taras@CarSafetyLawyer.com

615 Crescent Executive Court
Suite 130
Lake Mary, Florida 32746

Phone: 407-804-1300
Fax: 407-804-1399
www.CarSafetyLawyer.com

January 23, 2009

Ms. Sherry Keaton
Claims Adjuster III
Republic Western Insurance Co.
P.O. Box 2789
Warminster, PA 18974-2789
Via Certified Mail, Email (Sekeaton@repwest.com) and Fax (602-745-6417)

Re: Our Client: [REDACTED]
Date of Loss: August 17, 2008
Your Insured: U-Haul
Your Claim #: [REDACTED]

Dear Ms. Keaton,

Earlier this afternoon, I left you a message informing you that I had the privilege of representing Mrs. [REDACTED] (widow of [REDACTED]) in relation to a potential vehicle defect claim arising from the above accident. Accordingly, please do not contact my client directly, but instead please address all inquiries to me.

I have just received your letter dated January 2, 2009 and addressed to the Estate of [REDACTED] requesting that you be notified within 30 days if we need you to retain the U-Haul for inspection and evidence purposes. As I mentioned in my voice mail, I do indeed respectfully request that you continue to retain the subject U-Haul in its post-accident, unrepaired condition, as it constitutes evidence in a potential lawsuit. Any failure to preserve the subject U-Haul, including all of its components, may create adverse legal consequences for your company.

Please call me to let me know the current location of the U-Haul so that we can arrange for a representative to inspect, photograph and/or measure it. I have also informed Mr. Robert Fulton, counsel for Chrysler (a potential defendant), about your letter. I expect that he, and other potential co-defendants, may also want to inspect the subject U-Haul, most likely on a separate occasion.

Ms. Sherry Keaton
January 23, 2009
Page 2

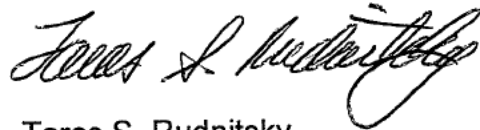
I would appreciate your providing us with the necessary authorizations to access the vehicle.

Also, please note that the Estate for Mr. [REDACTED] has not yet been opened. Therefore, I greatly appreciate your patience as we determine the various defendants and they determine their need and timing to inspect, photograph and/or measure the U-Haul.

I look forward to hearing from you at your earliest convenience to discuss this in greater detail.

Sincerely,

RUDNITSKY LAW FIRM



Taras S. Rudnitsky

cc: Mr. Robert M. Fulton, Esq. (counsel for Chrysler)

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR LAKE COUNTY, FLORIDA

██████████ as Personal
Representative of the Estate of
██████████ deceased,

Plaintiff,

Case No. ██████████

v.

Phillips Chrysler Jeep Dodge, Inc.,
TRW Automotive U.S., LLC,
TRW Automotive Holdings Corp.,
TRW Automotive Inc. and
TRW Vehicle Safety Systems Inc.,

Defendants.

2010 AUG 19 PM 1:42
CLERK OF CIRCUIT
AND COUNTY COURT
LAKE COUNTY
TAVANNAH, FLORIDA

COMPLAINT AND JURY DEMAND

Plaintiff ██████████ as Personal Representative of the Estate of ██████████

██████████ deceased, sues Defendants Phillips Chrysler Jeep Dodge, Inc., TRW
Automotive U.S., LLC, TRW Automotive Holdings Corp., TRW Automotive Inc.
and TRW Vehicle Safety Systems Inc., and respectfully states the following for
Plaintiff's Complaint and Jury Demand:

PARTIES, JURISDICTION AND VENUE

1. Plaintiff is the duly appointed, qualified and acting Personal Representative of the Estate of ██████████ deceased. See exhibit A.
2. The potential beneficiaries of the recovery in this action and the relationship of each to the decedent are:
 - a. Estate of ██████████
 - b. ██████████ wife and Personal Representative

- c. [REDACTED] son
- d. [REDACTED] daughter
- e. [REDACTED] daughter
- f. [REDACTED] daughter
- g. [REDACTED] daughter
- h. [REDACTED] daughter

3. At all times material to this action, [REDACTED] was a citizen and resident of the State of Florida.

4. At all times material to this action, Phillips Chrysler Jeep Dodge, Inc., f/k/a Phillips Chrysler Jeep, Inc. ("Phillips") has been authorized to, and actually has, conducted business in the State of Florida.

5. At all times material to this action, Phillips has been a Florida corporation engaged in the business of advertising, marketing, promoting, selling, placing into the stream of commerce, inspecting, evaluating, testing, servicing, maintaining and repairing motor vehicles, specifically including the 2008 Jeep Wrangler bearing a Vehicle Identification Number of 1J4GA39158L [REDACTED] ("subject vehicle"). Phillips sold the subject vehicle to [REDACTED]

6. For purposes of this Complaint, TRW Automotive U.S., LLC, TRW Automotive Holdings Corp., TRW Automotive Inc. and TRW Vehicle Safety Systems Inc. are collectively referred to as "TRW". At all times material to this action, TRW has conducted business in the State of Florida.

7. At all times material to this action, TRW has been engaged in the business of designing, testing, manufacturing, assembling, distributing, warning,

marketing, advertising, promoting, selling and placing into the stream of commerce restraint system components installed in motor vehicles. Upon information and belief, this specifically includes air bag system and seat belt system components in the subject vehicle.

8. Defendants, personally and through their agents, placed the subject vehicle and its components into the stream of commerce in Florida in a defective condition, with the expectation that the subject vehicle and numerous other vehicles and their components would be purchased and used by consumers in Florida.

9. Defendants derived substantially pecuniary gain, including revenue and profit, from the sale of motor vehicle and their components in Florida. The sales of such motor vehicles and their components in Florida have generated tens or hundreds of millions of dollars in revenue for Defendants, and such sales continue to generate substantial sums for Defendants on an ongoing basis.

10. Defendants submitted themselves to the jurisdiction of this Court as a result of the following:

- a. Operating, conducting, engaging in, or carrying on a business or business venture in the State of Florida or having an office or agency in the State of Florida; and/or
- b. Committing a tortious act in the State of Florida; and/or
- c. Causing injury to persons or property within the State of Florida arising out of an act or omission by the Defendants outside the State of Florida, when, at or about the time of the injury, either:

A. The Defendants were engaged in solicitation or service activities within the State of Florida; or

B. Products, materials, or things processed, serviced, or manufactured by the Defendants anywhere were used or consumed within the State of Florida in the ordinary course of commerce, trade, or use.

d. Engaging in substantial and not isolated activity within this state.

11. This is an action for damages that exceed \$15,000.00, exclusive of costs, interest and attorney fees.

12. This Honorable Court has jurisdiction over this subject matter pursuant to Fla. Stat. §26.012 and over the defendants pursuant to Fla. Stat. §48.193.

13. Venue is proper in this Honorable Court pursuant to Chapter 47 of the Florida Statutes.

FACTS APPLICABLE TO ALL COUNTS

14. [REDACTED] was a reasonably foreseeable consumer and user of the subject vehicle who used it in the ordinary course of usage in Florida.

15. On or about August 17, 2008, [REDACTED] was driving the subject vehicle on S.R. 91 (Florida Turnpike) in Lake County, Florida.

16. The subject vehicle was then involved in a frontal collision with another vehicle, a U-Haul truck, in Lake County, Florida.

17. At the time of the impact, [REDACTED] was properly wearing the available lap and shoulder belt, but it failed to adequately restrain him during the crash.

18. Despite the severity of the frontal crash, the driver air bag in the subject vehicle failed to deploy.

19. As a result of the failures of the safety systems in the subject vehicle, [REDACTED] suffered severe and fatal blunt force traumatic injuries, including subarachnoid hemorrhage, multiple rib fractures, collapse of lungs, bilateral hemothoraces, spinal fracture, hemoperitoneum and multiple lacerations of the liver.

20. [REDACTED] tragically passed away in Lake County, Florida on August 17, 2008 as a result of the severe injuries he sustained during the crash.

COUNT I: STRICT LIABILITY OF PHILLIPS

21. At the time of the crash, the subject vehicle was in the same or substantially similar condition in all relevant respects as when it left the possession of Phillips and was placed into the stream of commerce.

22. At the time of the crash, the subject vehicle was unreasonably dangerous and therefore defective in design, manufacture and/or warning, including but not limited to the following particulars:

- a. The driver air bag failed to deploy, despite the fact that the crash severity was sufficient to warrant deployment of the air bag.

- b. The air bag sensing system in the subject vehicle failed to appropriately detect the crash and command deployment of the driver air bag.
- c. The subject vehicle, including its structure, failed to maintain its structural integrity.
- d. The driver seat belt failed to provide adequate restraint and to appropriately limit occupant motion and injuries during the crash.
- e. The vehicle, including its structure, failed to provide adequate crash protection and injury mitigation for the driver.
- f. The interior configuration and components, including the air bag and seat belt systems, failed to provide adequate crash protection and injury mitigation for the driver.
- g. The vehicle contained no adequate warnings about its defective and unreasonably dangerous conditions.
- h. The vehicle and its components, including the air bag and seat belt systems, failed to perform as safely as an ordinary consumer would expect when used as intended or in a manner reasonably foreseeable by Phillips.

23. The subject vehicle was expected to and did reach reasonably foreseeable users such as [REDACTED] without substantial change affecting its unreasonably dangerous and defective condition.

24. Phillips knows that the vehicles it sells and leases to consumers are used by them without inspection for the defects at issue in this lawsuit.

25. The unreasonably dangerous condition of the subject vehicle with its defects in design, manufacture and/or warning proximately and legally caused [REDACTED] to suffer severe injuries leading to his wrongful death, when he otherwise would not have suffered those injuries.

26. As a result of the injuries to, and wrongful death of, [REDACTED] the survivors lost the support and services from the date of his injury to the date of his death, with interest, future loss of support and services from the date of death, loss of his companionship and protection, mental pain and suffering from the date of injury, lost parental companionship, instruction and guidance, mental pain and suffering of the children, medical and funeral expenses, loss of earnings, with interest, loss of prospective net accumulations of the estate, and other damages to which the survivors and/or the estate are entitled.

WHEREFORE, Plaintiff demands judgment for all available damages, interest, costs, attorney fees, and any other legal or equitable relief the Court deems appropriate.

COUNT II: NEGLIGENCE OF PHILLIPS

27. Phillips owed a duty to reasonably foreseeable users, including [REDACTED] [REDACTED] to exercise reasonable care in advertising, marketing, promoting, selling, placing into the stream of commerce, inspecting, evaluating, testing, servicing, maintaining and repairing the subject vehicle.

28. Phillips breached its duty by negligently advertising, marketing, promoting, selling, placing into the stream of commerce, inspecting, evaluating, testing, servicing, maintaining and/or repairing the subject vehicle such that:

- a. The driver air bag failed to deploy, despite the fact that the crash severity was sufficient to warrant deployment of the air bag.
- b. The air bag sensing system in the subject vehicle failed to appropriately detect the crash and command deployment of the driver air bag.
- c. The subject vehicle, including its structure, failed to maintain its structural integrity.
- d. The driver seat belt failed to provide adequate restraint and to appropriately limit occupant motion and injuries during the crash.
- e. The vehicle, including its structure, failed to provide adequate crash protection and injury mitigation for the driver.
- f. The interior configuration and components, including the air bag and seat belt systems, failed to provide adequate crash protection and injury mitigation for the driver.
- g. The vehicle contained no adequate warnings about its defective and unreasonably dangerous conditions.
- h. The vehicle and its components, including the air bag and seat belt systems, failed to perform as safely as an ordinary consumer would expect when used as intended or in a manner reasonably foreseeable by Phillips.

29. The breach of duty by Phillips proximately and legally caused [REDACTED] [REDACTED] to suffer severe injuries leading to his wrongful death, when he otherwise would not have suffered those injuries.

30. As a result of the injuries to, and wrongful death of, [REDACTED] the survivors lost the support and services from the date of his injury to the date of his death, with interest, future loss of support and services from the date of death, loss of his companionship and protection, mental pain and suffering from the date of injury, lost parental companionship, instruction and guidance, mental pain and suffering of the children, medical and funeral expenses, loss of earnings, with interest, loss of prospective net accumulations of the estate, and other damages to which the survivors and/or the estate are entitled.

WHEREFORE, Plaintiff demands judgment for all available damages, interest, costs, attorney fees, and any other legal or equitable relief the Court deems appropriate.

COUNT III: BREACH OF WARRANTIES BY PHILLIPS

31. Phillips expressly warranted to [REDACTED] and his family that the subject vehicle was safe, and specifically referenced the air bag system as making the vehicle safe.

32. Phillips impliedly warranted to [REDACTED] and his family that the subject vehicle was merchantable and fit for the particular purpose of transportation.

33. There exists privity of contract between Phillips and [REDACTED] and his family, which specifically includes [REDACTED]

34. The subject vehicle failed to comply with these express and implied warranties, as the vehicle was not safe, was not merchantable, and was not fit for the particular purpose of transportation, due to defects in its air bag system (including the air bag sensing system), seat belt system, vehicle structure, interior configuration and components, and warnings.

35. The breach of the express and implied warranties by Phillips proximately and legally caused [REDACTED] to suffer severe injuries leading to his wrongful death, when he otherwise would not have suffered those injuries.

36. As a result of the injuries to, and wrongful death of, [REDACTED] the survivors lost the support and services from the date of his injury to the date of his death, with interest, future loss of support and services from the date of death, loss of his companionship and protection, mental pain and suffering from the date of injury, lost parental companionship, instruction and guidance, mental pain and suffering of the children, medical and funeral expenses, loss of earnings, with interest, loss of prospective net accumulations of the estate, and other damages to which the survivors and/or the estate are entitled.

WHEREFORE, Plaintiff demands judgment for all available damages, interest, costs, attorney fees, and any other legal or equitable relief the Court deems appropriate.

COUNT IV: STRICT LIABILITY OF TRW

37. At the time of the crash, the subject vehicle's restraint system, including its air bag system and seat belt system, was in the same or substantially similar condition in all relevant respects as when it left the possession of TRW and was placed into the stream of commerce.

38. At the time of the crash, the subject vehicle and its restraint system was unreasonably dangerous and therefore defective in design, manufacture and/or warning, including but not limited to the following particulars:

- a. The driver air bag failed to deploy, despite the fact that the crash severity was sufficient to warrant deployment of the air bag.
- b. The air bag sensing system in the subject vehicle failed to appropriately detect the crash and command deployment of the driver air bag.
- c. The driver seat belt failed to provide adequate restraint and to appropriately limit occupant motion and injuries during the crash.
- d. The vehicle failed to provide adequate crash protection and injury mitigation for the driver.
- e. The interior configuration and components, including the air bag and seat belt systems, failed to provide adequate crash protection and injury mitigation for the driver.
- f. The vehicle contained no adequate warnings about its defective and unreasonably dangerous conditions.

- g. The vehicle and its components, including the air bag and seat belt systems, failed to perform as safely as an ordinary consumer would expect when used as intended or in a manner reasonably foreseeable by TRW.

39. The subject vehicle was expected to and did reach reasonably foreseeable users such as [REDACTED] without substantial change affecting its unreasonably dangerous and defective condition.

40. TRW knows that the restraint system components, including the air bag and seat belt systems, it designs and manufactures will be sold to consumers, and used by them, without inspection for defects.

41. The unreasonably dangerous condition of the subject vehicle and its restraint system components, with their defects in design, manufacture and/or warning, proximately and legally caused [REDACTED] to suffer severe injuries leading to his wrongful death, when he otherwise would not have suffered those injuries.

42. As a result of the injuries to, and wrongful death of, [REDACTED] the survivors lost the support and services from the date of his injury to the date of his death, with interest, future loss of support and services from the date of death, loss of his companionship and protection, mental pain and suffering from the date of injury, lost parental companionship, instruction and guidance, mental pain and suffering of the children, medical and funeral expenses, loss of earnings, with interest, loss of prospective net accumulations of the estate, and other damages to which the survivors and/or the estate are entitled.

WHEREFORE, Plaintiff demands judgment for all available damages, interest, costs, attorney fees, and any other legal or equitable relief the Court deems appropriate.

COUNT V: NEGLIGENCE OF TRW

43. TRW owed a duty to reasonably foreseeable users, including [REDACTED] [REDACTED] to exercise reasonable care in designing, testing, manufacturing, assembling, distributing, warning, marketing, advertising, promoting, selling, and placing into the stream of commerce restraint system components, including the air bag system and seat belt system components in the subject vehicle.

44. TRW breached its duty by negligently designing, testing, manufacturing, assembling, distributing, warning, marketing, advertising, promoting, selling, and/or placing into the stream of commerce restraint system components, including the air bag system and seat belt system components, in the subject vehicle such that:

- a. The driver air bag failed to deploy, despite the fact that the crash severity was sufficient to warrant deployment of the air bag.
- b. The air bag sensing system in the subject vehicle failed to appropriately detect the crash and command deployment of the driver air bag.
- c. The driver seat belt failed to provide adequate restraint and to appropriately limit occupant motion and injuries during the crash.

- d. The vehicle failed to provide adequate crash protection and injury mitigation for the driver.
- e. The interior configuration and components, including the air bag and seat belt systems, failed to provide adequate crash protection and injury mitigation for the driver.
- f. The vehicle contained no adequate warnings about its defective and unreasonably dangerous conditions.
- g. The vehicle and its components, including the air bag and seat belt systems, failed to perform as safely as an ordinary consumer would expect when used as intended or in a manner reasonably foreseeable by TRW.

45. The breach of duty by TRW proximately and legally caused [REDACTED] to suffer severe injuries leading to his wrongful death, when he otherwise would not have suffered those injuries.

46. As a result of the injuries to, and wrongful death of, [REDACTED] the survivors lost the support and services from the date of his injury to the date of his death, with interest, future loss of support and services from the date of death, loss of his companionship and protection, mental pain and suffering from the date of injury, lost parental companionship, instruction and guidance, mental pain and suffering of the children, medical and funeral expenses, loss of earnings, with interest, loss of prospective net accumulations of the estate, and other damages to which the survivors and/or the estate are entitled.

WHEREFORE, Plaintiff demands judgment for all available damages, interest, costs, attorney fees, and any other legal or equitable relief the Court deems appropriate.

JURY DEMAND

Plaintiff demands a trial by jury on all issues so triable.

8/13/10
Date


Taras S. Rudnitsky, Esq.
Florida Bar No. 711977
Rudnitsky Law Firm
145 Middle Street, Suite 1111
Lake Mary, FL 32746
Tel.: (407) 323-4949
Fax: (407) 323-4955
E-mail: Taras@CarSafetyLawyer.com

and

Pamela Bounds-Olsen, Esq.
Florida Bar No. 894117
Bogin, Munns & Munns, P.A.
1396 N.E. 20th Avenue
400
Ocala, FL 34470
Tel.: (352) 690-7400
Fax: (352) 690-6618

**IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL
CIRCUIT IN AND FOR MARION COUNTY, FLORIDA
PROBATE DIVISION**

IN RE: ESTATE OF

████████████████████

Deceased.

File No. ██████████

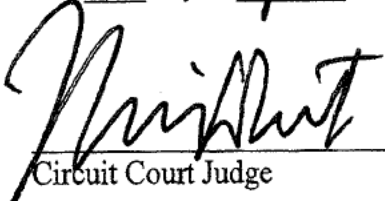
Division _____

LETTERS OF ADMINISTRATION

WHEREAS, ██████████ has been appointed personal representative of the estate of the above-named decedent and has performed all acts required by law for issuance of the letters of administration.

NOW, THEREFORE, the undersigned circuit court judge hereby declares ██████████ ██████████ to be qualified under the laws of the state of Florida to serve as personal representative of the above-named estate with full power and authority to administer the estate according to law; to collect the property of the estate, to pay the debts and claims against the estate and to distribute the assets of the estate according to law.

WITNESS my hand and the seal of this Court this 6th day of April 2010.



Circuit Court Judge



**TIBBITTS,
INC.**

6400 University Blvd.
Winter Park, FL

0607

**TIBBITTS,
INC.**

6400 University Blvd.
Winter Park, FL

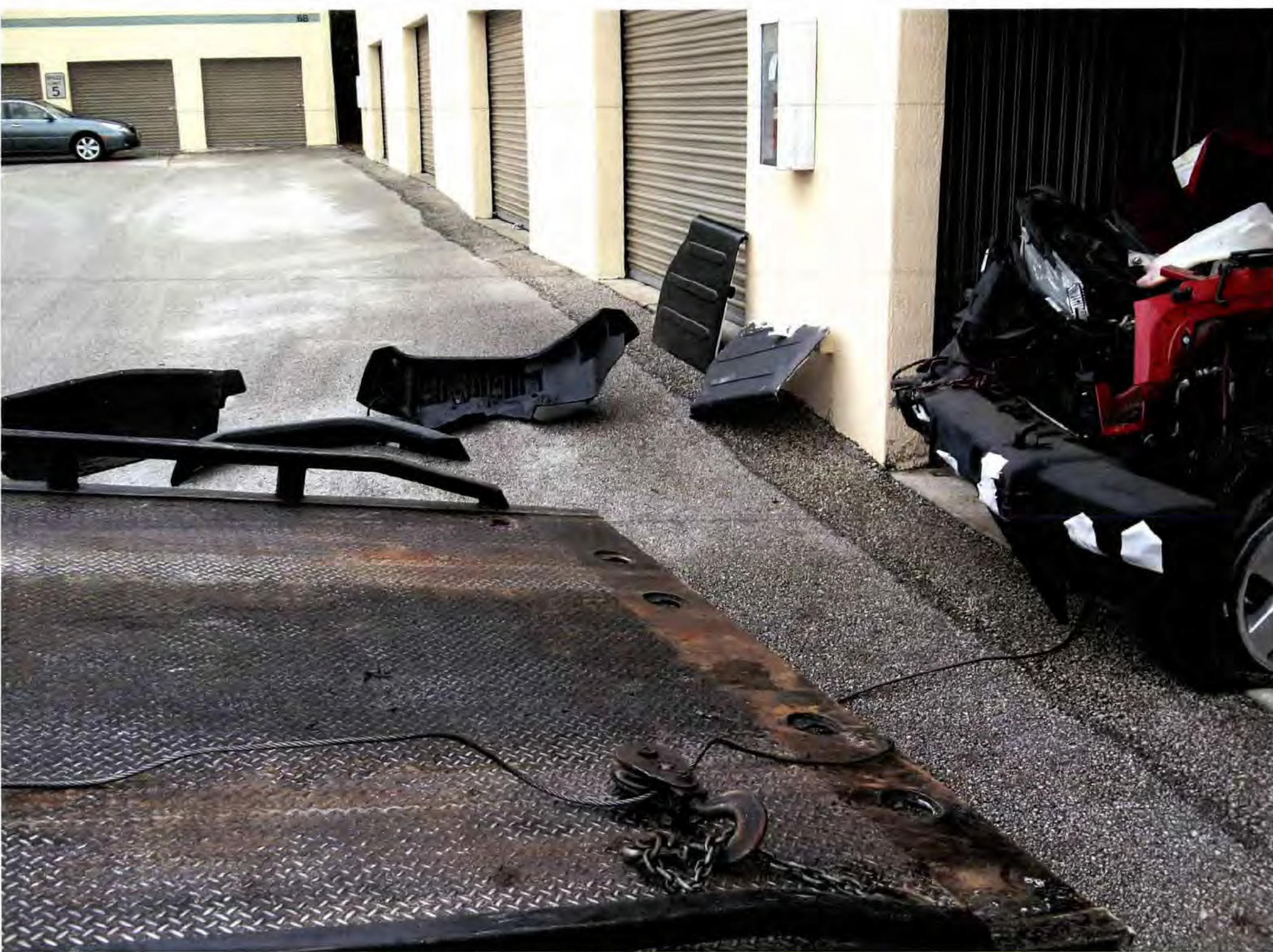
Meridian-Red

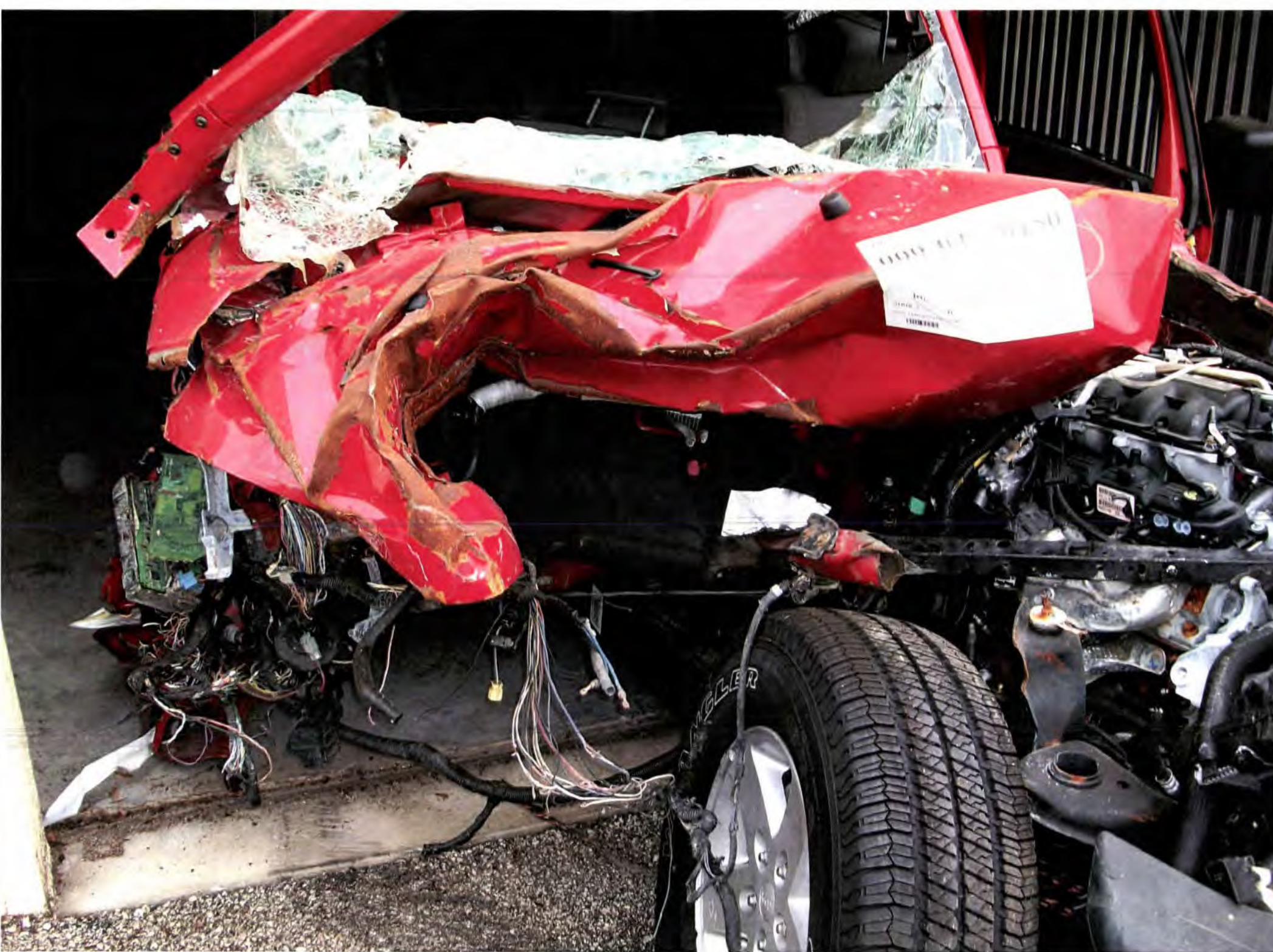




407-677-7190





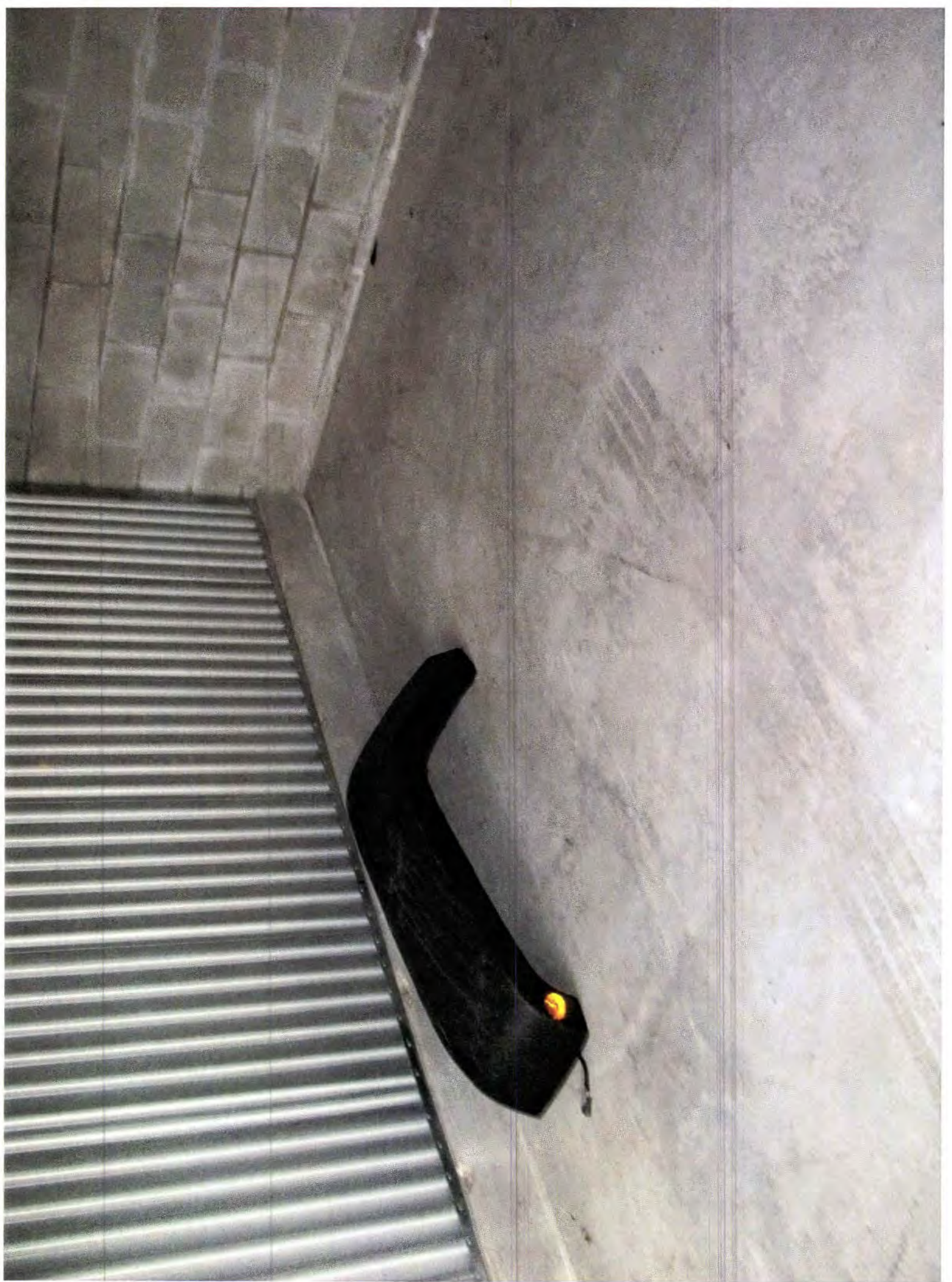














40





407-677-7190

0409

407-677-7190

VOIC





497-677-7190



HH

407-677-7190

Tricon

WRANGLER
4x4

4x4

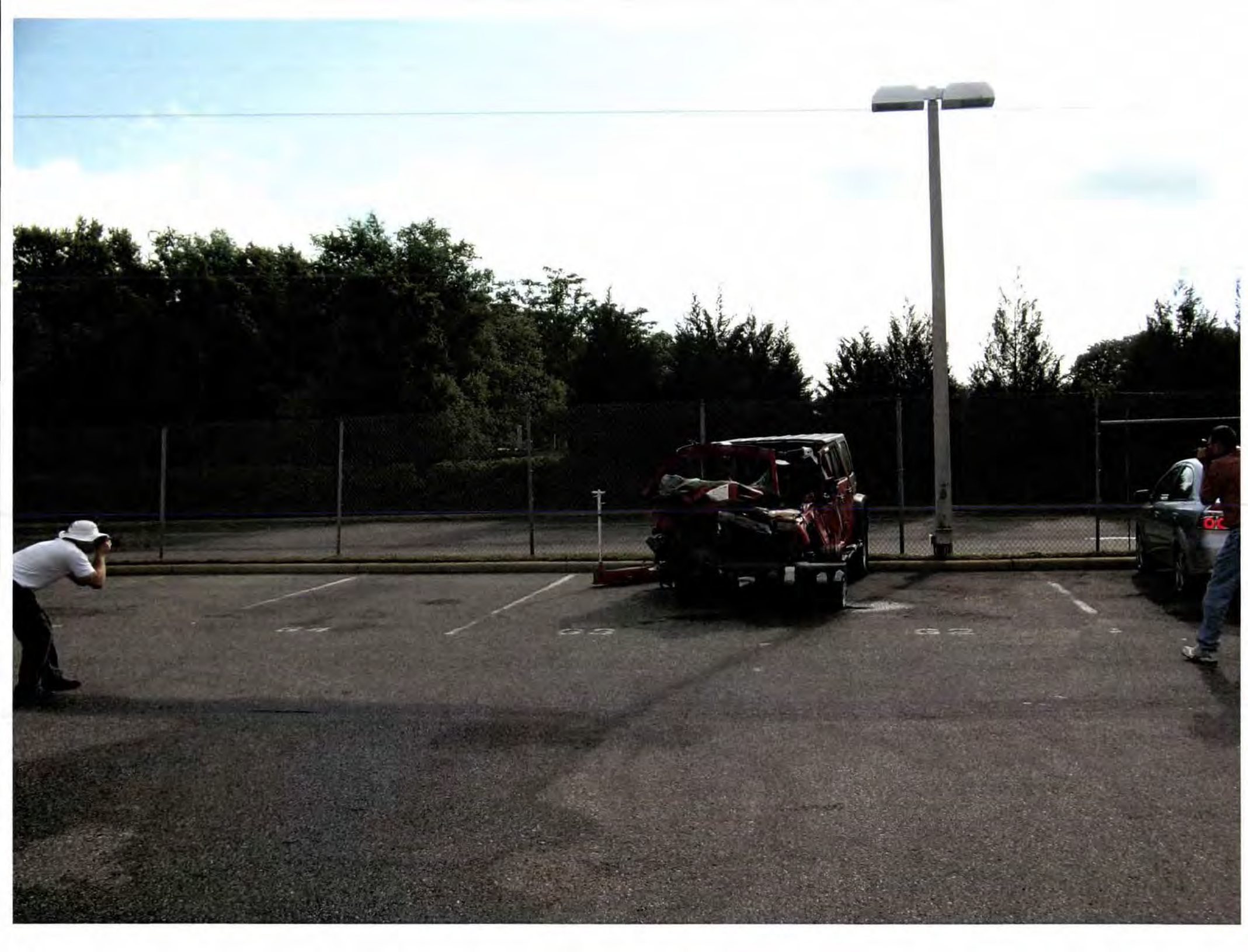
GOODYEAR
WRANGLER

5



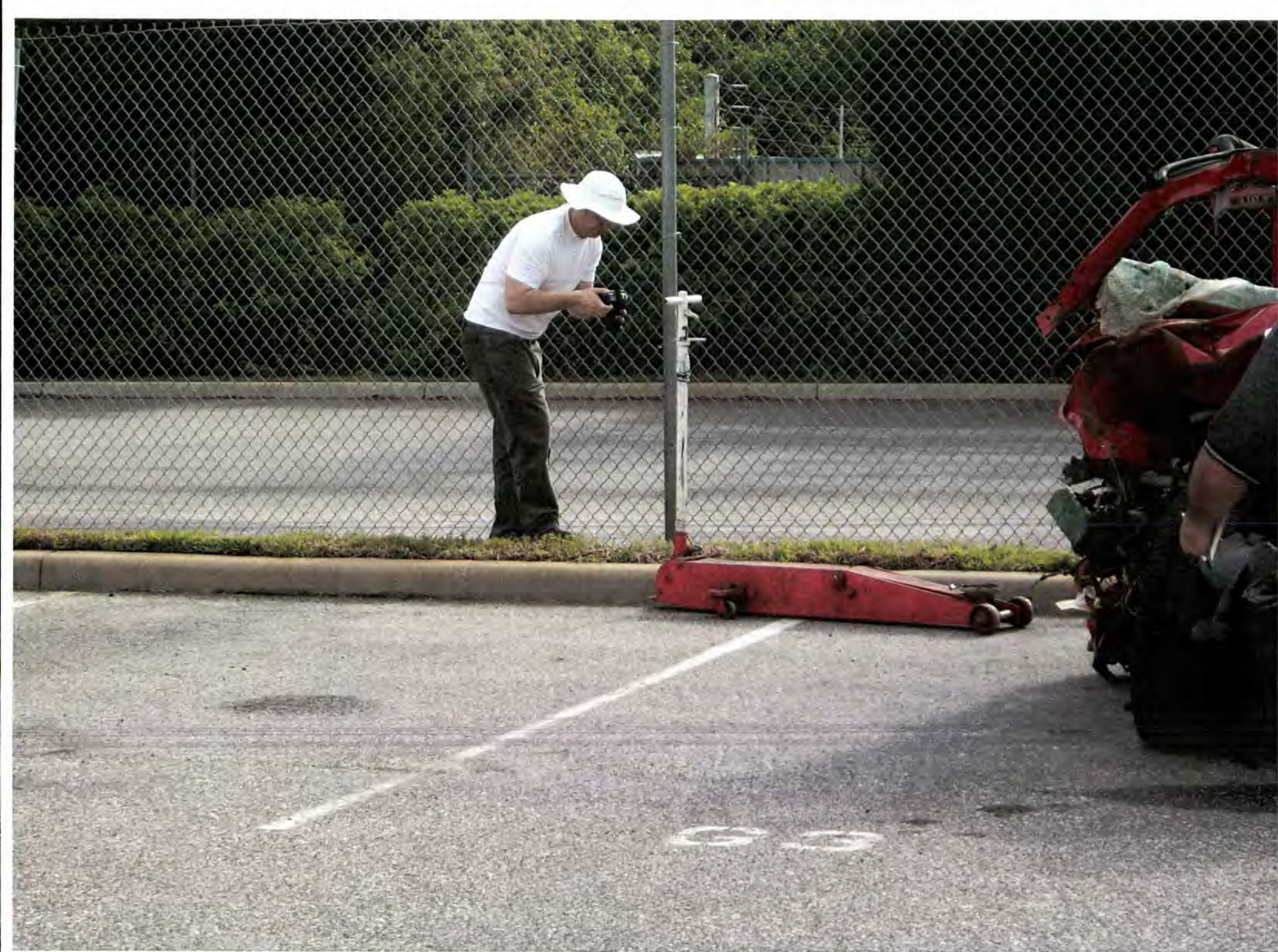




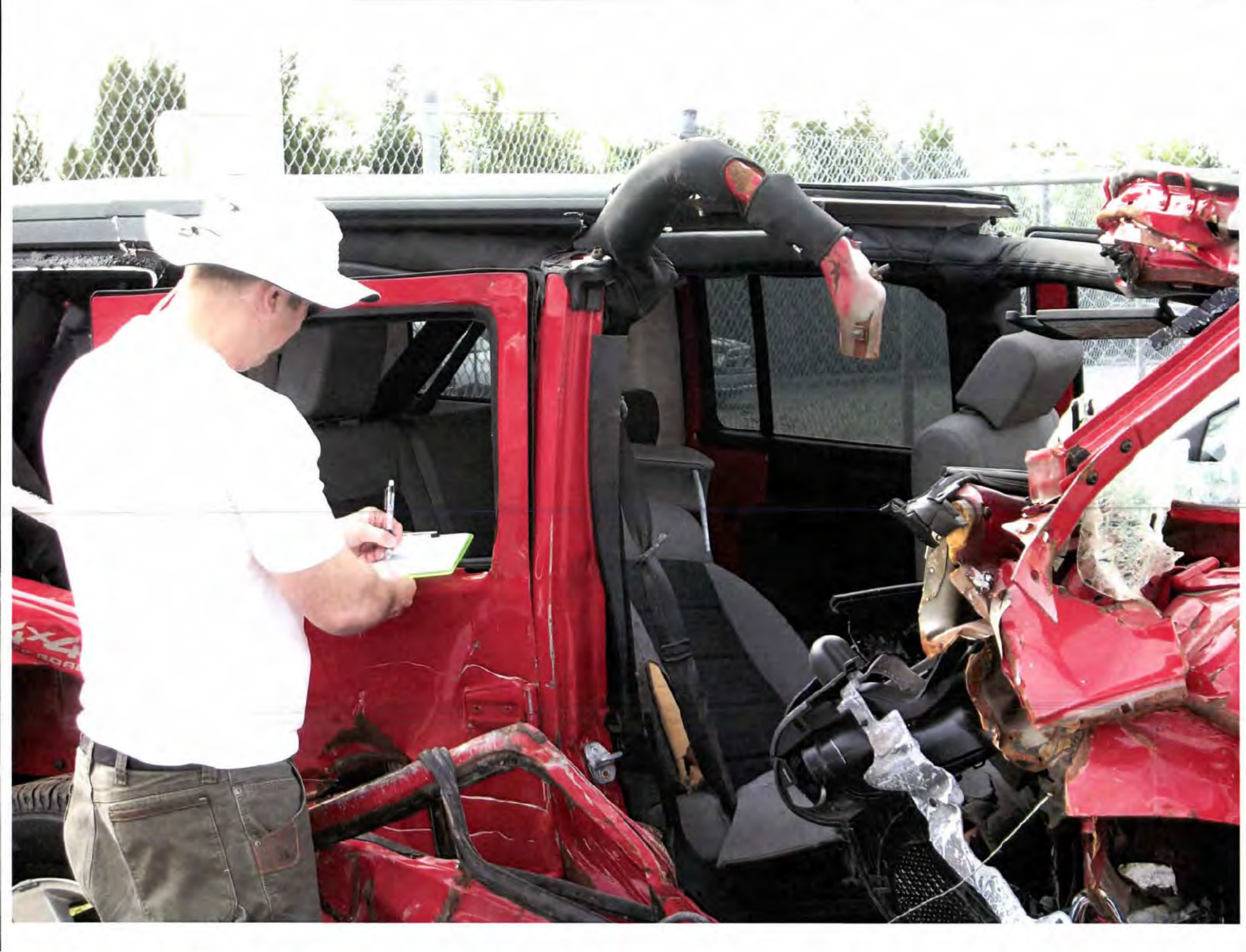
























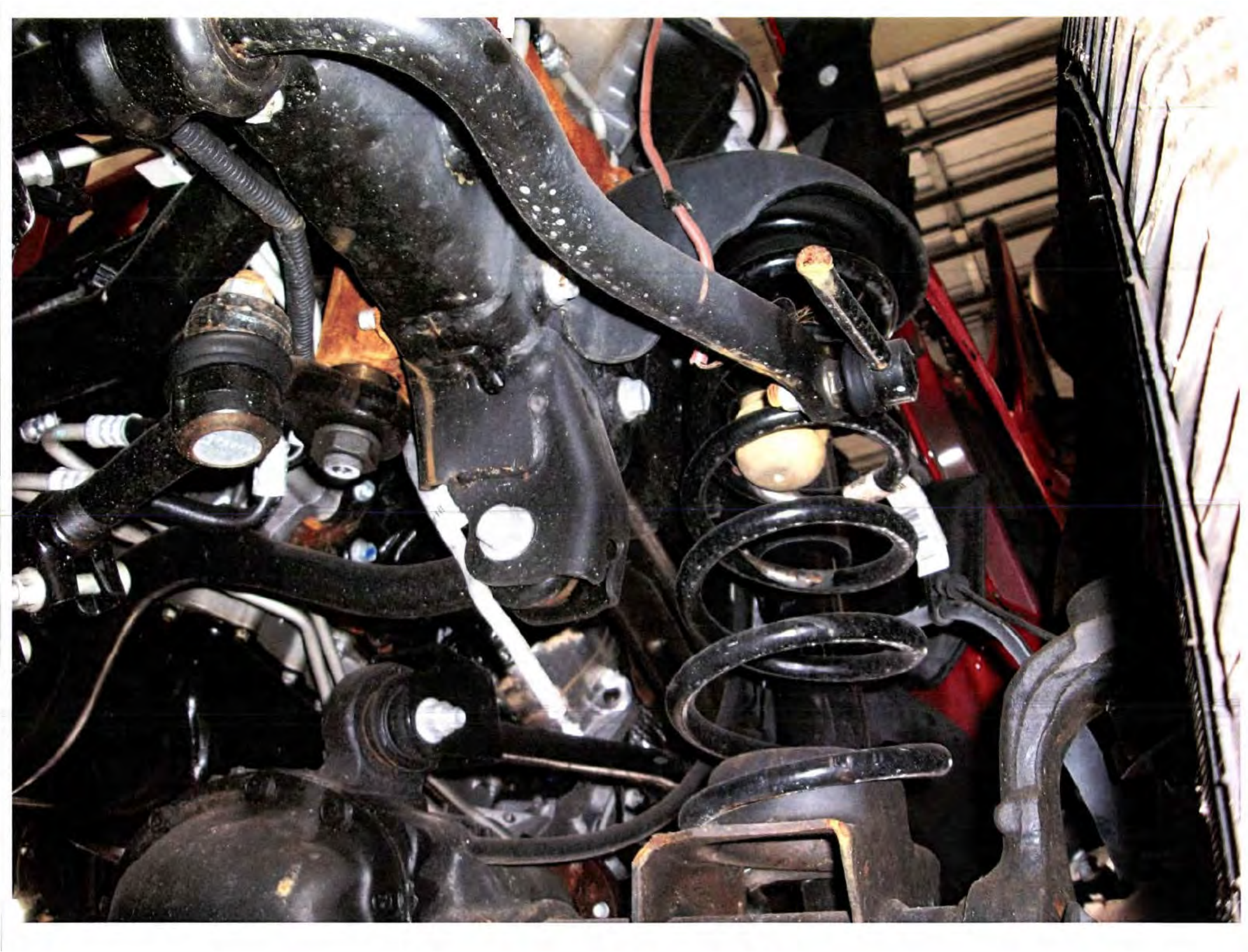


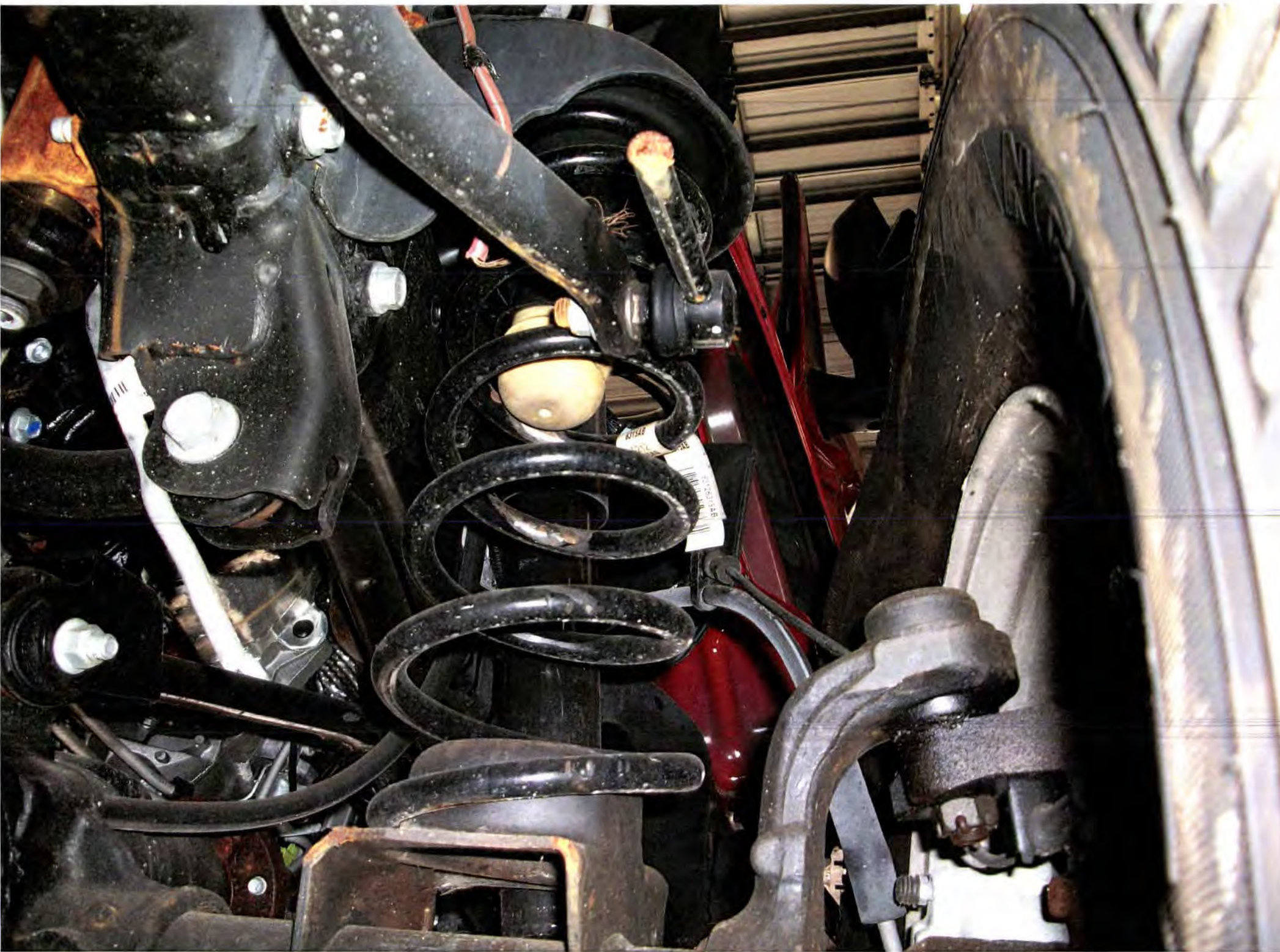




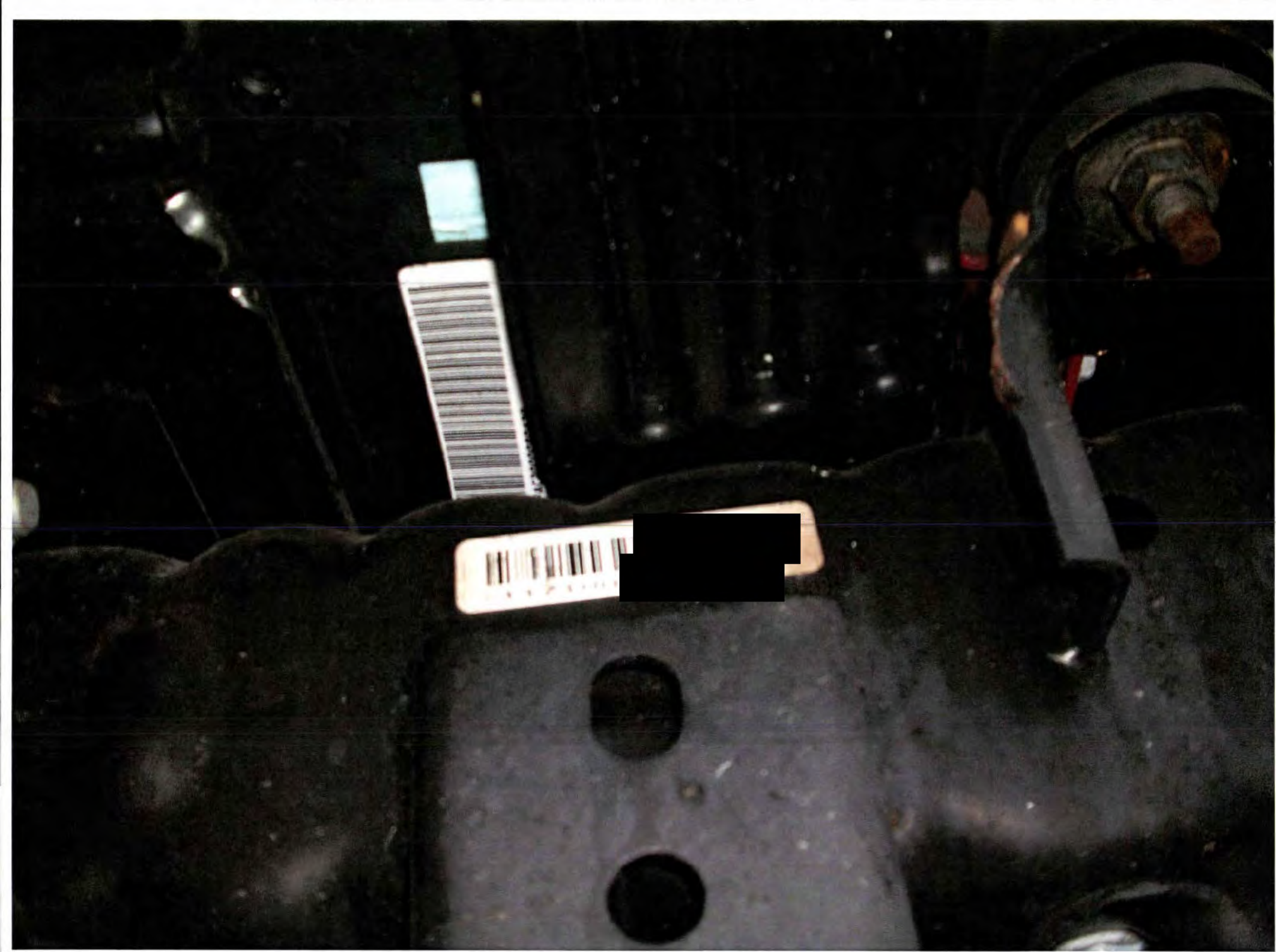






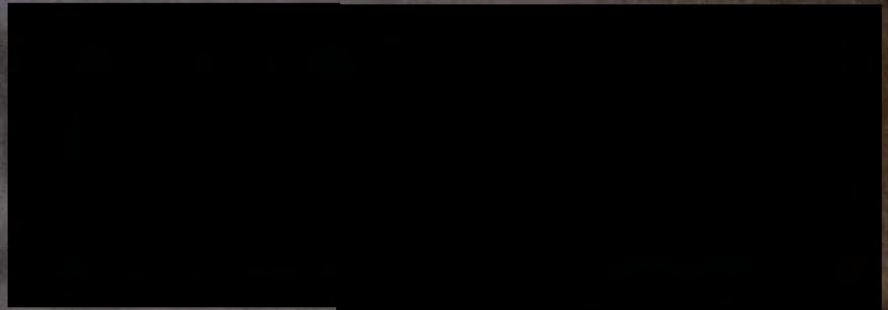


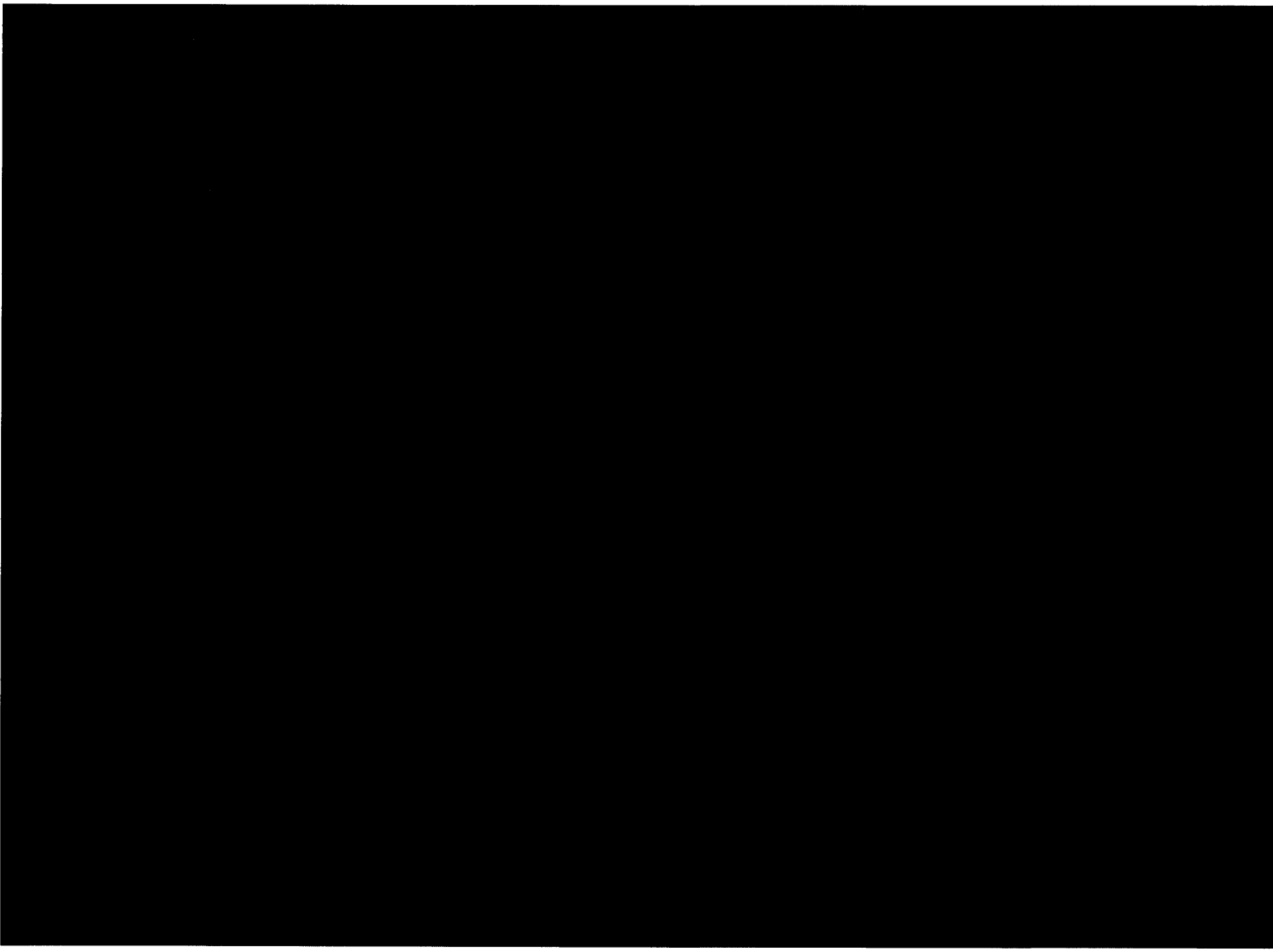


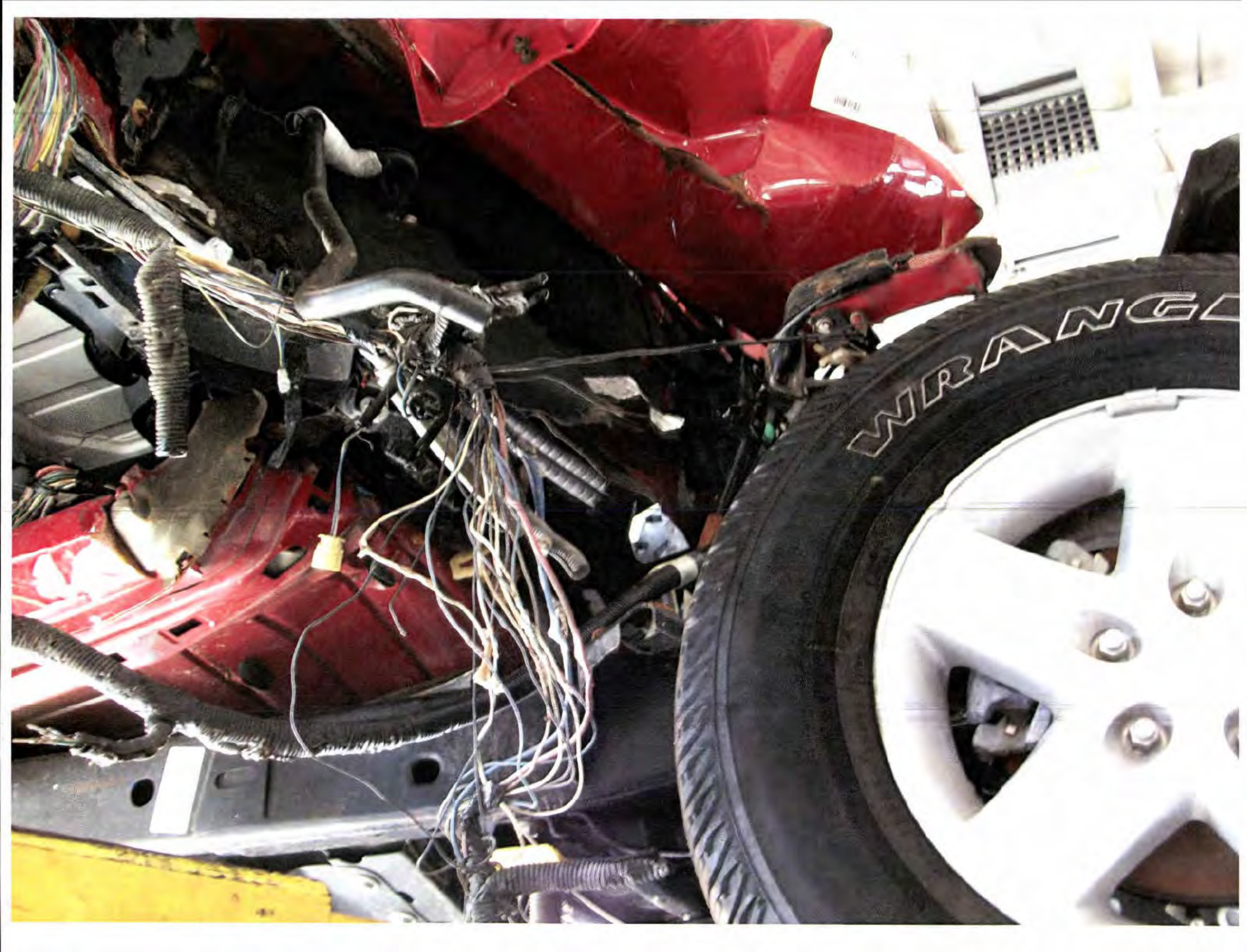


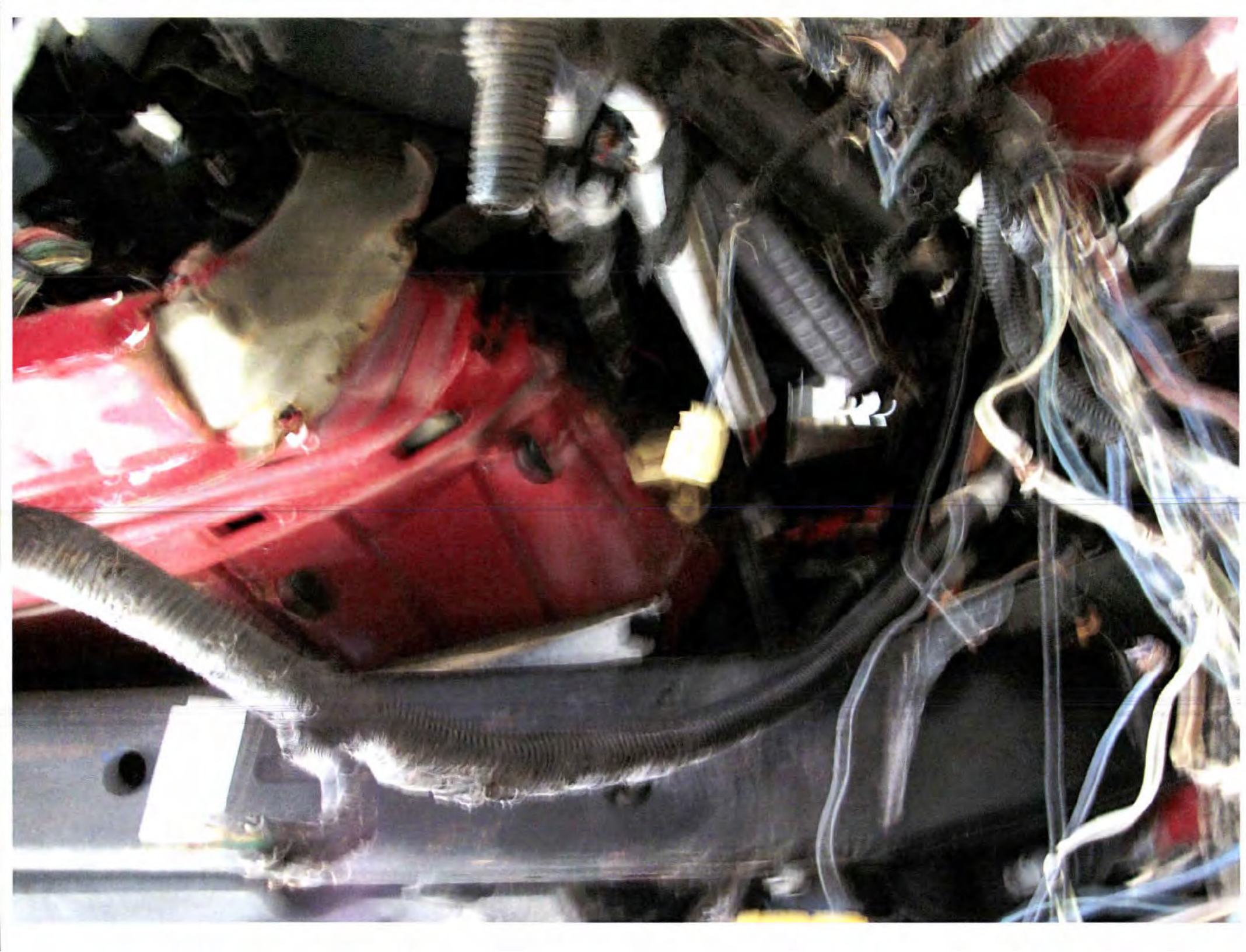


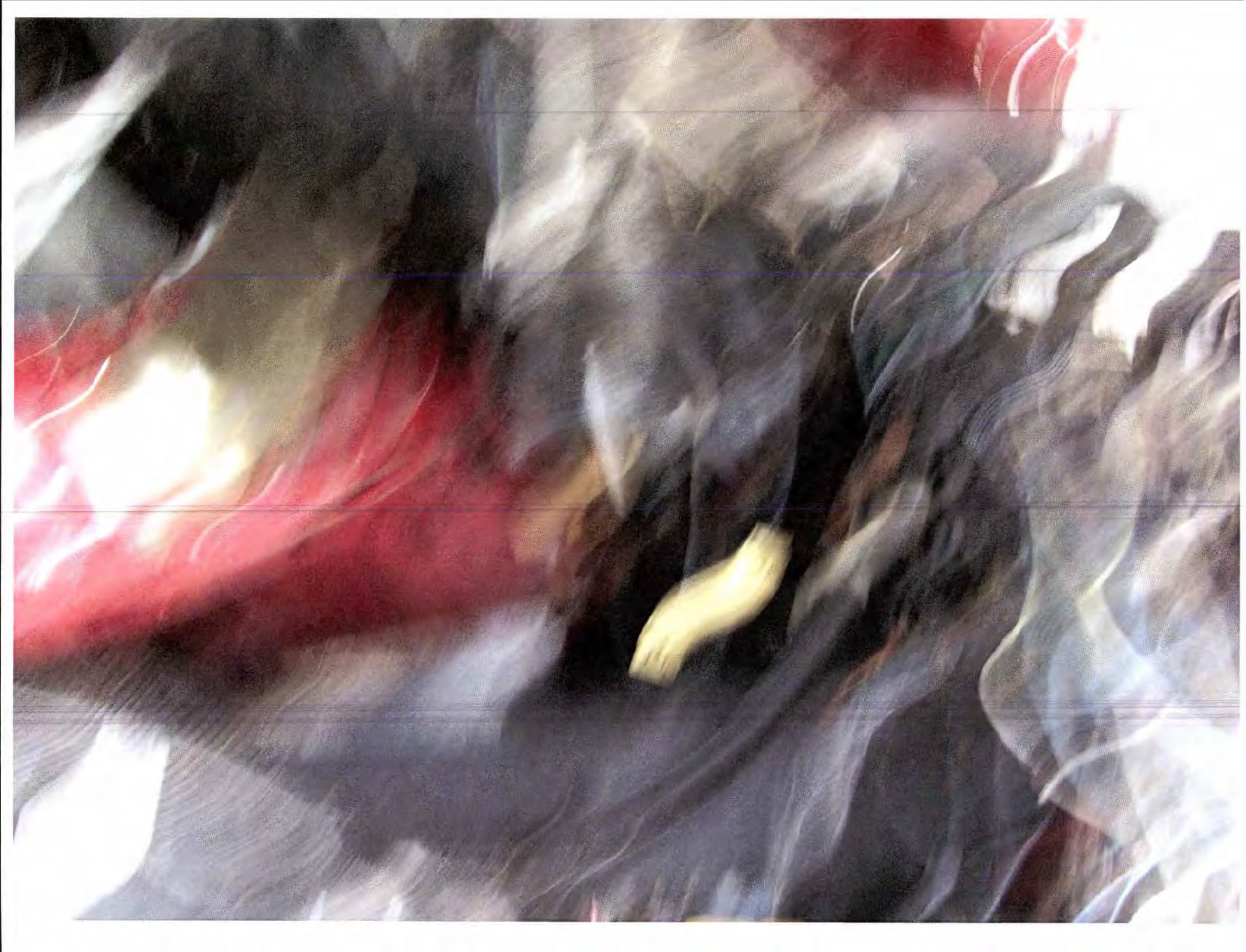
1911
1912
1913
1914
1915
1916

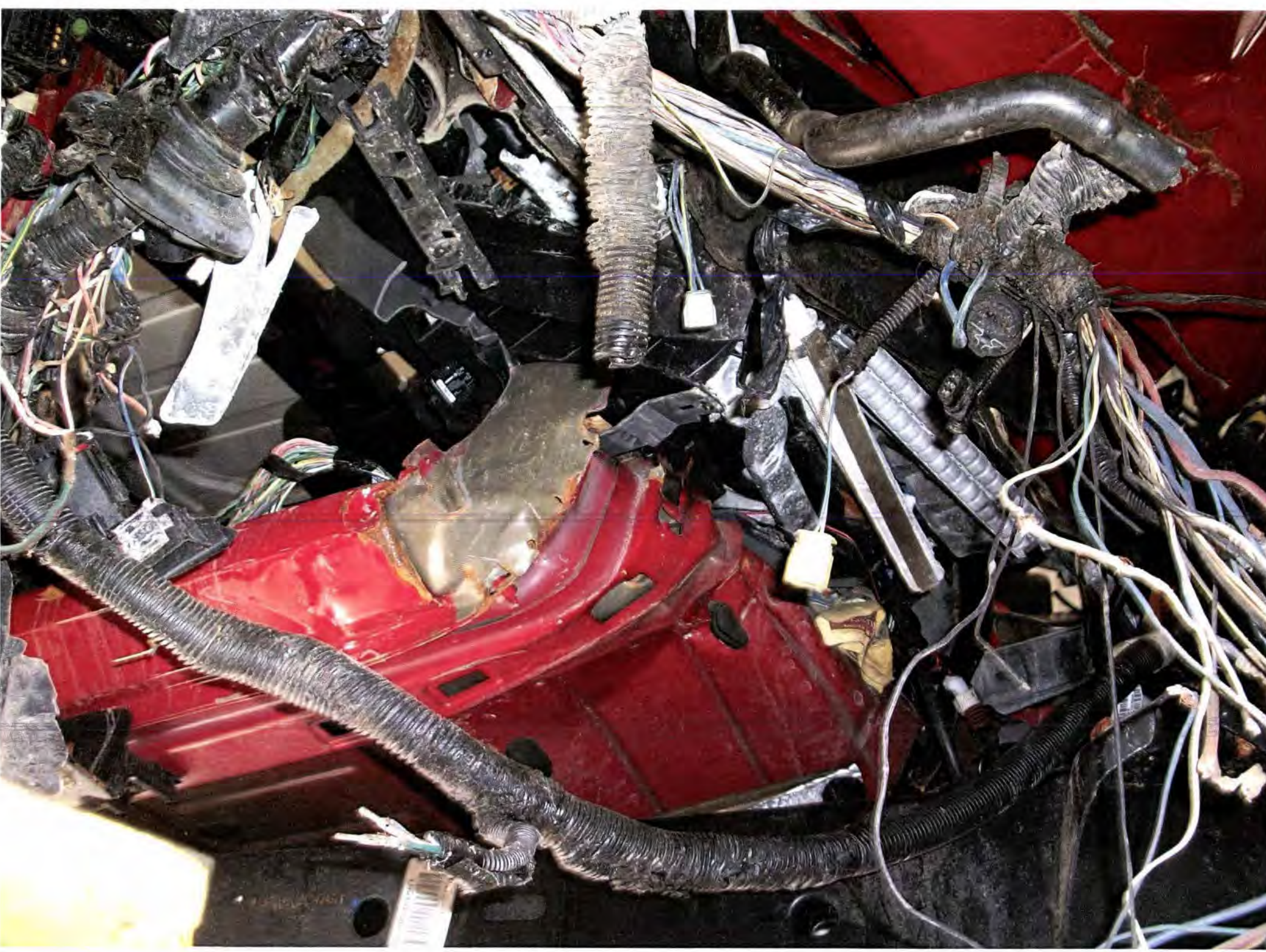




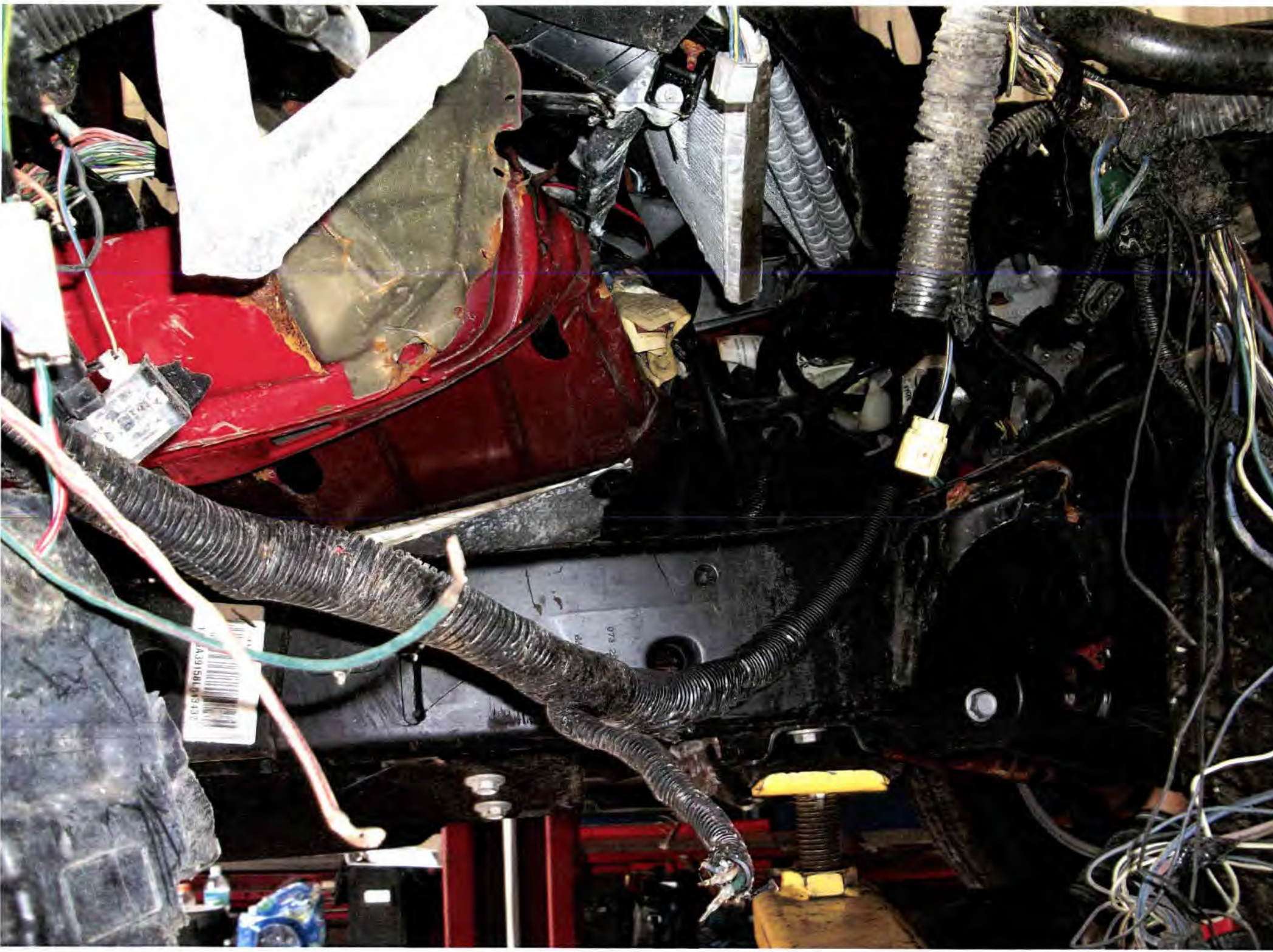


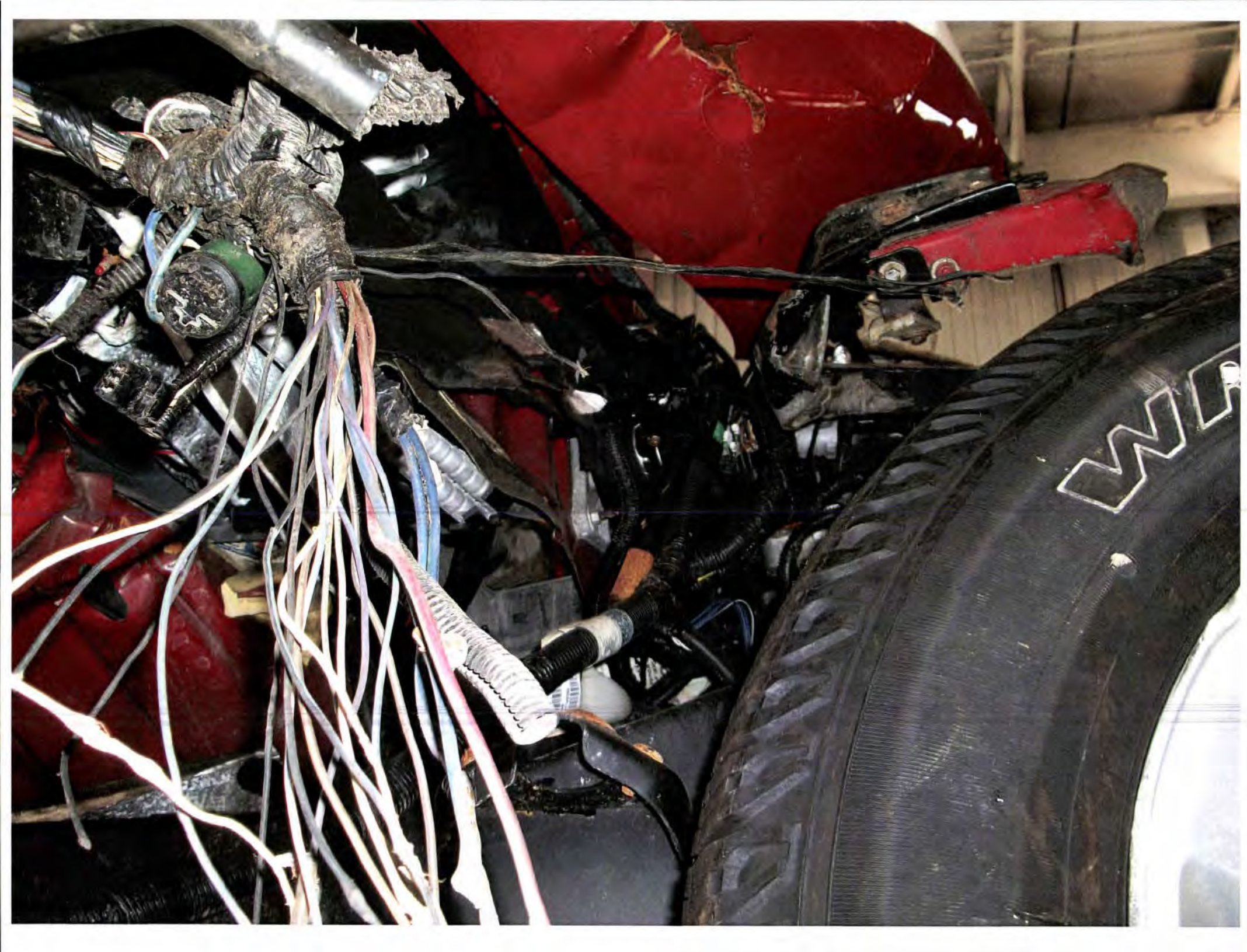






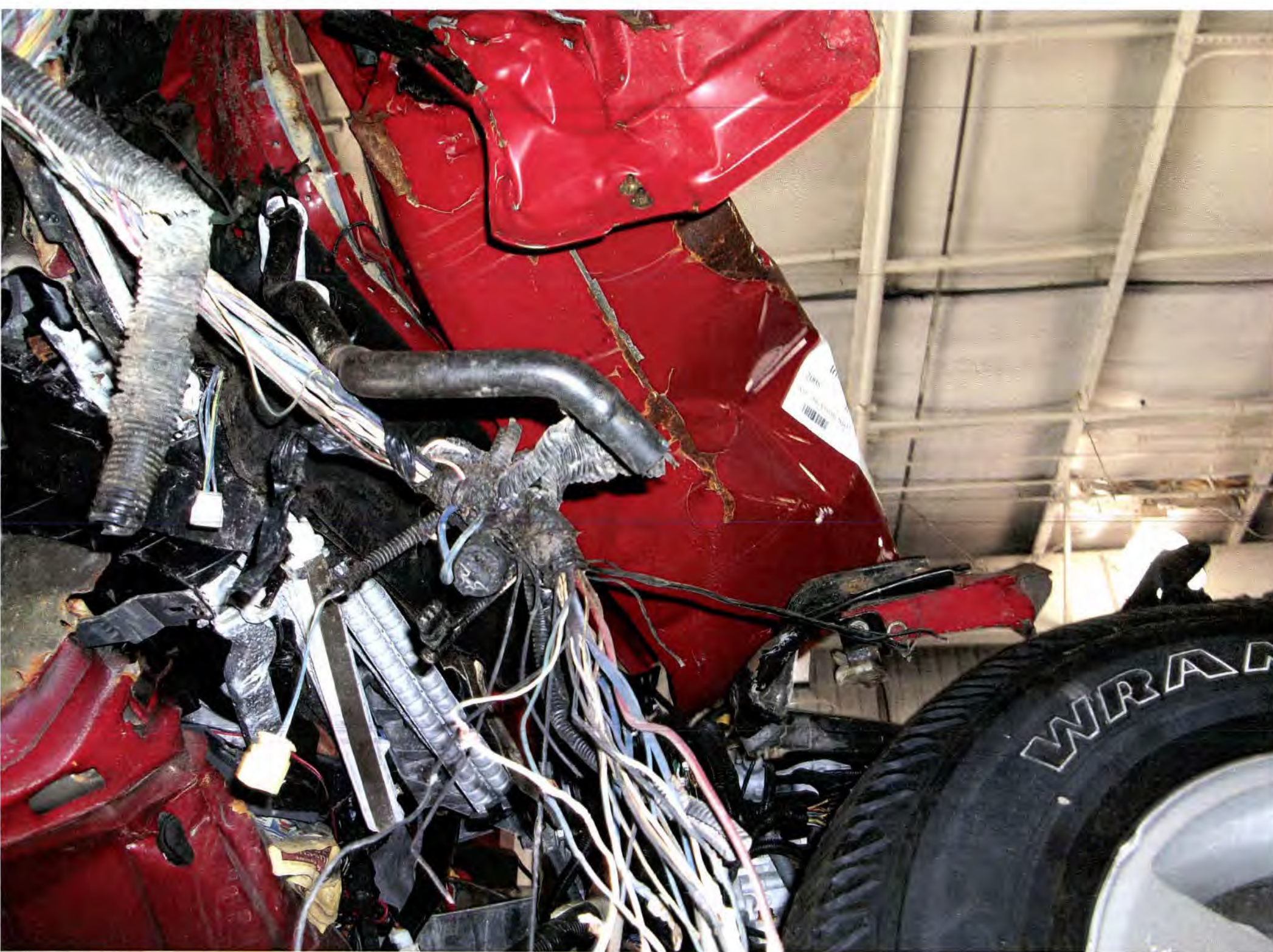


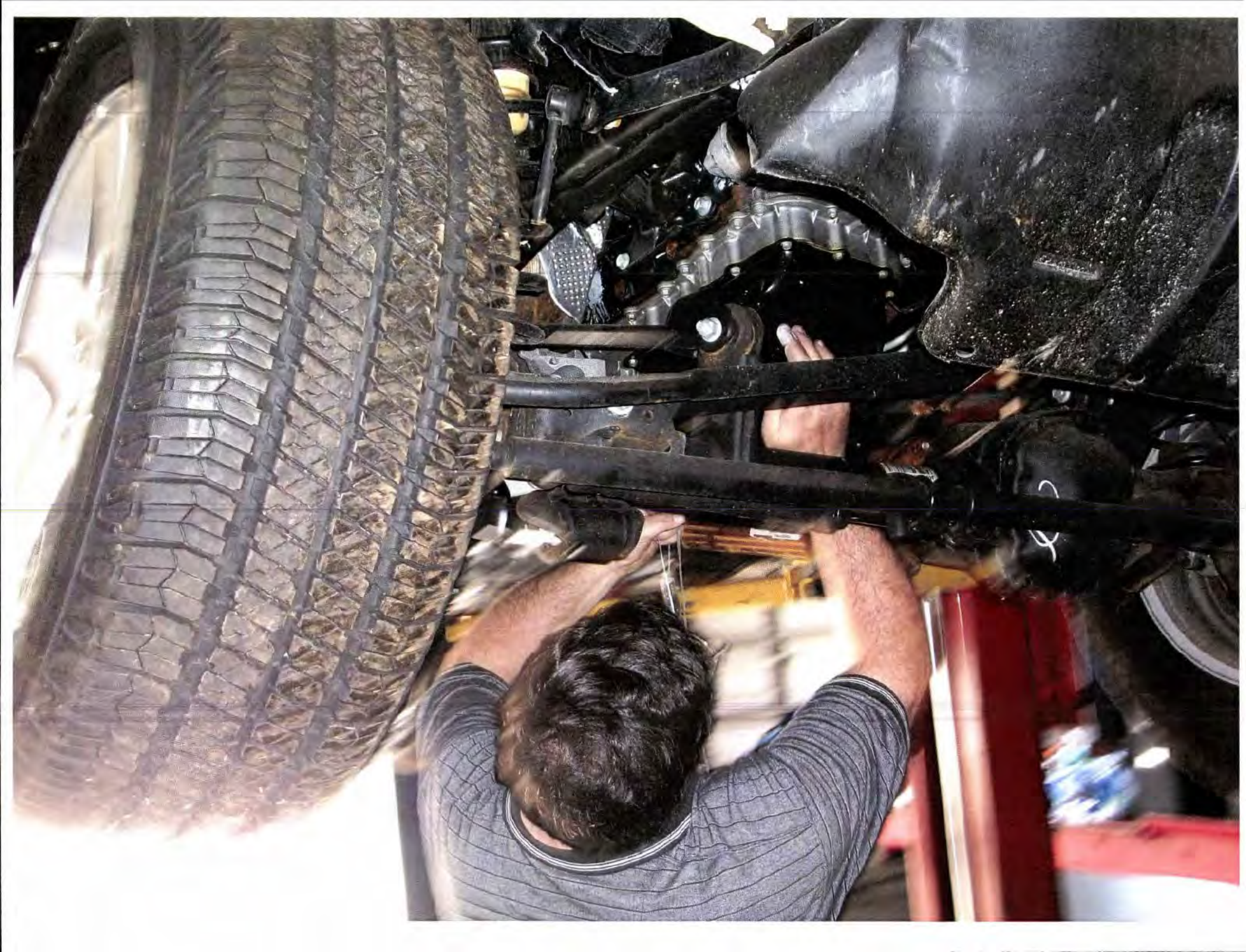






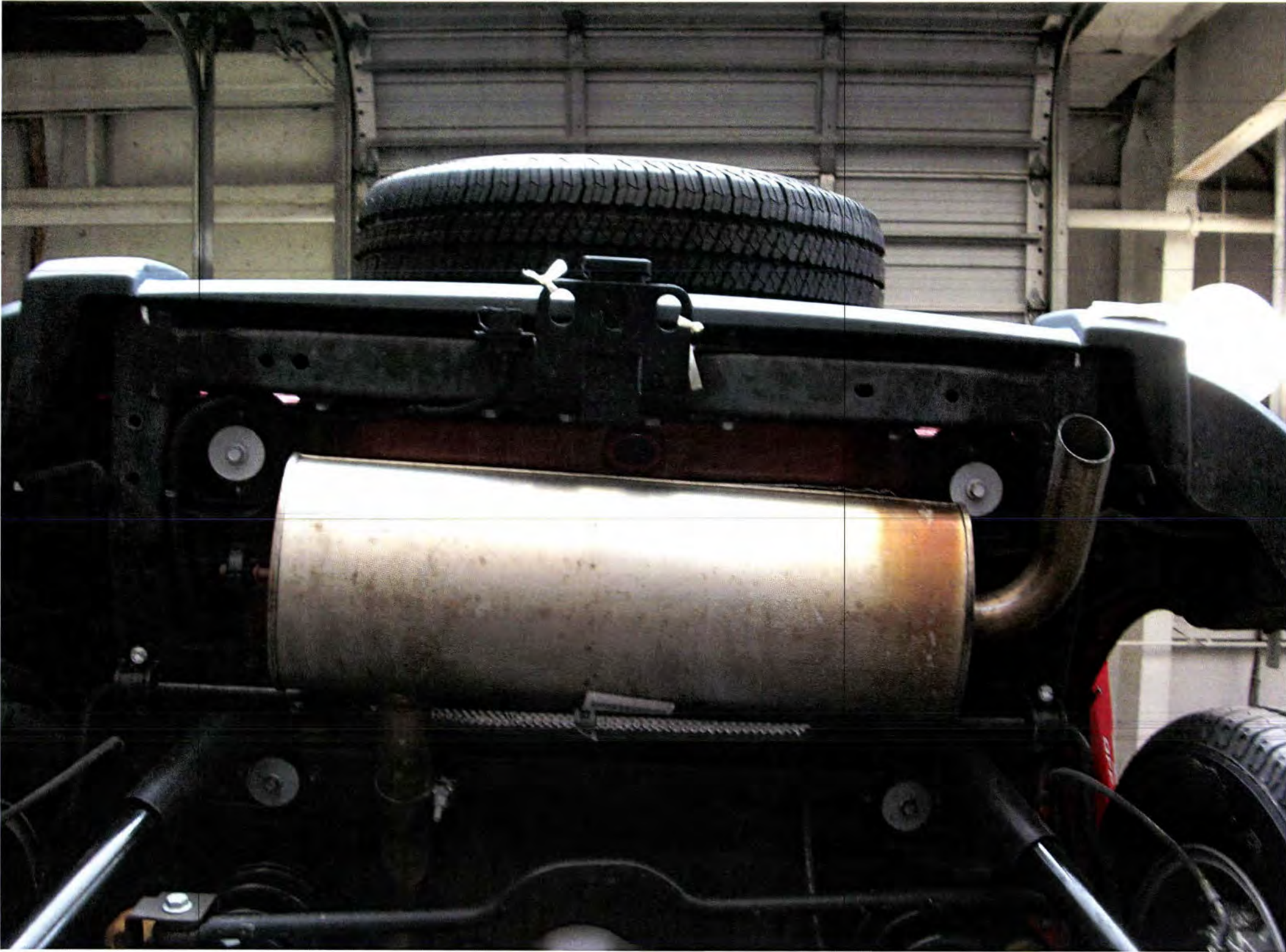


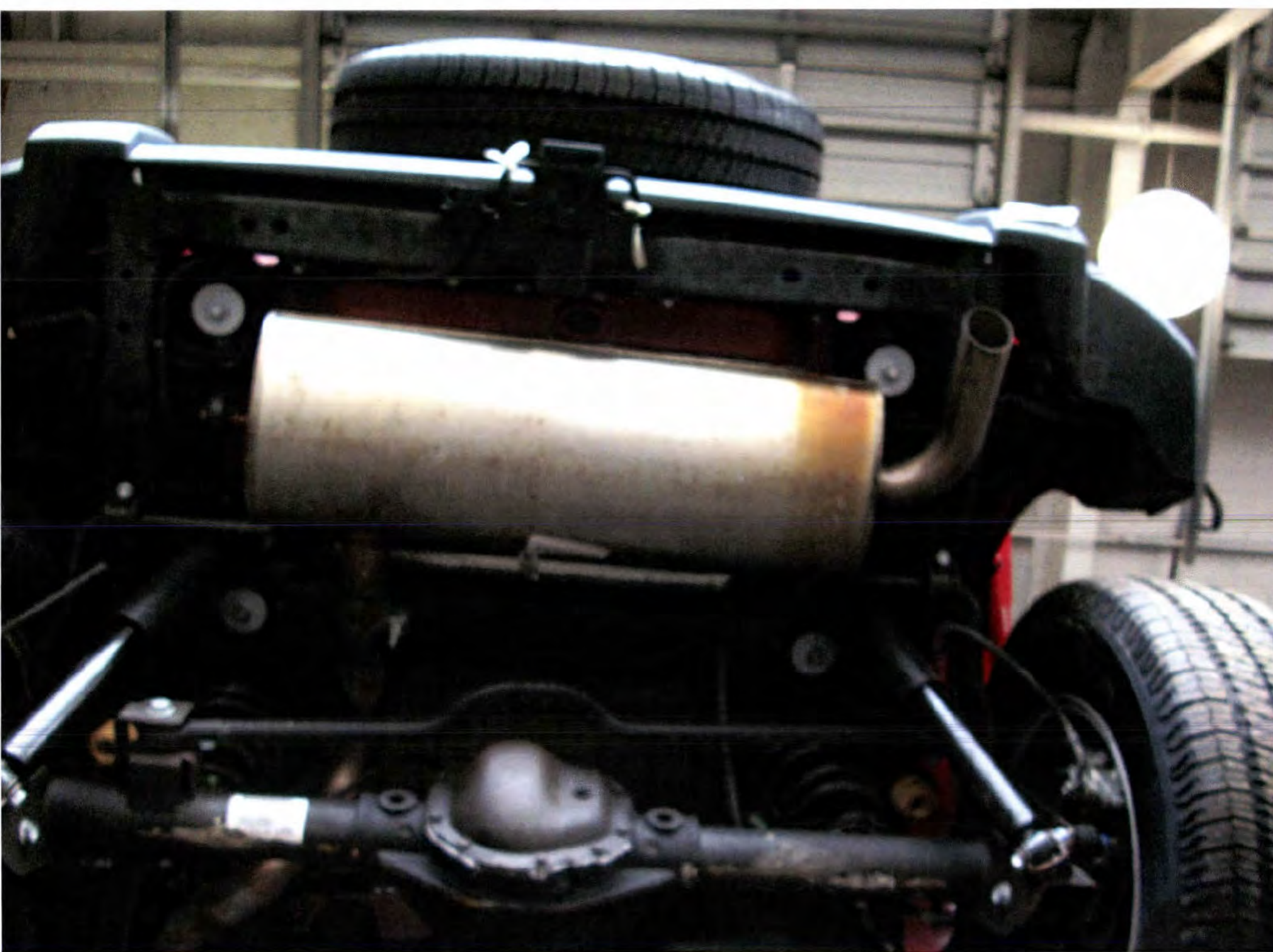


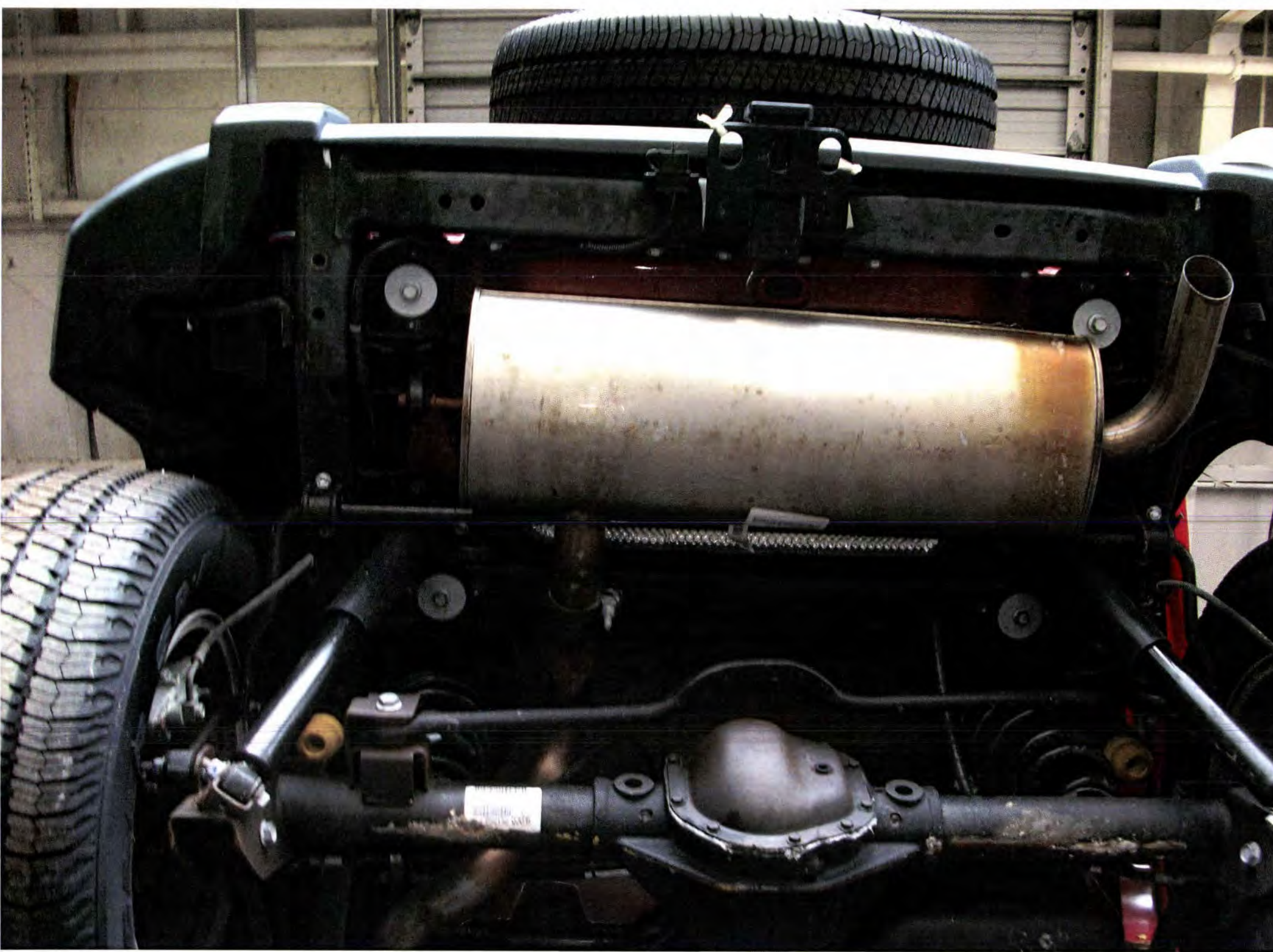


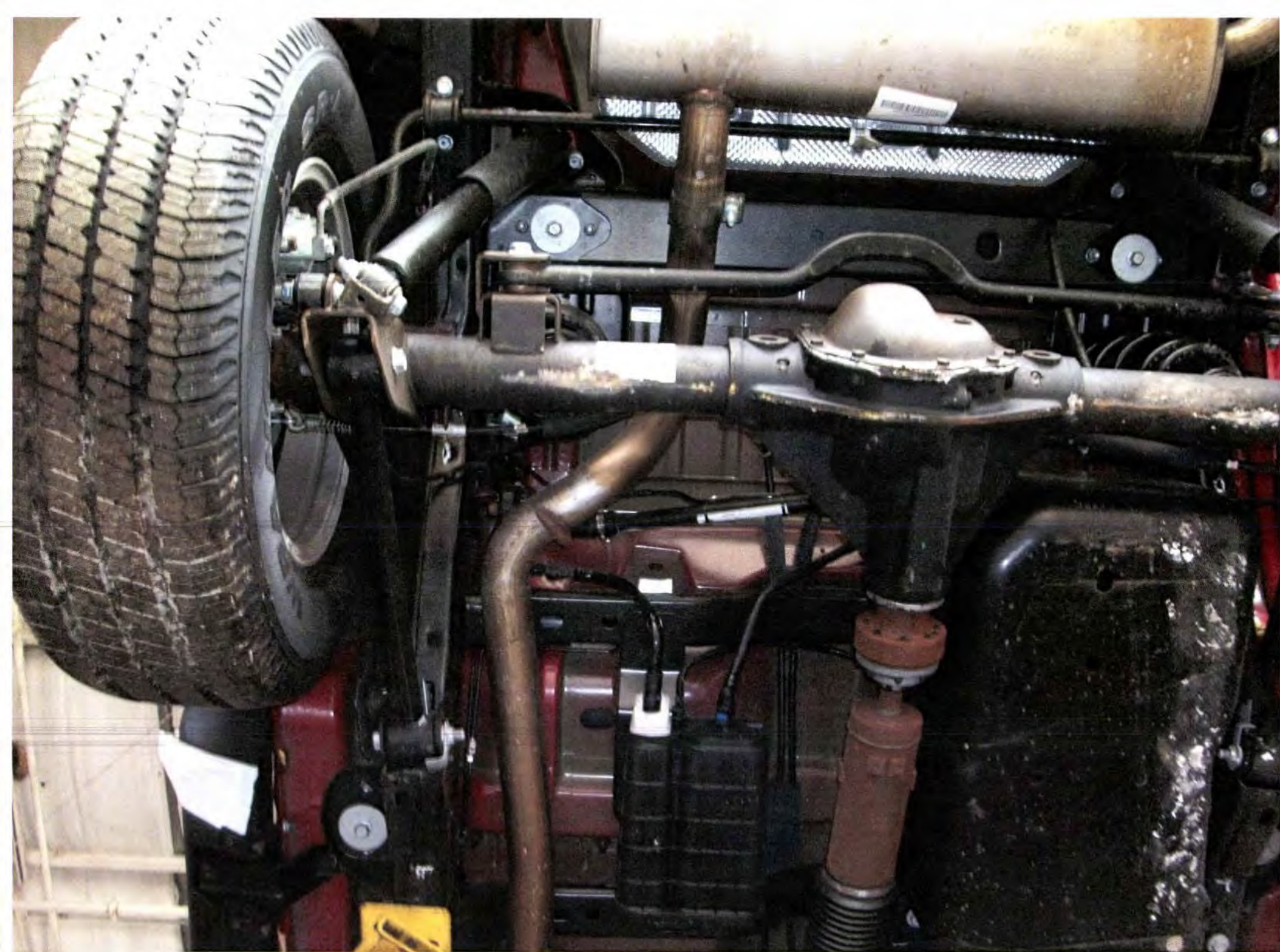






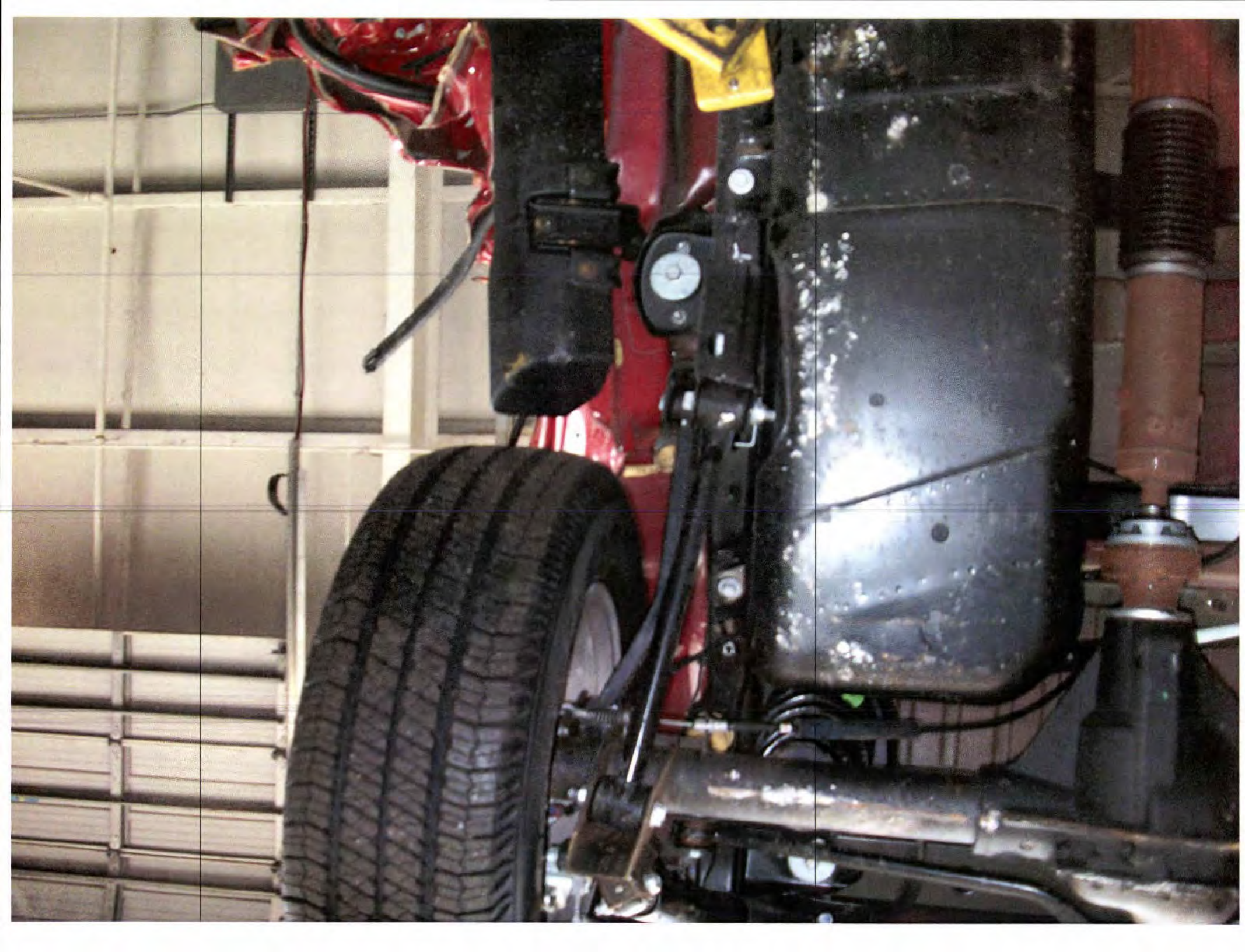


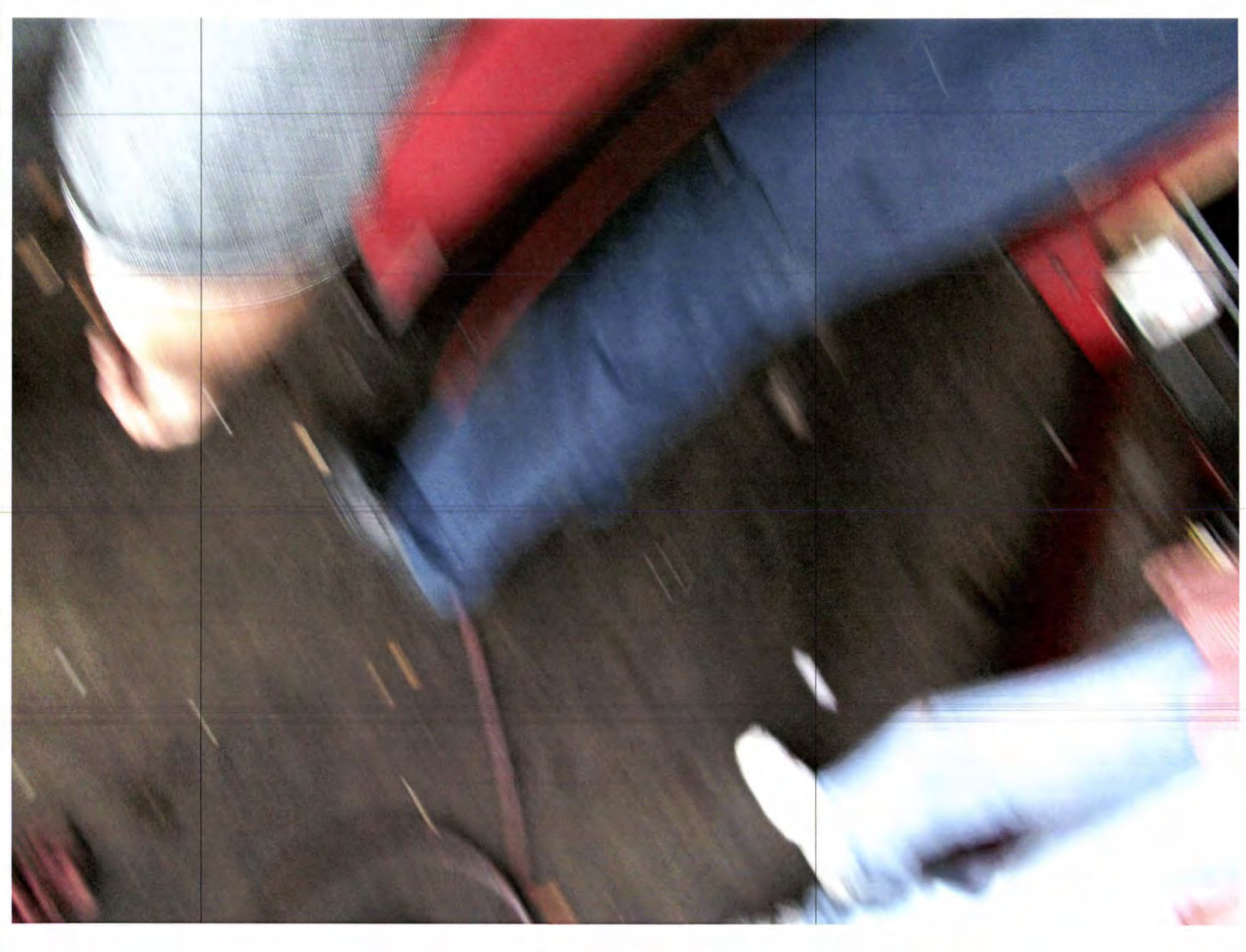






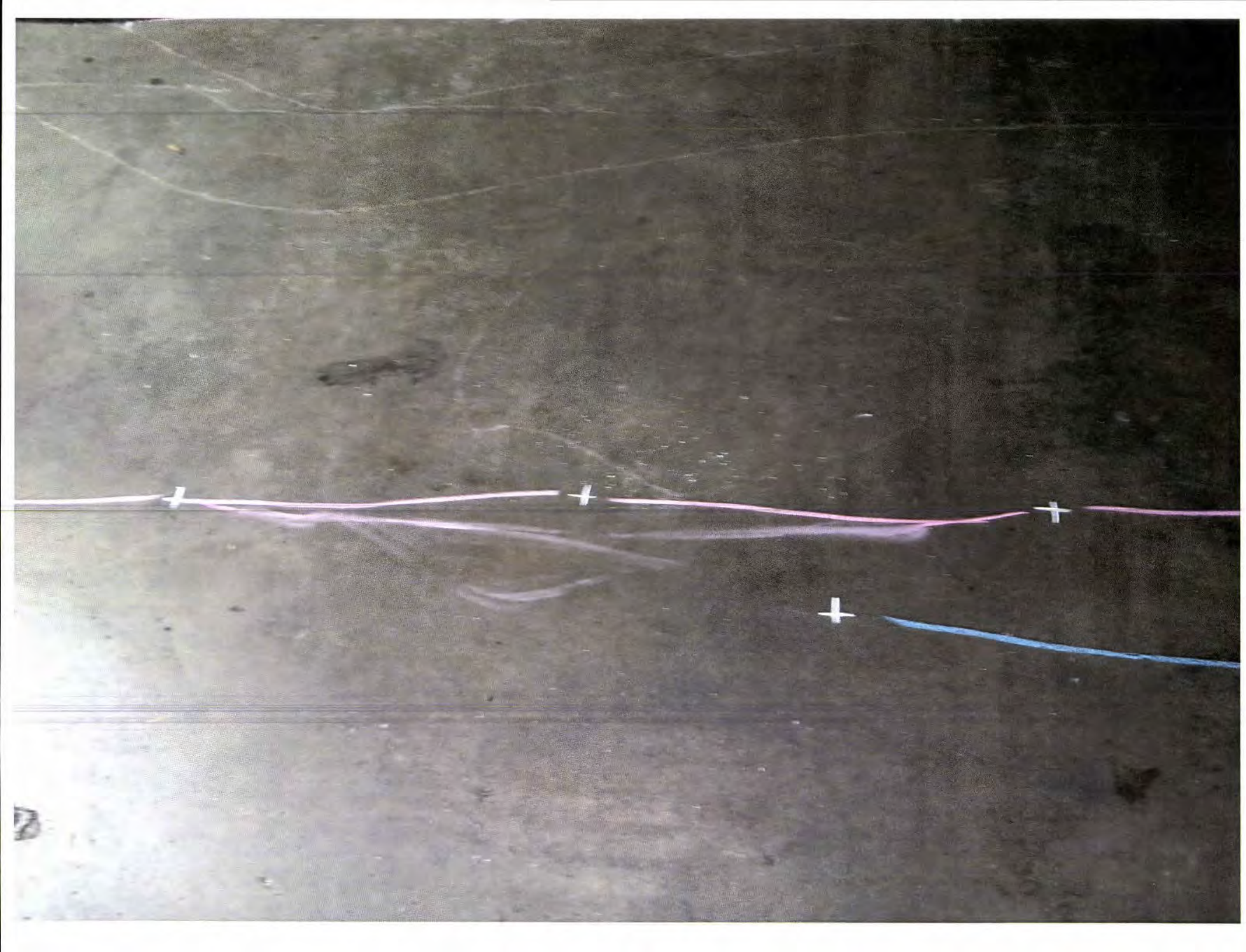


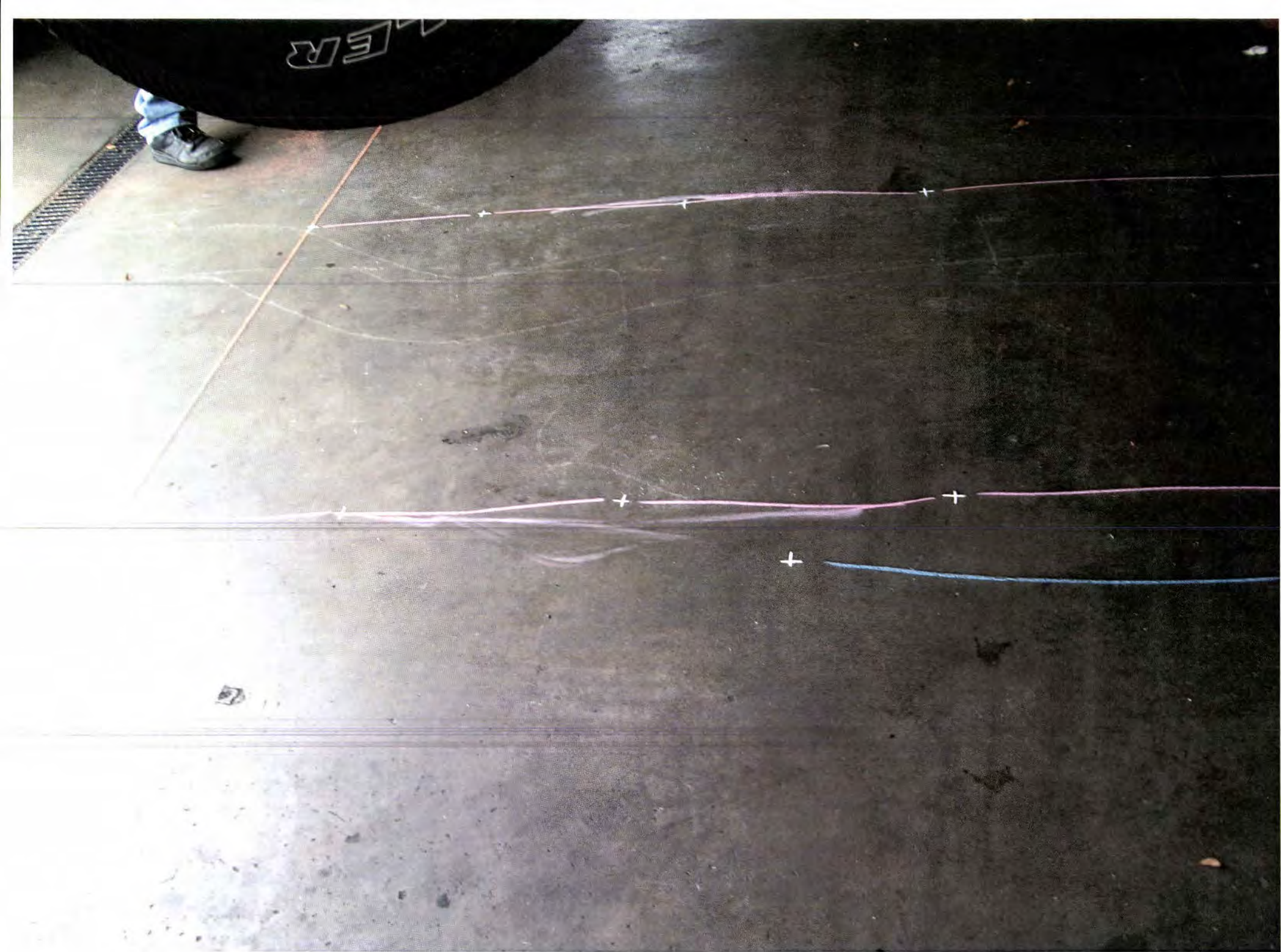






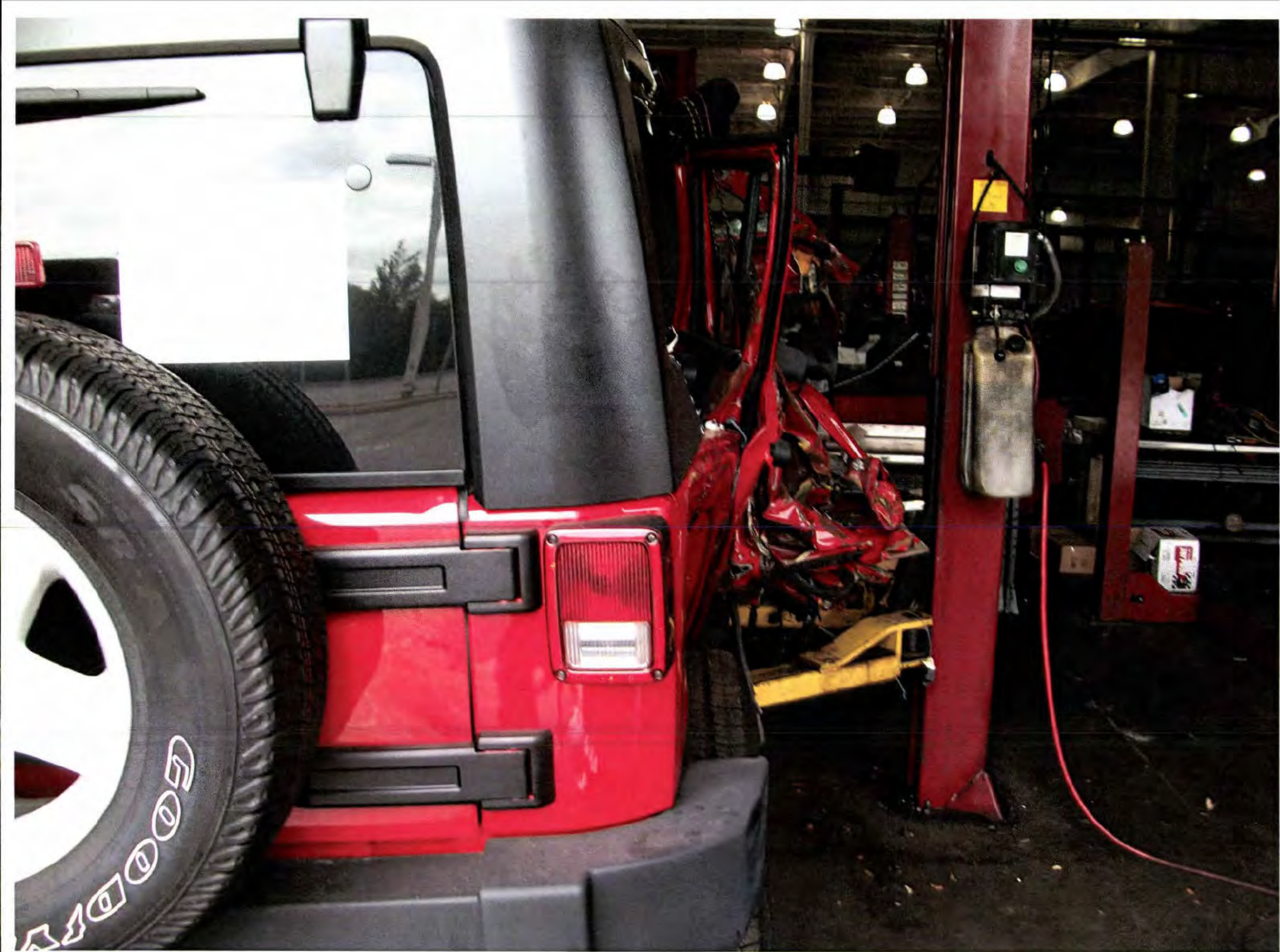




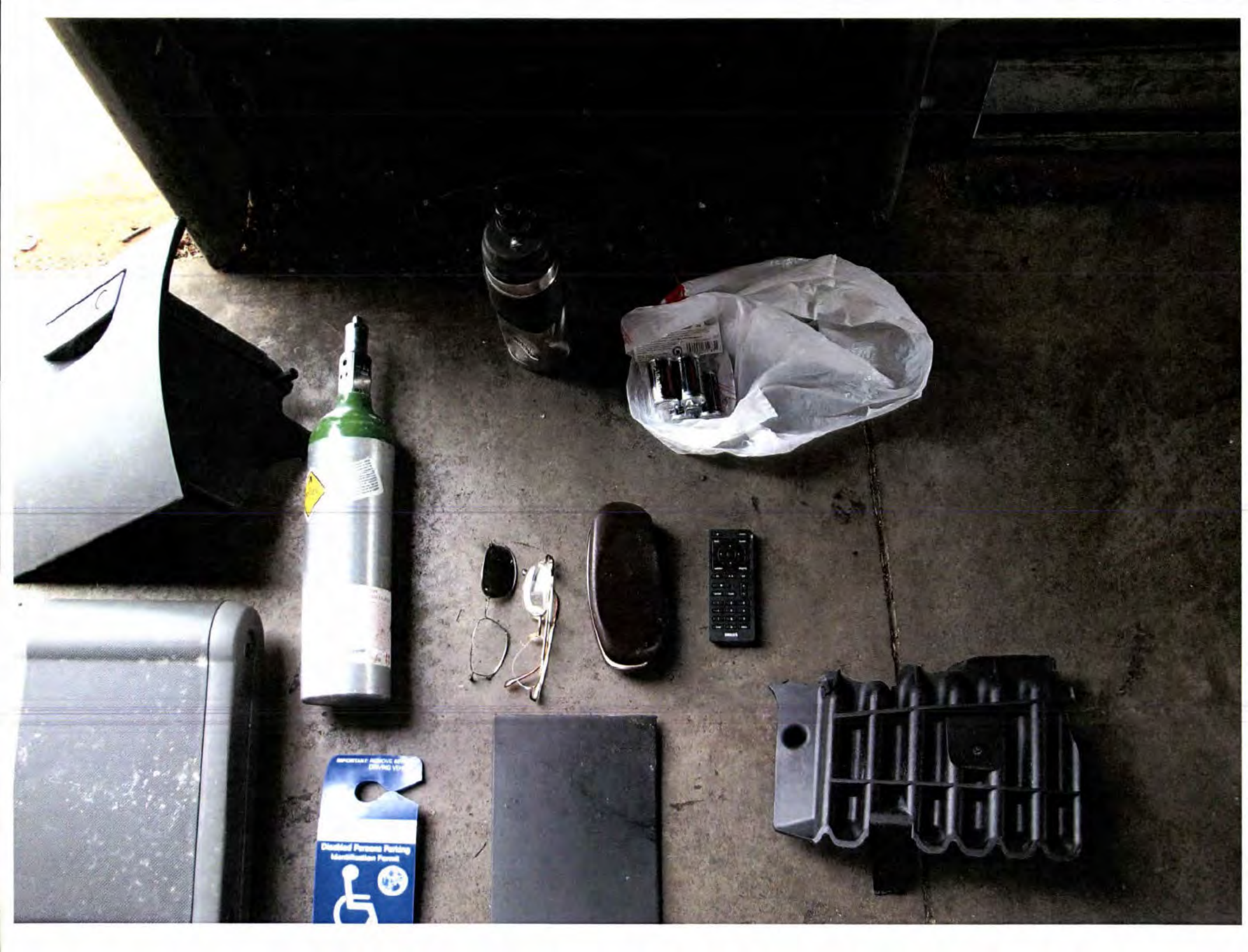








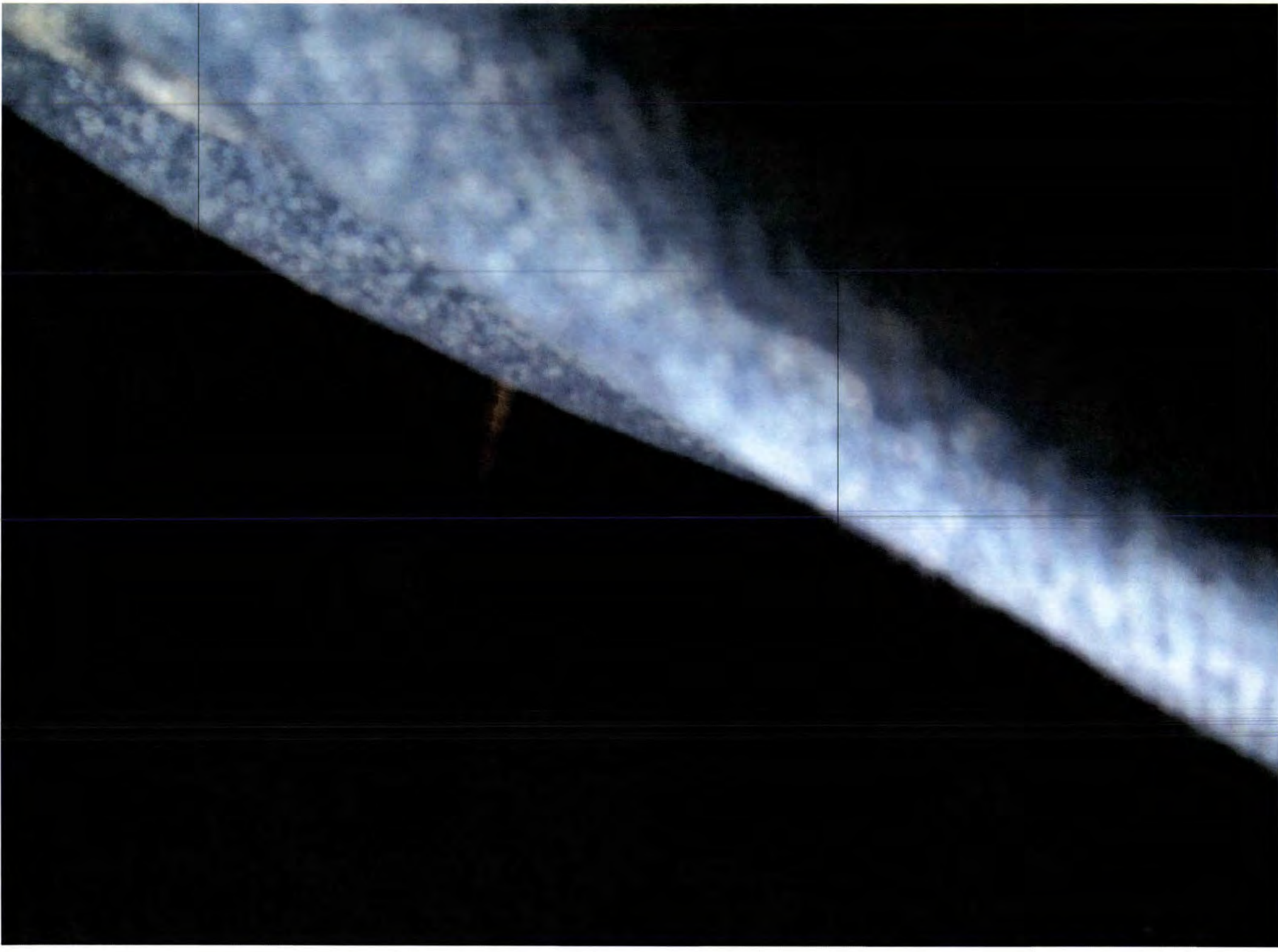














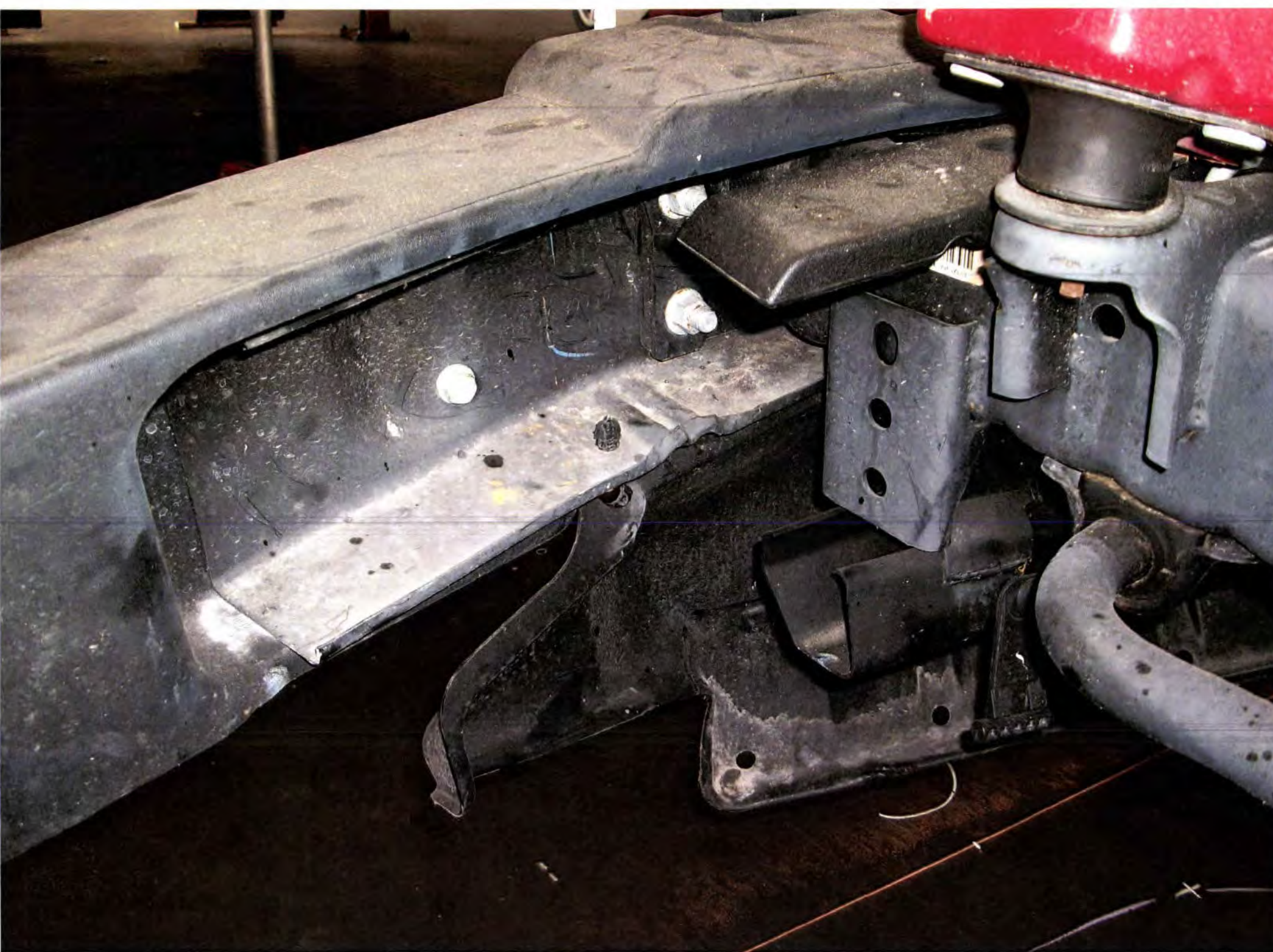
Jeep



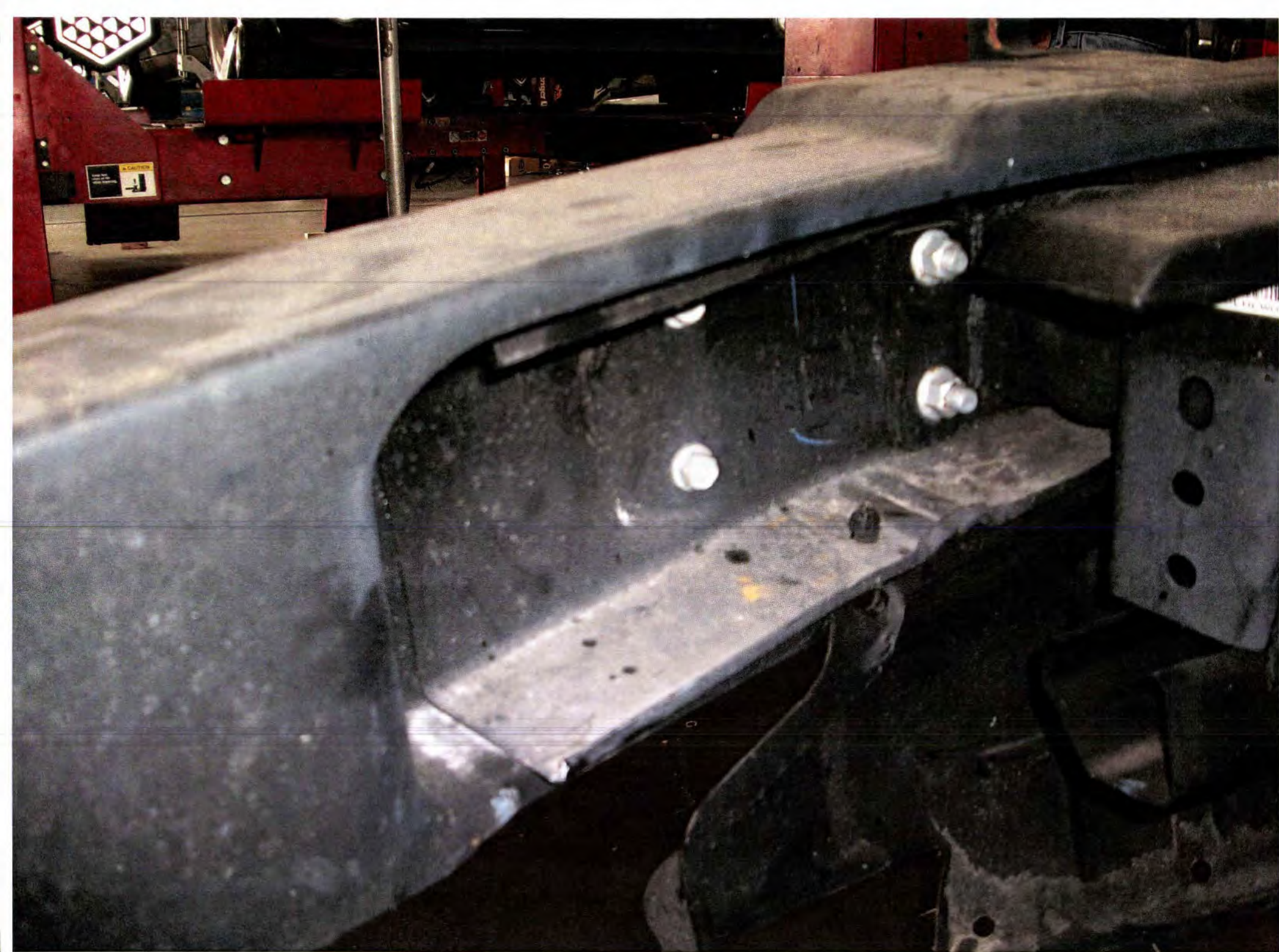
Jeep













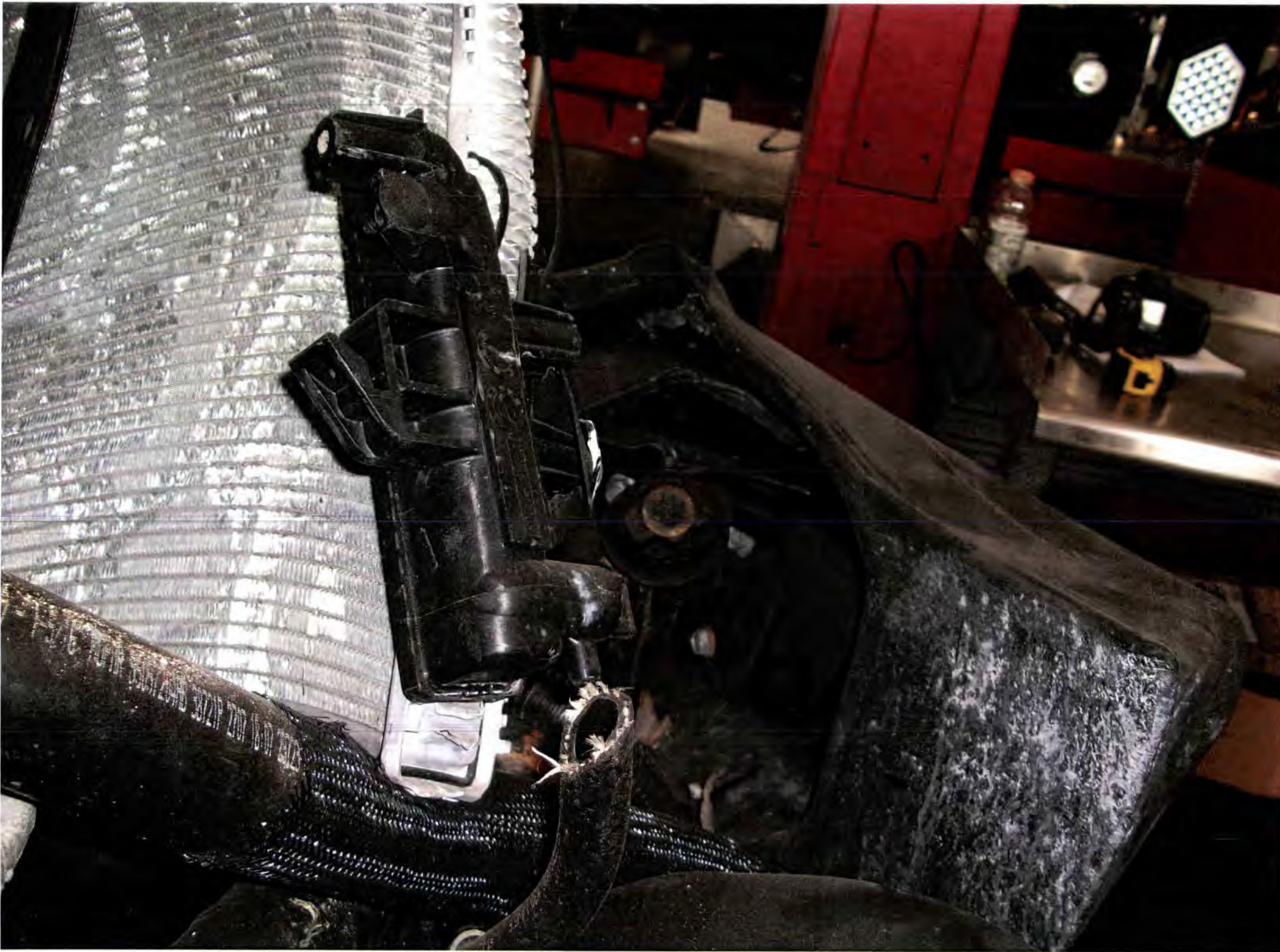


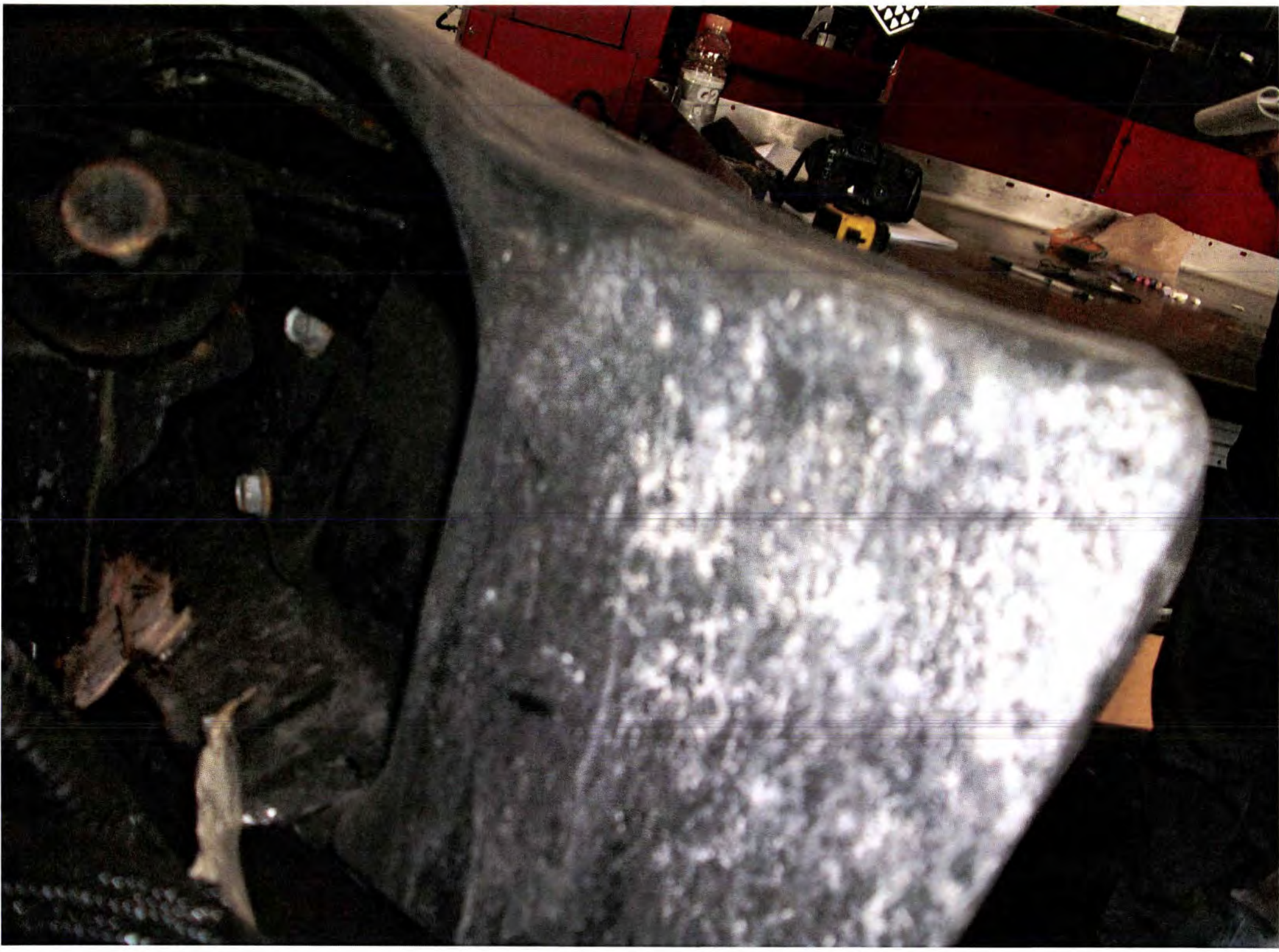


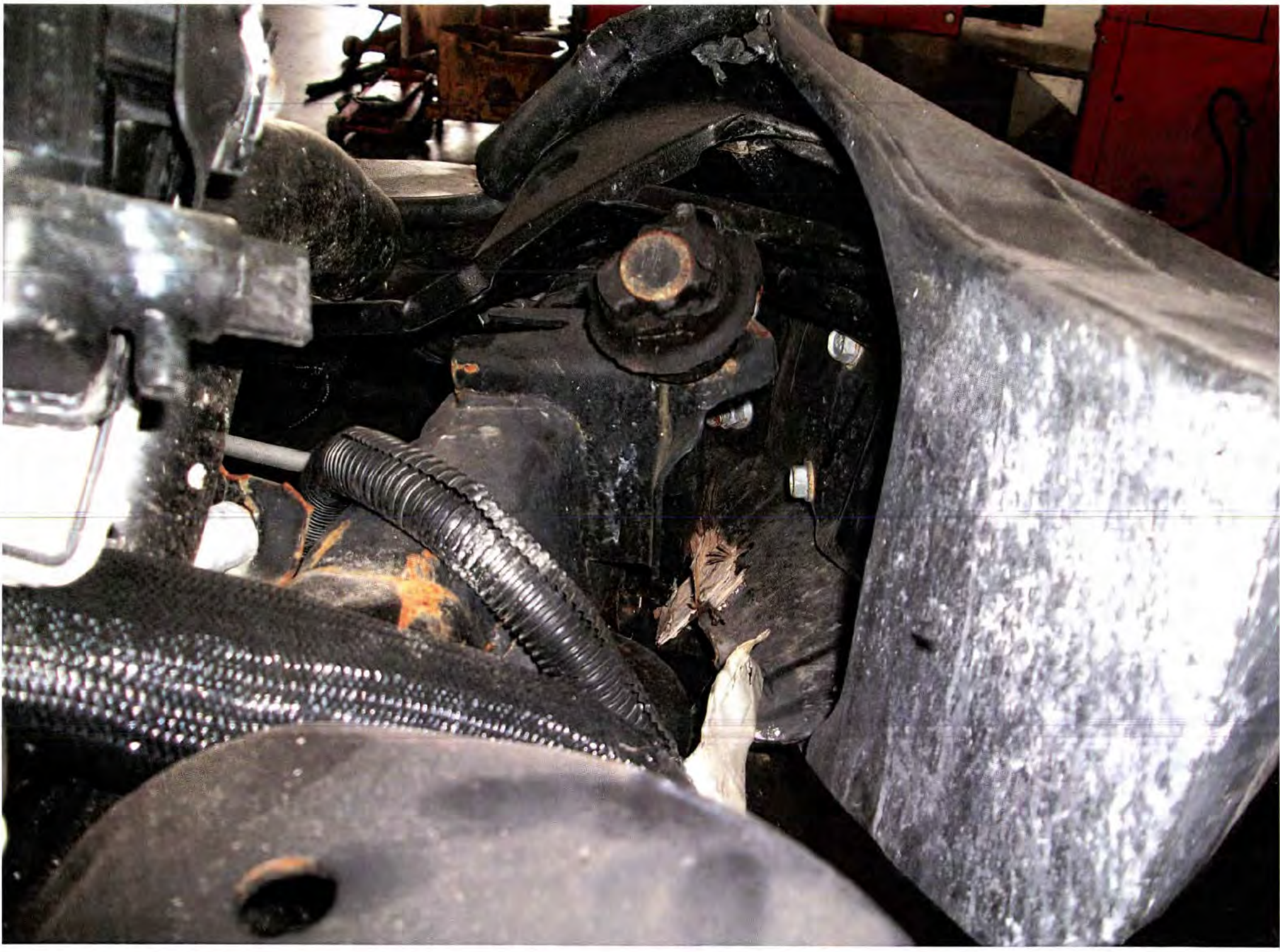


07-5110-110-110-110-110

2751





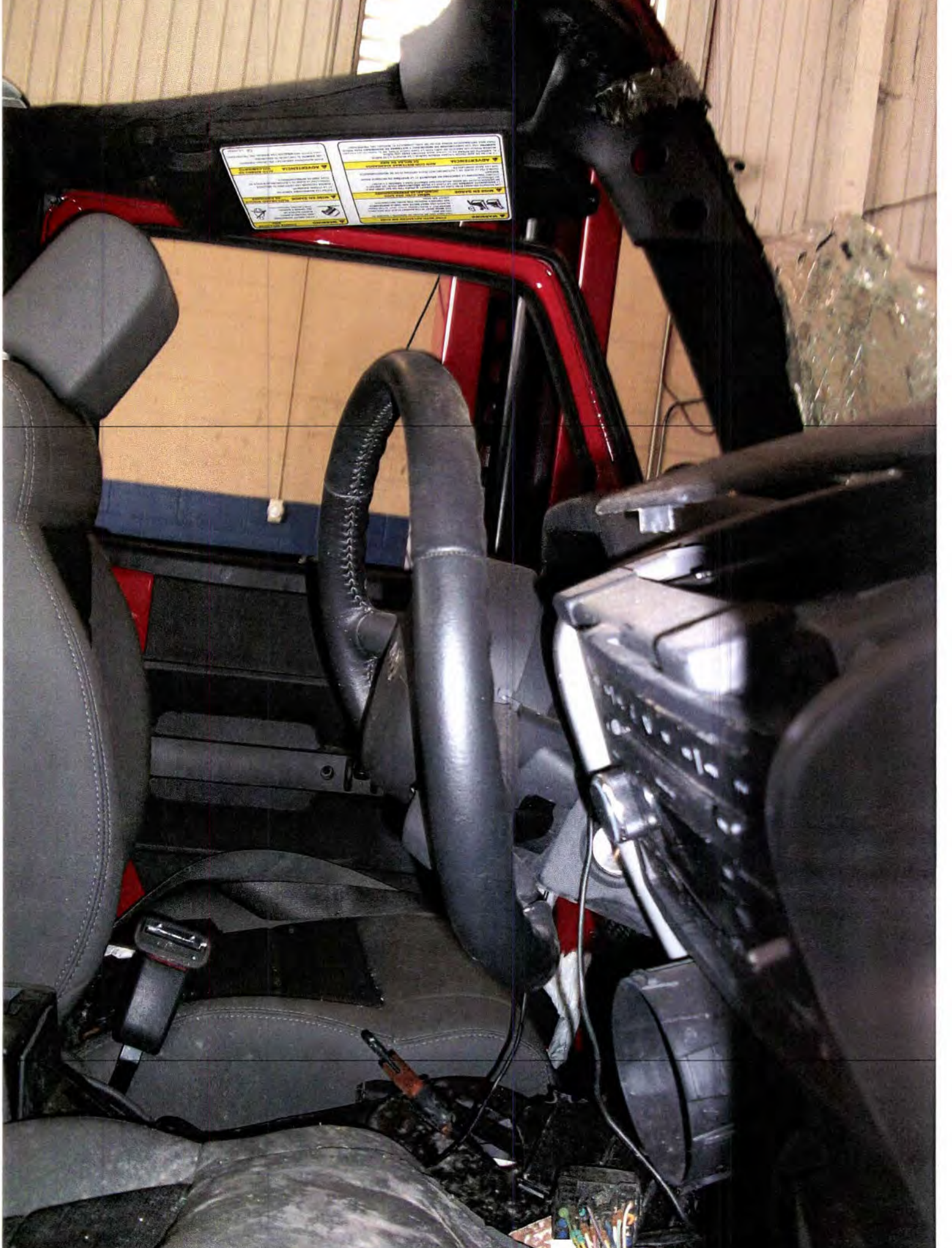












ADVERTENCIA **PRECAUCIÓN** **ATENCIÓN**

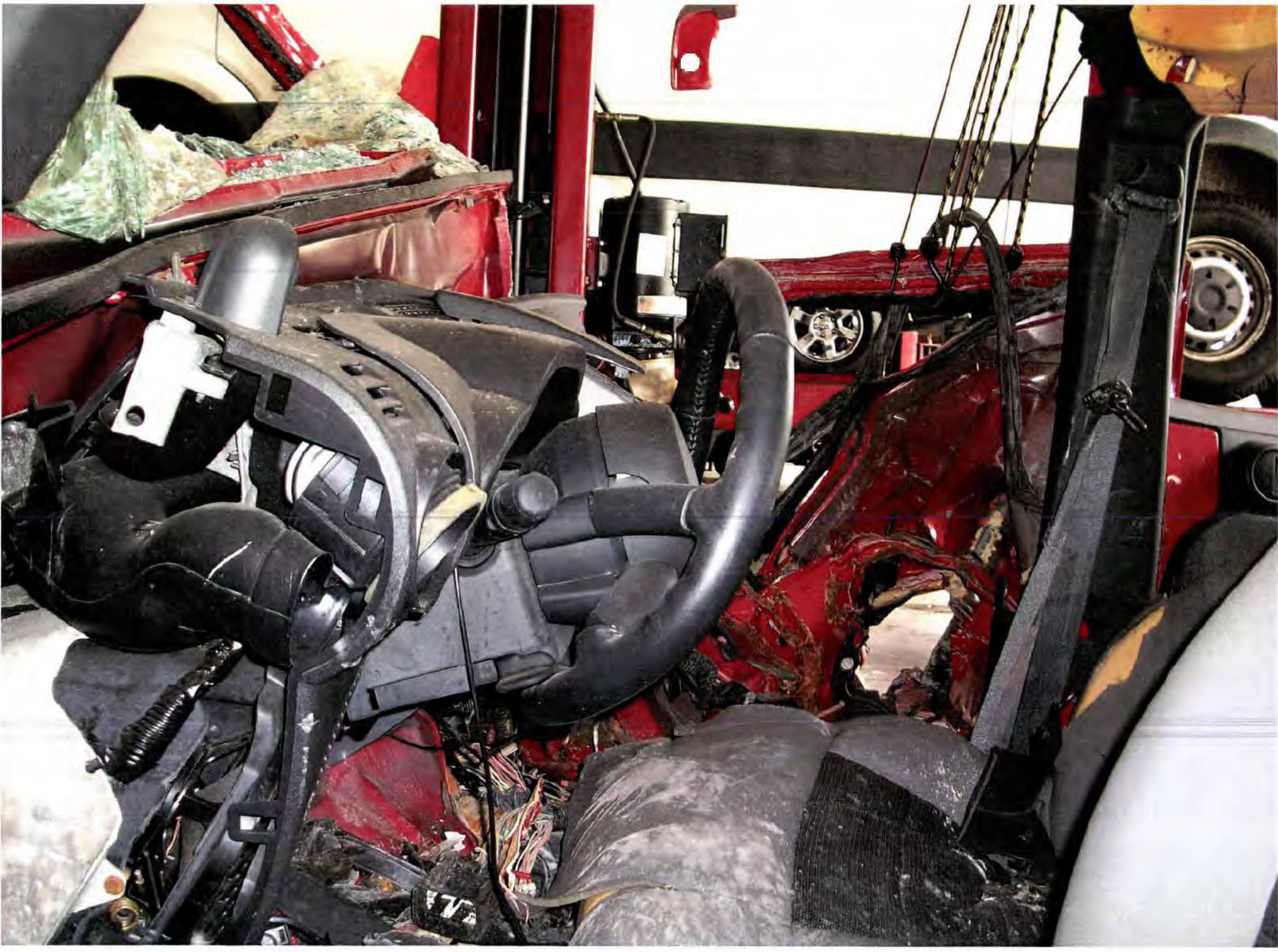
ADVERTENCIA Evite el contacto con los cables eléctricos. Los cables eléctricos pueden estar calientes o tener corriente eléctrica. Evite tocarlos para evitar quemaduras o lesiones. Evite tocar los cables eléctricos cuando estén mojados o húmedos. Evite tocar los cables eléctricos cuando estén sucios o grasientos. Evite tocar los cables eléctricos cuando estén cubiertos de aceite o grasa. Evite tocar los cables eléctricos cuando estén cubiertos de pintura o barniz. Evite tocar los cables eléctricos cuando estén cubiertos de cualquier otro material que pueda ser inflamable o explosivo. Evite tocar los cables eléctricos cuando estén cubiertos de cualquier otro material que pueda ser perjudicial para la salud. Evite tocar los cables eléctricos cuando estén cubiertos de cualquier otro material que pueda ser dañino para el medio ambiente. Evite tocar los cables eléctricos cuando estén cubiertos de cualquier otro material que pueda ser perjudicial para el medio ambiente.

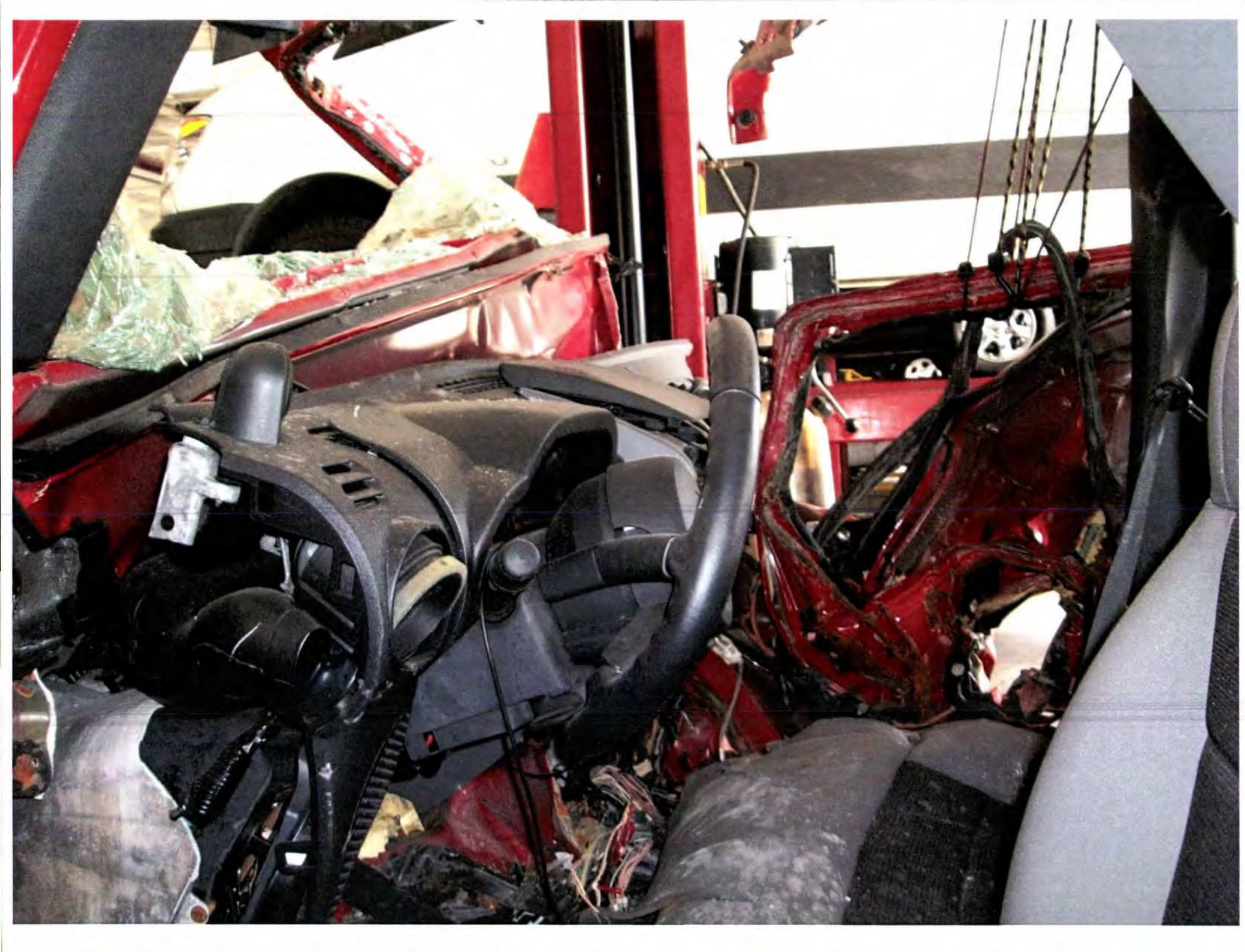
PRECAUCIÓN Evite el contacto con los cables eléctricos. Los cables eléctricos pueden estar calientes o tener corriente eléctrica. Evite tocarlos para evitar quemaduras o lesiones. Evite tocar los cables eléctricos cuando estén mojados o húmedos. Evite tocar los cables eléctricos cuando estén sucios o grasientos. Evite tocar los cables eléctricos cuando estén cubiertos de aceite o grasa. Evite tocar los cables eléctricos cuando estén cubiertos de pintura o barniz. Evite tocar los cables eléctricos cuando estén cubiertos de cualquier otro material que pueda ser inflamable o explosivo. Evite tocar los cables eléctricos cuando estén cubiertos de cualquier otro material que pueda ser perjudicial para la salud. Evite tocar los cables eléctricos cuando estén cubiertos de cualquier otro material que pueda ser dañino para el medio ambiente. Evite tocar los cables eléctricos cuando estén cubiertos de cualquier otro material que pueda ser perjudicial para el medio ambiente.

ATENCIÓN Evite el contacto con los cables eléctricos. Los cables eléctricos pueden estar calientes o tener corriente eléctrica. Evite tocarlos para evitar quemaduras o lesiones. Evite tocar los cables eléctricos cuando estén mojados o húmedos. Evite tocar los cables eléctricos cuando estén sucios o grasientos. Evite tocar los cables eléctricos cuando estén cubiertos de aceite o grasa. Evite tocar los cables eléctricos cuando estén cubiertos de pintura o barniz. Evite tocar los cables eléctricos cuando estén cubiertos de cualquier otro material que pueda ser inflamable o explosivo. Evite tocar los cables eléctricos cuando estén cubiertos de cualquier otro material que pueda ser perjudicial para la salud. Evite tocar los cables eléctricos cuando estén cubiertos de cualquier otro material que pueda ser dañino para el medio ambiente. Evite tocar los cables eléctricos cuando estén cubiertos de cualquier otro material que pueda ser perjudicial para el medio ambiente.





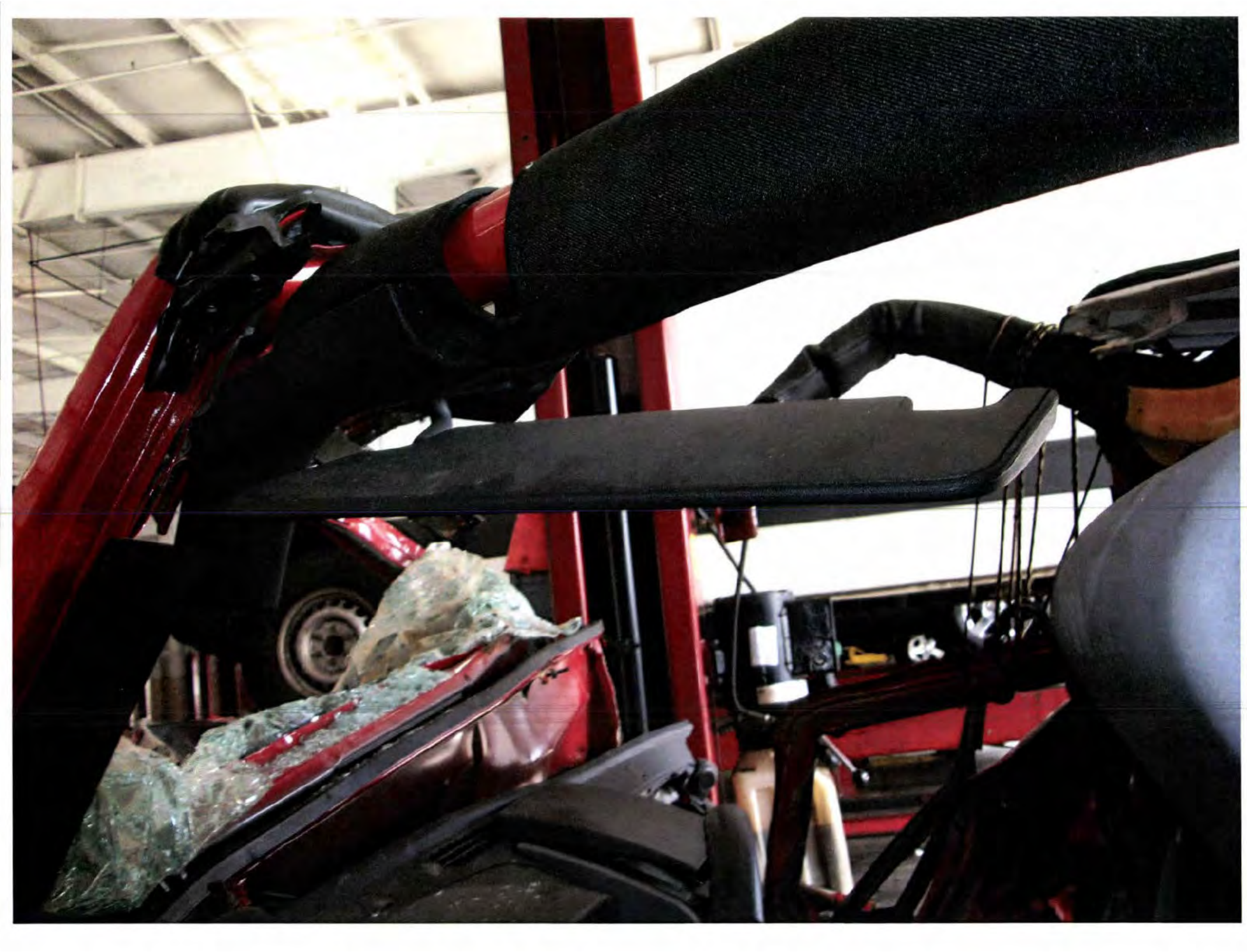








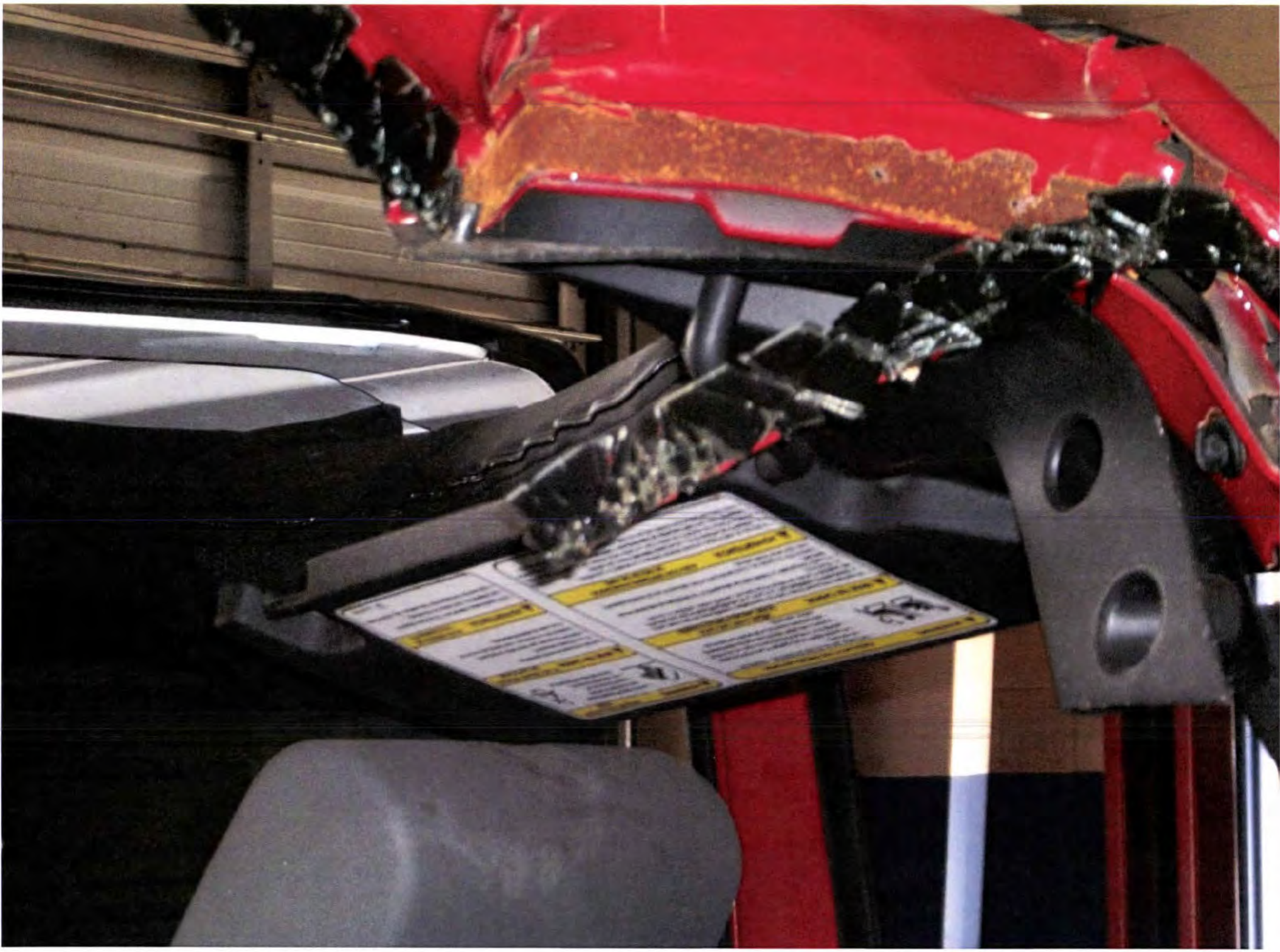










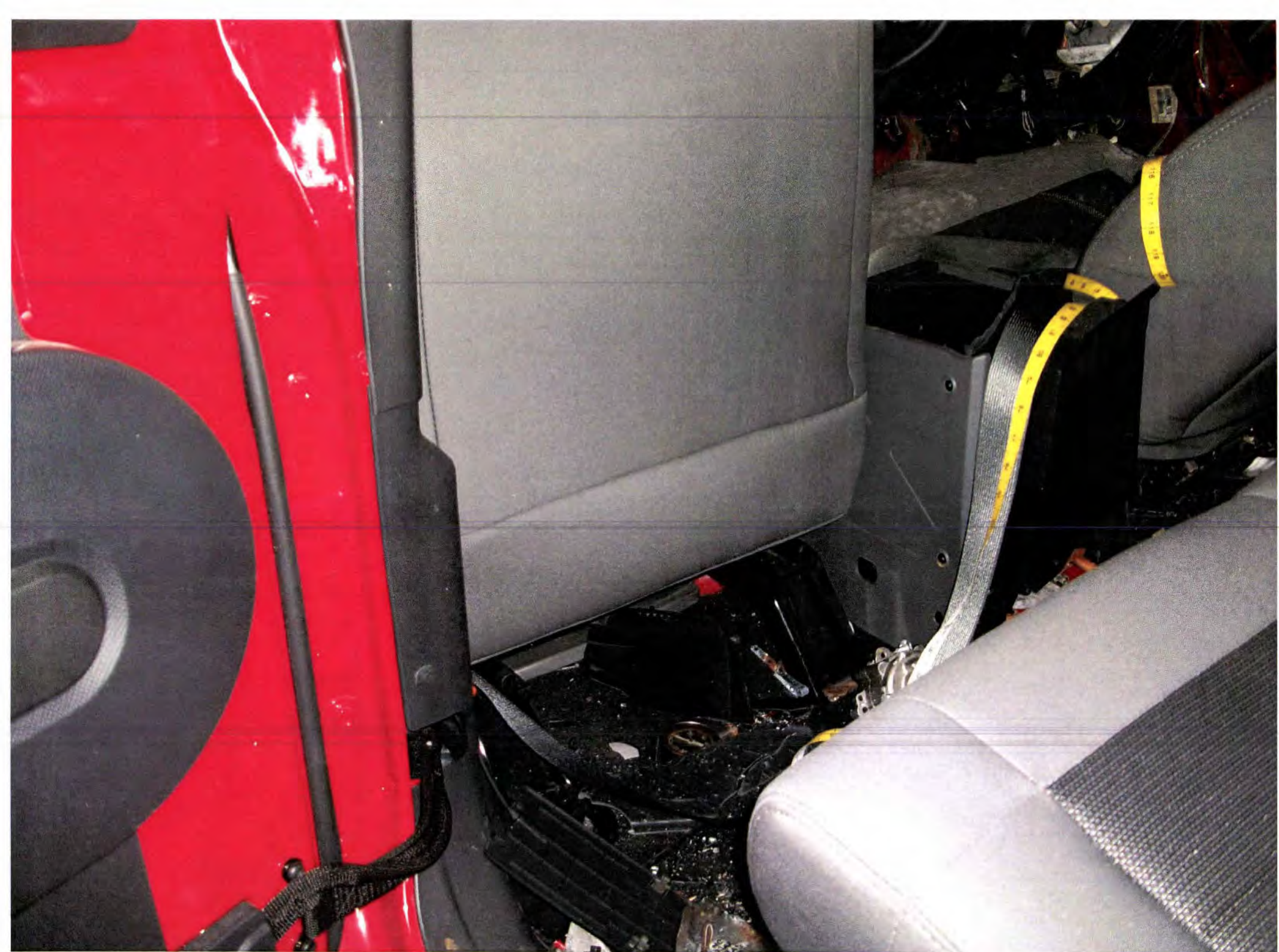


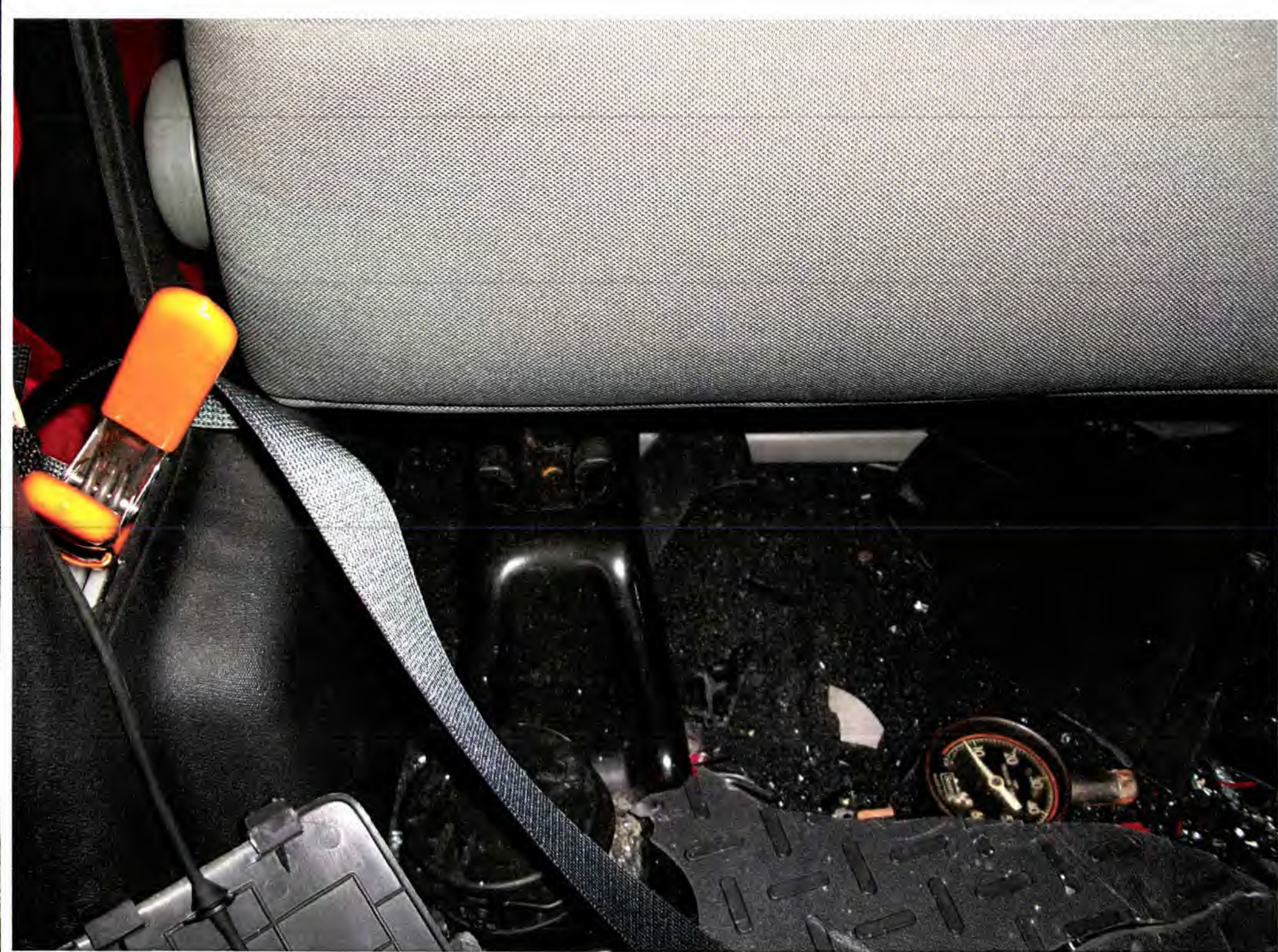
WARNING
Do not touch the hot surface of the bumper or the lift arm. The bumper and lift arm become extremely hot during the repair process. Touching the hot surface can cause severe burns.
Do not touch the hot surface of the bumper or the lift arm. The bumper and lift arm become extremely hot during the repair process. Touching the hot surface can cause severe burns.
Do not touch the hot surface of the bumper or the lift arm. The bumper and lift arm become extremely hot during the repair process. Touching the hot surface can cause severe burns.







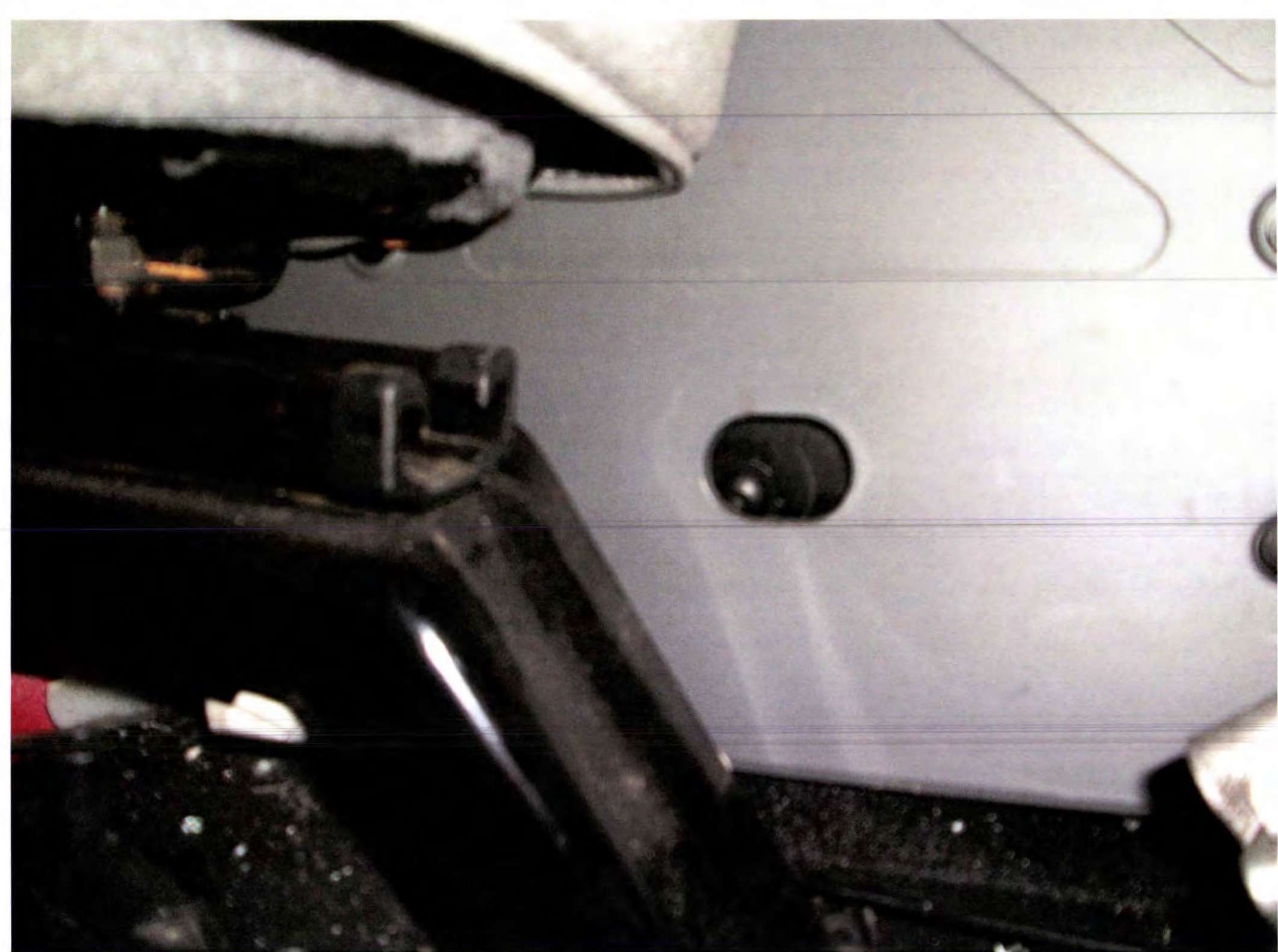


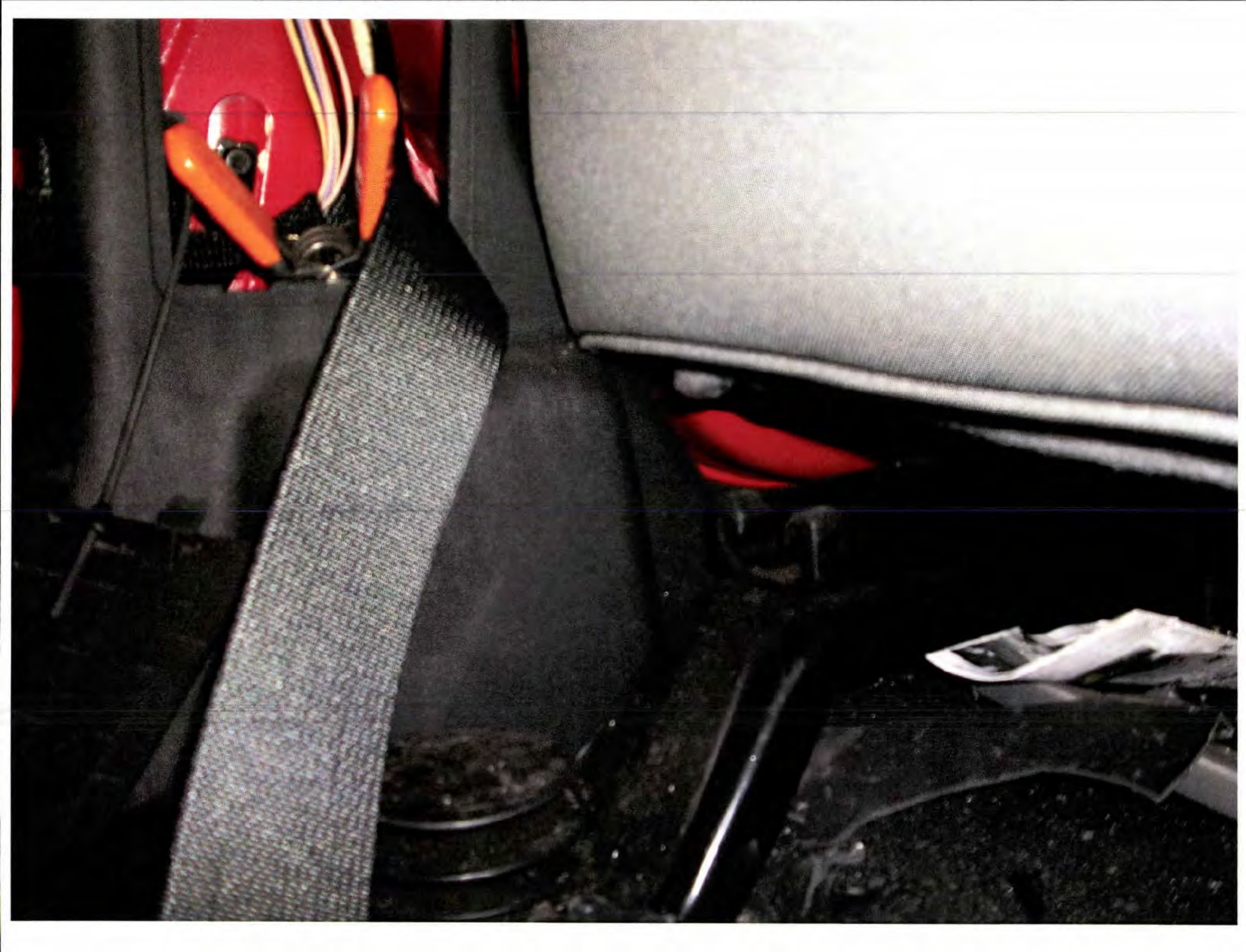






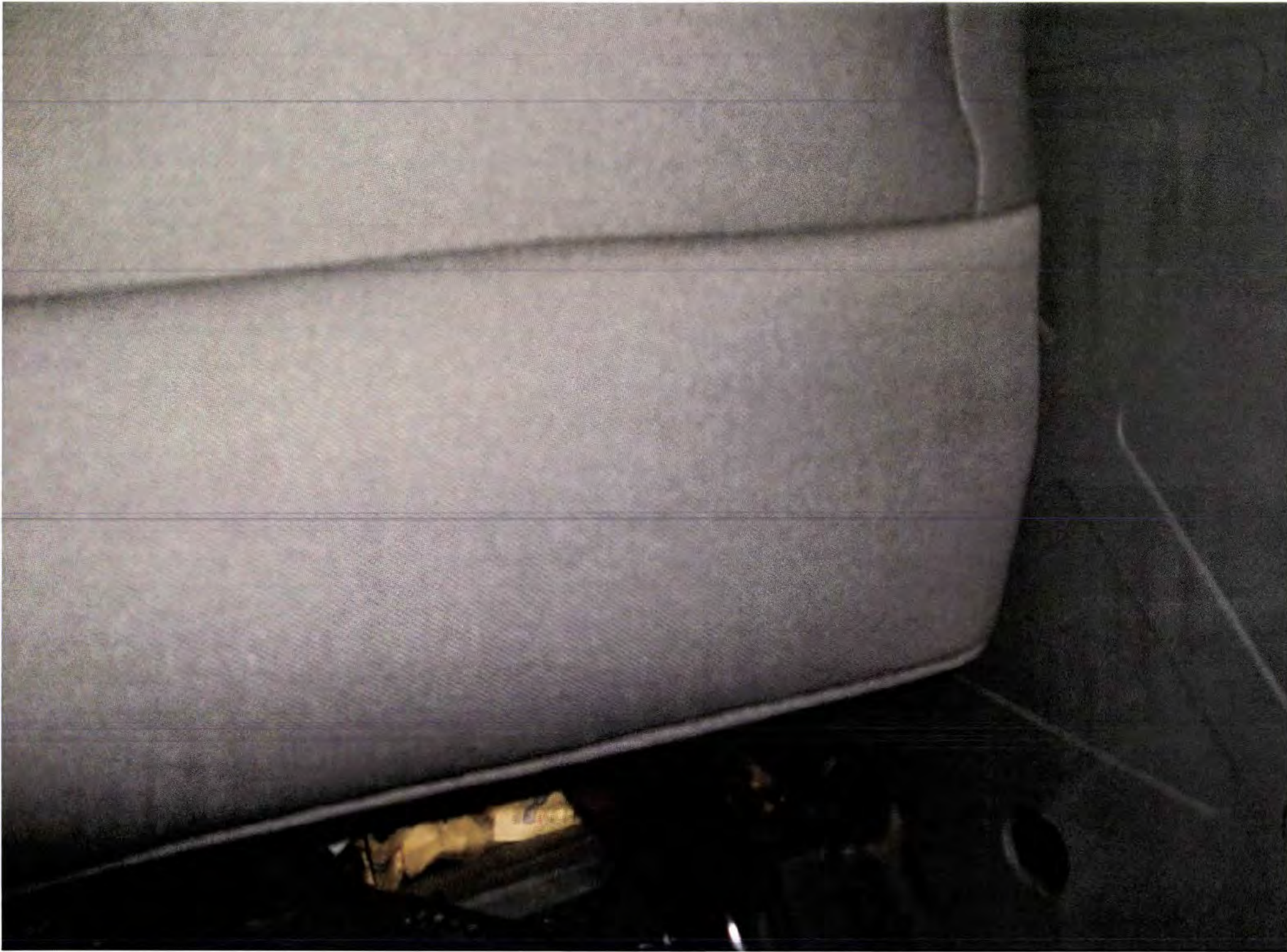










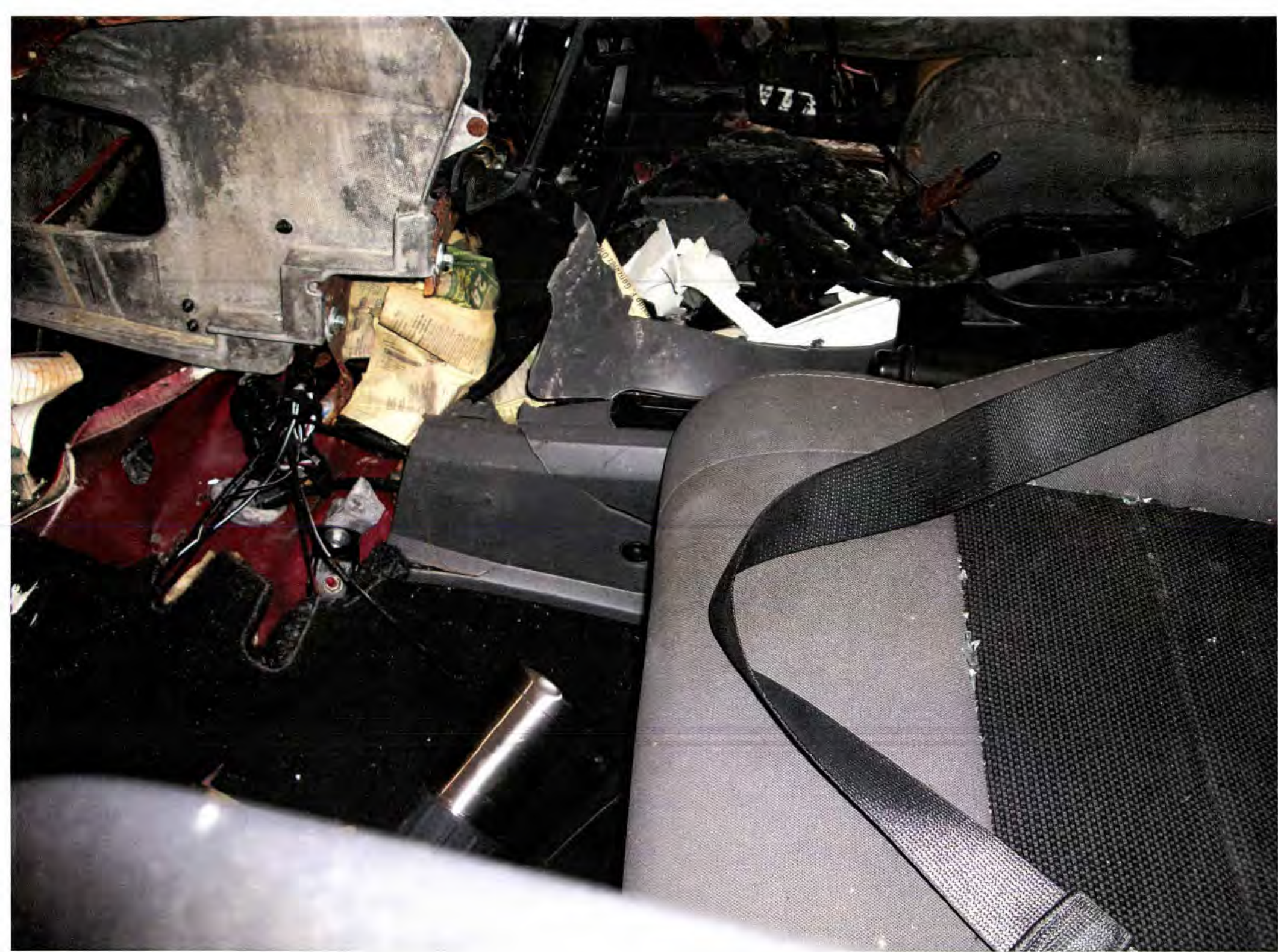






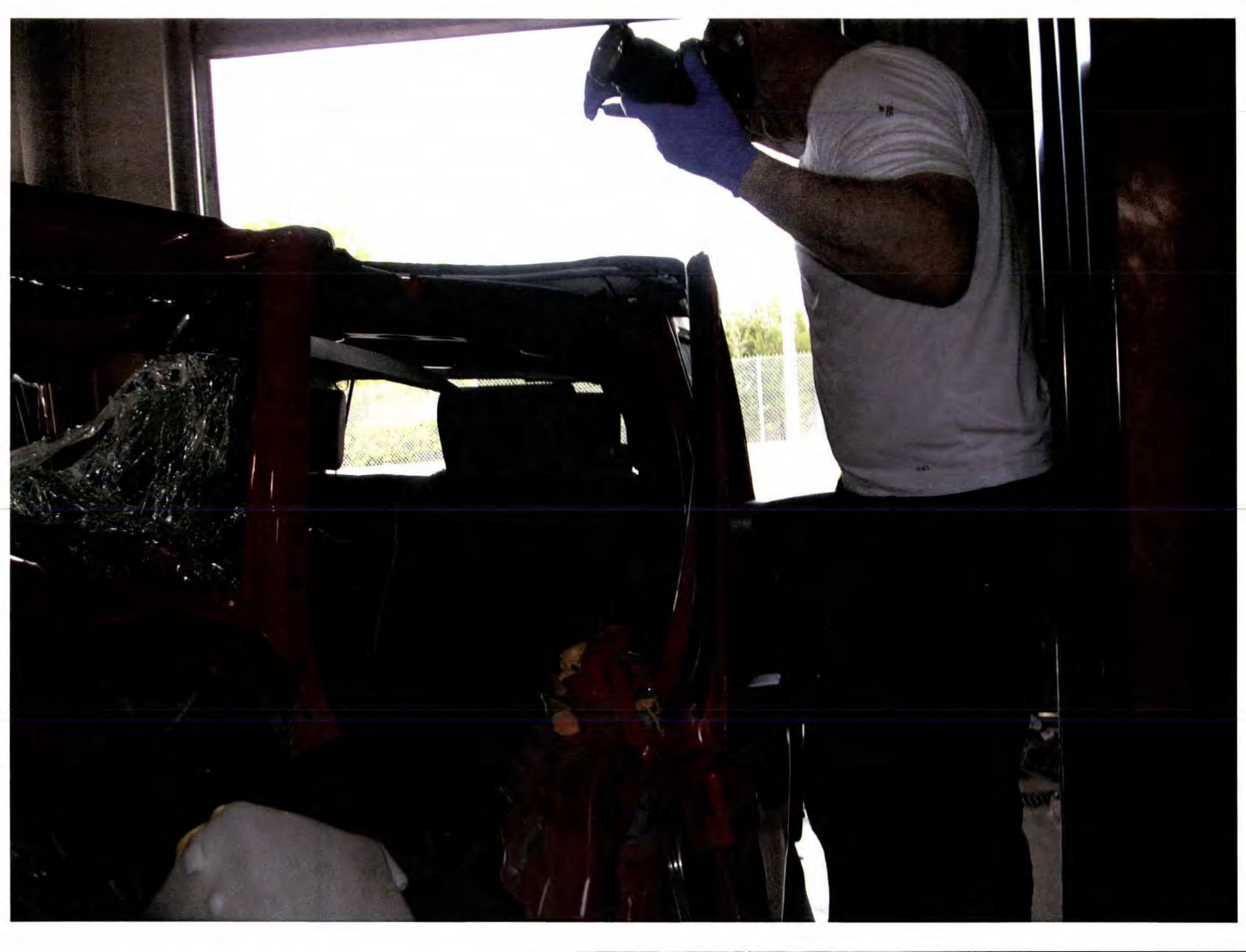


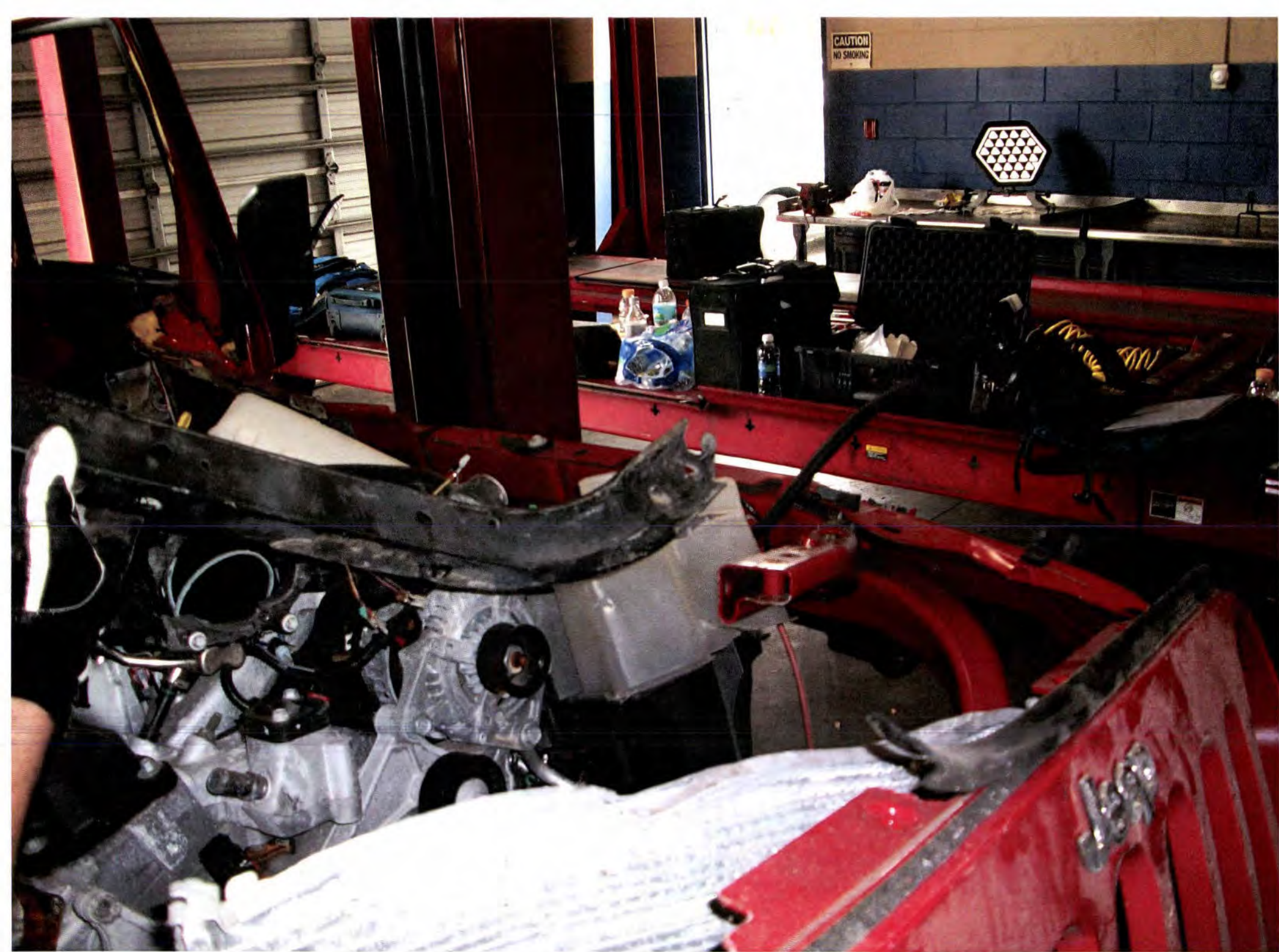


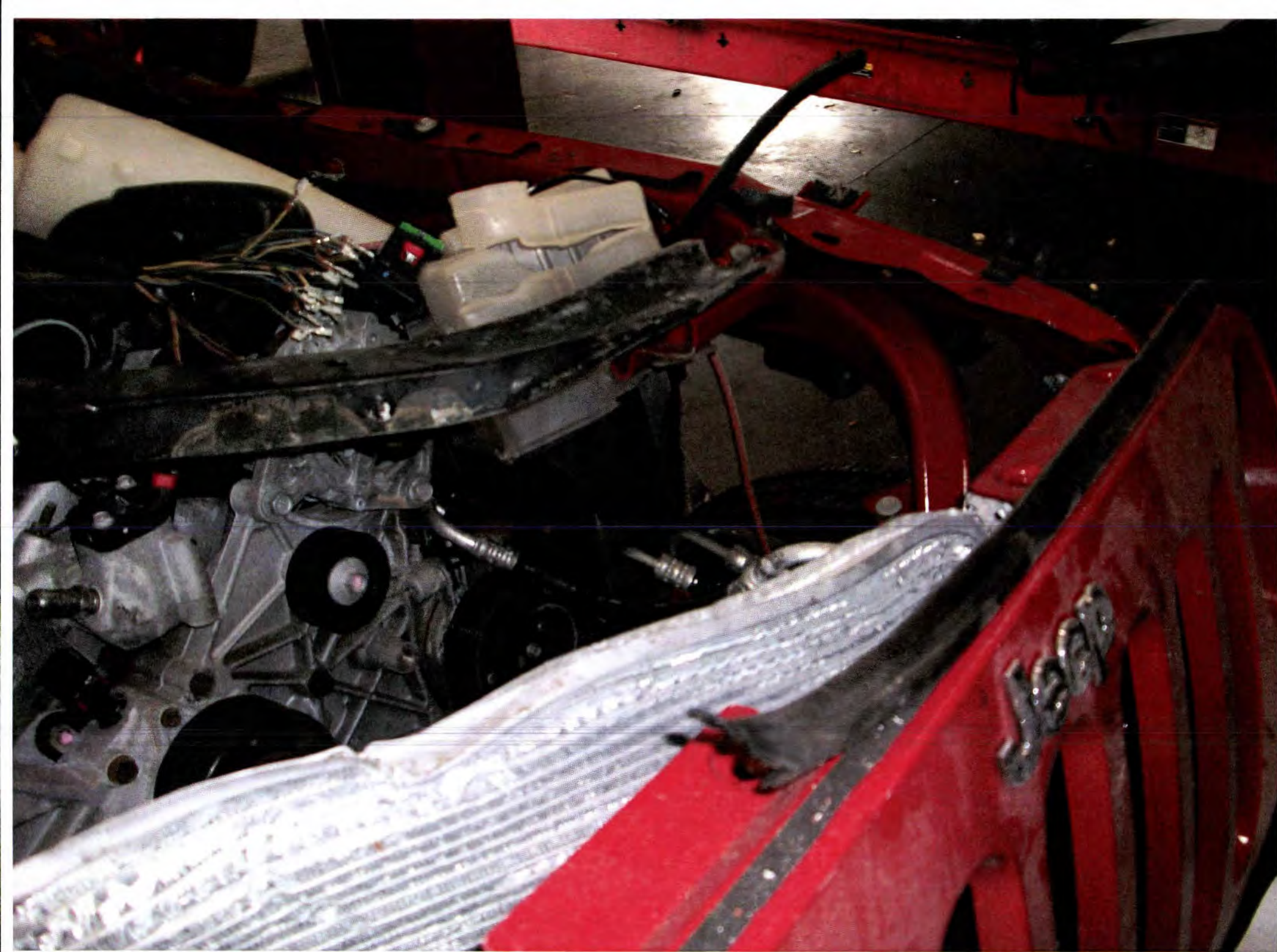










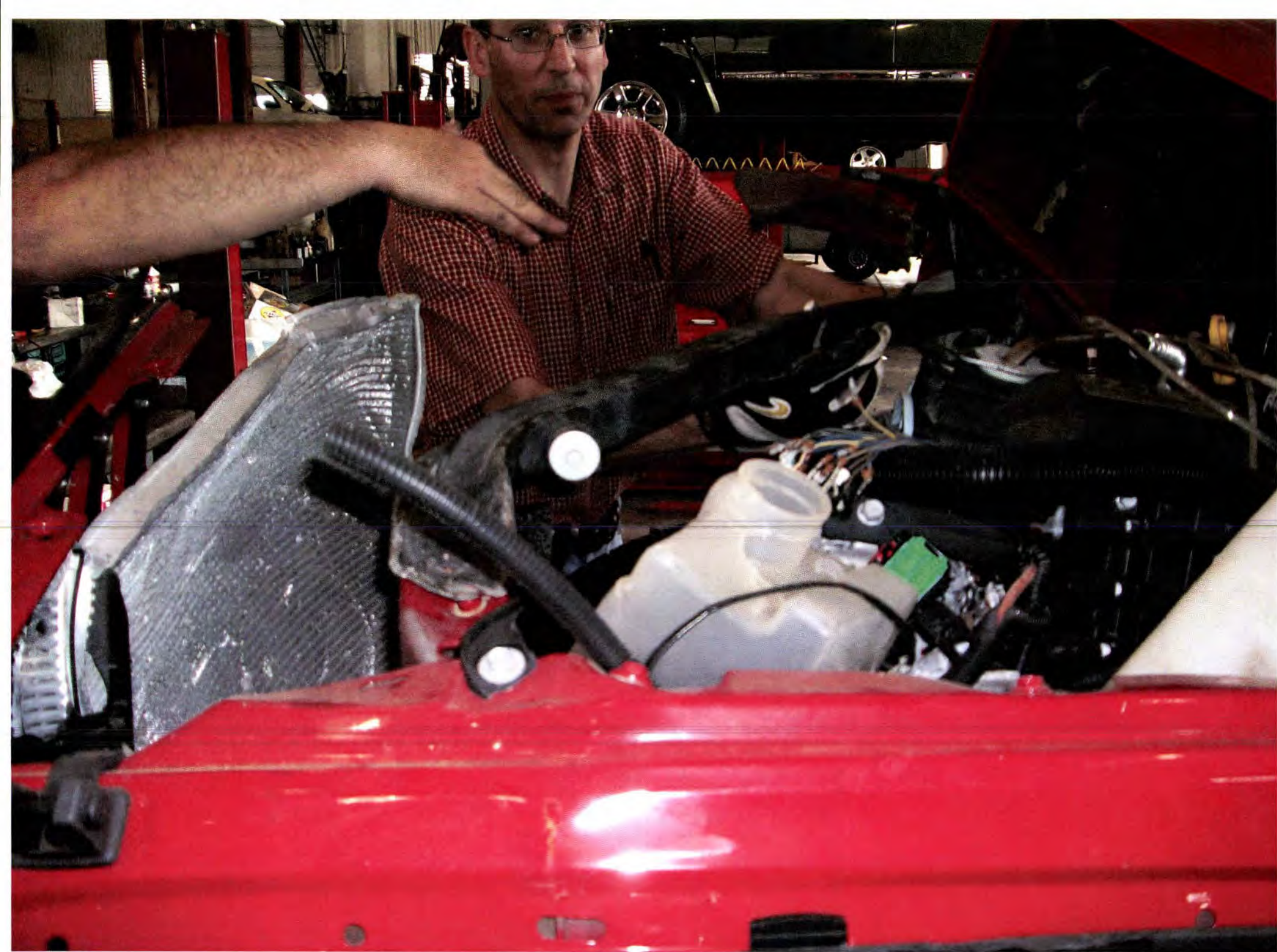




0150
Infinity Insurance - Orlando
WRANGLER/UNLIMI
2008 JEEP
Loss Type: Collision VIC NO.
743 - Orlando-North
Dispatch: 08/27/2008

COVA
UNLIMI 8007









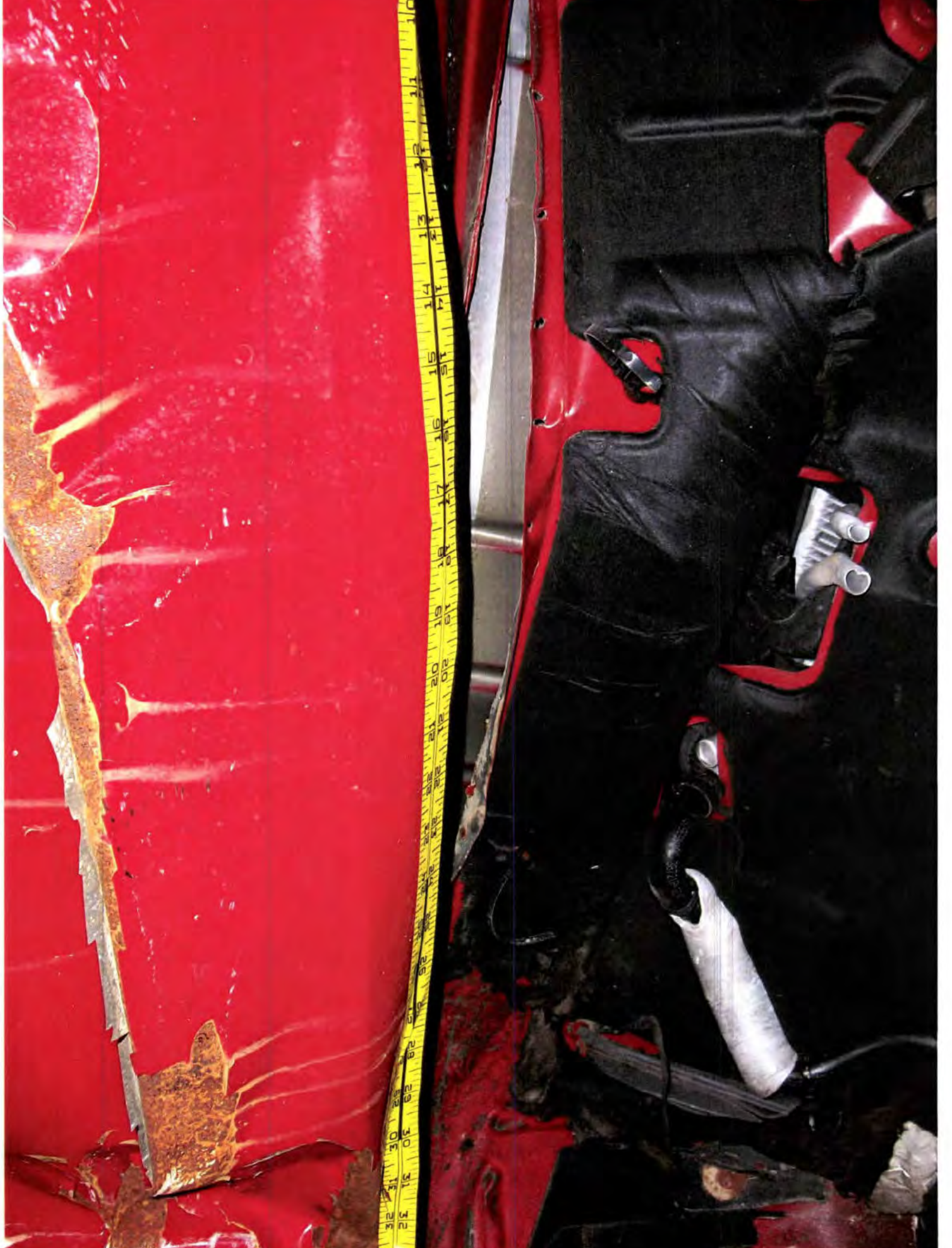


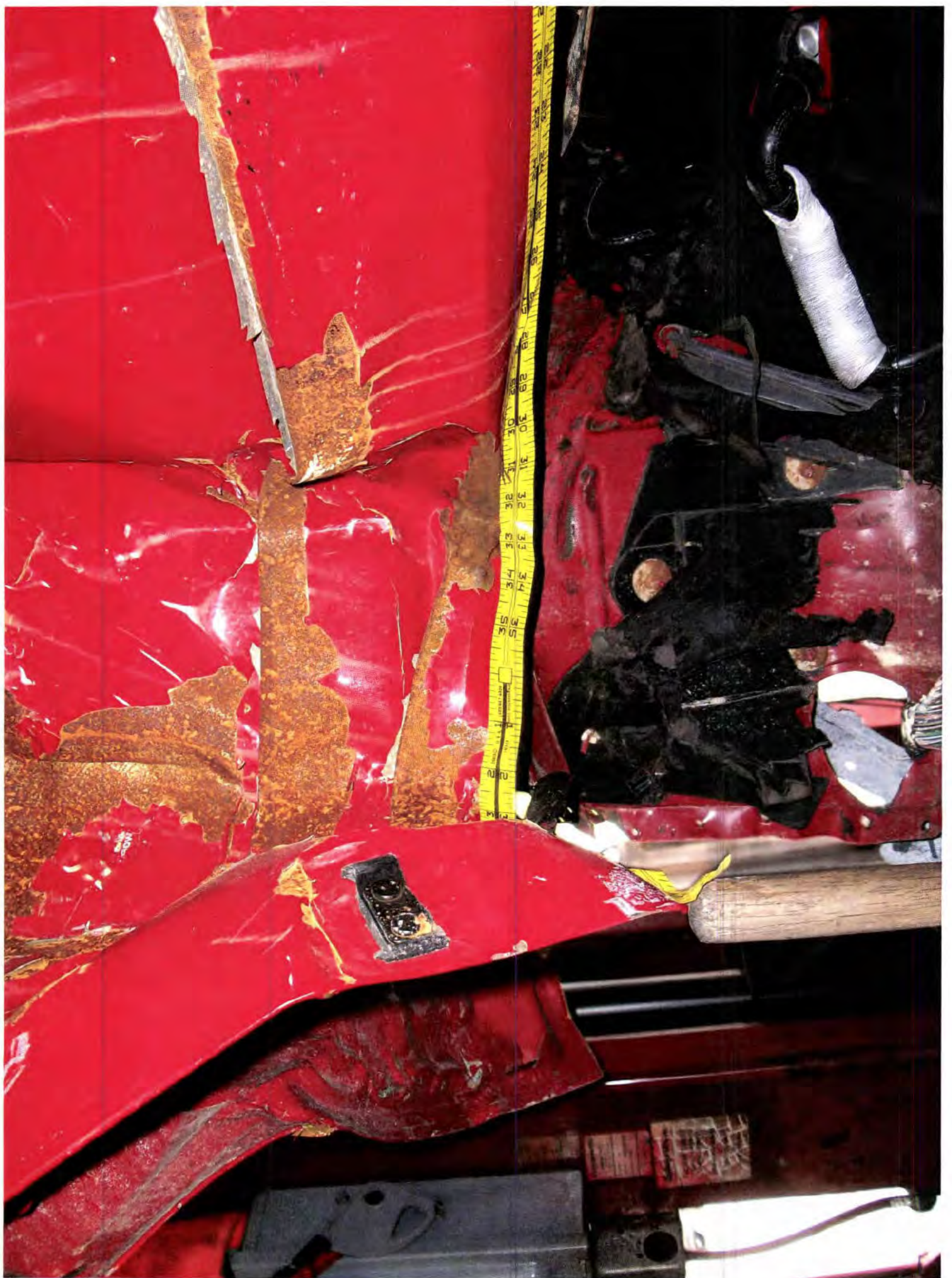




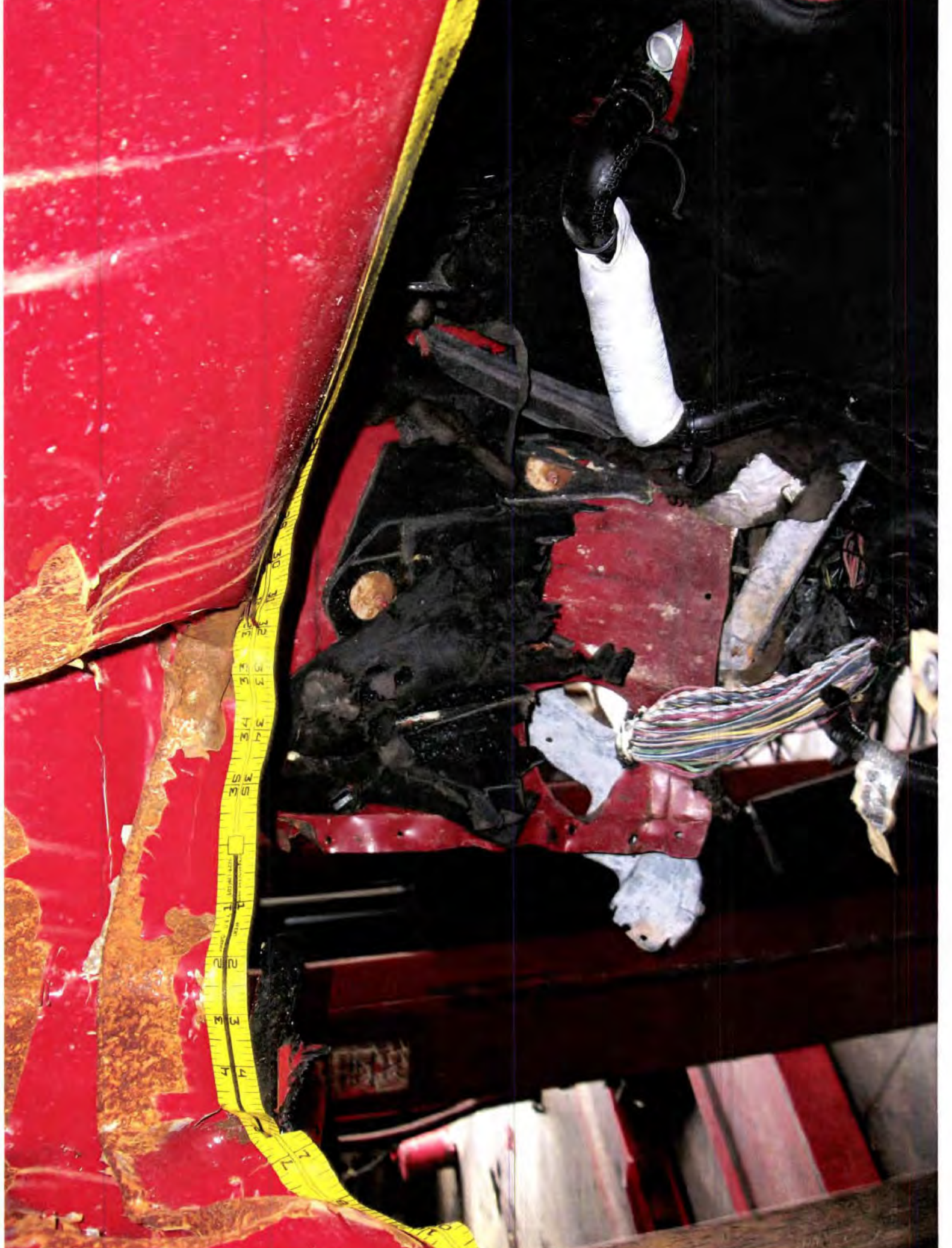


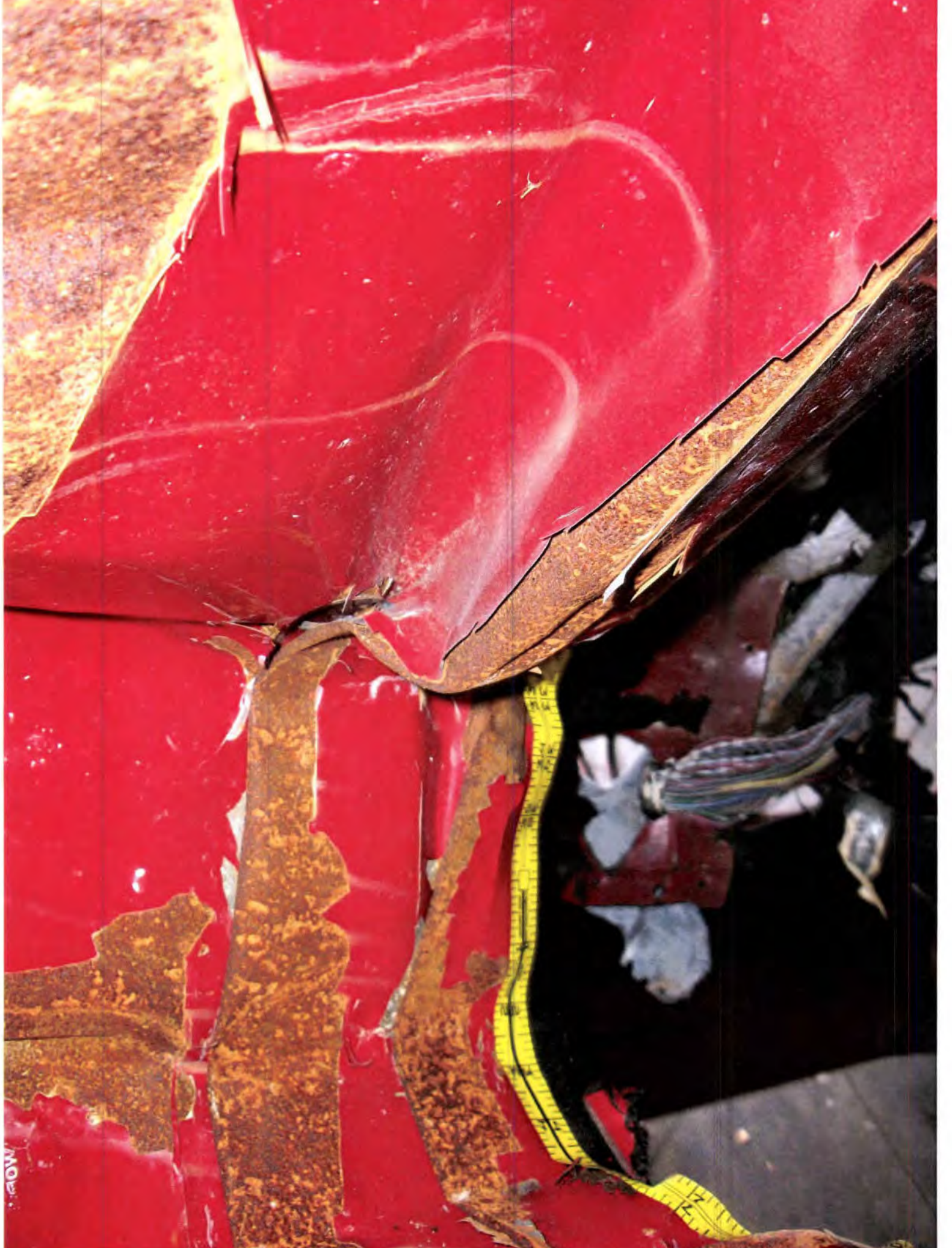








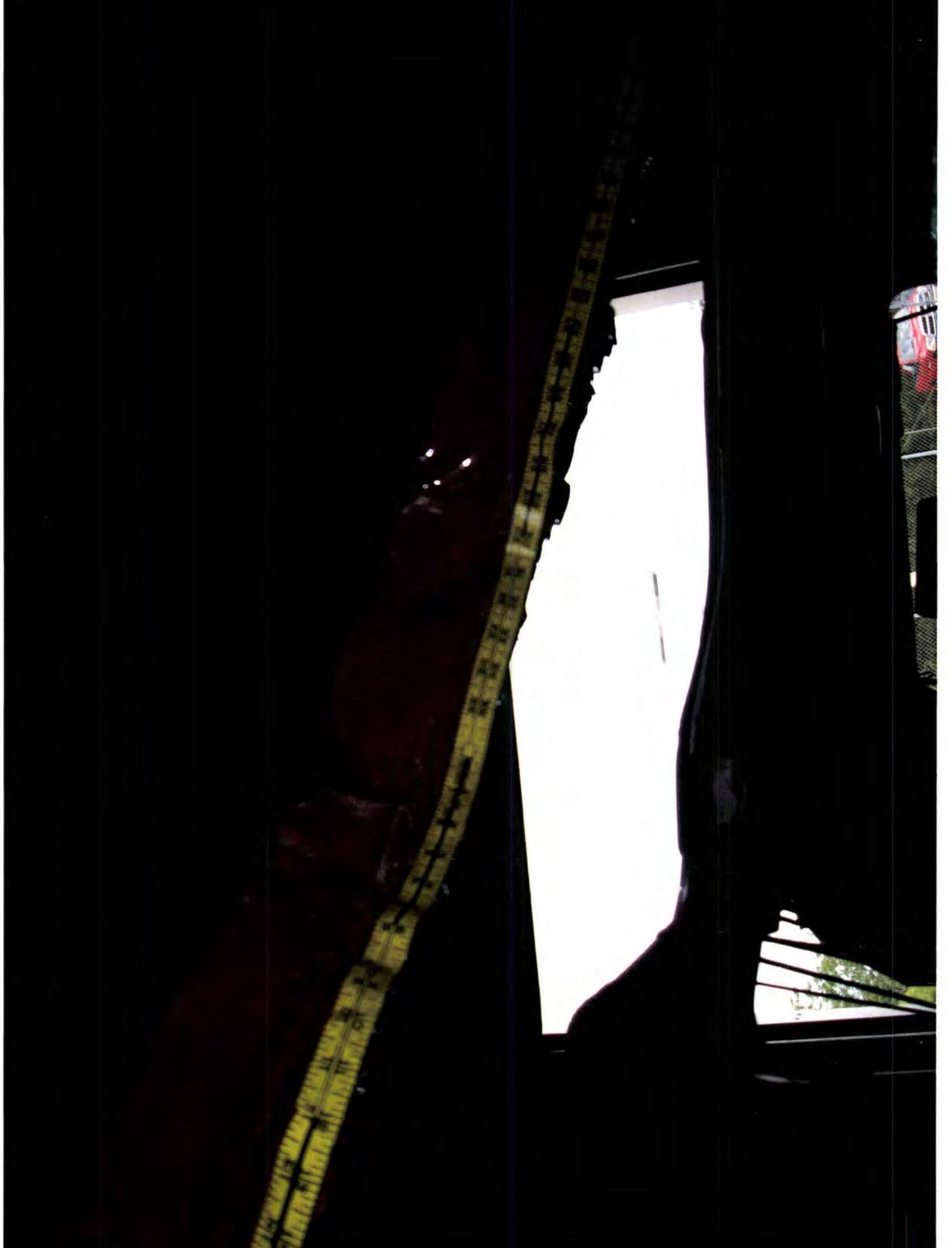




MOB.

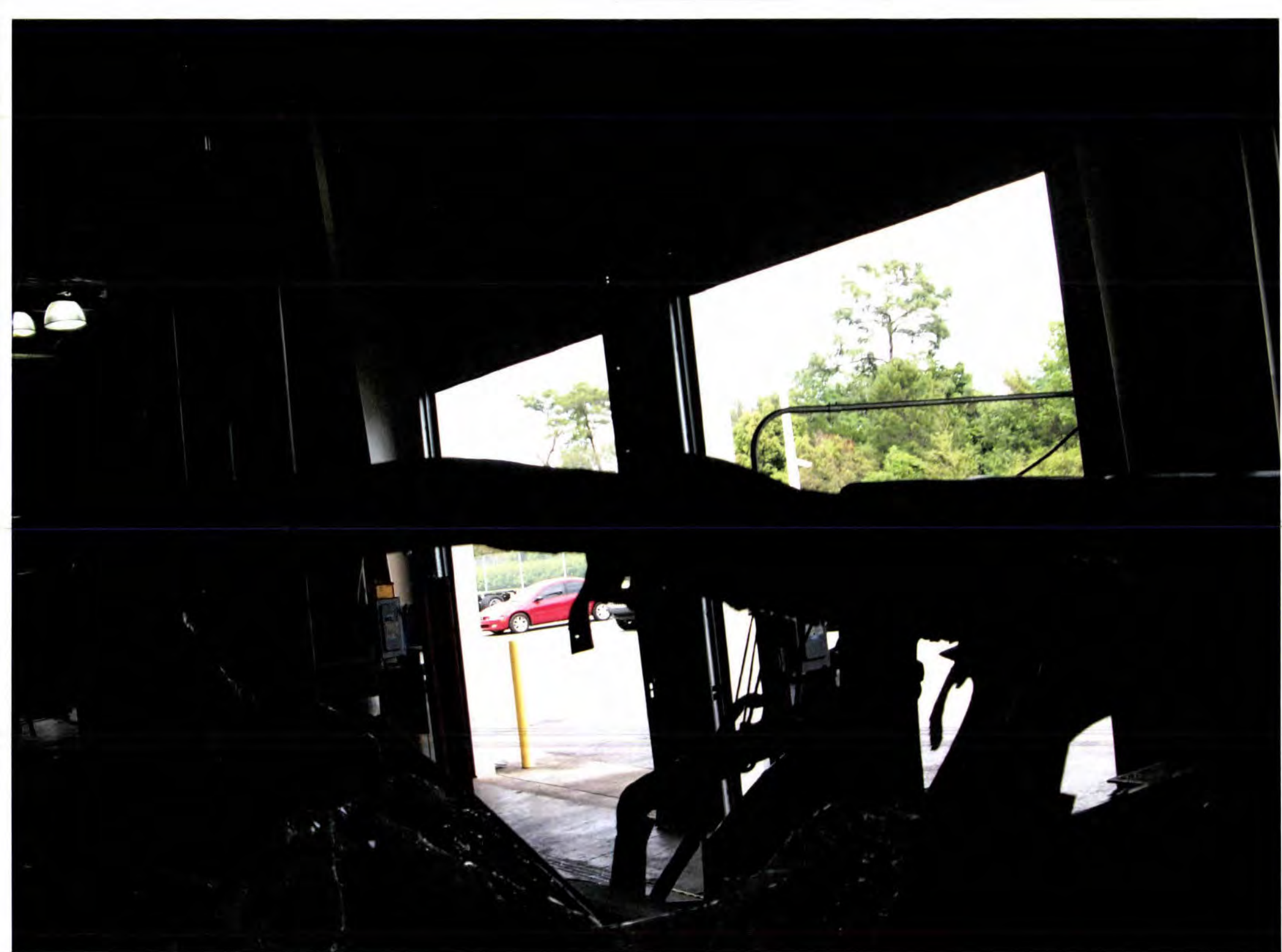






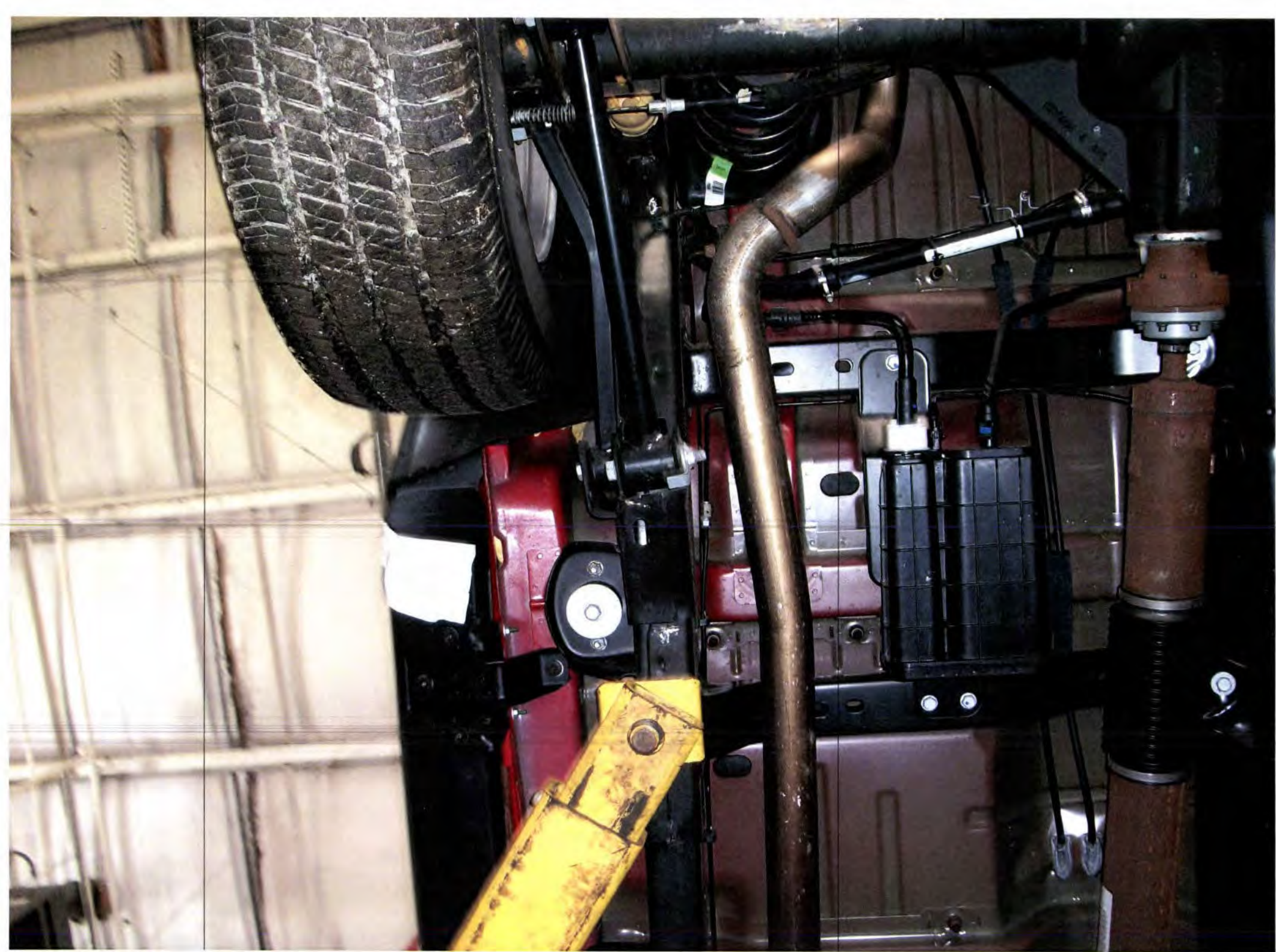


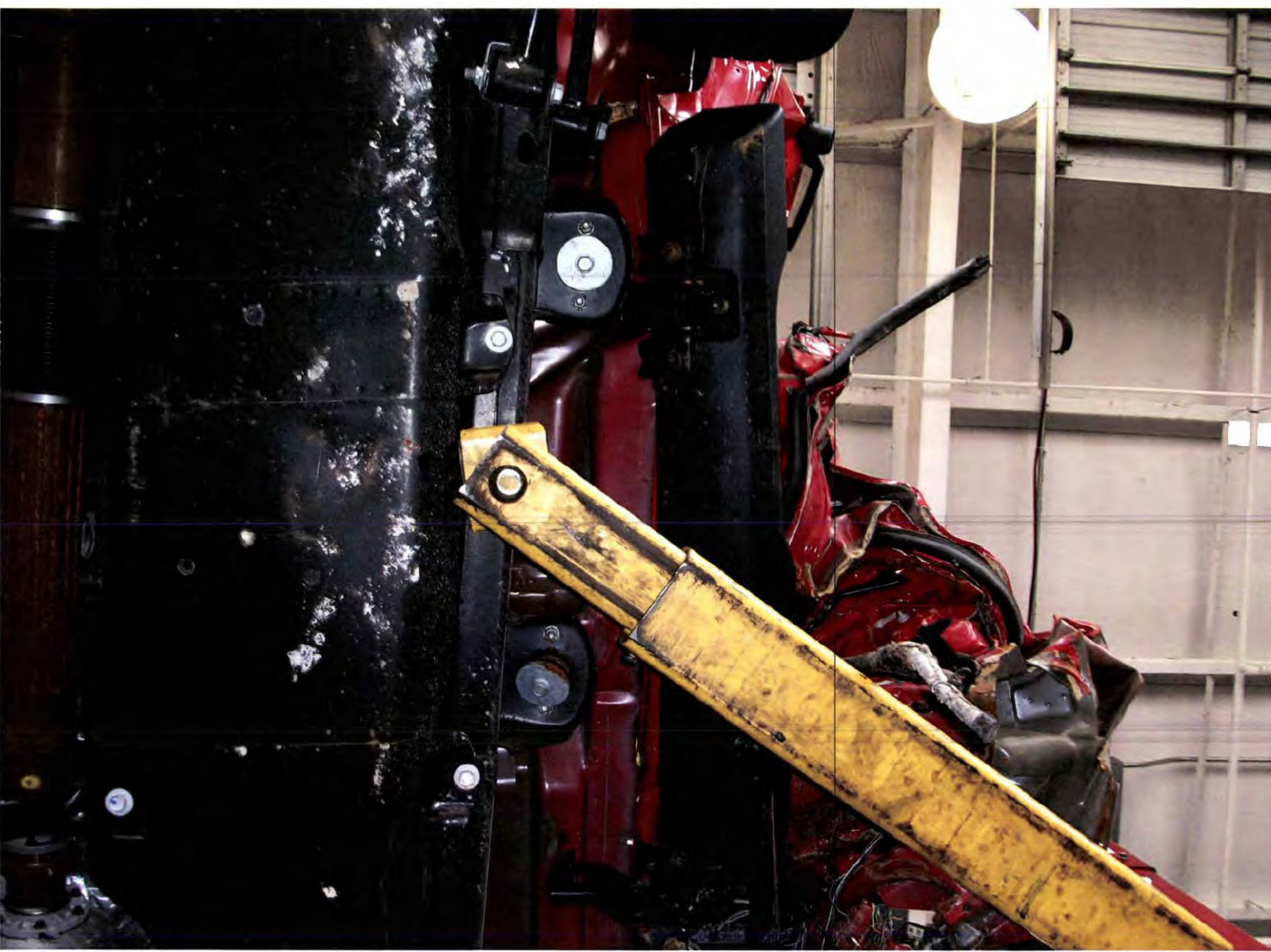




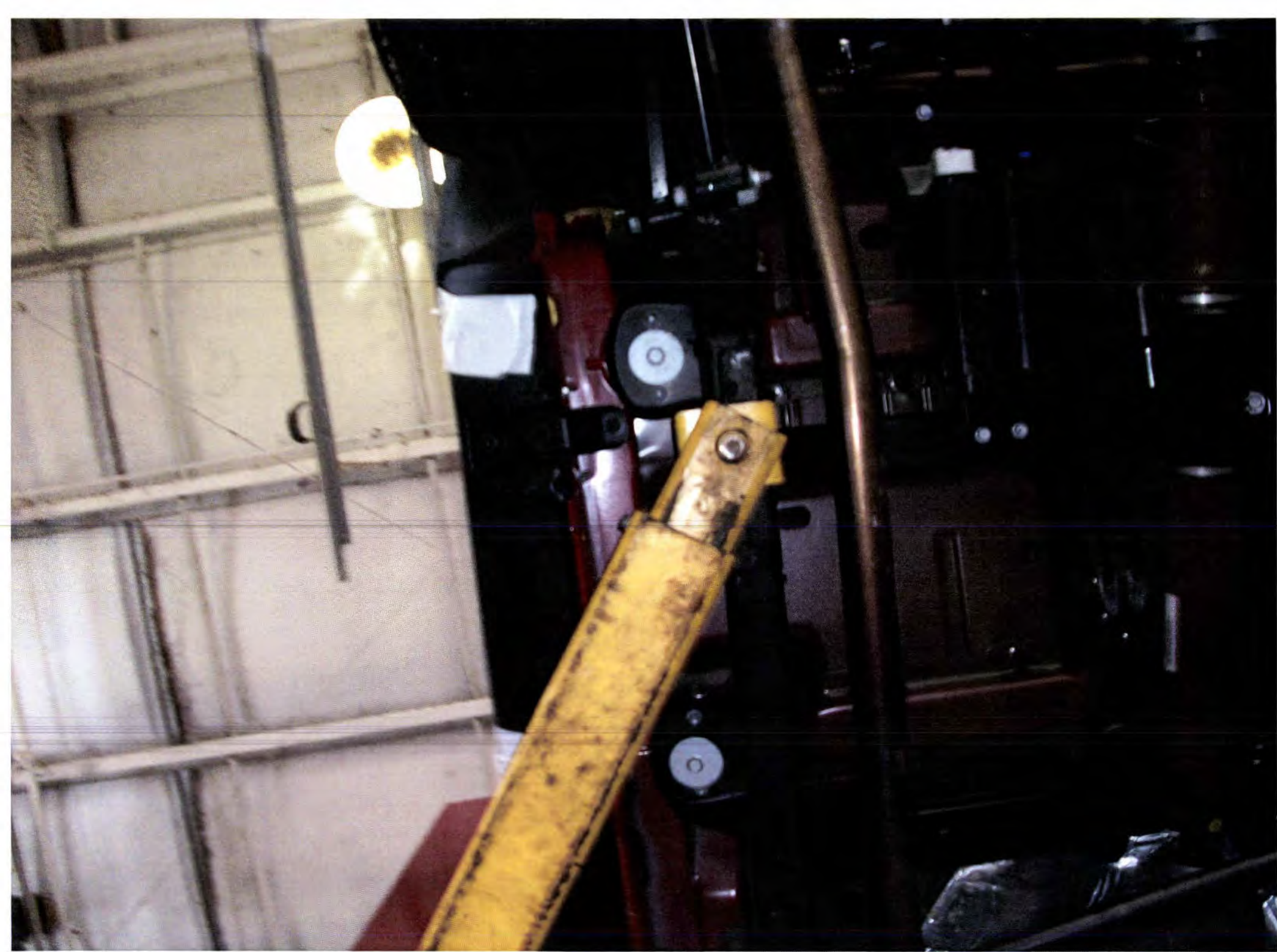




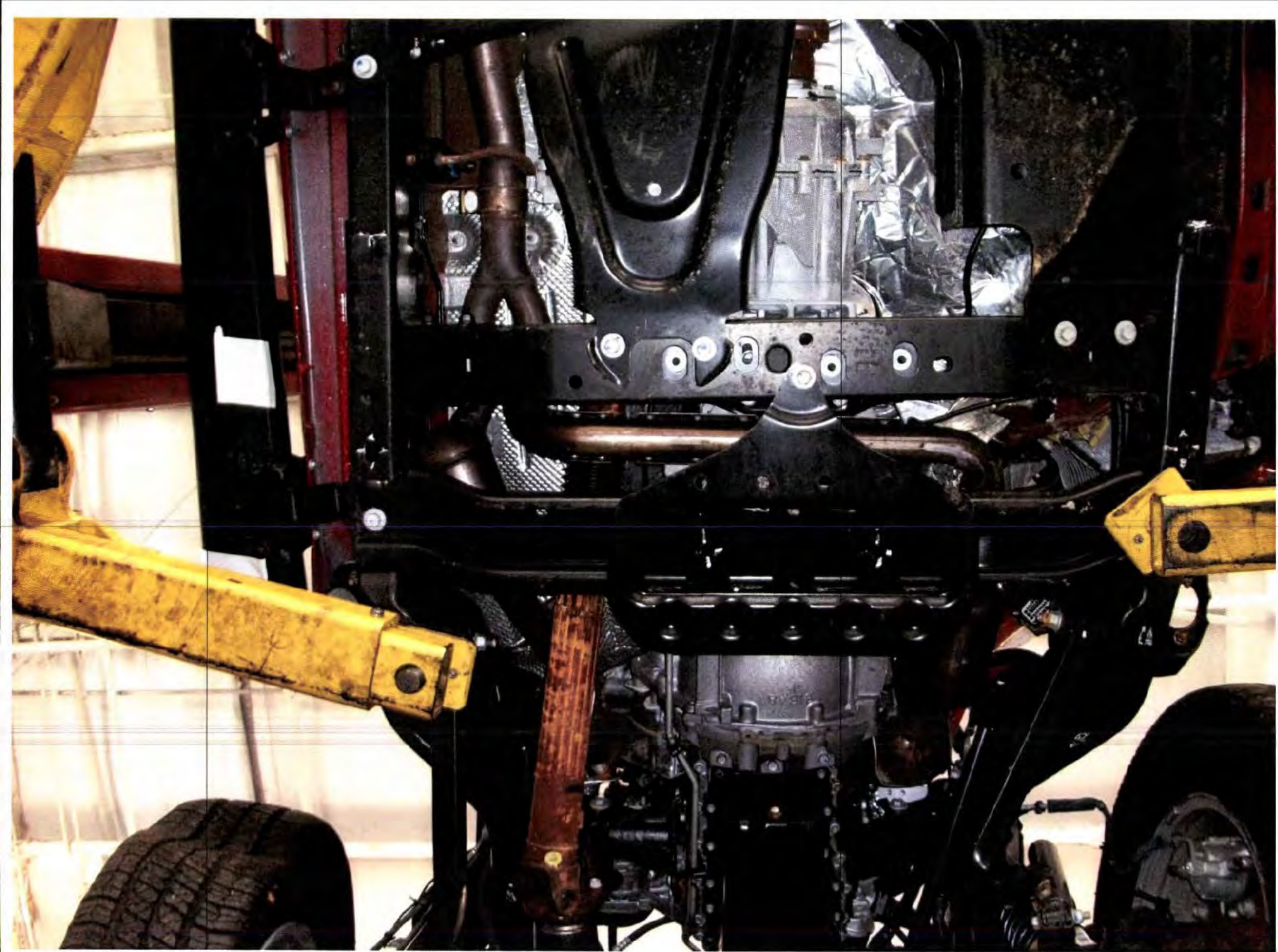


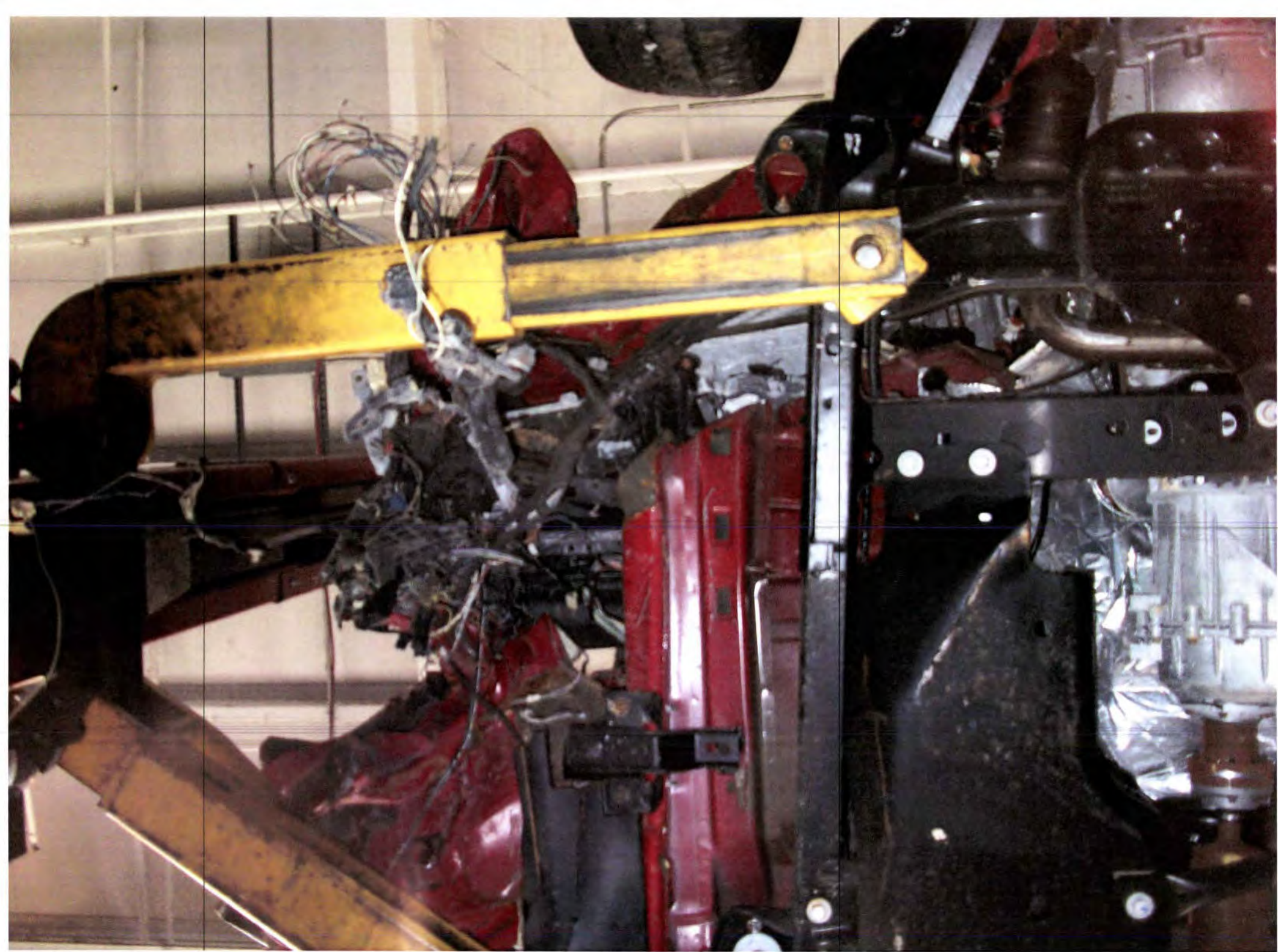




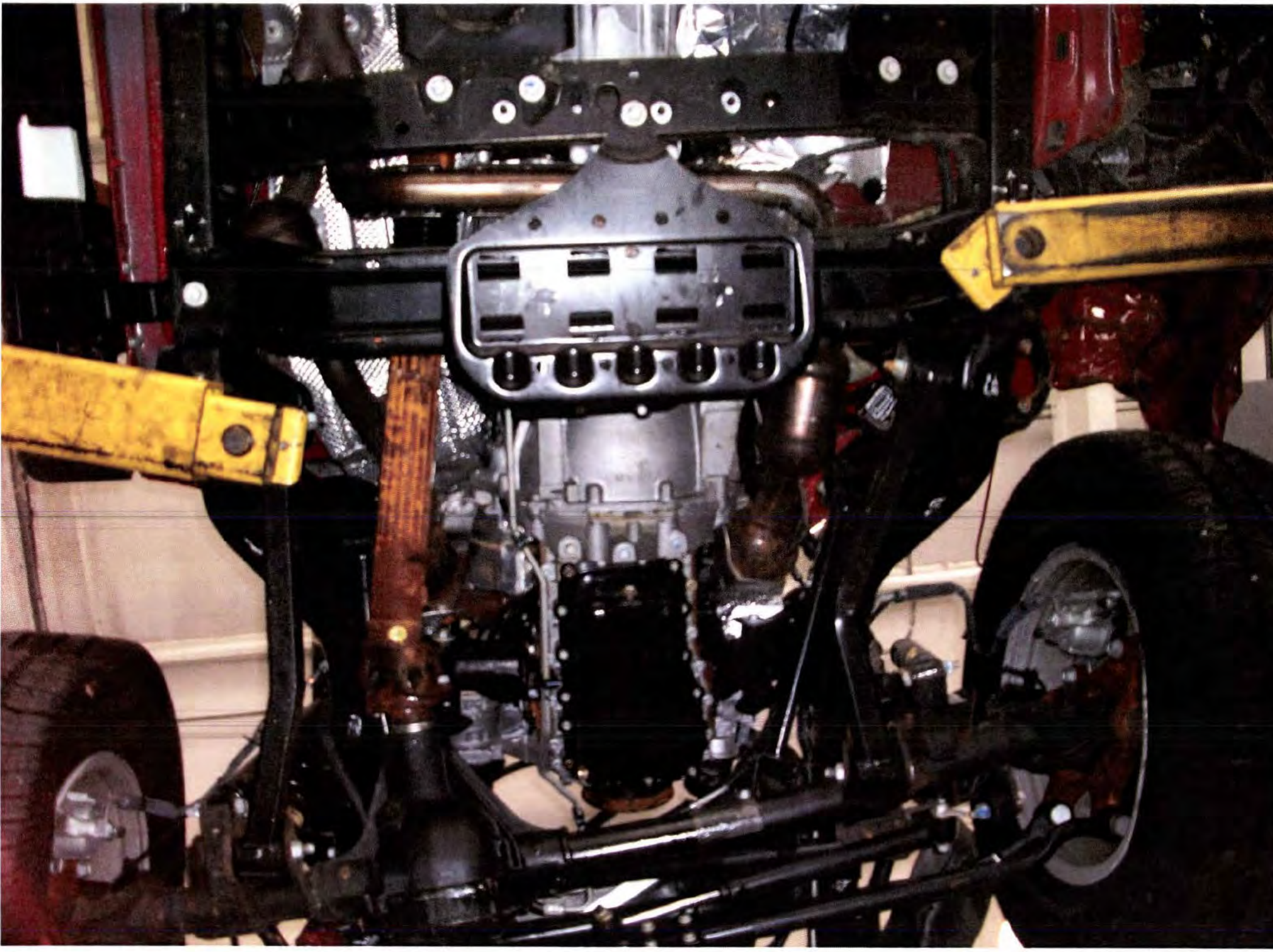


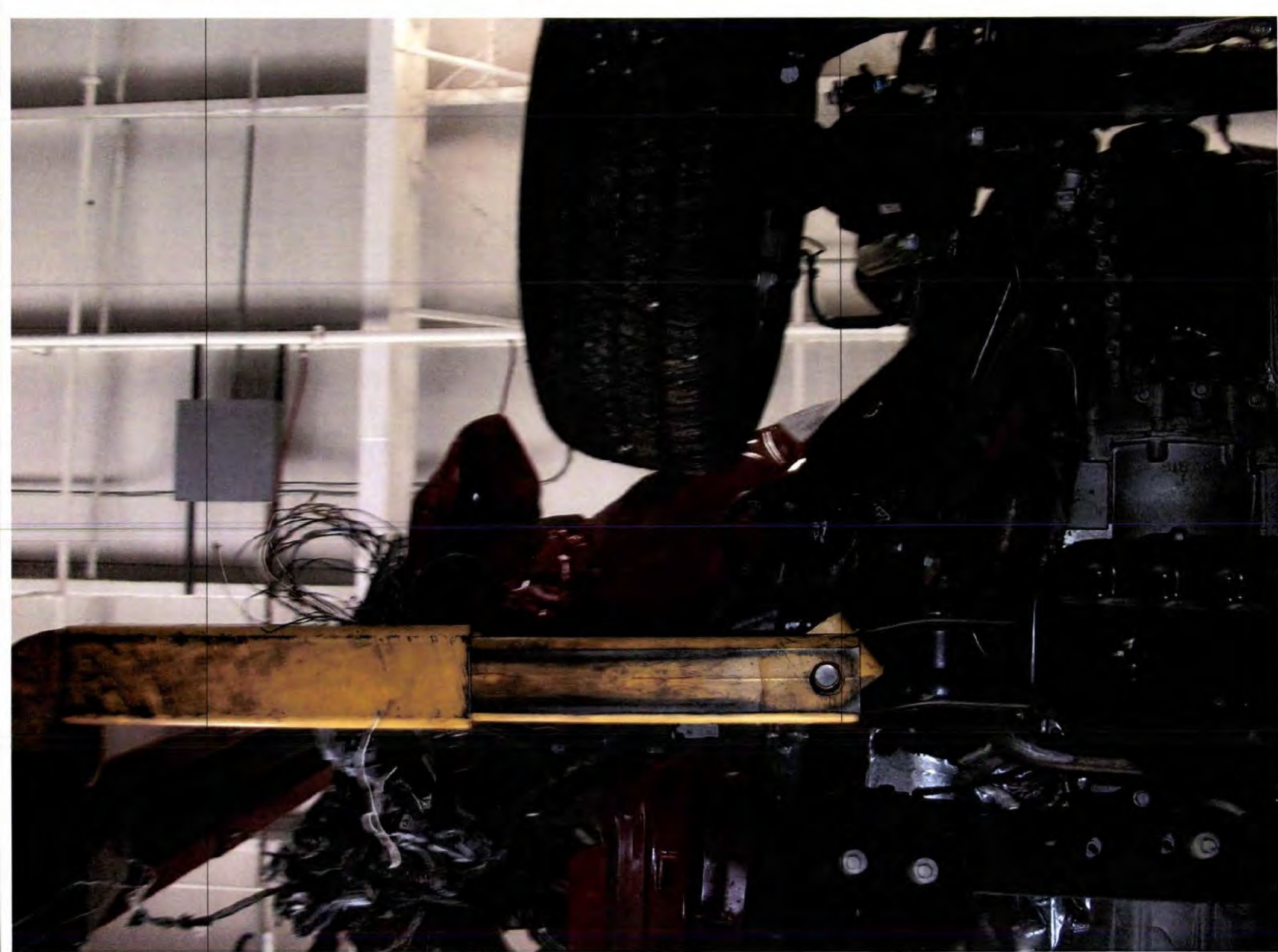


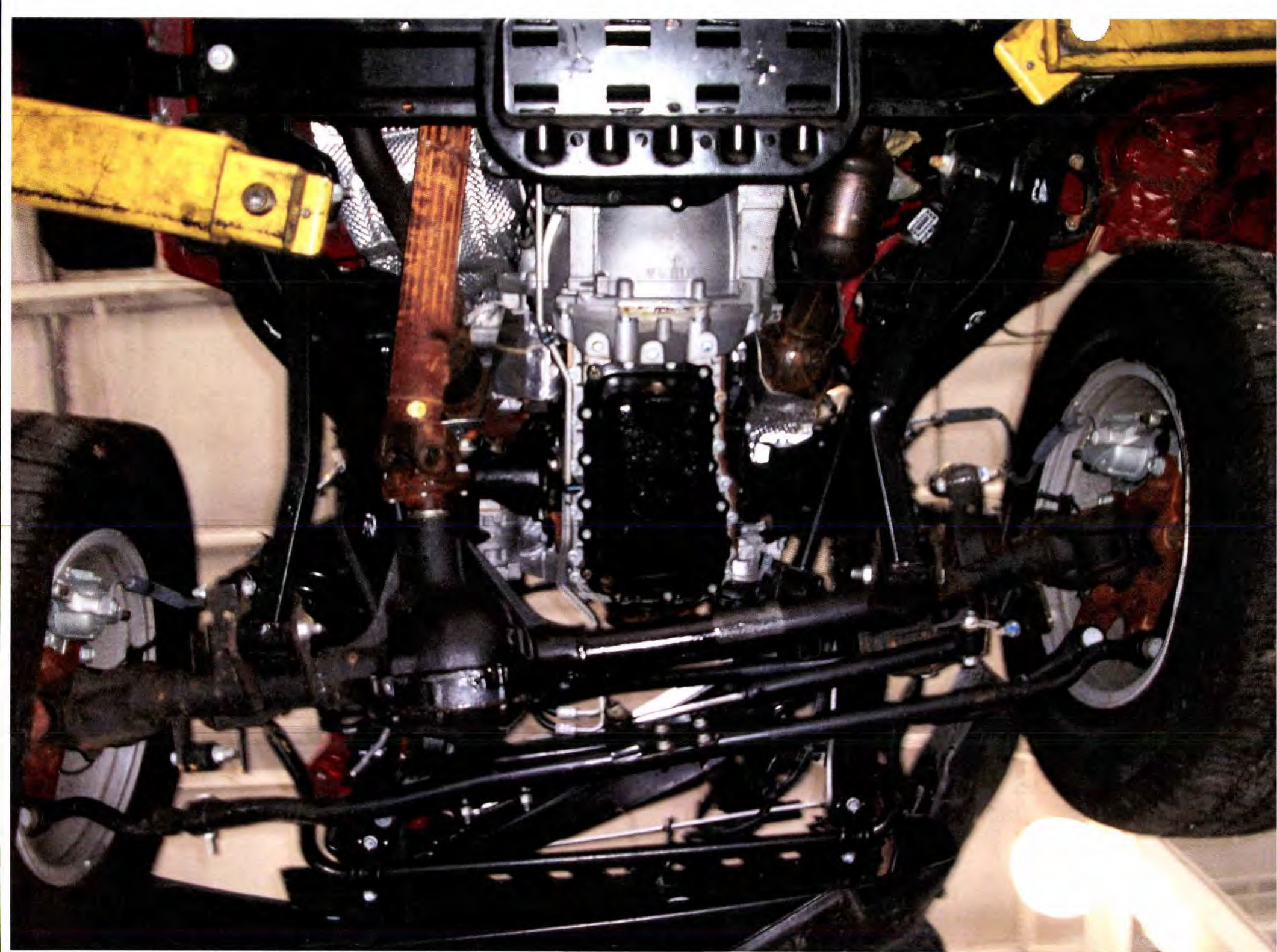




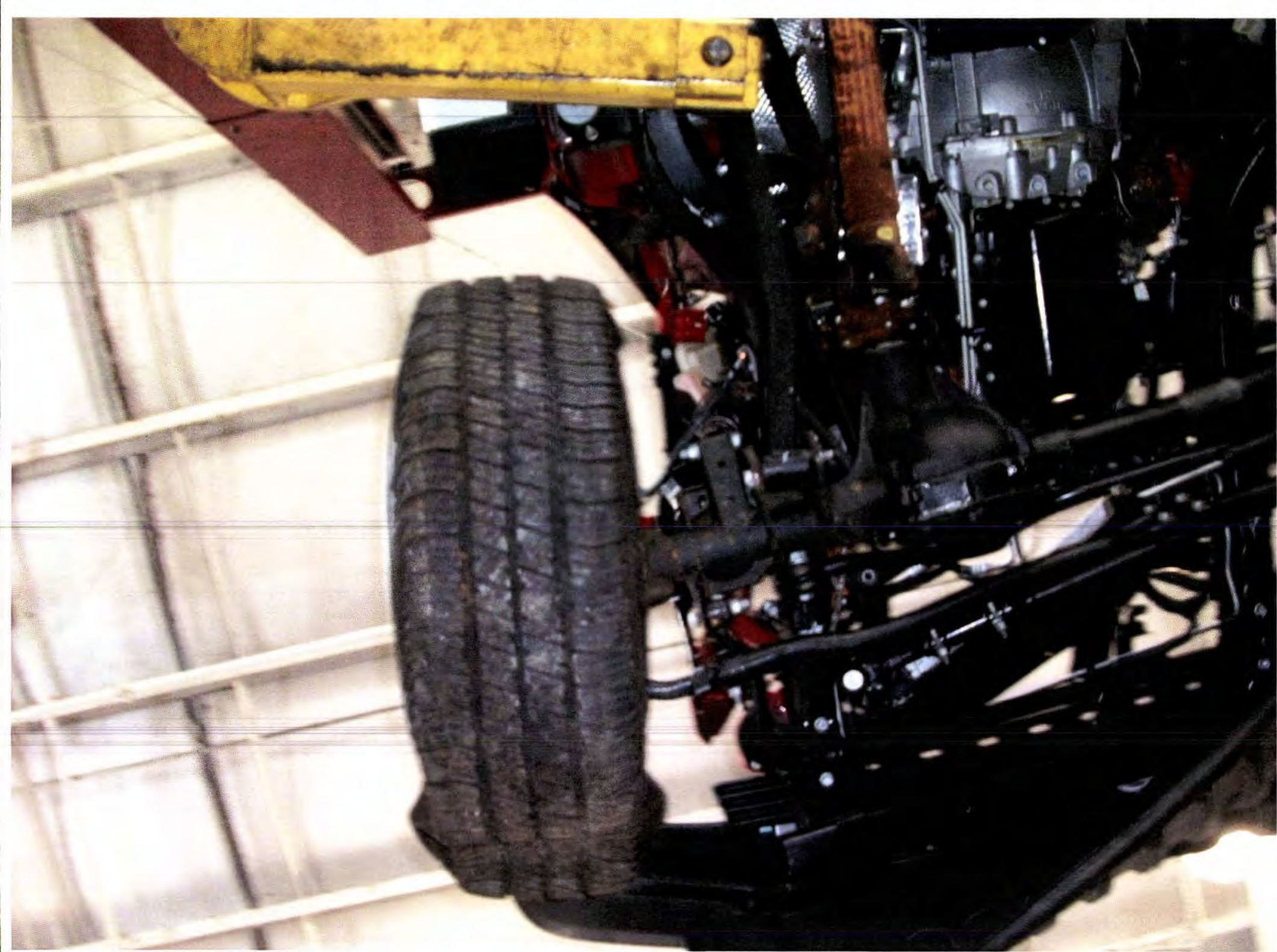




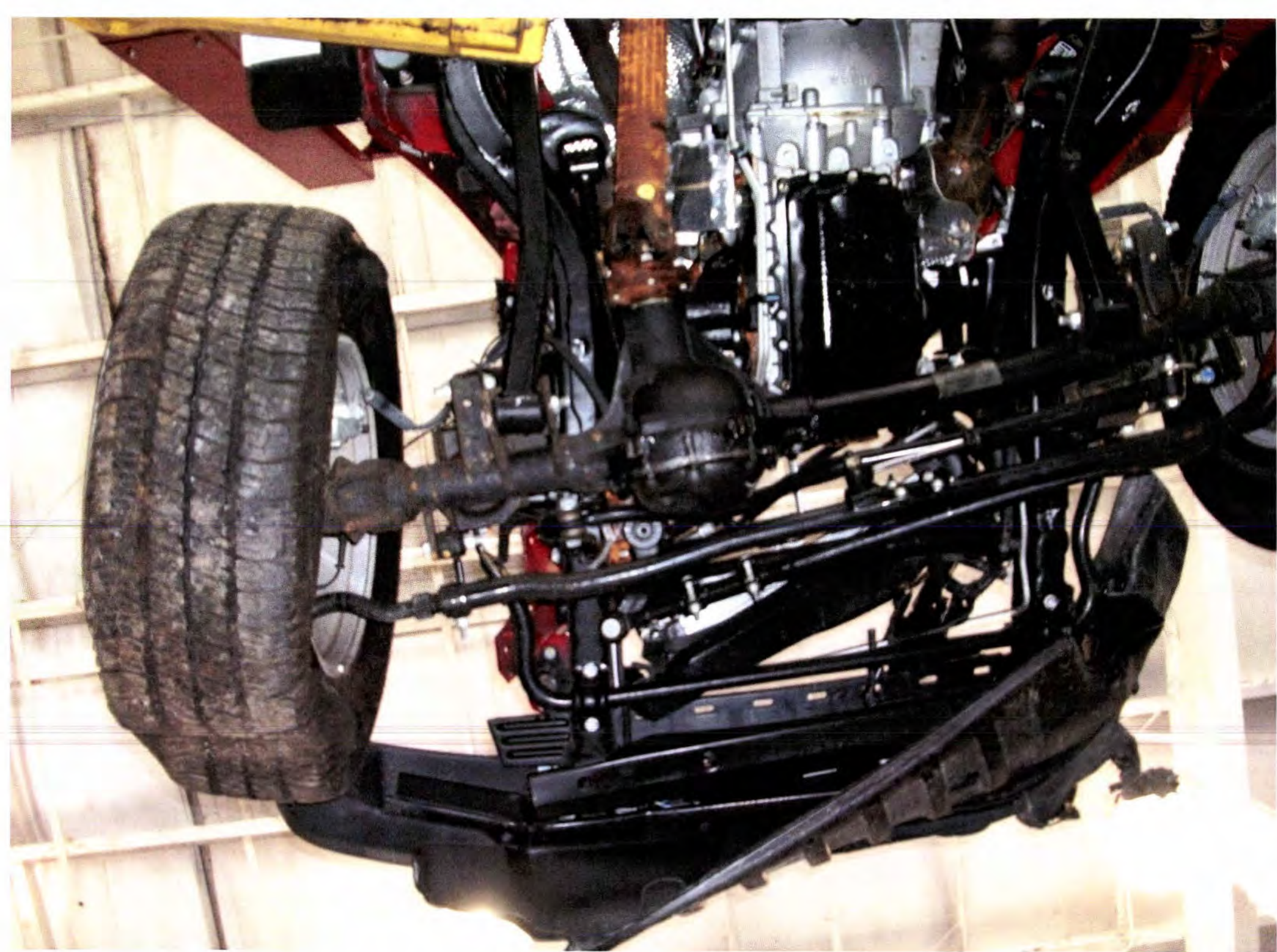


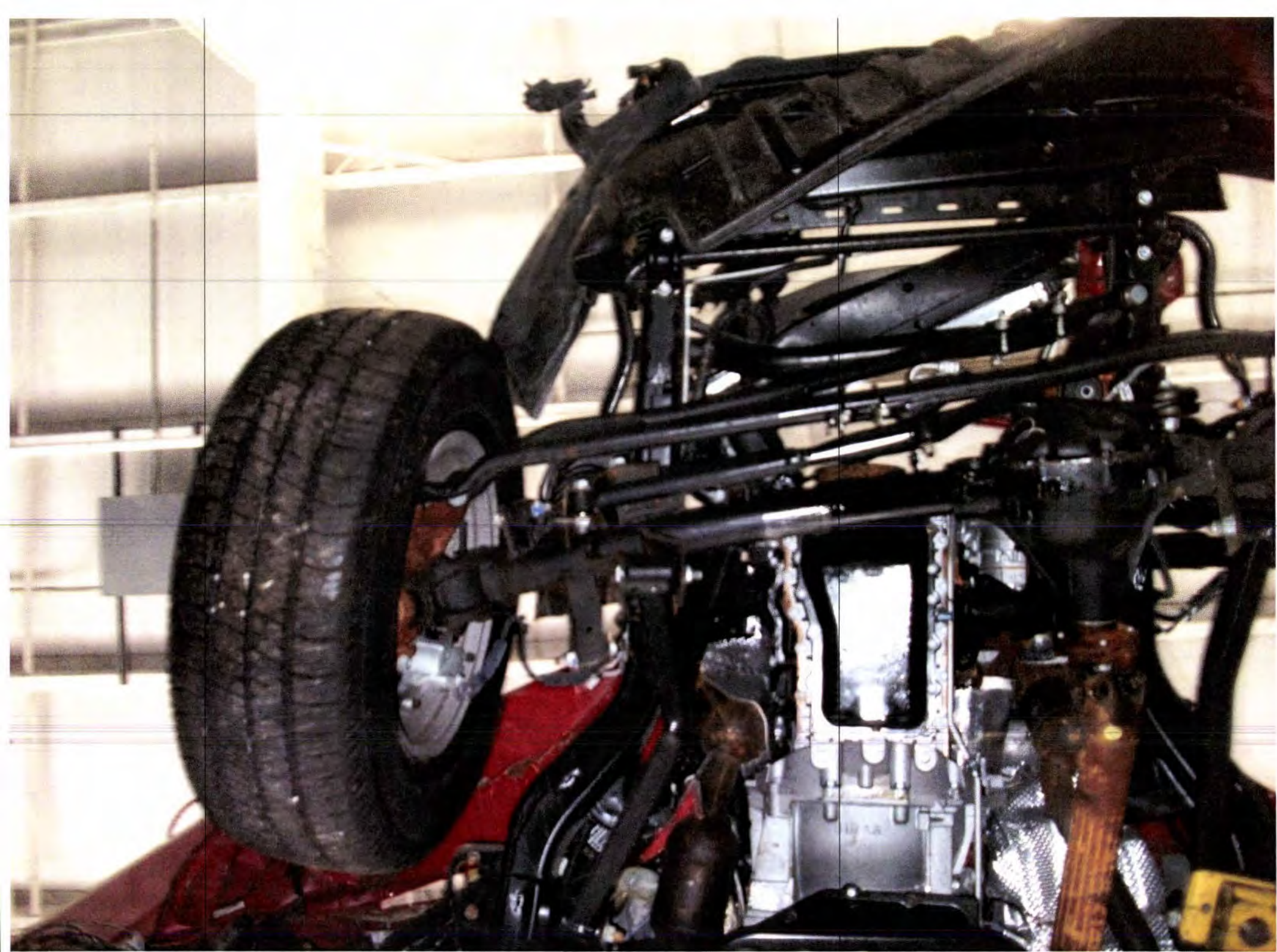


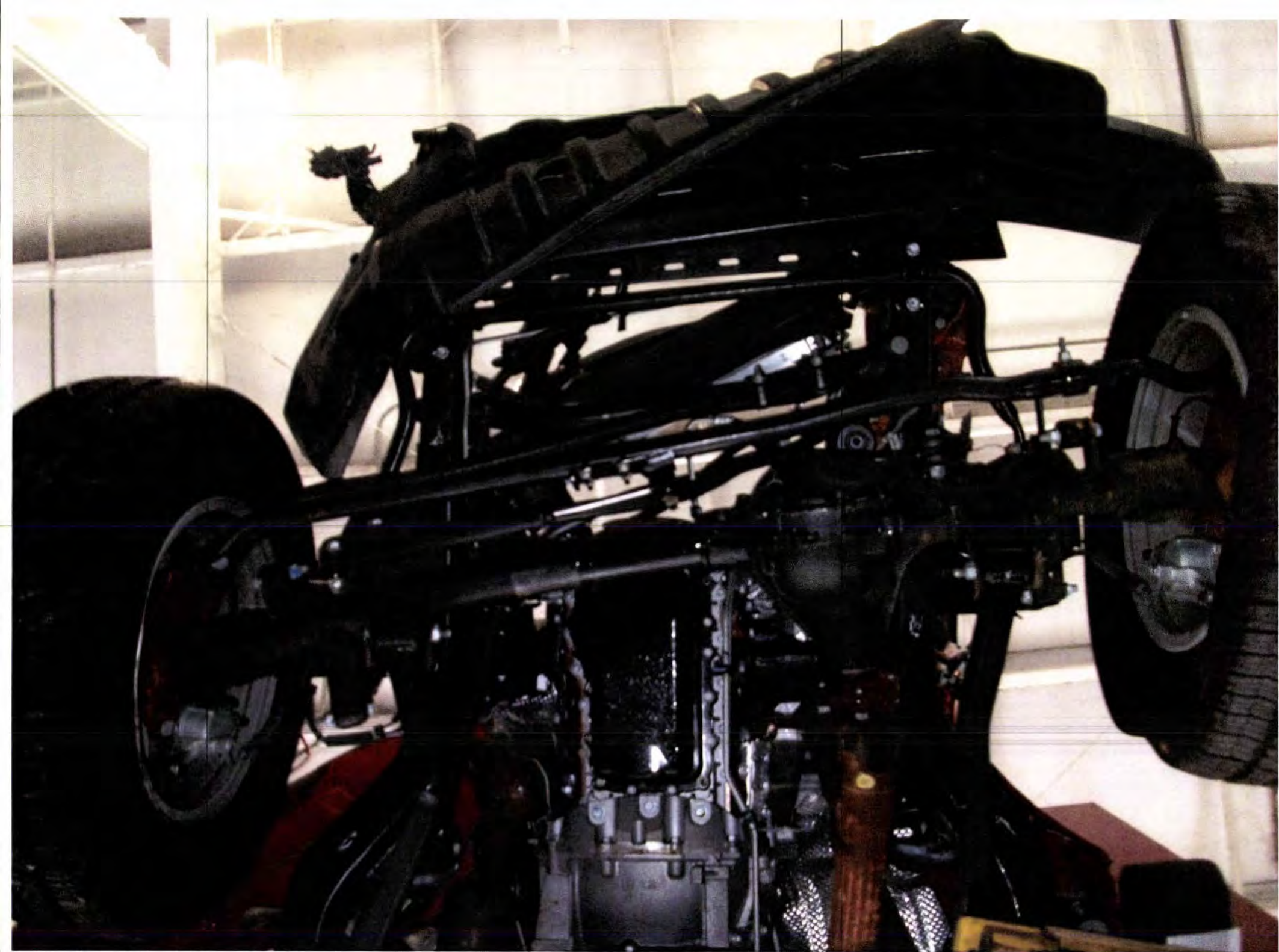


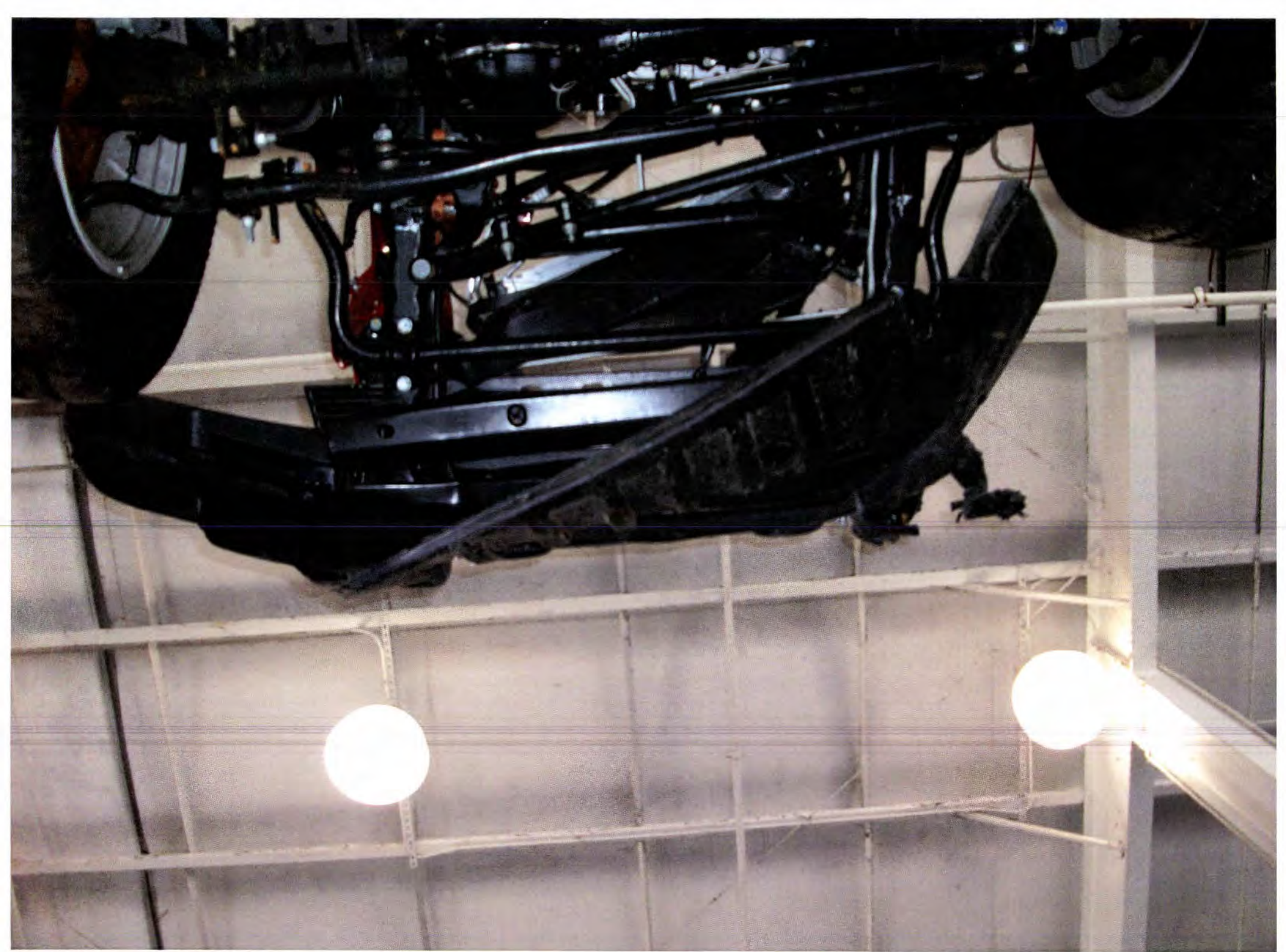


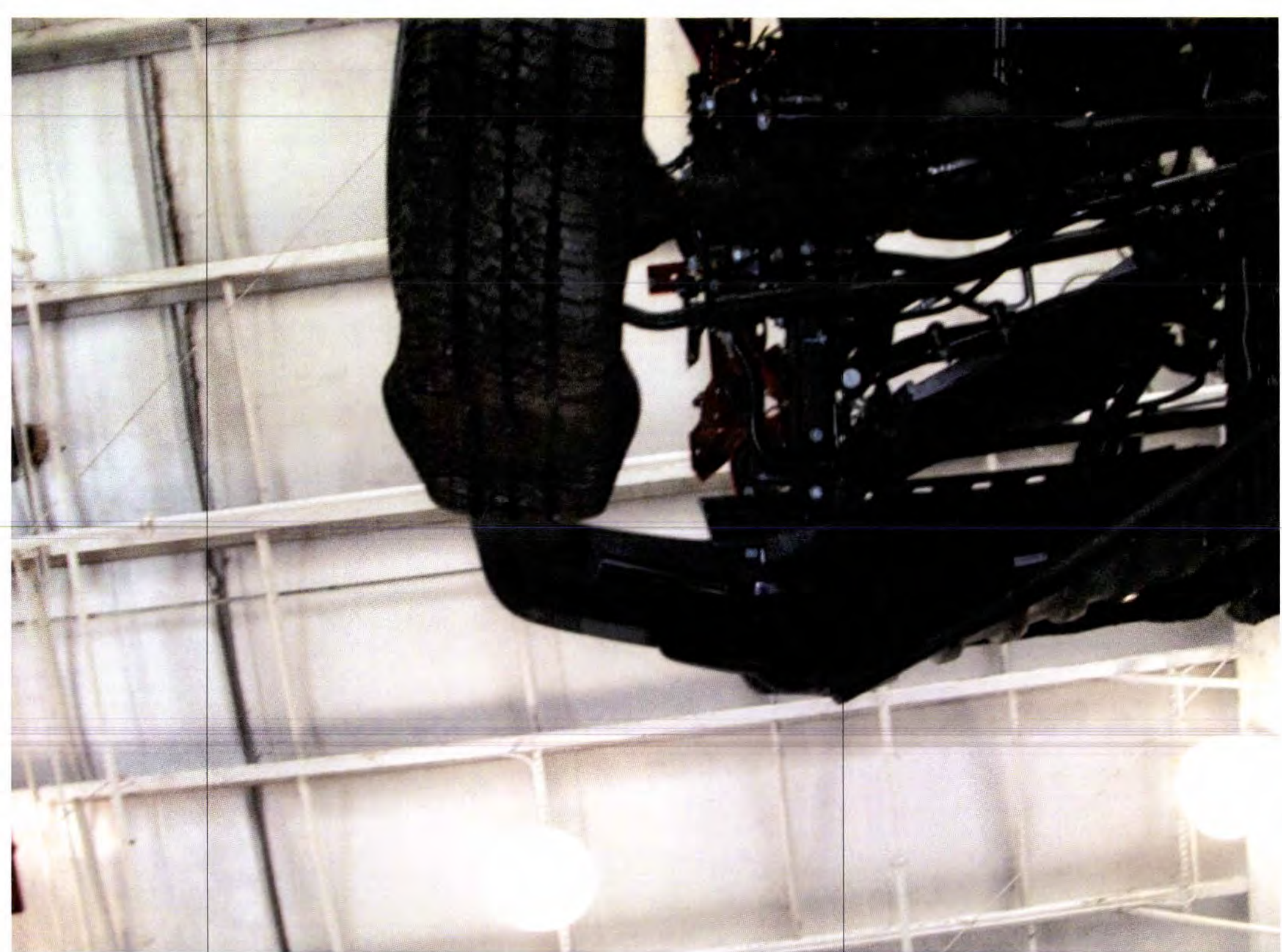


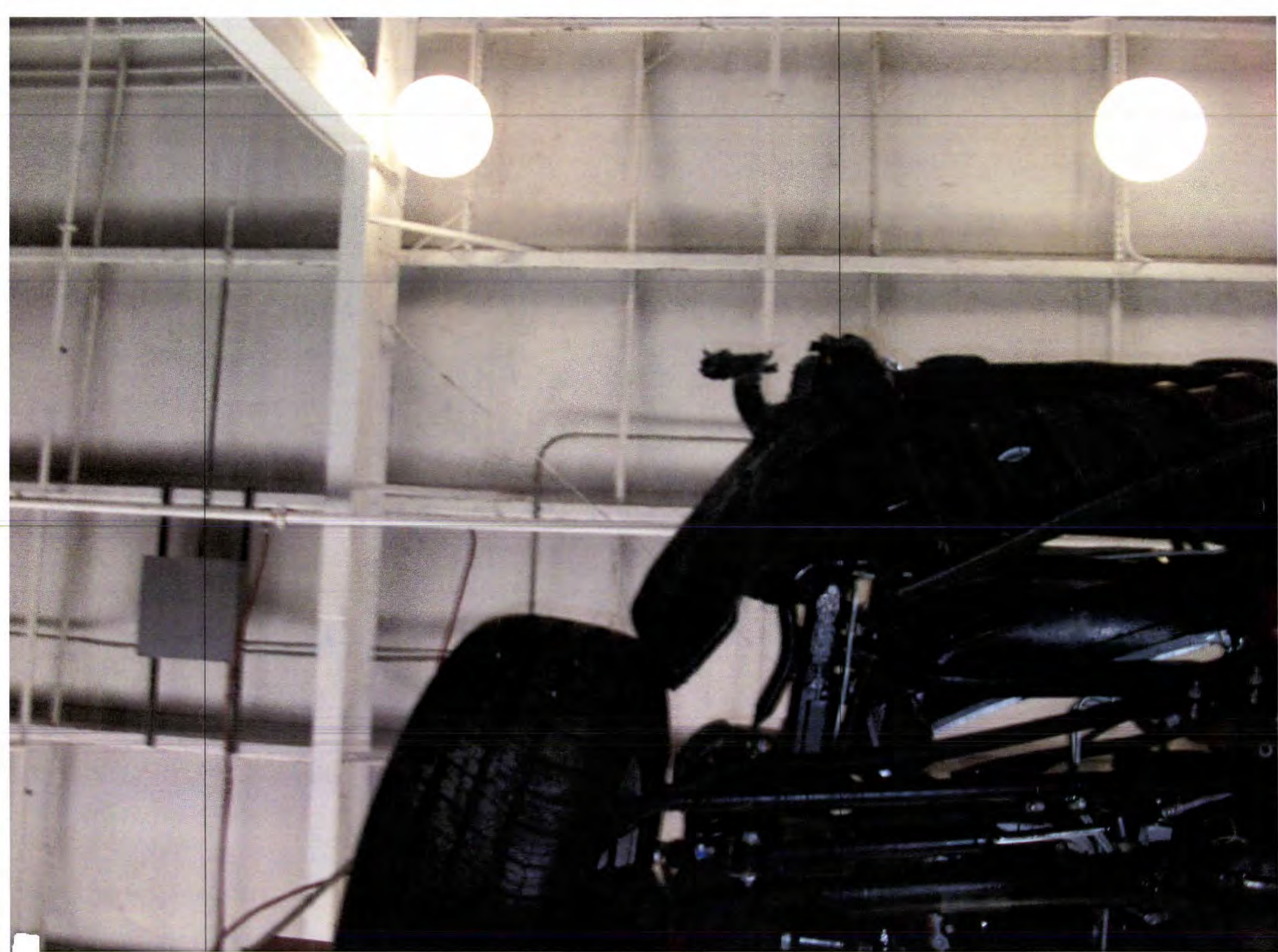


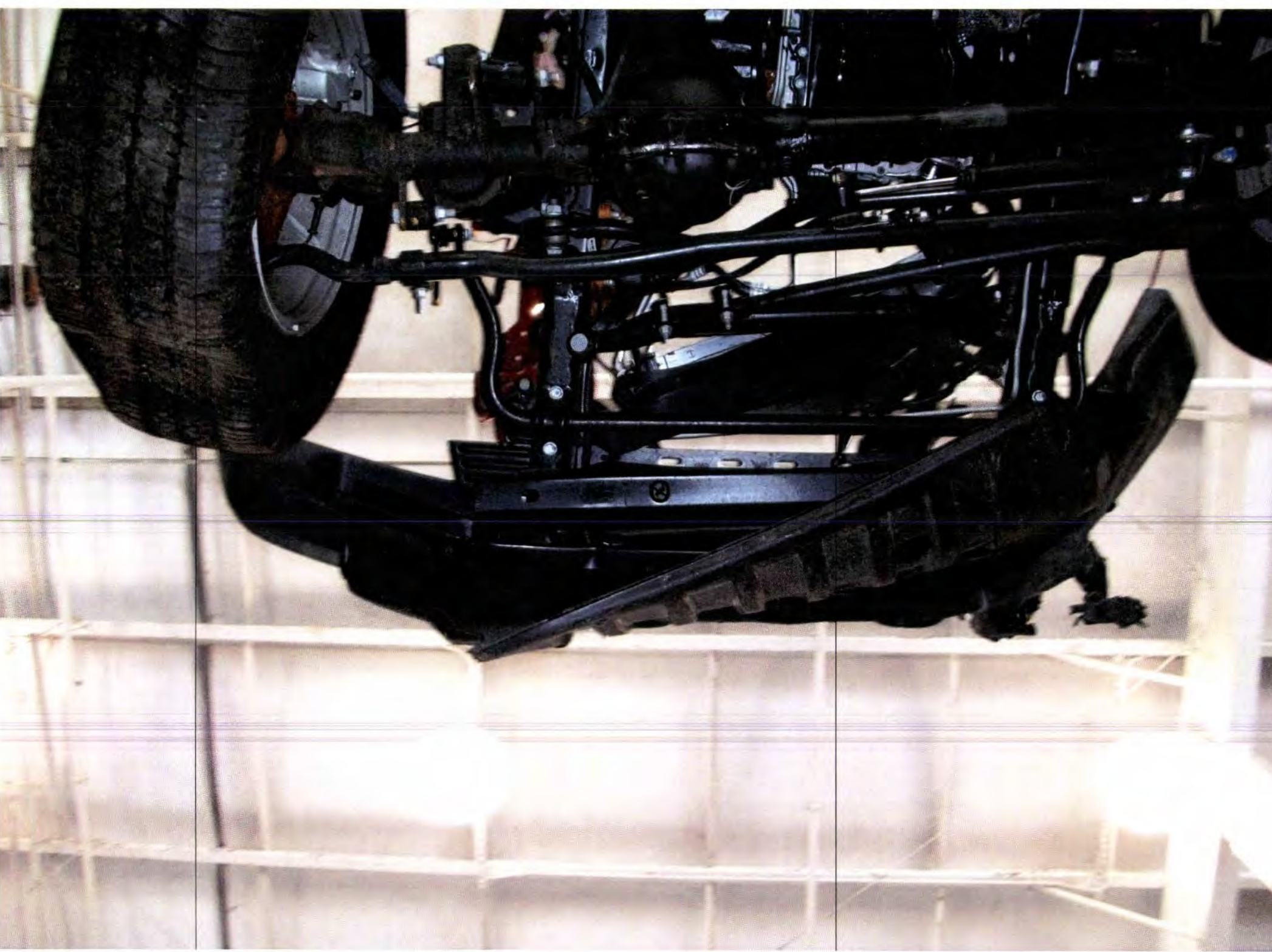


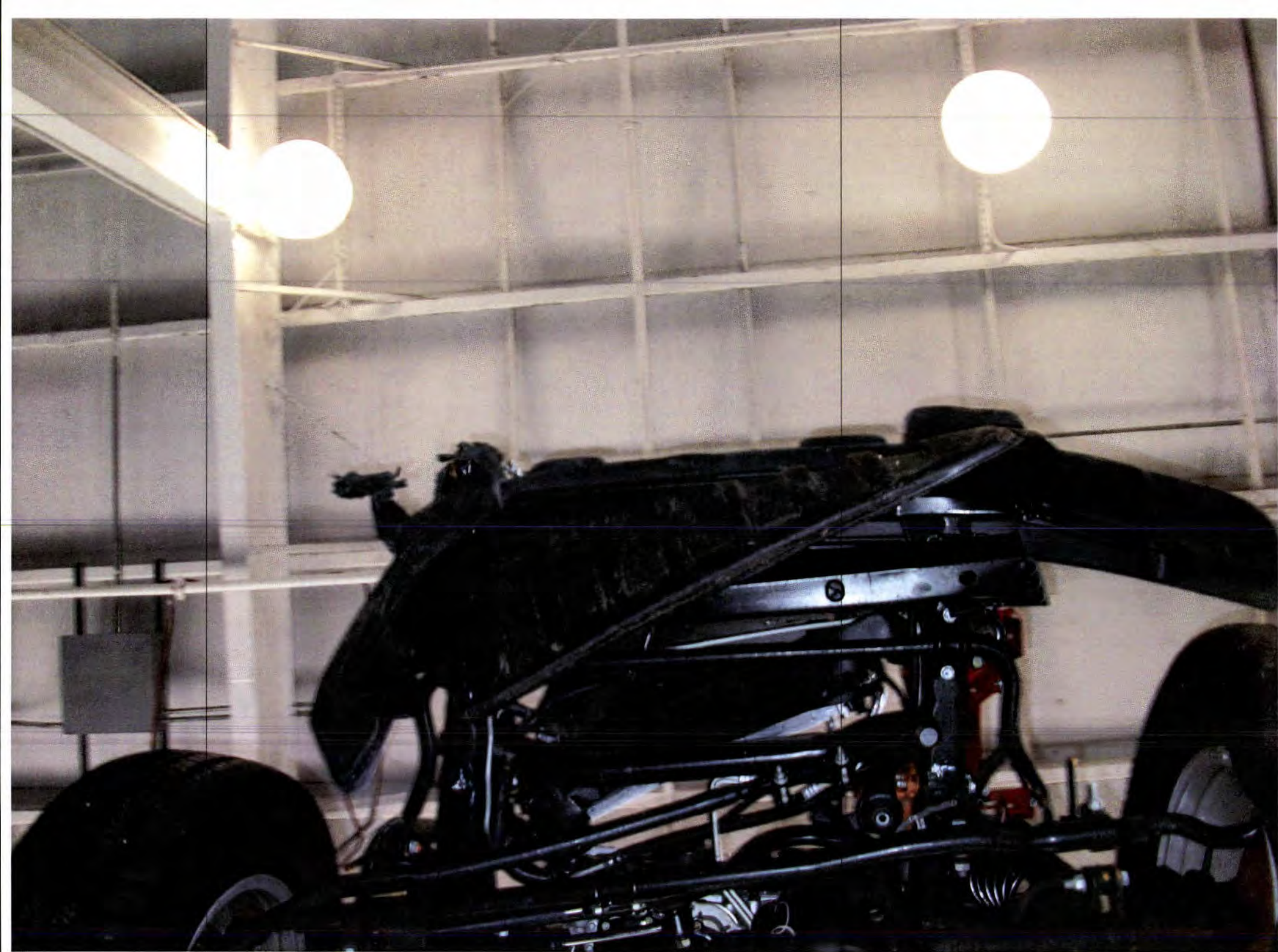






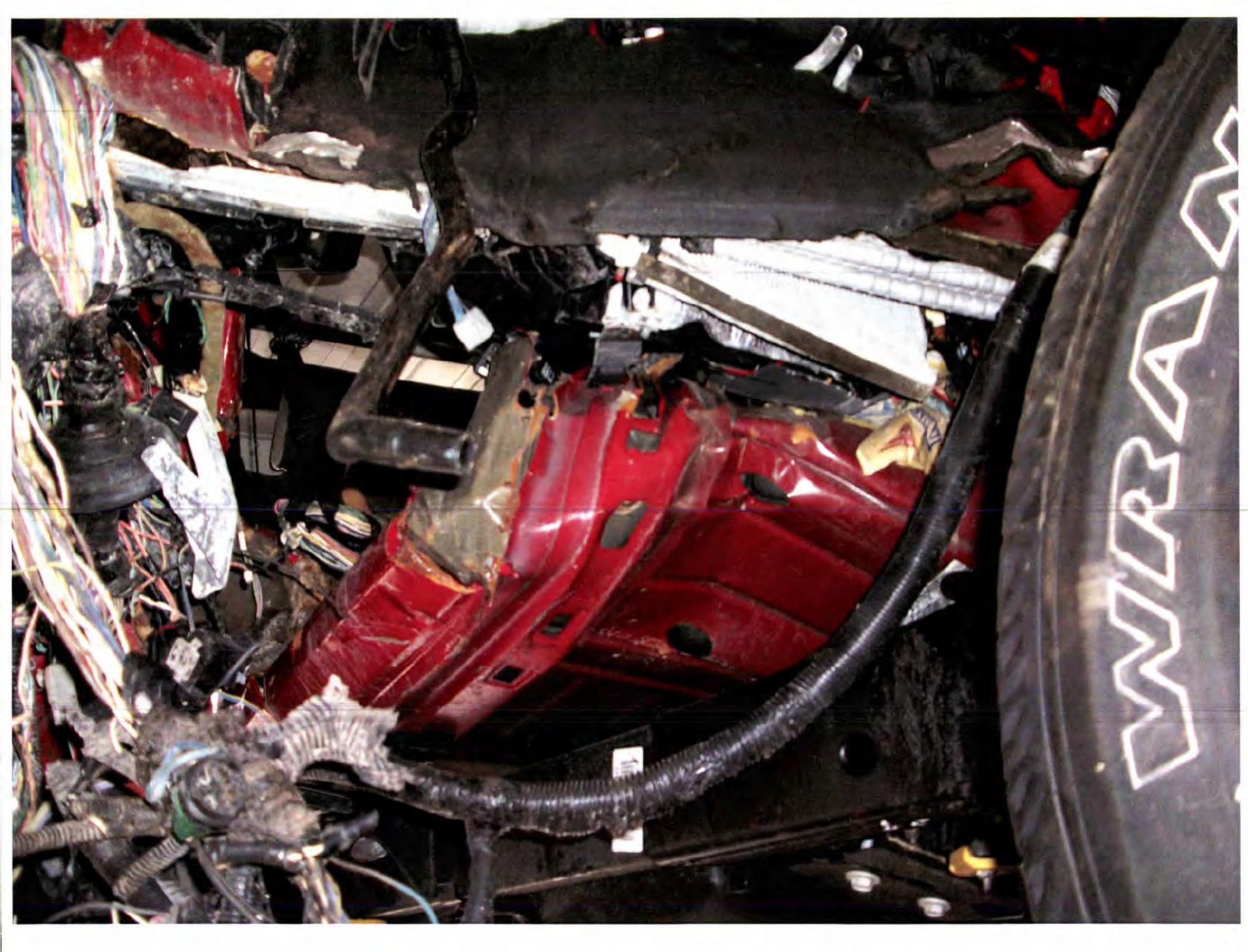


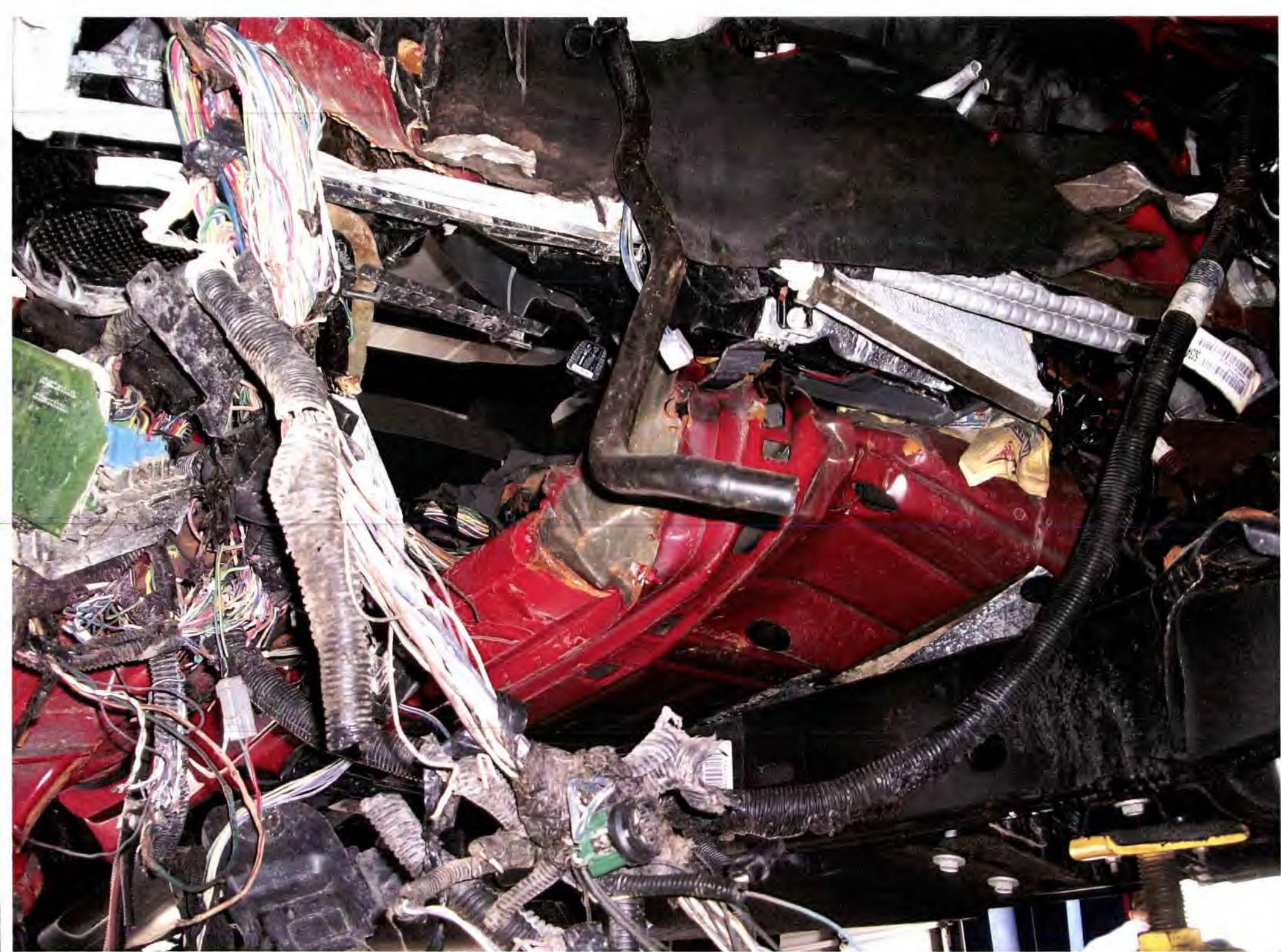


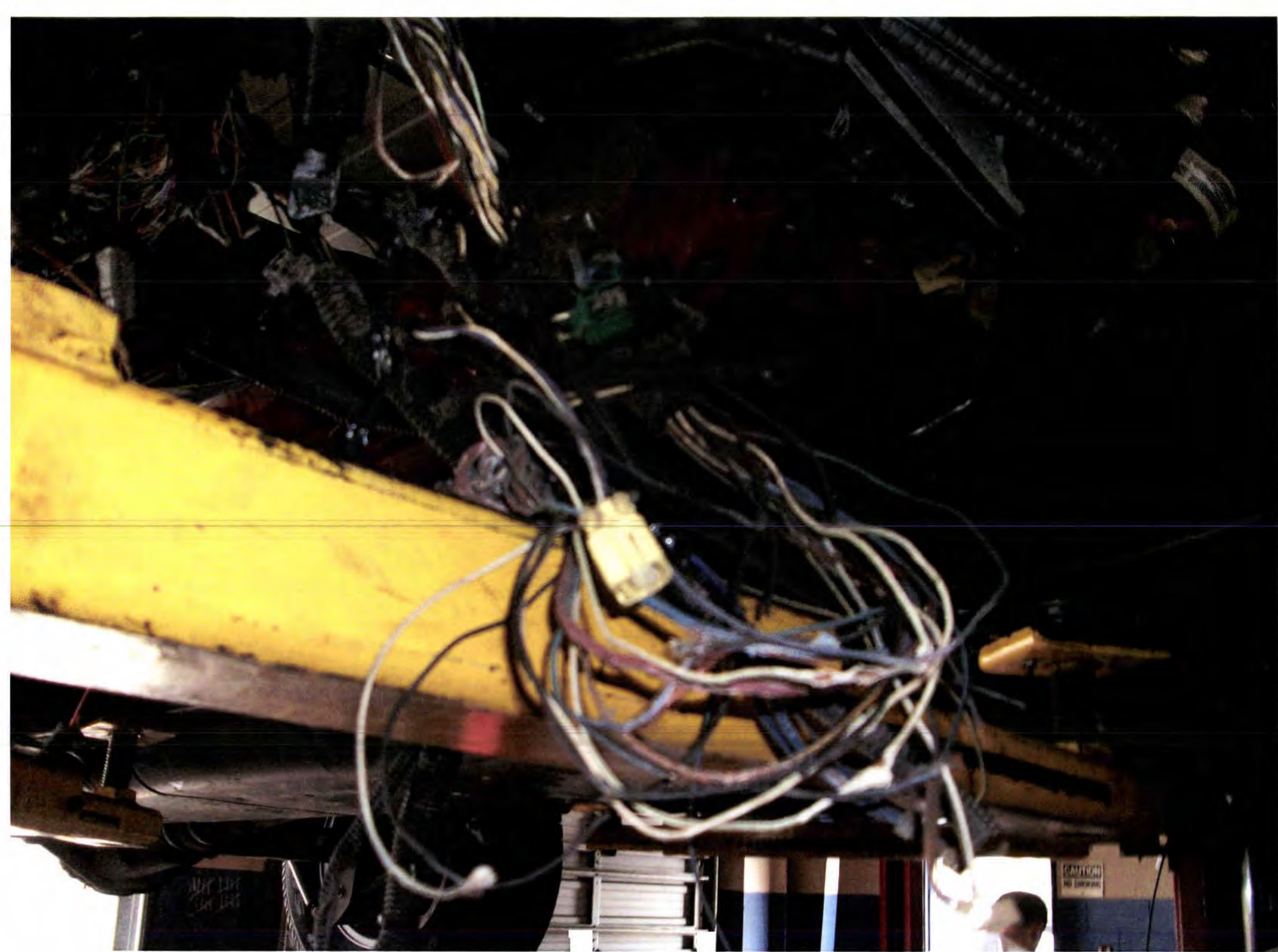


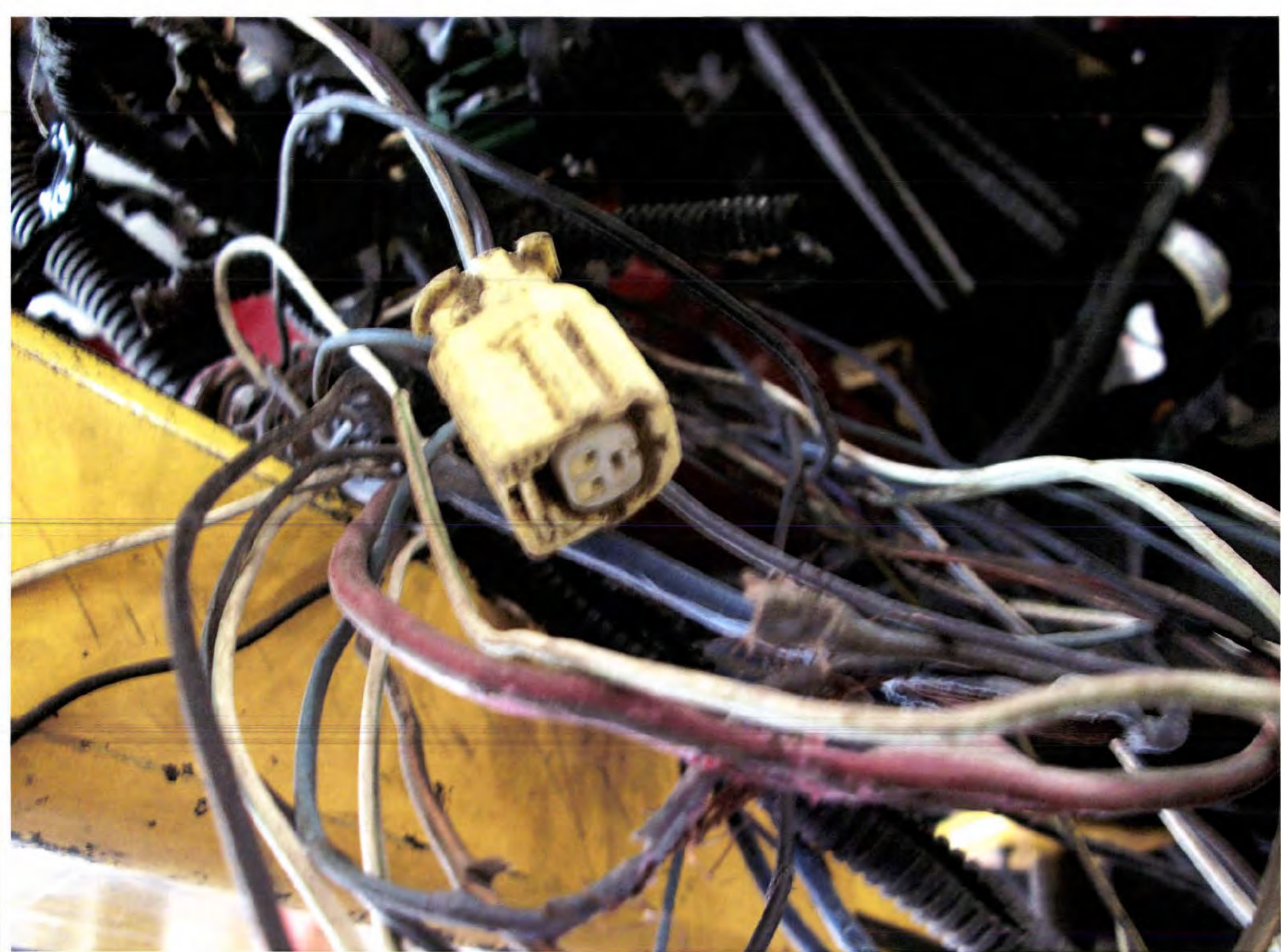


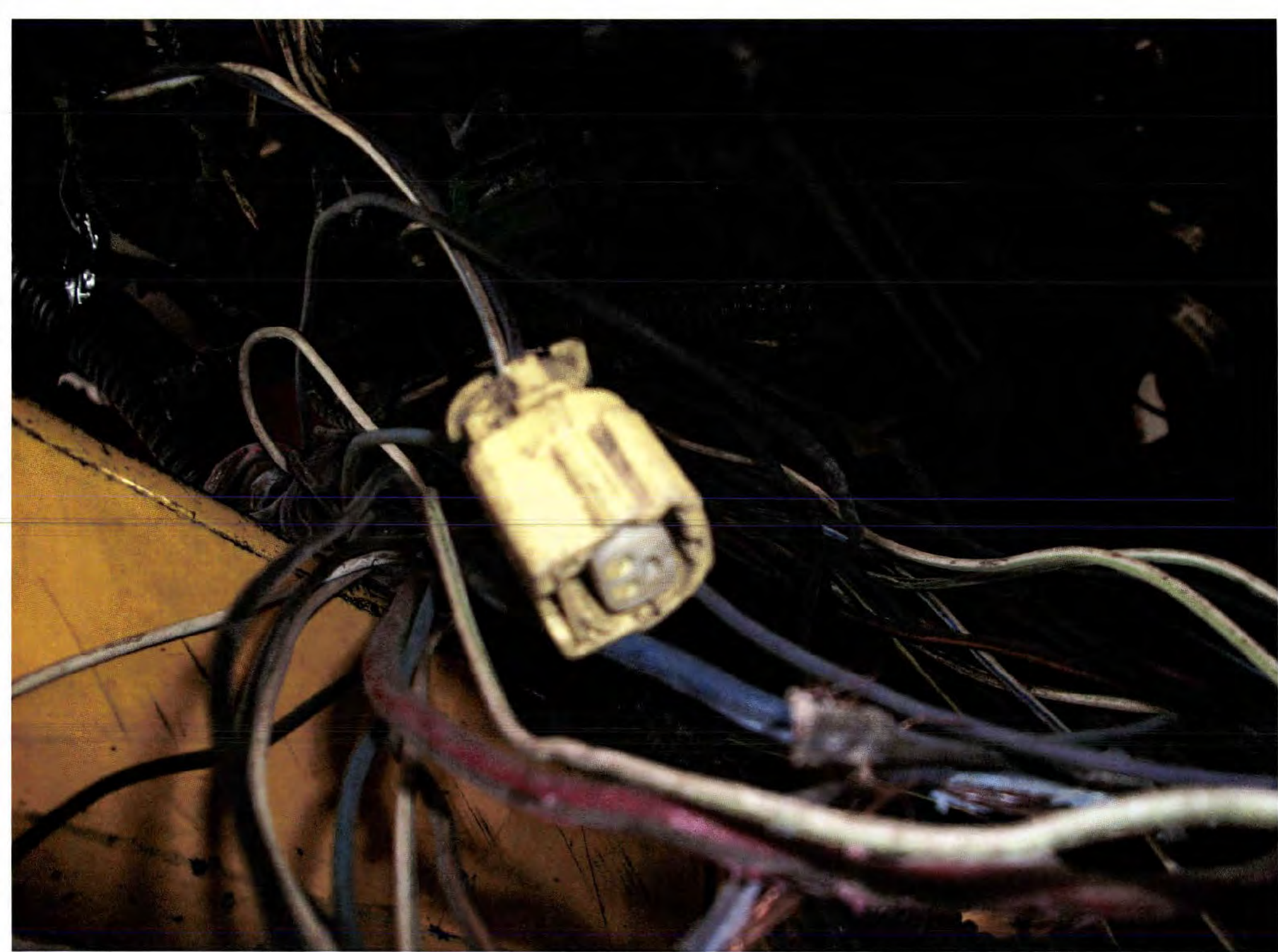


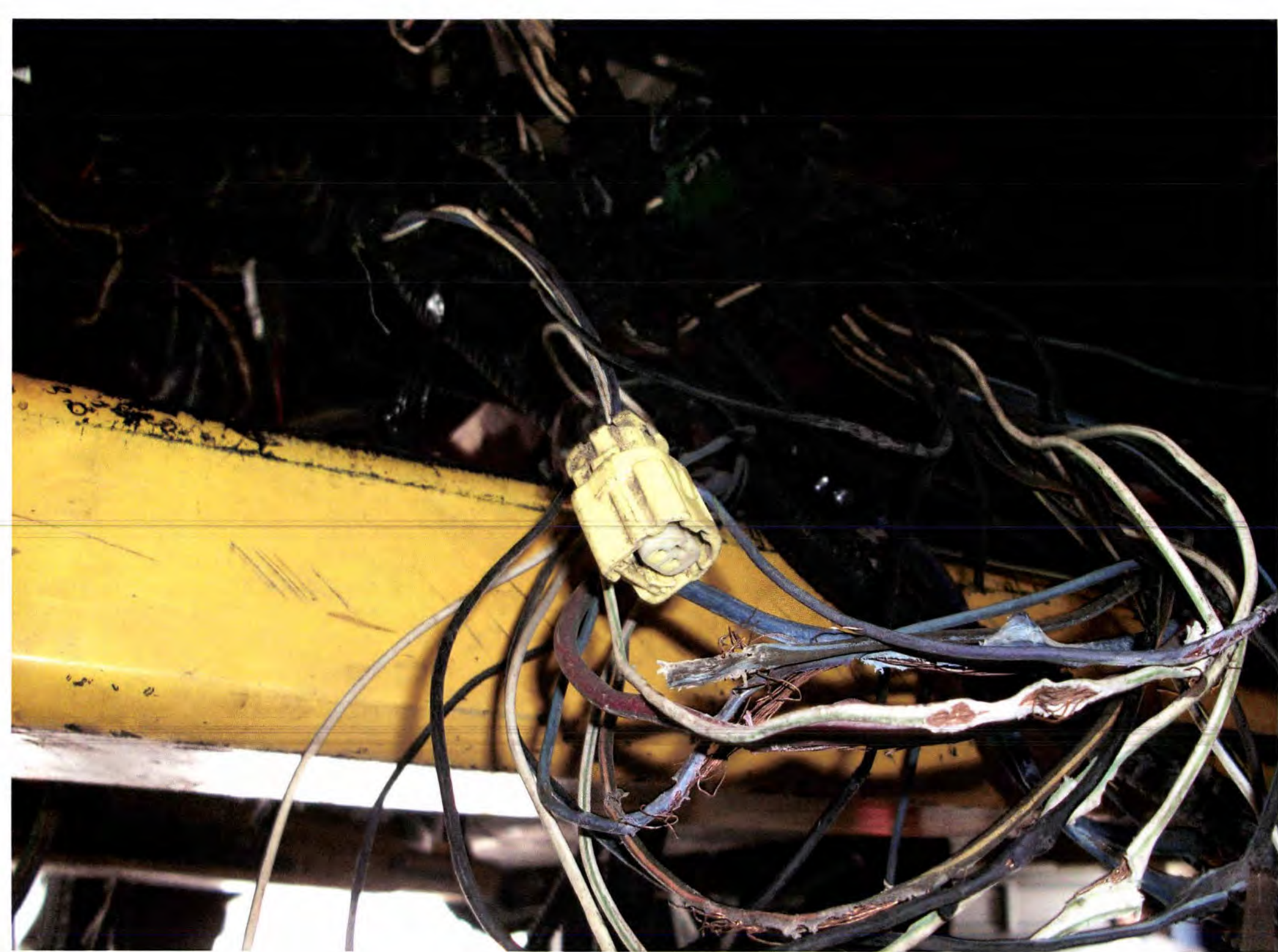




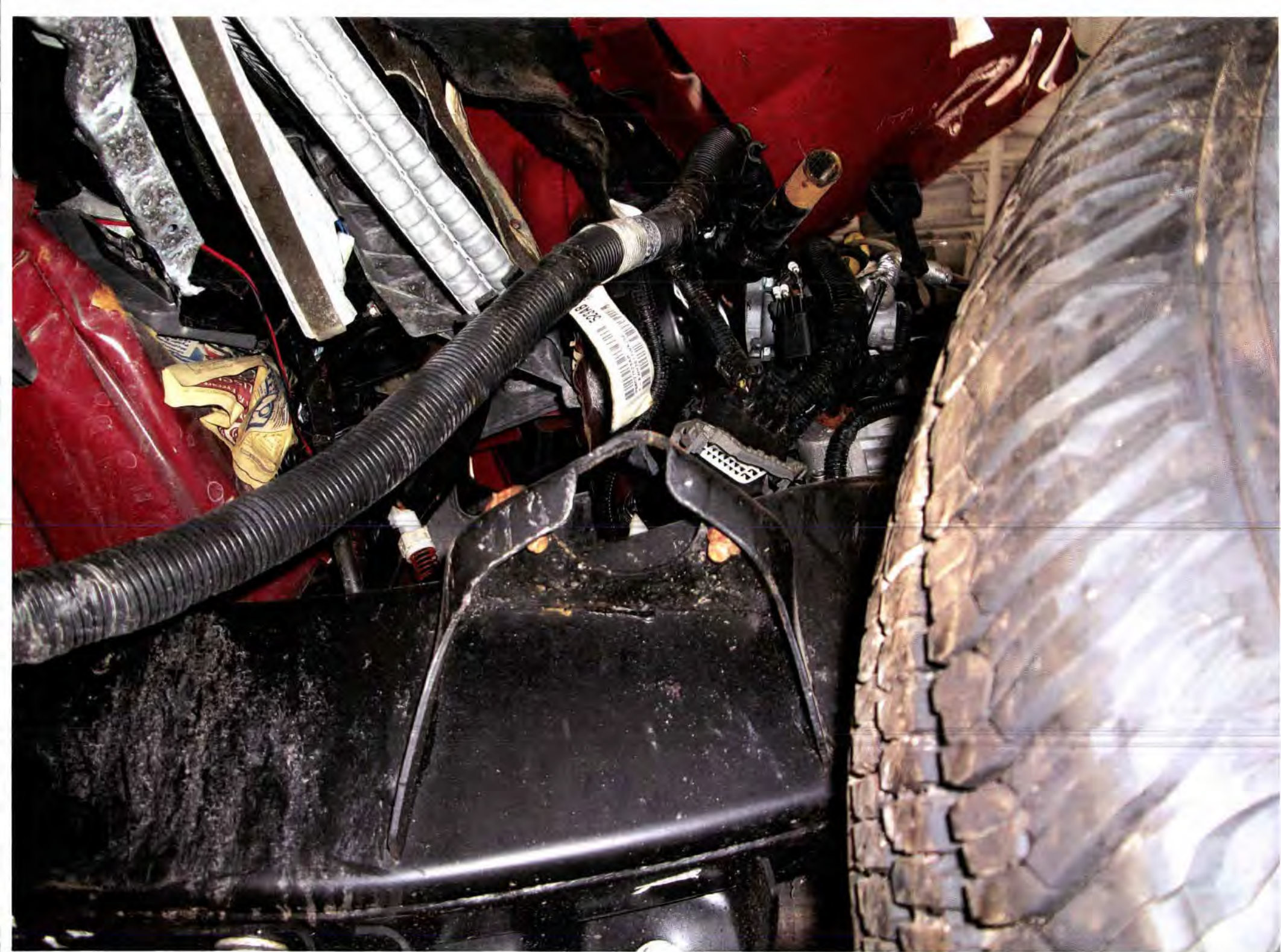














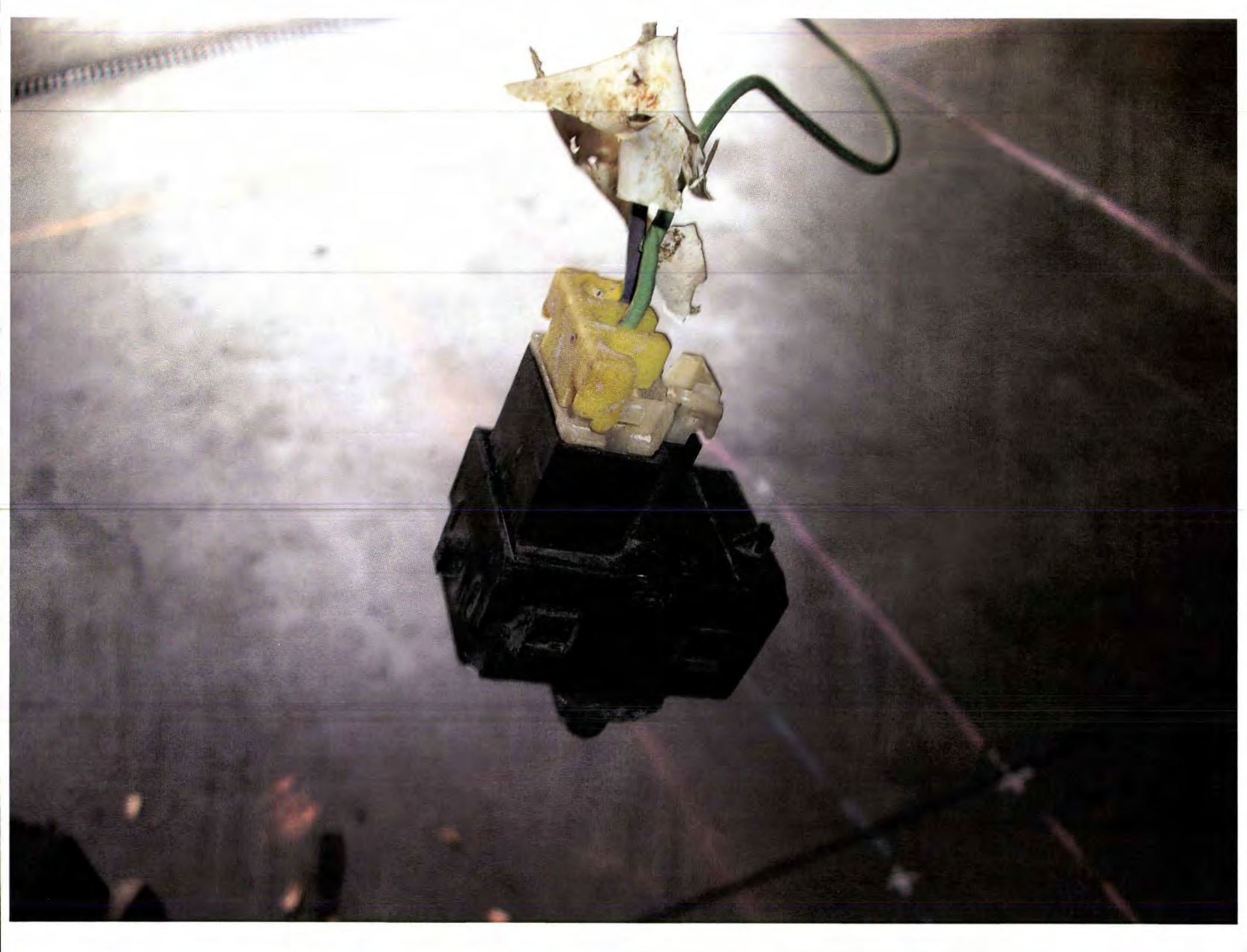


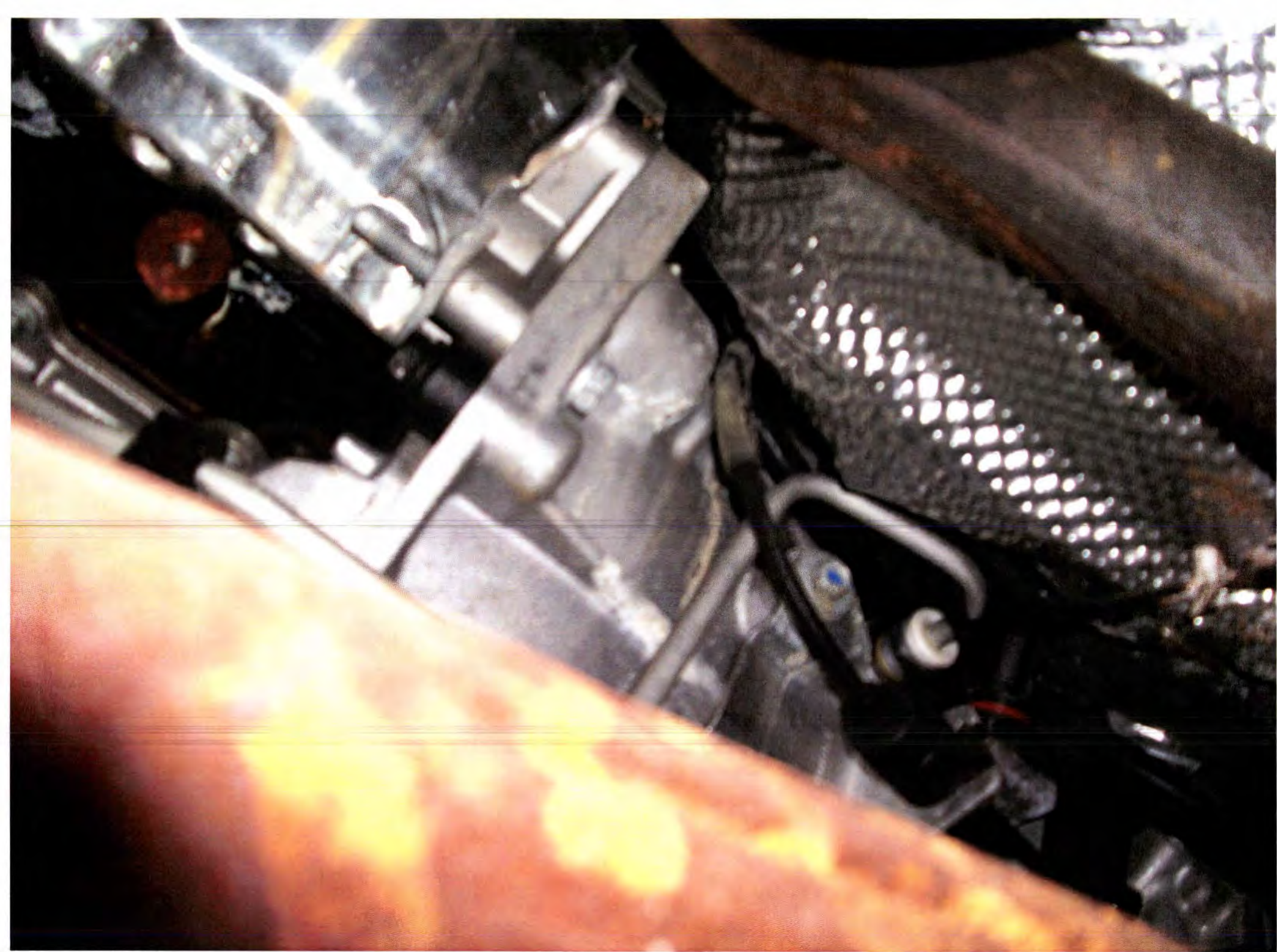
1J4GA391

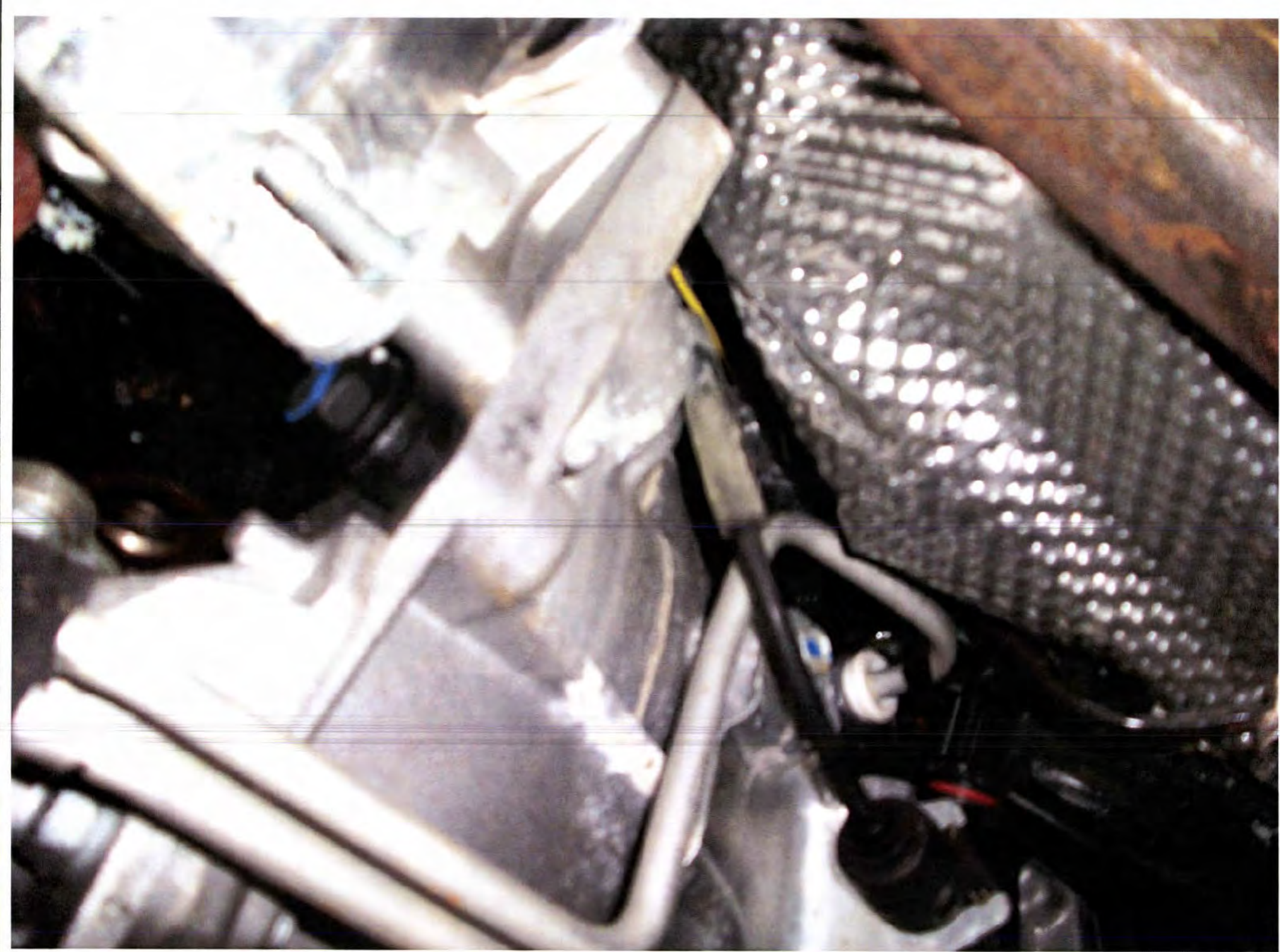


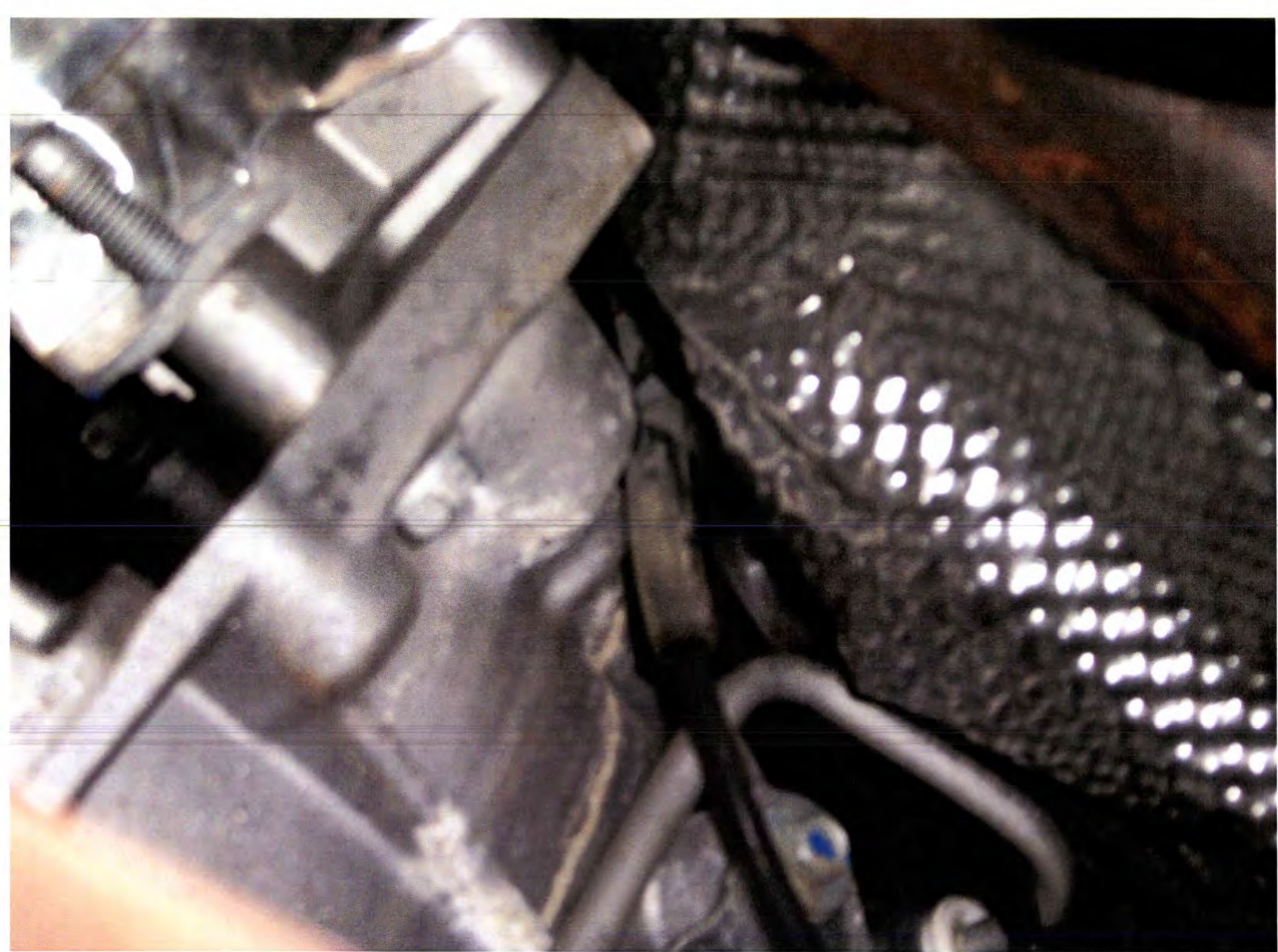
748390



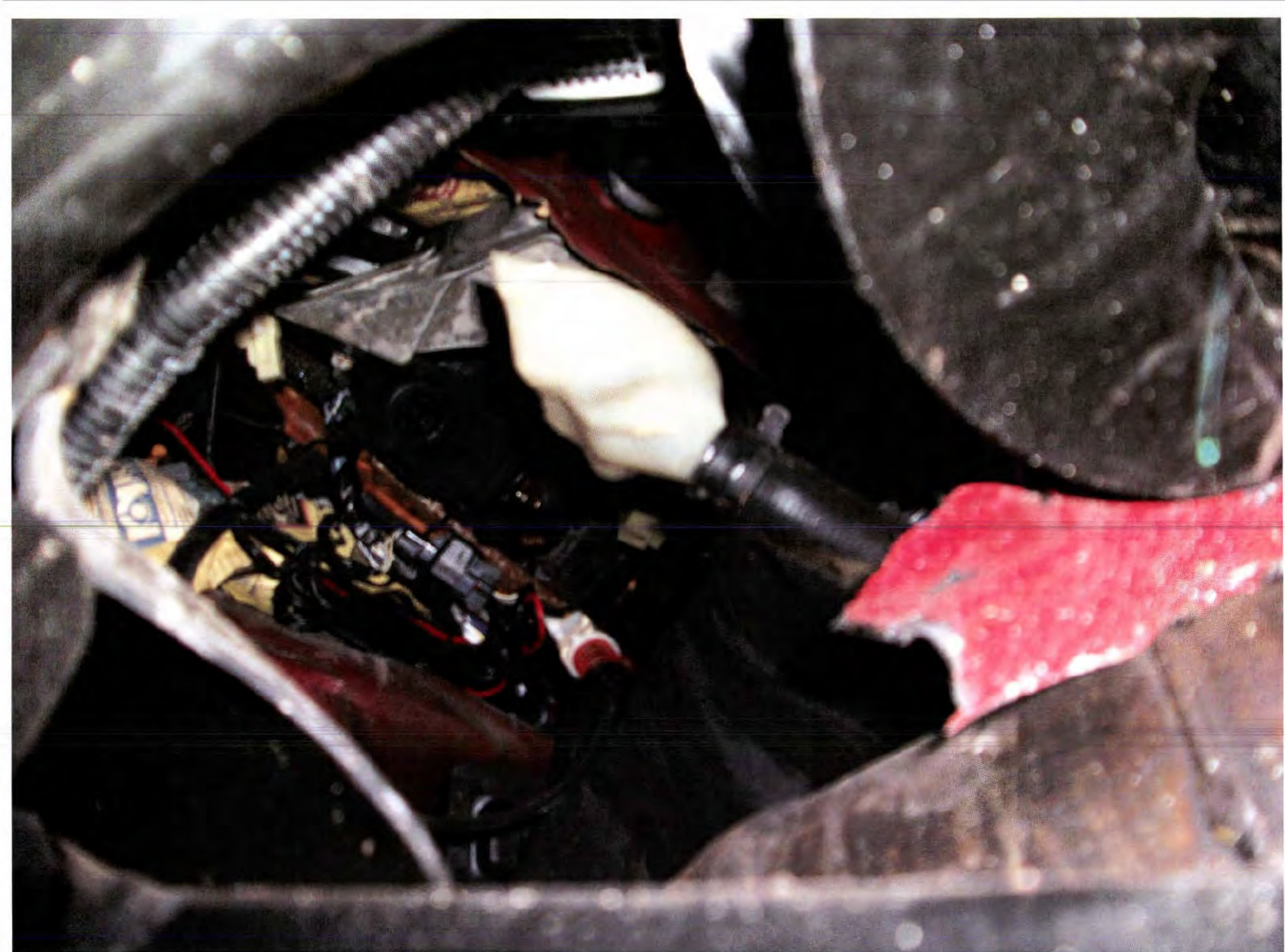


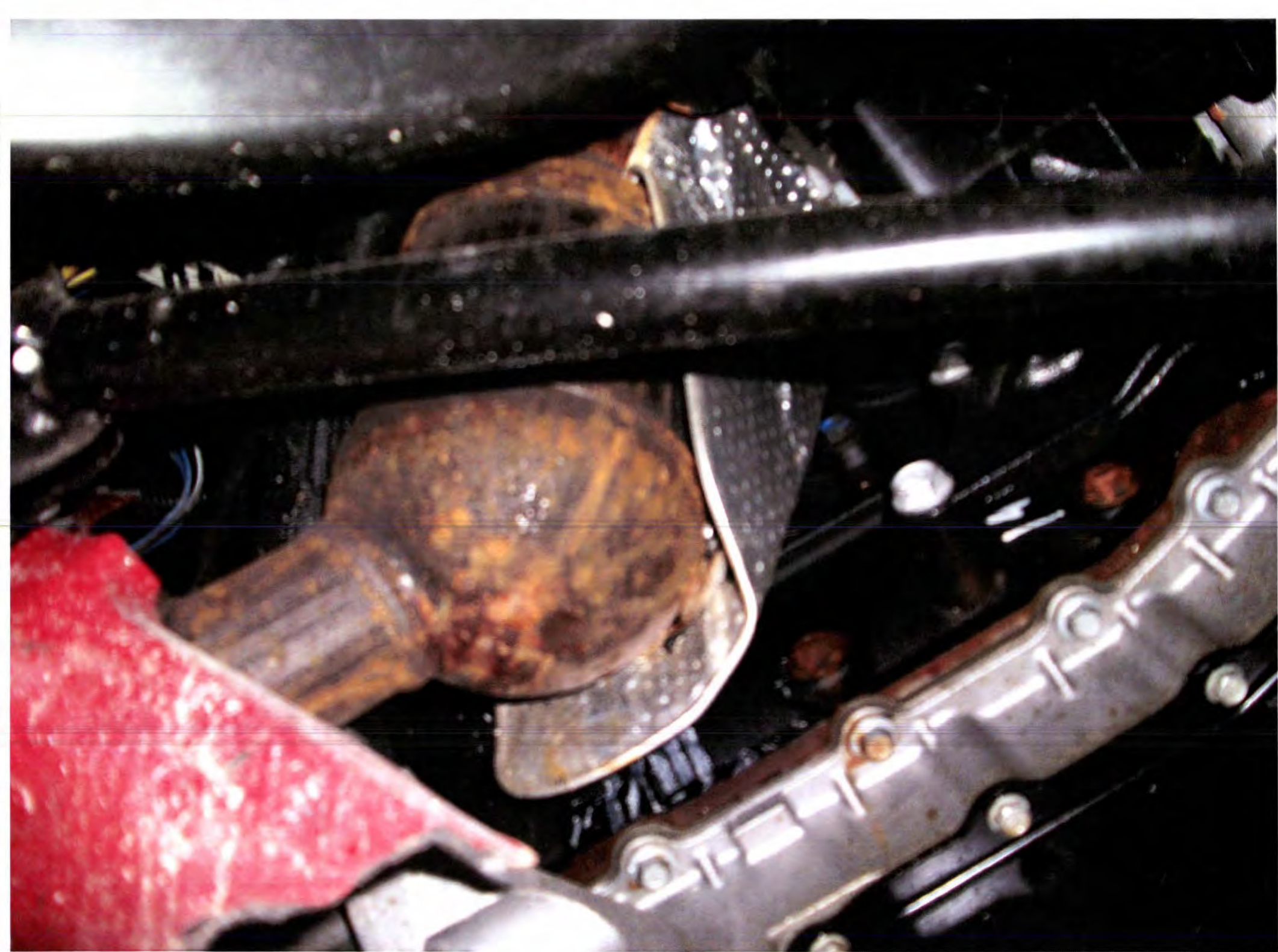






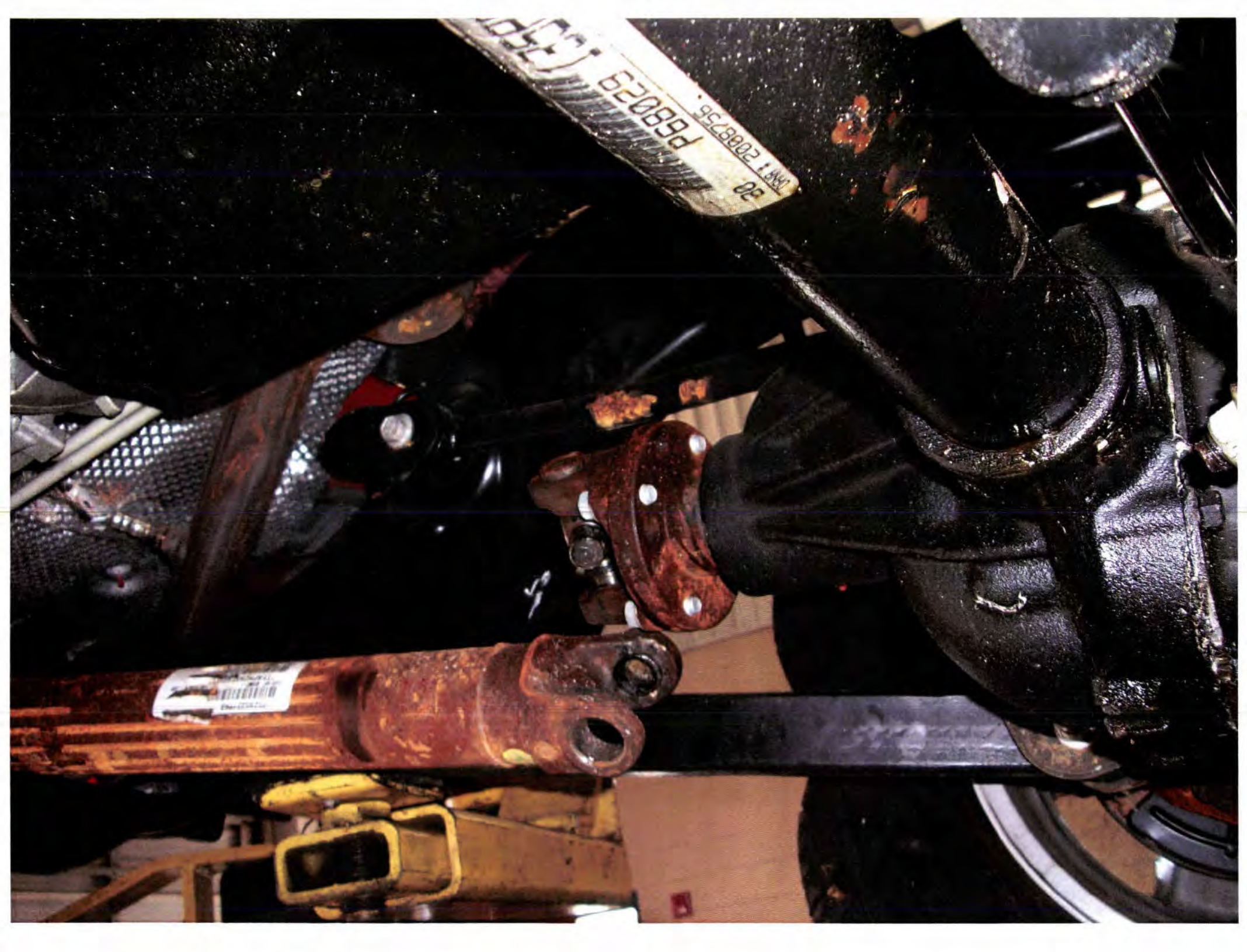












PART 2088756
P68029
62089B

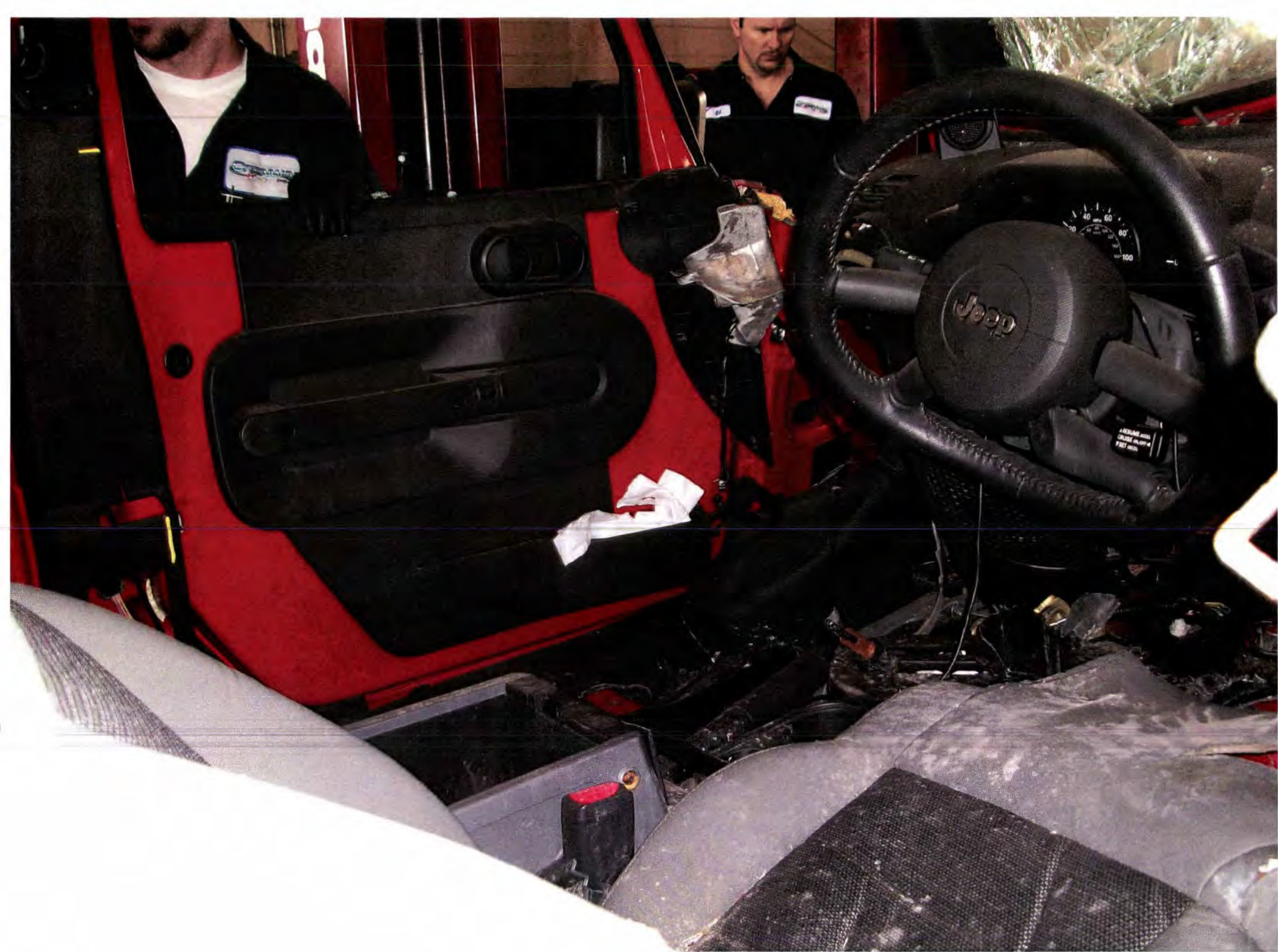
62089B
P68029
PART 2088756



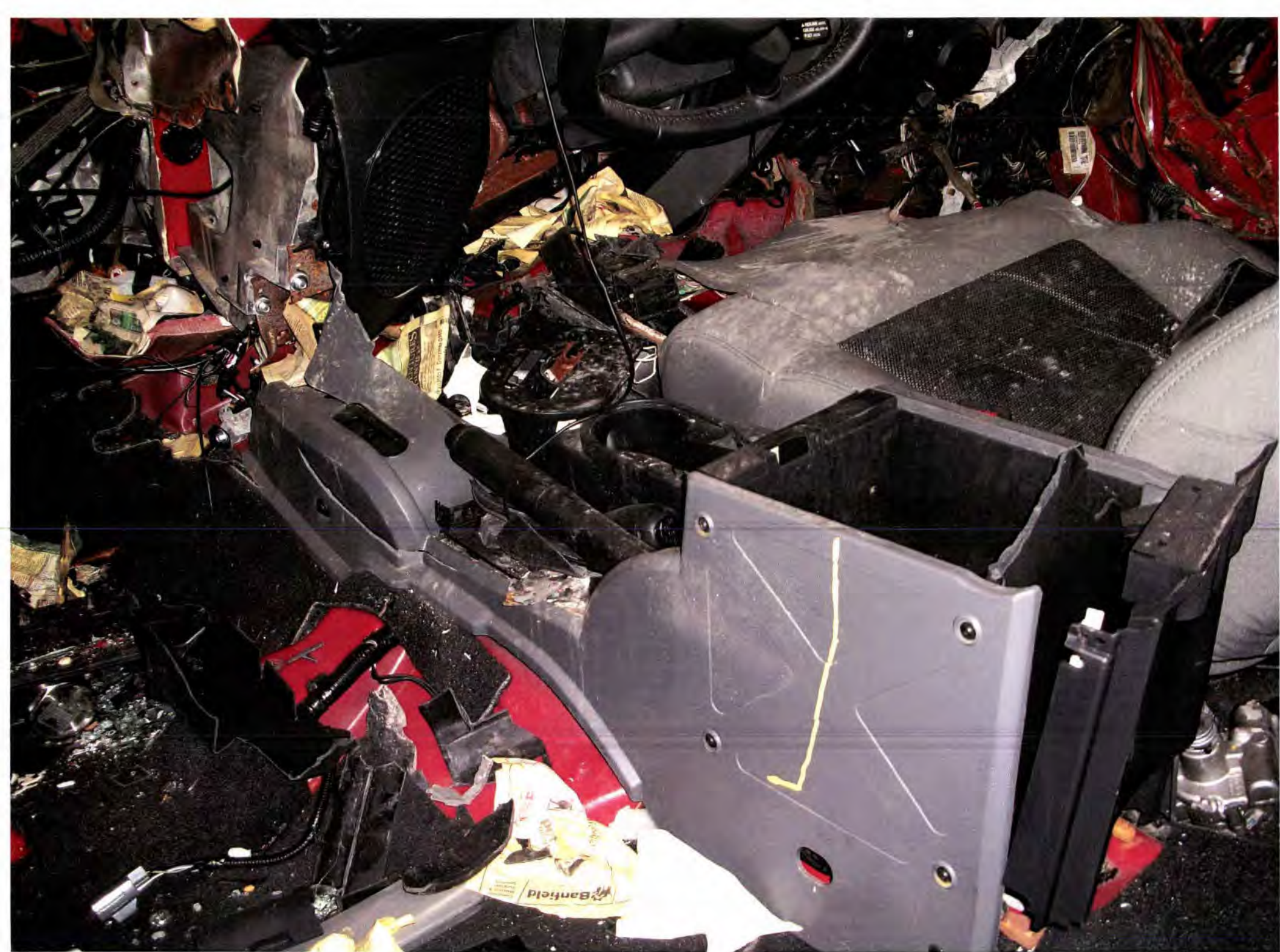


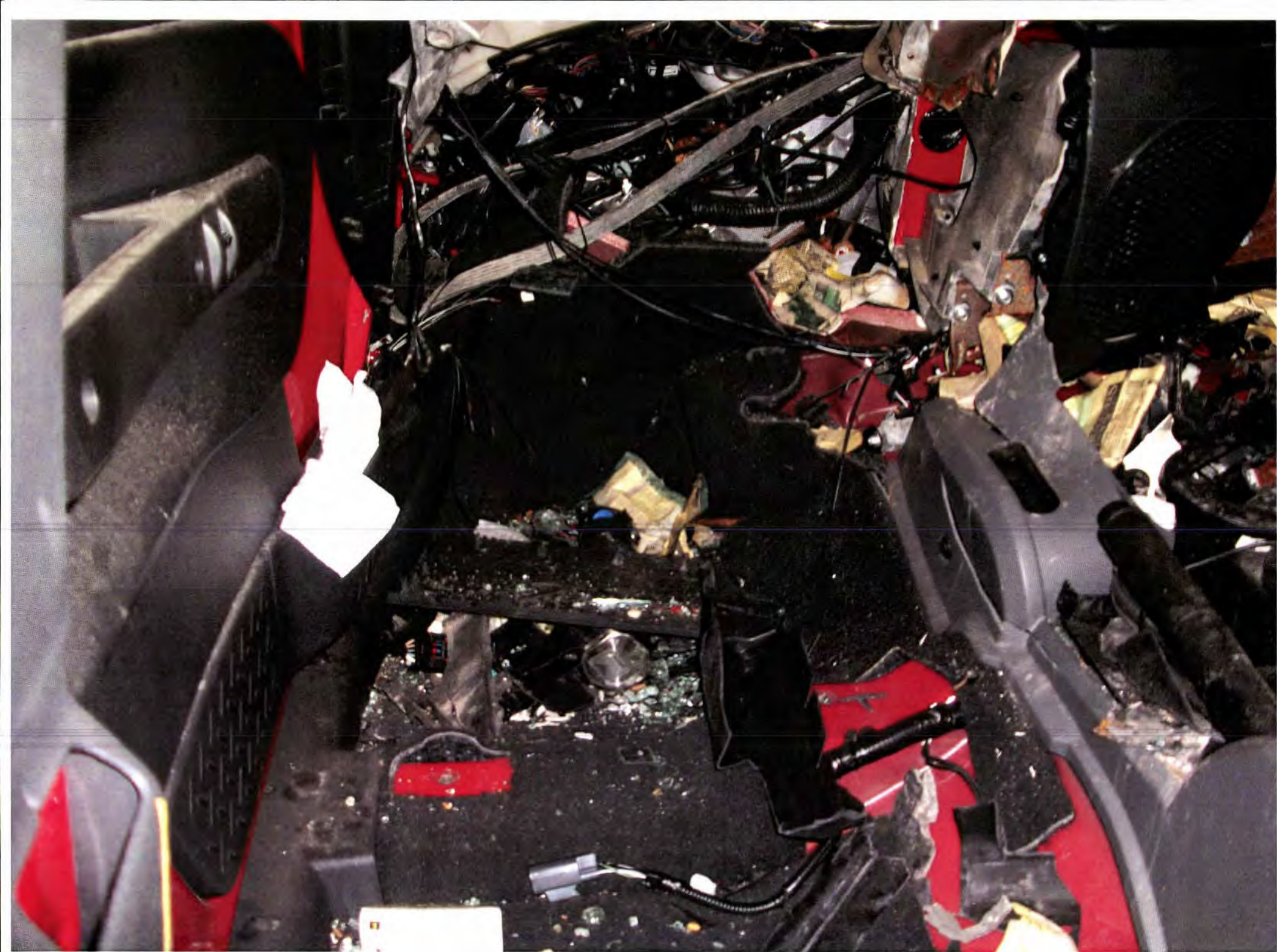


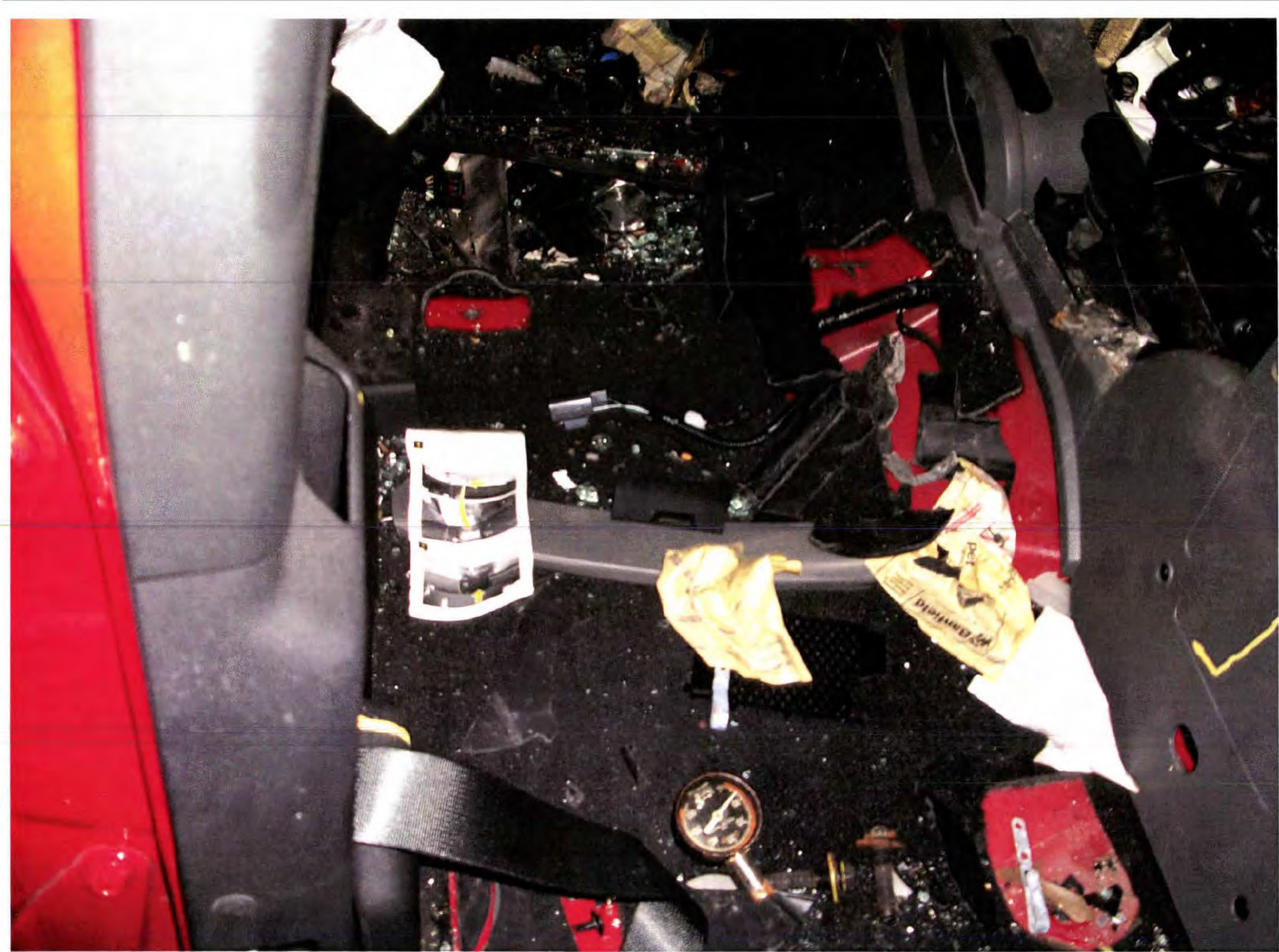


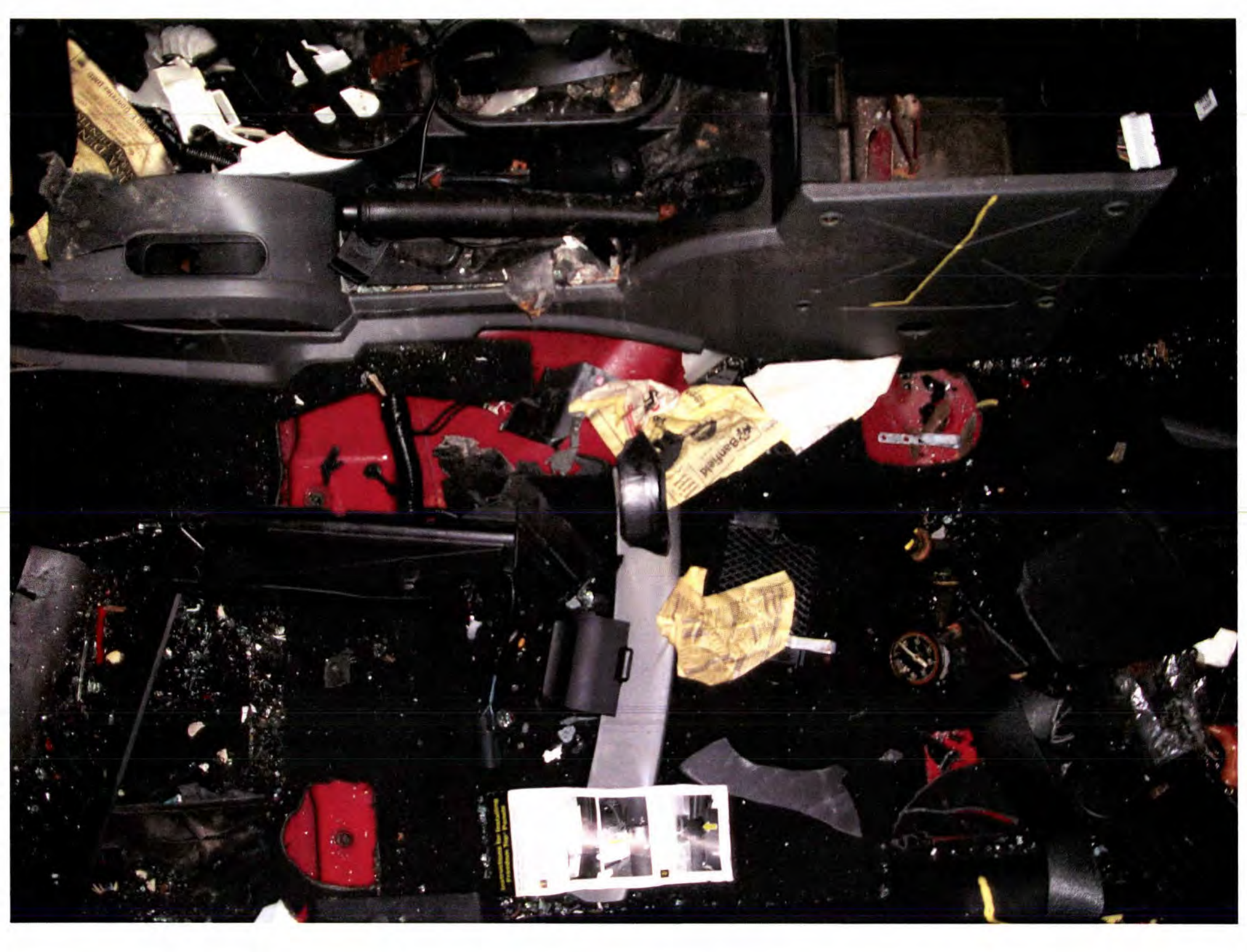












Photograph for the report
of the investigation
of the accident



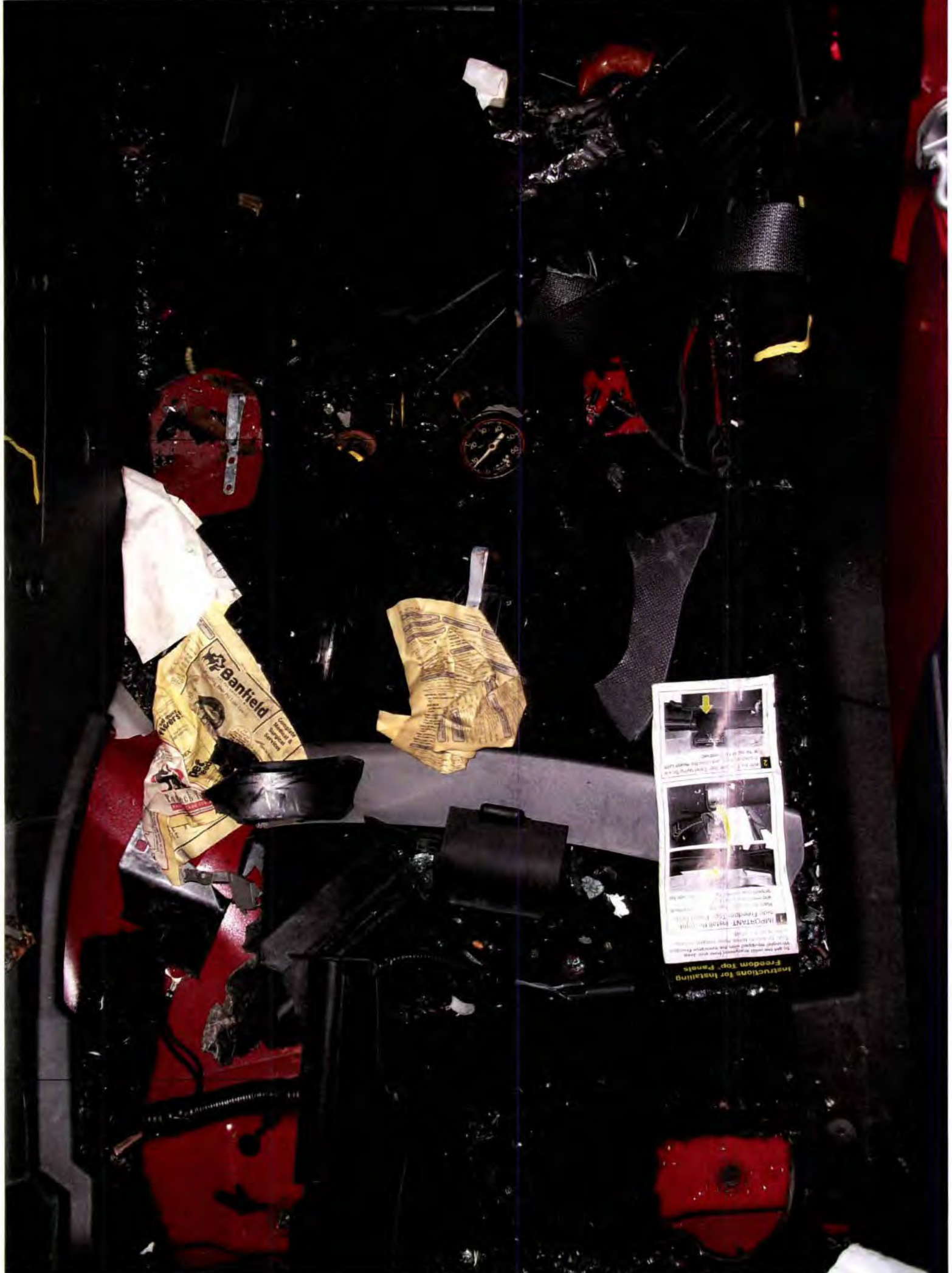
Banfield

CHECK









Banfield
Commercial
Waste &
Recycling
Services

Instructions for Installing Freedom Top Panels

1. Get your panel out of the bag and inspect it for damage. If you find any damage, contact your dealer immediately.

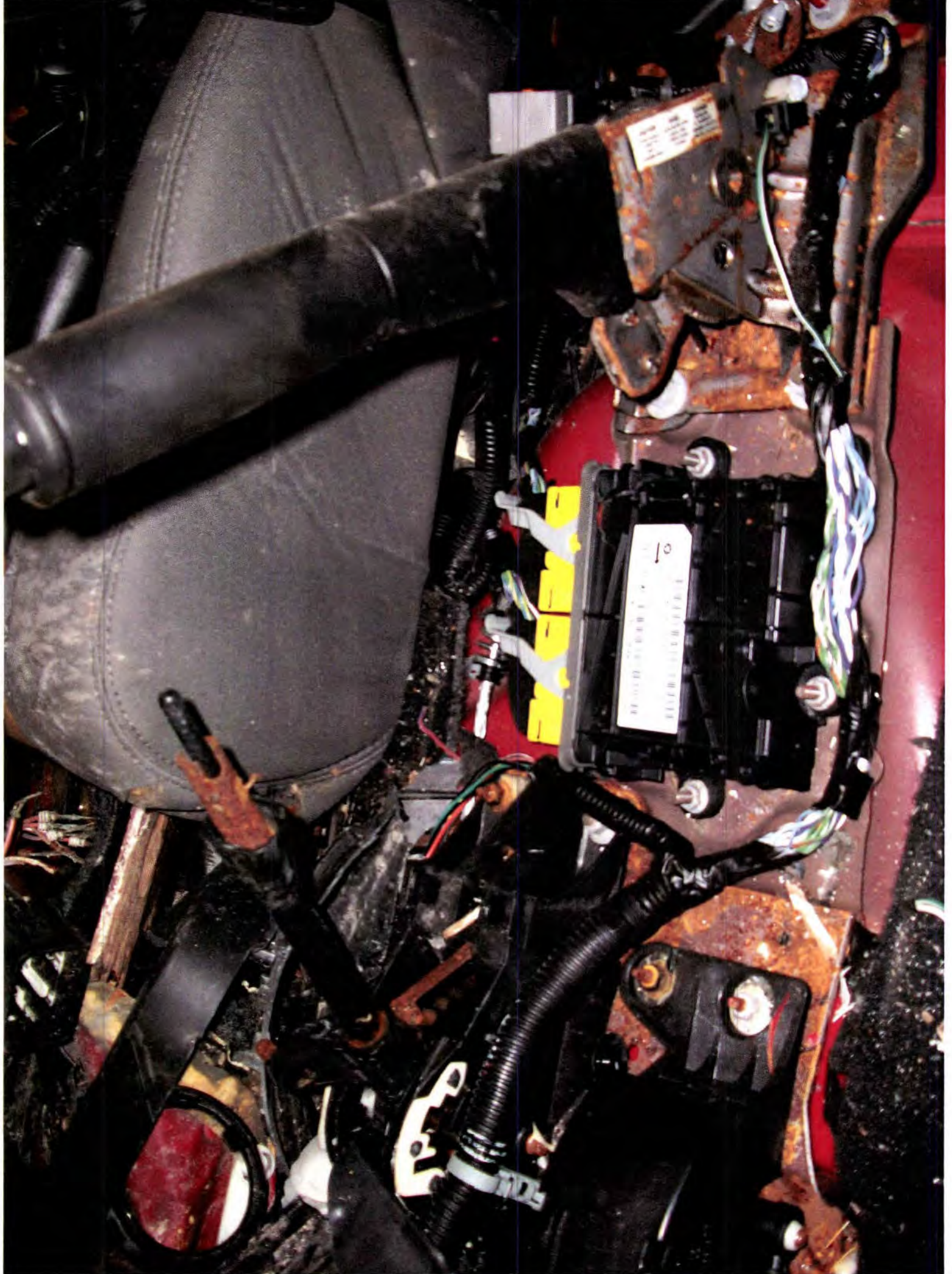
2. Make sure the panel is clean and dry before installation.

3. Remove the top panel from the bag and place it on a flat surface.

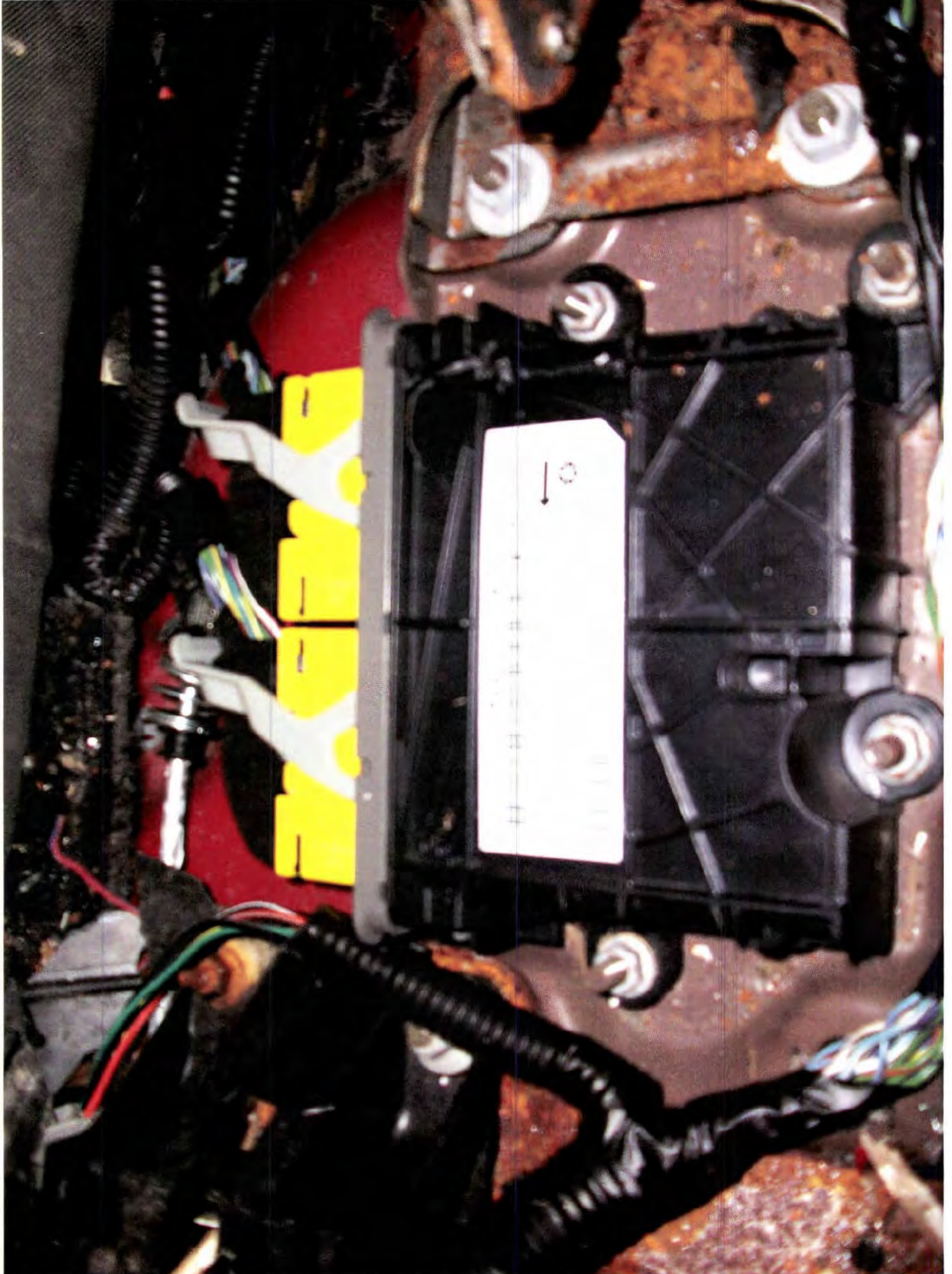
4. Follow the instructions in the manual to install the panel.

5. Once the panel is installed, check to make sure it is secure and properly aligned.







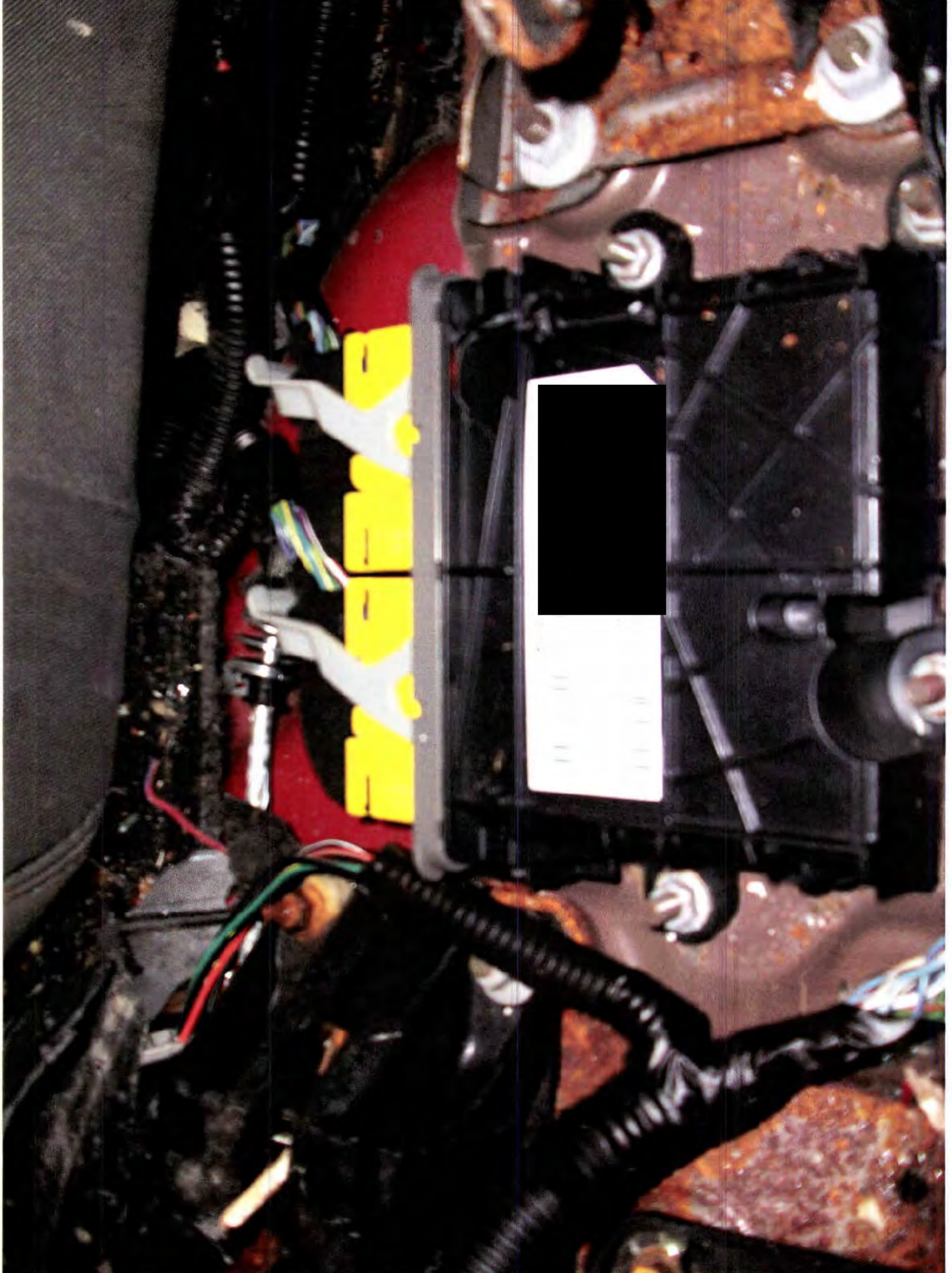




CHRYSLER P/W P68031601AG
[Barcode]
RECYCLING SYMBOL: PLEASE RECYCLE SEPARATELY. SEE WWW.RECYCLE-IT.COM
RECYCLING INFORMATION: THIS SYMBOL IS TO BE USED ONLY ON PRODUCTS THAT ARE RECYCLABLE.
CHRYSLER S/B TLAVE20
[Barcode]

JK D LO
[Arrow pointing right]

4000-100-1000
2017546



CHRYSLER P/N P68031601AC



JK D L0



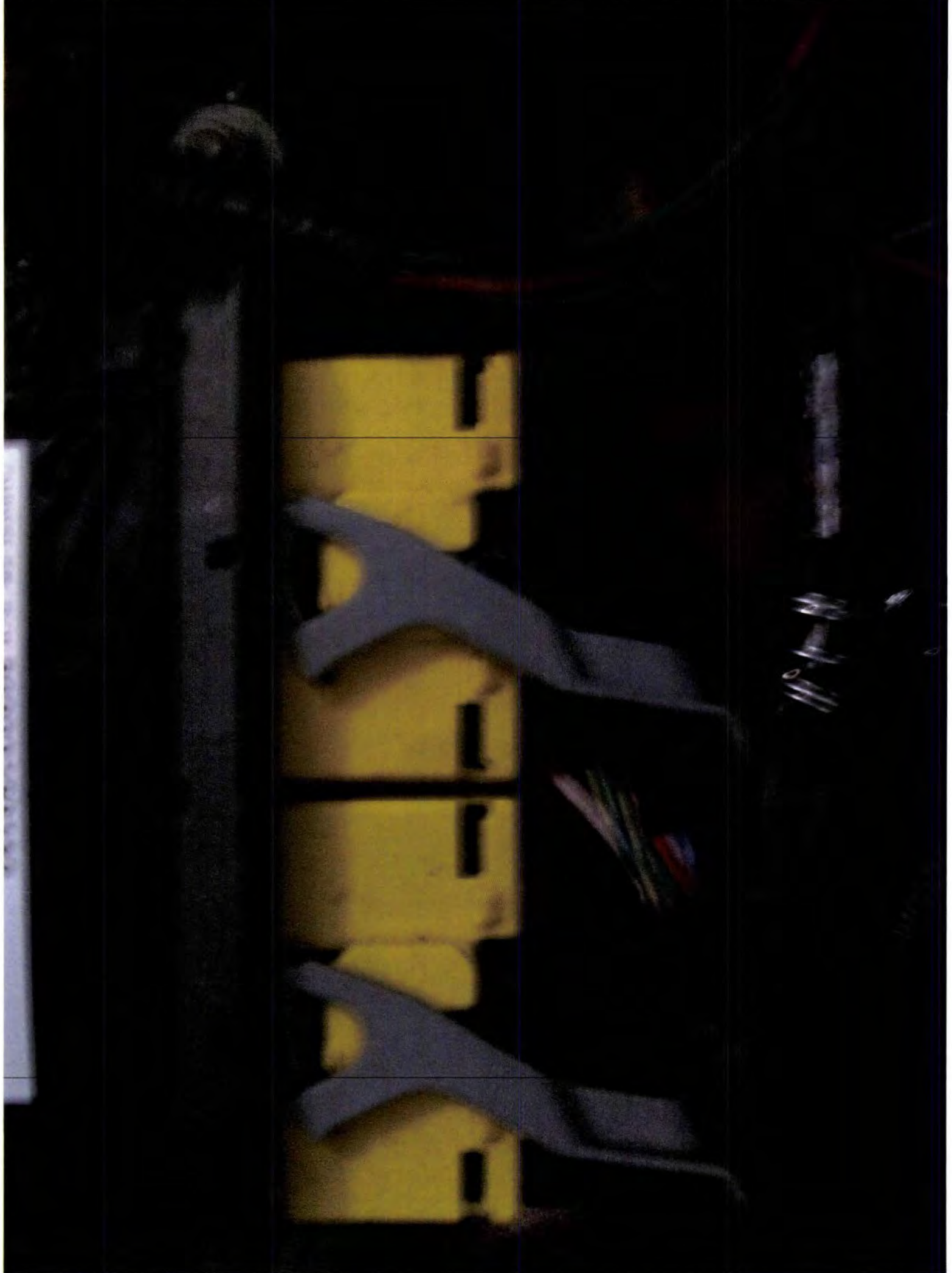
WARNING. REFER TO SERVICE MANUAL BEFORE SERVICING.
IMPROPER SERVICING CAN RESULT IN AIR BAG SYSTEM
FAILURE AND POSSIBLE DRIVER AND/OR PASSENGER INJURY.

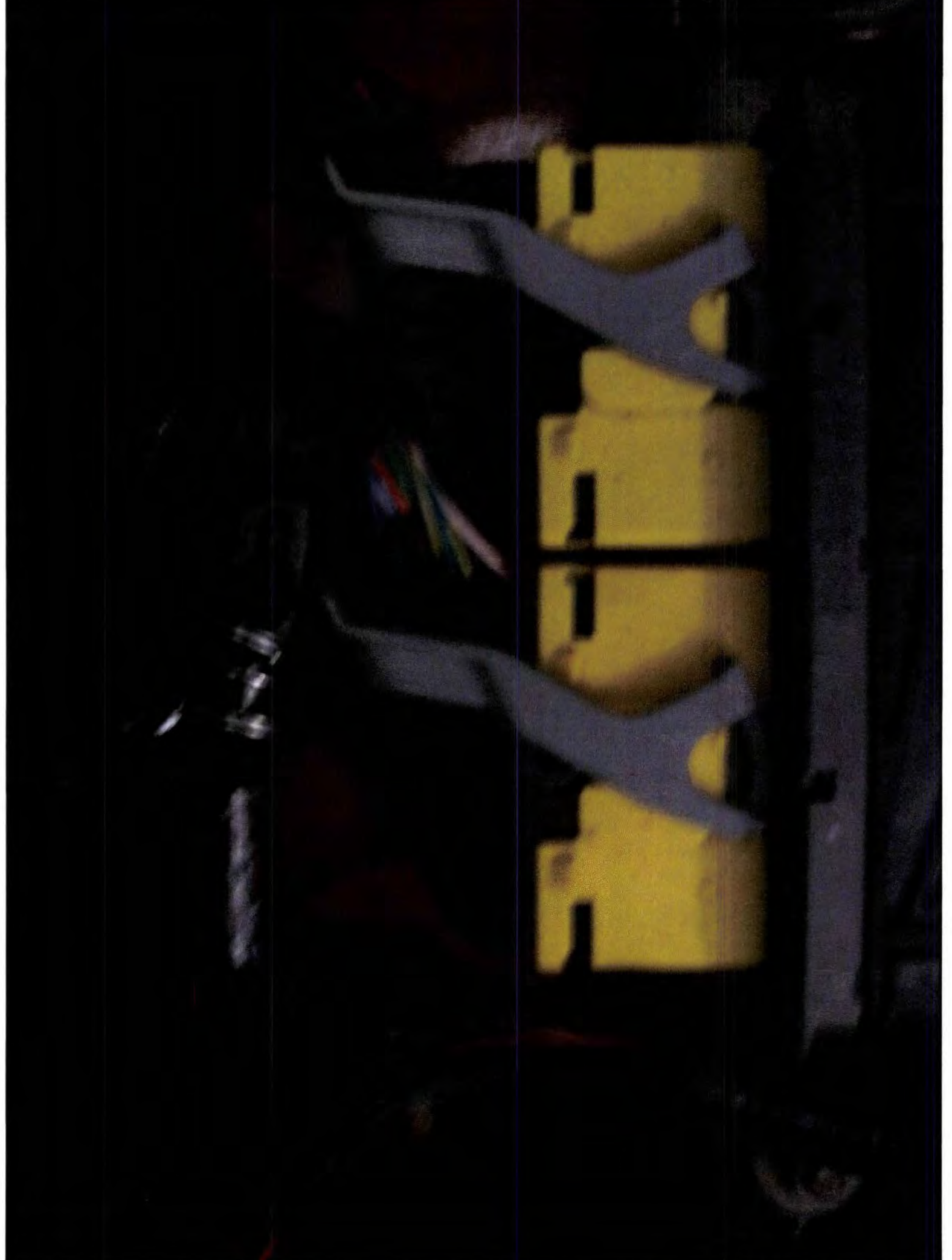
CHRYSLER S/N TLAME290



SUPPLIER CODE

39754C





CHRYSLER P/N P68031601AC



JK D LO

WARNING. REFER TO SERVICE MANUAL BEFORE SERVICING.
IMPROPER SERVICING CAN RESULT IN AIR BAG SYSTEM
FAILURE AND POSSIBLE DRIVER AND/OR PASSENGER INJURY.



CHRYSLER S/N



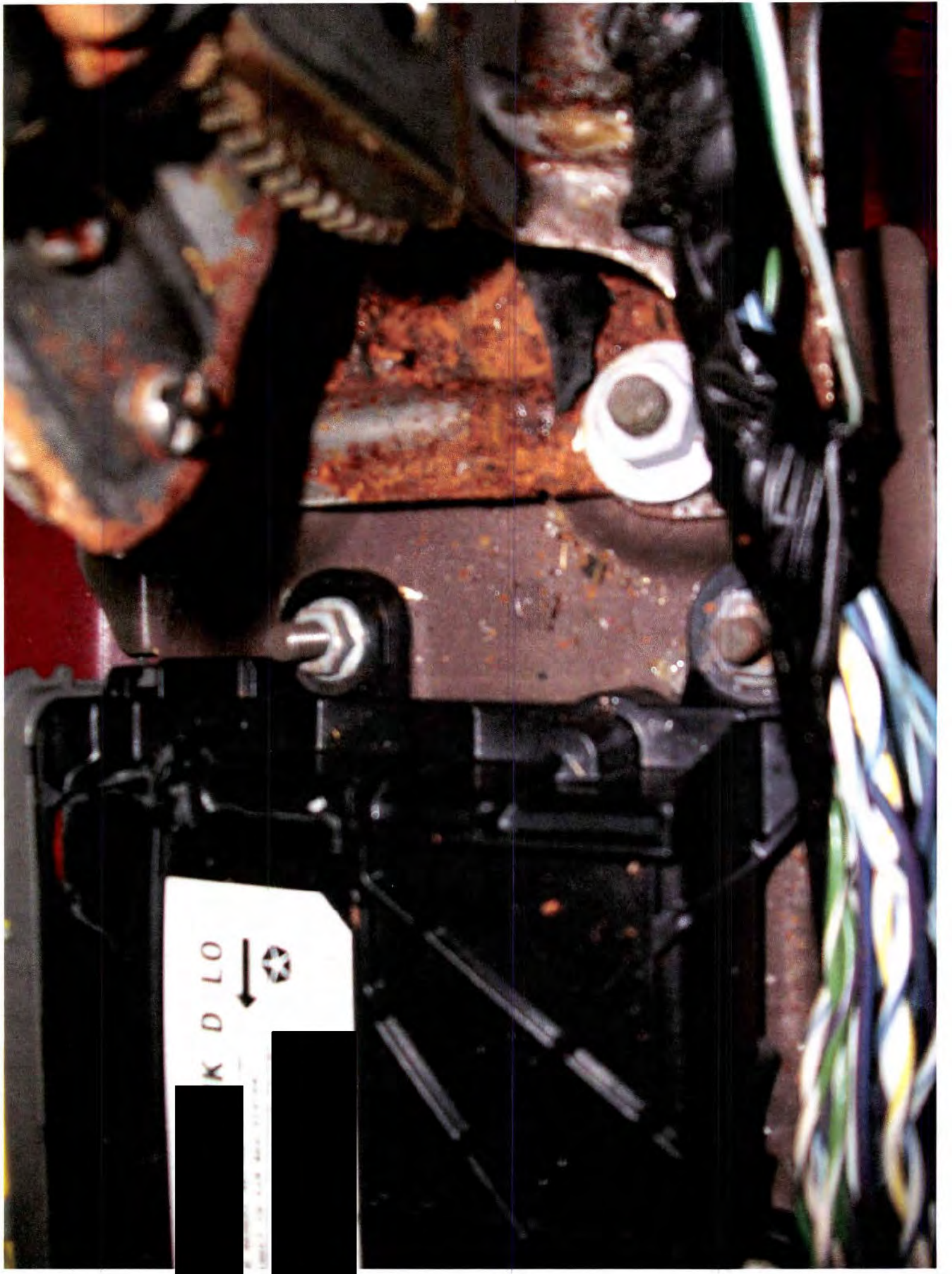
SUPPLIER CODE
39754C



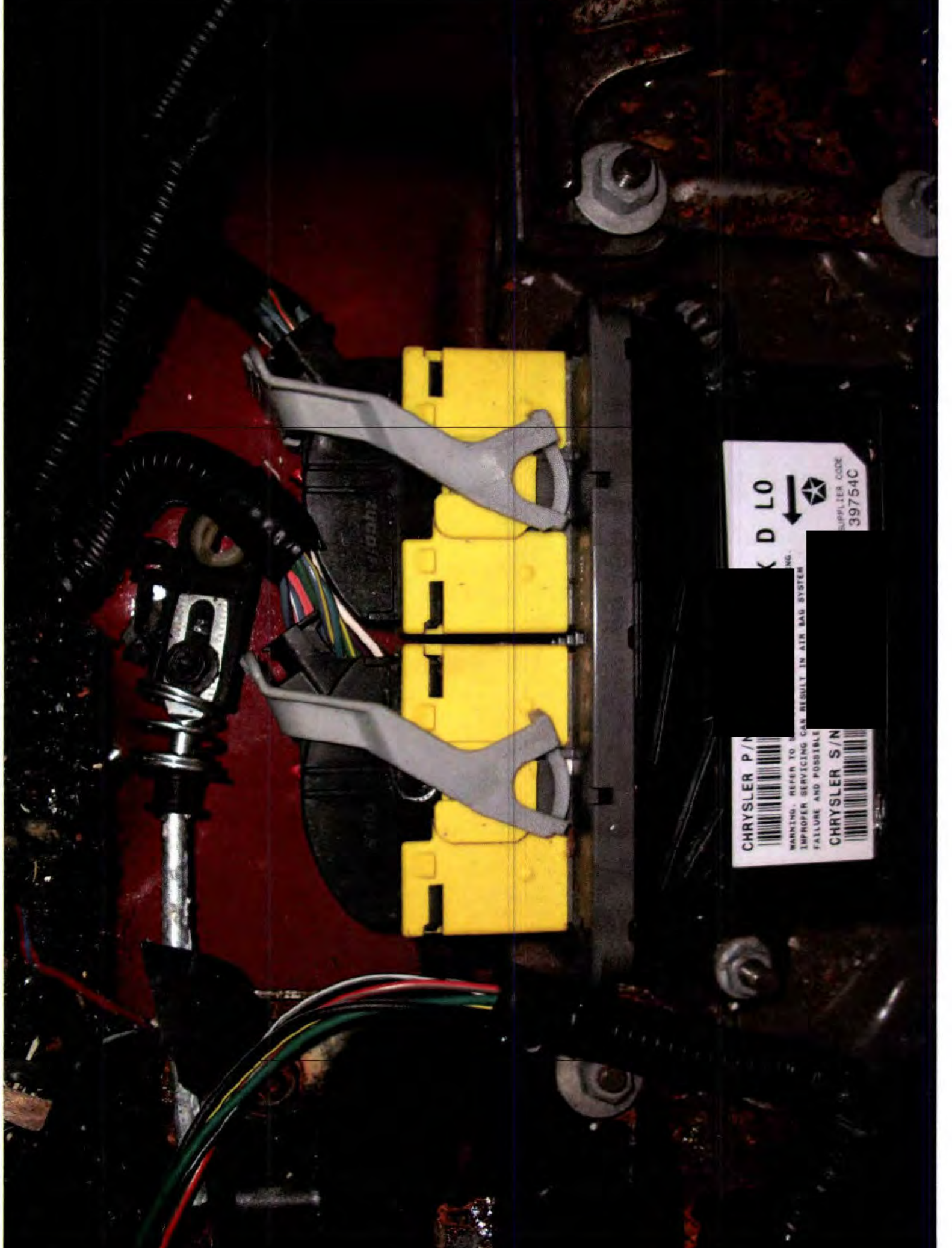
K D L O
← →



© 2000 Ford Motor Company
L1000-100-000-000-000-000



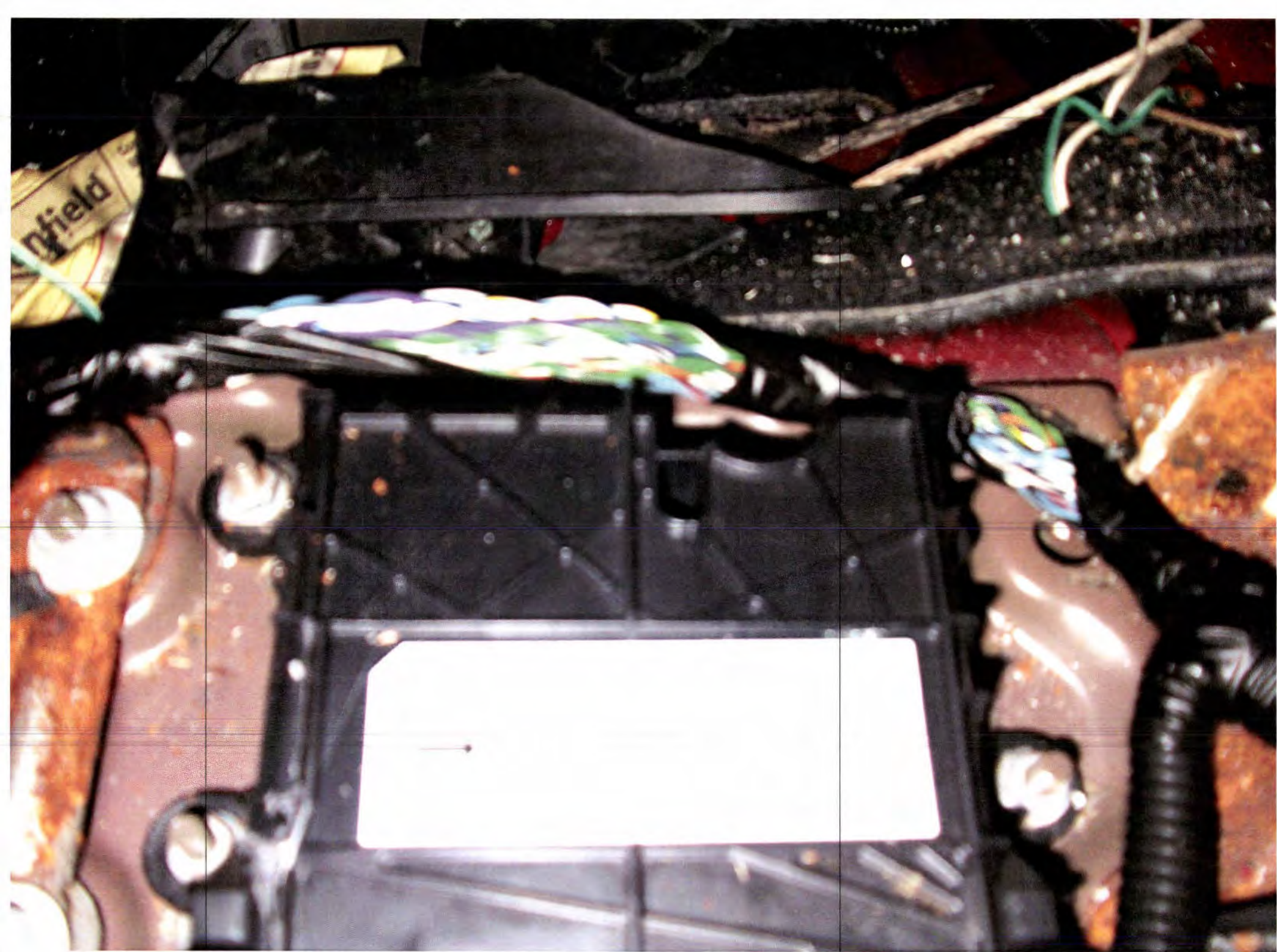




K D L0
←
SUPPLIER CODE
39754C

CHRYSLER P/N
WARNING: REFER TO
IMPROPER SERVICING CAN RESULT IN AIR BAG SYSTEM
FAILURE AND POSSIBLE
CHRYSLER S/N

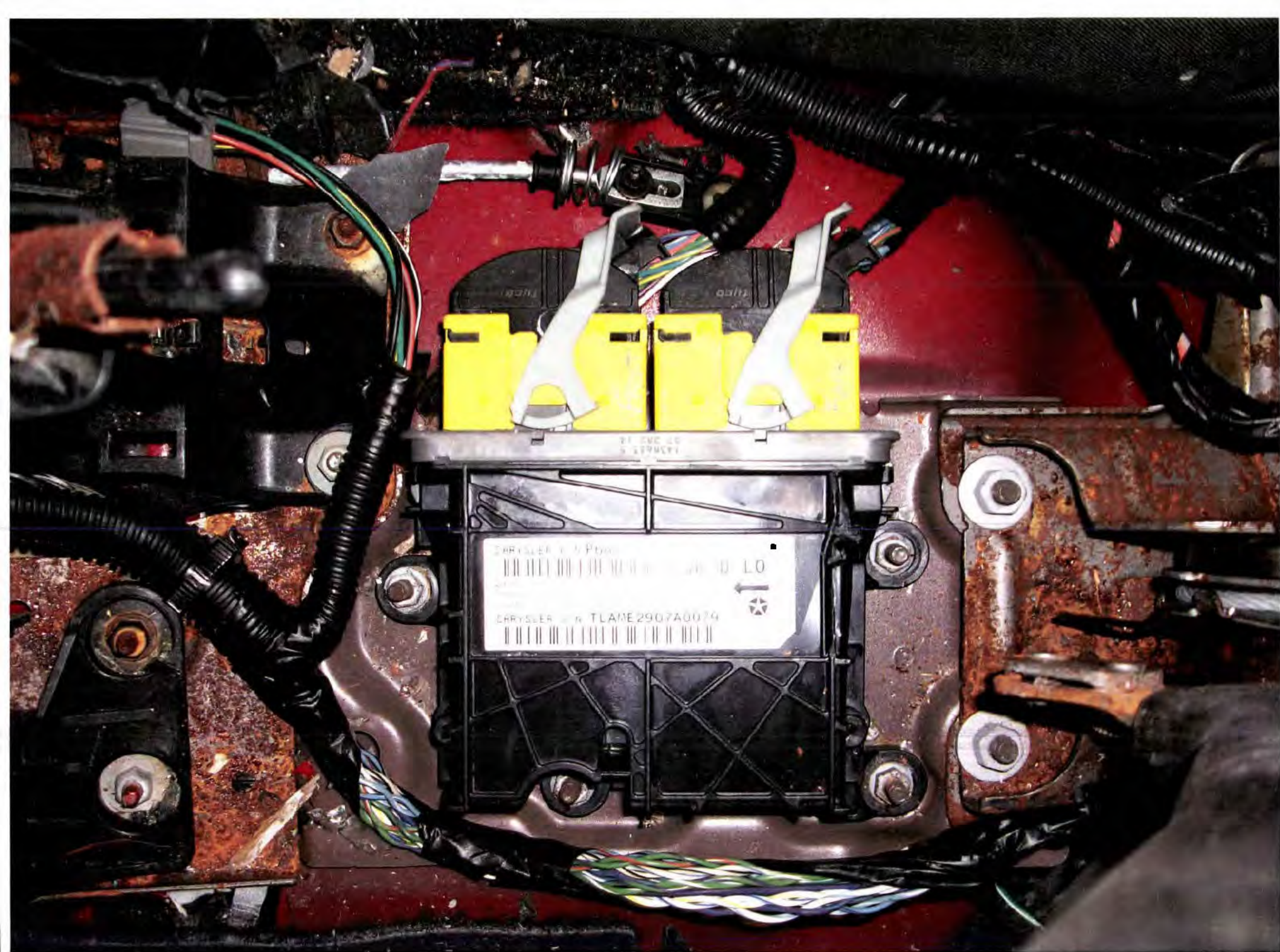
WARNING: REFER TO
IMPROPER SERVICING CAN RESULT IN AIR BAG SYSTEM
FAILURE AND POSSIBLE











FRONT BACK

CHRYSLER P/N

[REDACTED]

JK D L0

WARNING. REFER TO SERVICE MANUAL BEFORE SERVICING.
IMPROPER SERVICING CAN RESULT IN AIR BAG SYSTEM
FAILURE AND POSSIBLE DRIVER AND/OR PASSENGER INJURY.

CHRYSLER S/N TL

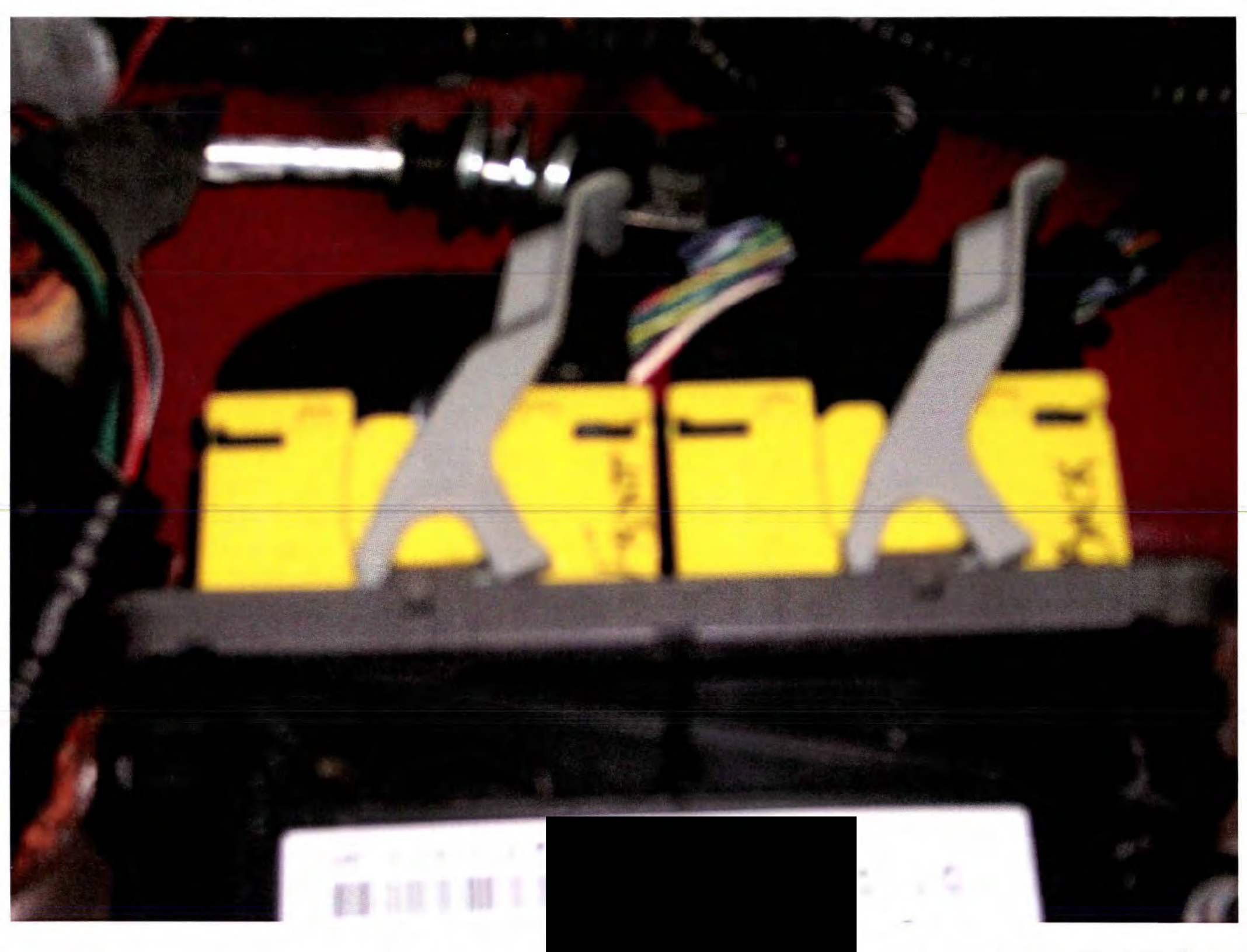
[REDACTED]

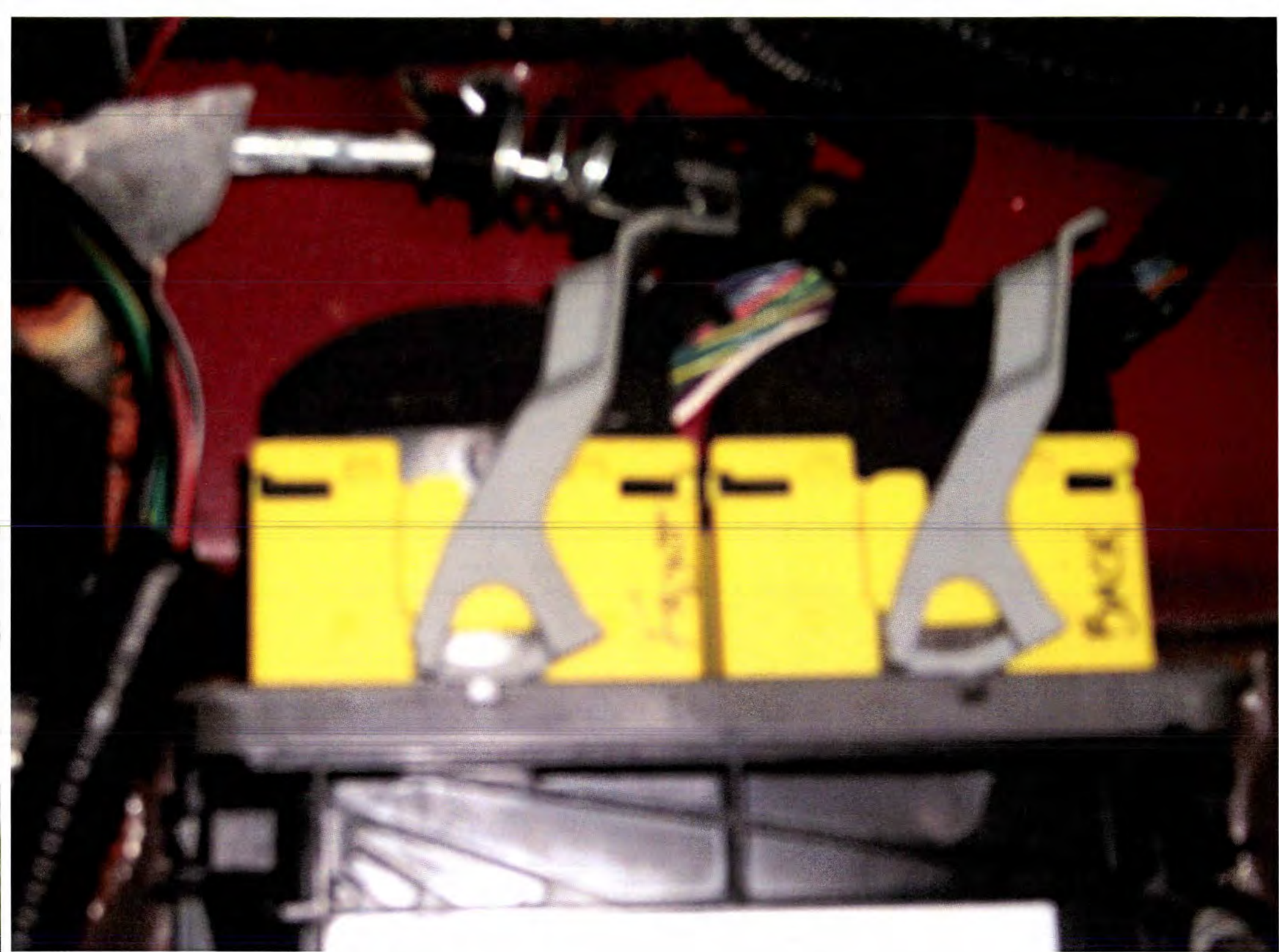


SUPPL

39754C

CODE



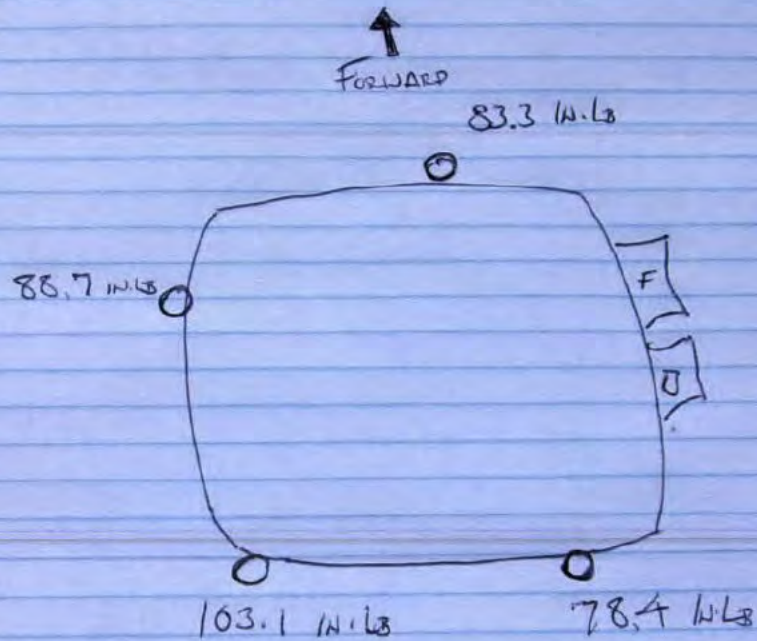




CHAITOFF

VEHICLE INSPECTION 3/29/2011

~ AIRBAG CONTROL MODULE REMOVAL ~



CHRYSLER P/N P68031601AC

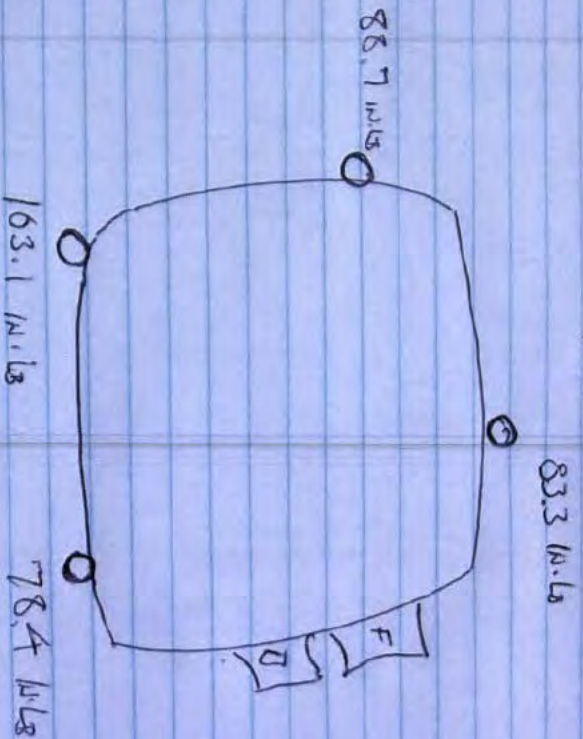
CHRYSLER S/N TLAME2907A0079

CHARTERS

VEHICLE INSURANCE 5/29/2011

~ AIRMAX CONTROL MODULE REMOVAL ~

FORWARD
↑

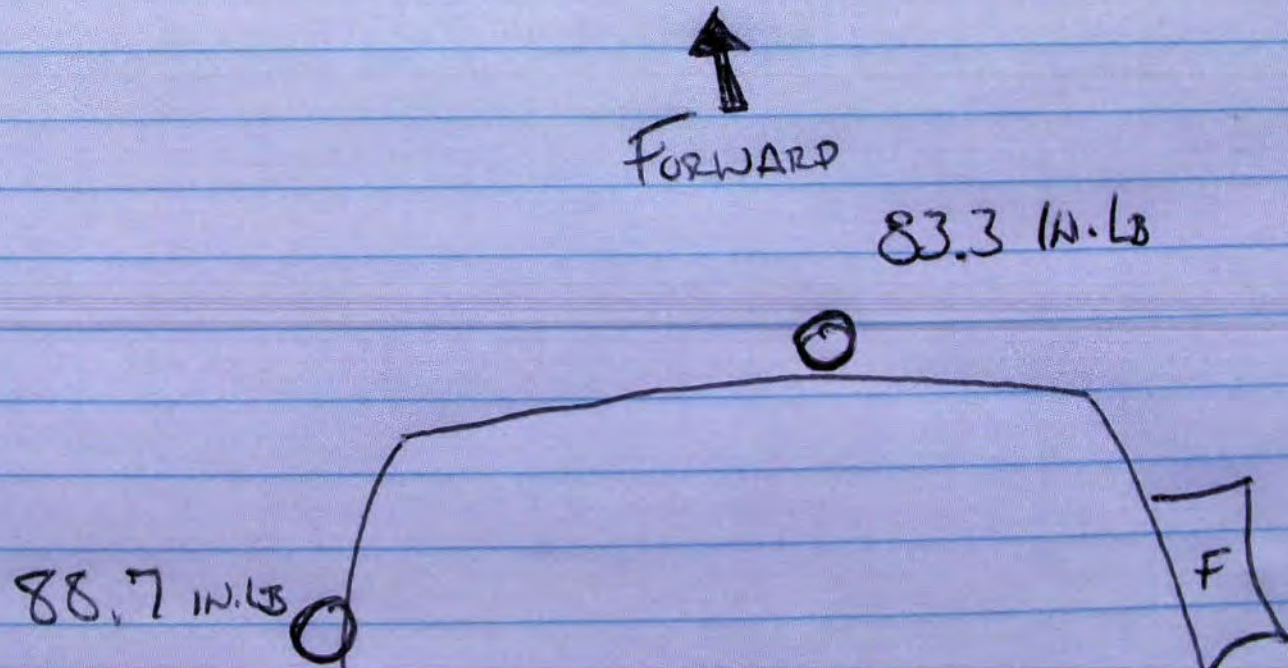


CHRYSLER P/D P88Φ316Φ1AC
CHRYSLER S/D TLAME29Φ7AΦΦ79

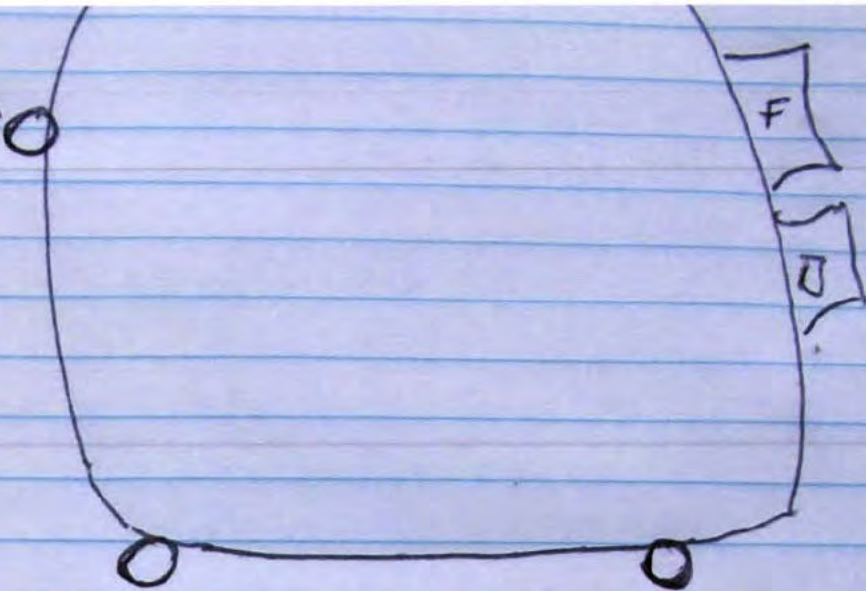
CHAITOFF

VEHICLE INSPECTION 3/29/2011

~ AIRBOX CONTROL MODULE REMOVAL ~



88.7 IN. LB

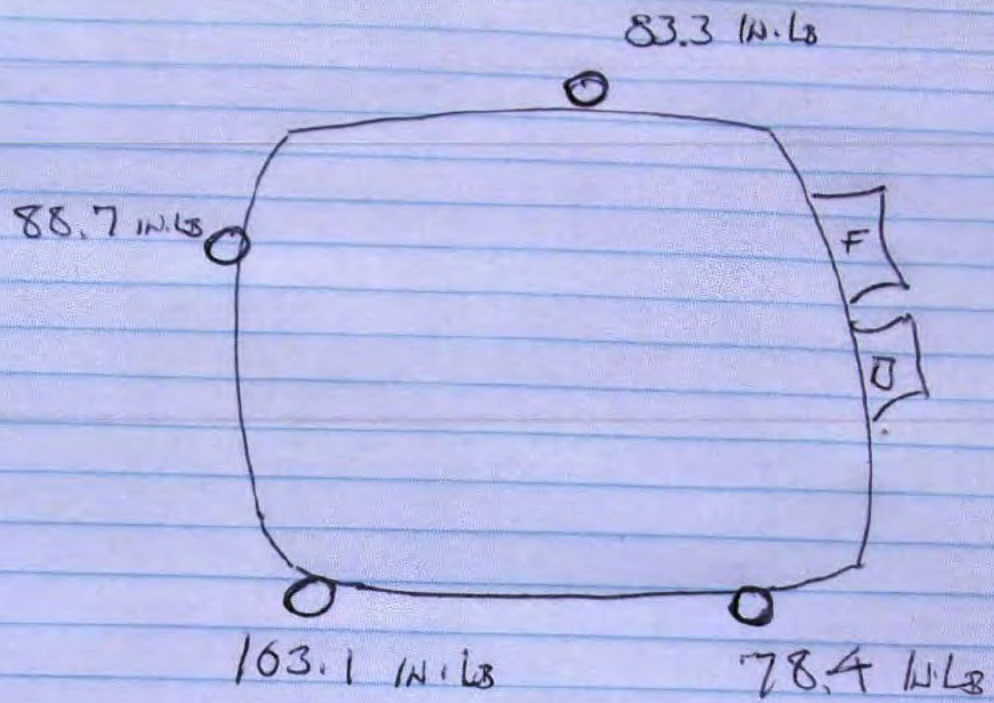


163.1 IN. LB

78.4 IN. LB

CHRYSLER P/N PG8031601AC

CHRYSLER S/N TLAME2907A0079



CHRYSLER P/N PG8031601AC

CHRYSLER S/N TLAME2907A0079





L0



APPLIER CODE

89754C

CHRYSLER P/N P68031601AC



JK D L0

WARNING. REFER TO SERVICE MANUAL BEFORE SERVICING.
IMPROPER SERVICING CAN RESULT IN AIR BAG SYSTEM
FAILURE AND POSSIBLE
D/OR PASSENGER INJURY.

CHRYSLER S/A



A



SUPPLIER CODE
39754C

CHRYSLER P/N P68031601AC



JK D L0

WARNING. REFER TO SERVICE MANUAL BEFORE SERVICING.
IMPROPER SERVICING CAN RESULT IN AIR BAG SYSTEM



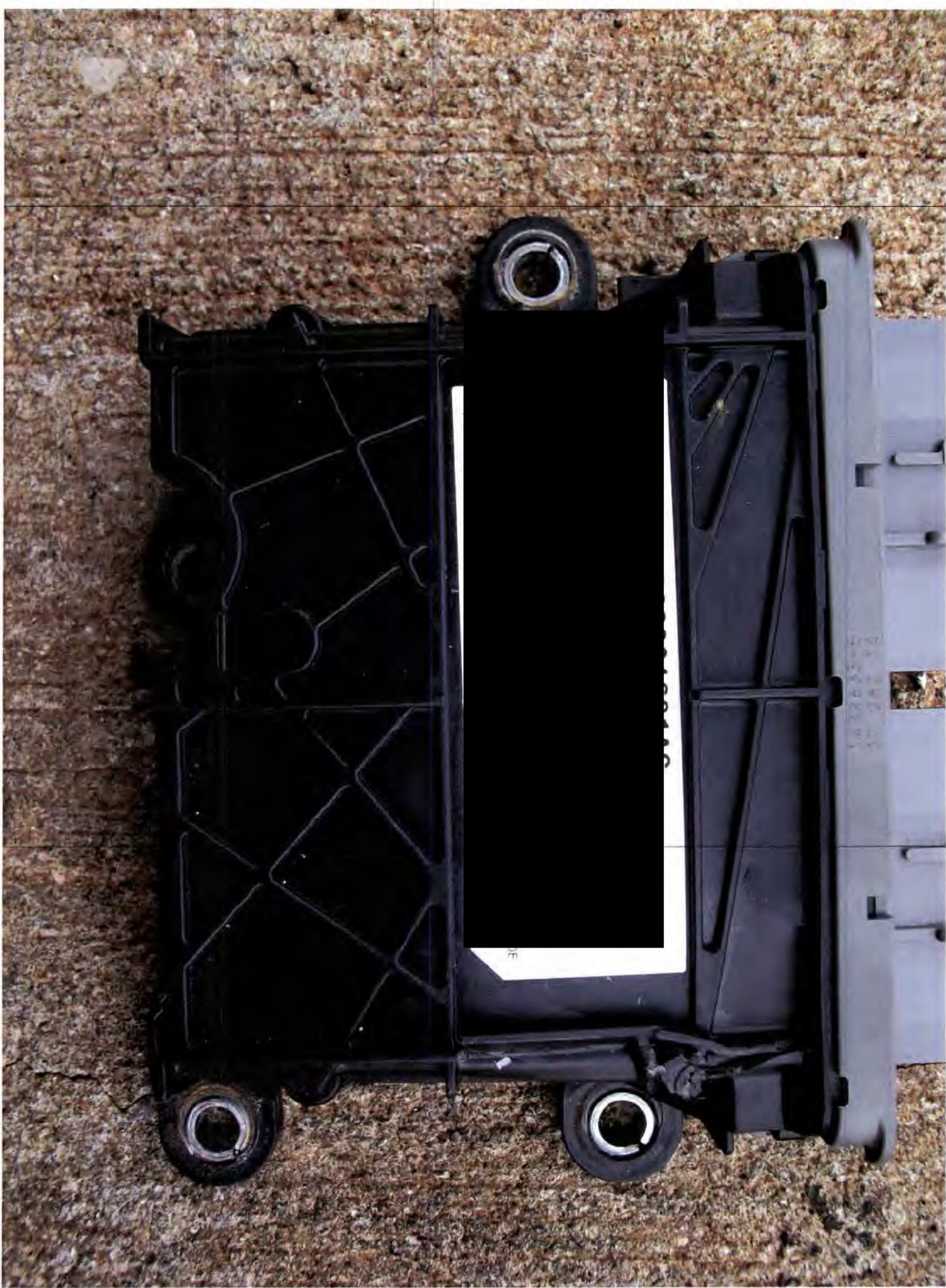
FAILURE AND POSSIBLE DRIVER AND/OR PASSENGER INJURY.



CHRYSLER S/N TLAME290



SUPPLIER CODE
39754C

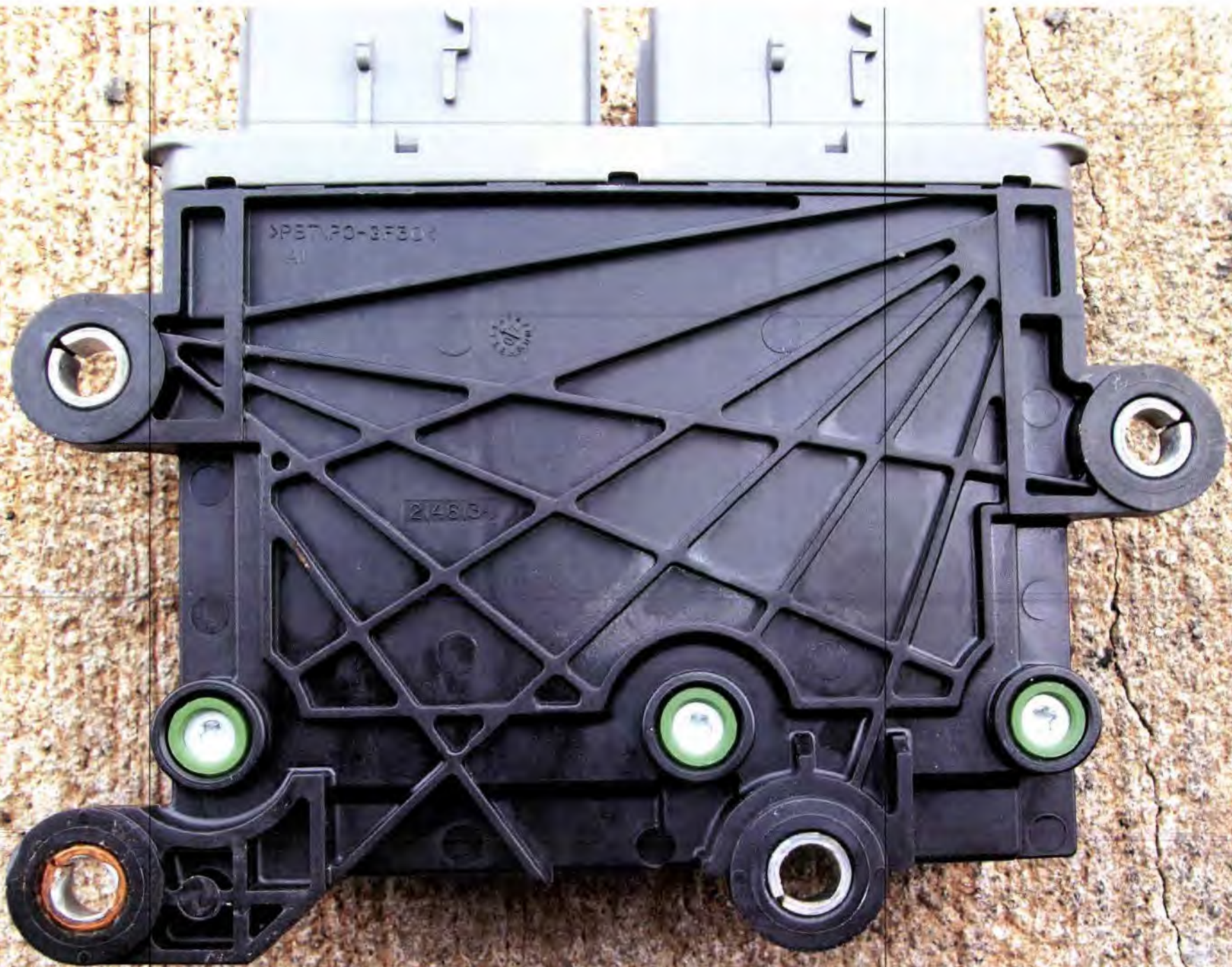




214613-1

PBT/PC-6F00X

05



SPST, PO-3F304

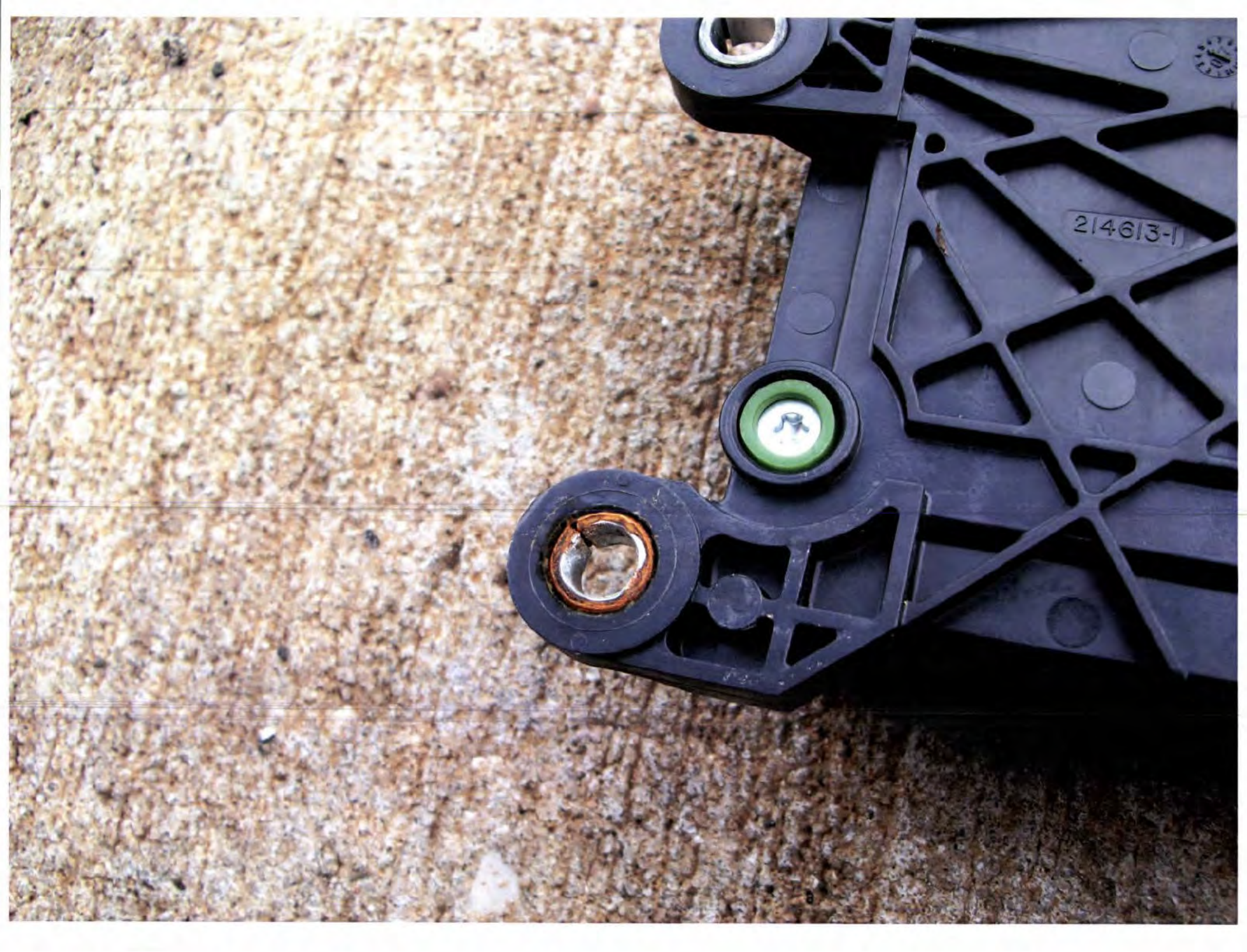
21



21483







214613-1



>PBT/PC-GF30<
AI

100%
1101

21453



214813-1



154261-5
DL UK

154261-5-0150X

A1

(A1)

(B2)

1

12

12



154261-5
DLJK

DPETNPO-6F50K

type

B2



154261-5
DLJK

XPET/PC-6F50K

1

B2

13

32

17







10.2.1.10.5

7.7.7.7.7





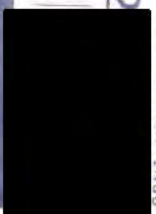
CHRYSLER P/N P68031601AC



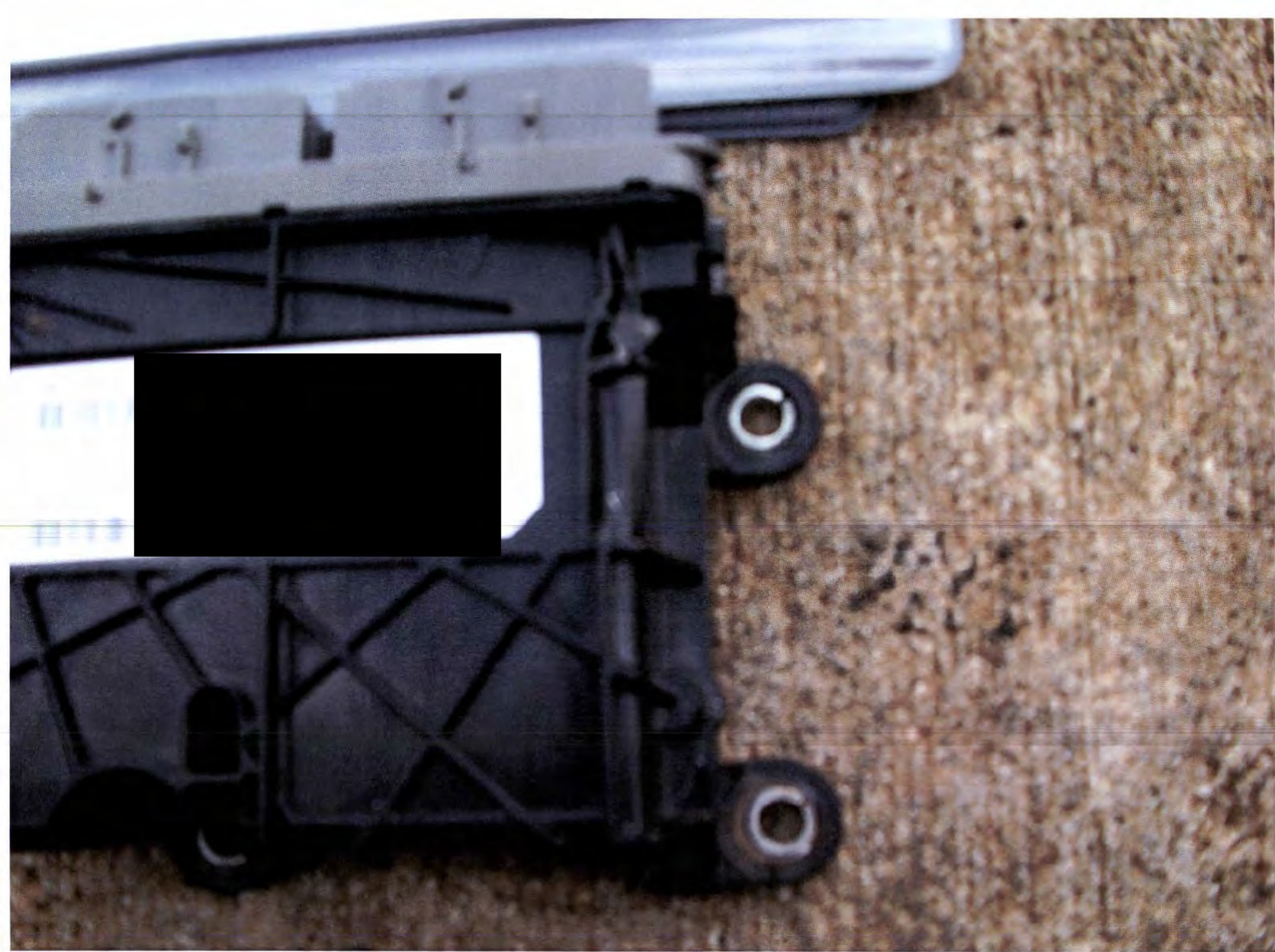
JK

WARNING: REFER TO SERVICE MANUAL BEFORE SERVICING
IMPROPER SERVICING CAN RESULT IN AIR BAG SYSTEM
FAILURE AND POSSIBLE DRIVER AND OR PASSENGER INJURY

CHRYSLER S/N TLAME2







1601AC

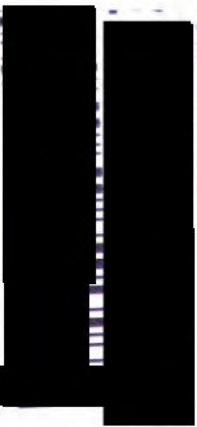


JK D L0

BEFORE SERVICING.
AIR BAG SYSTEM
OR PASSENGER INJURY.



SUPPLIER CODE
39754C



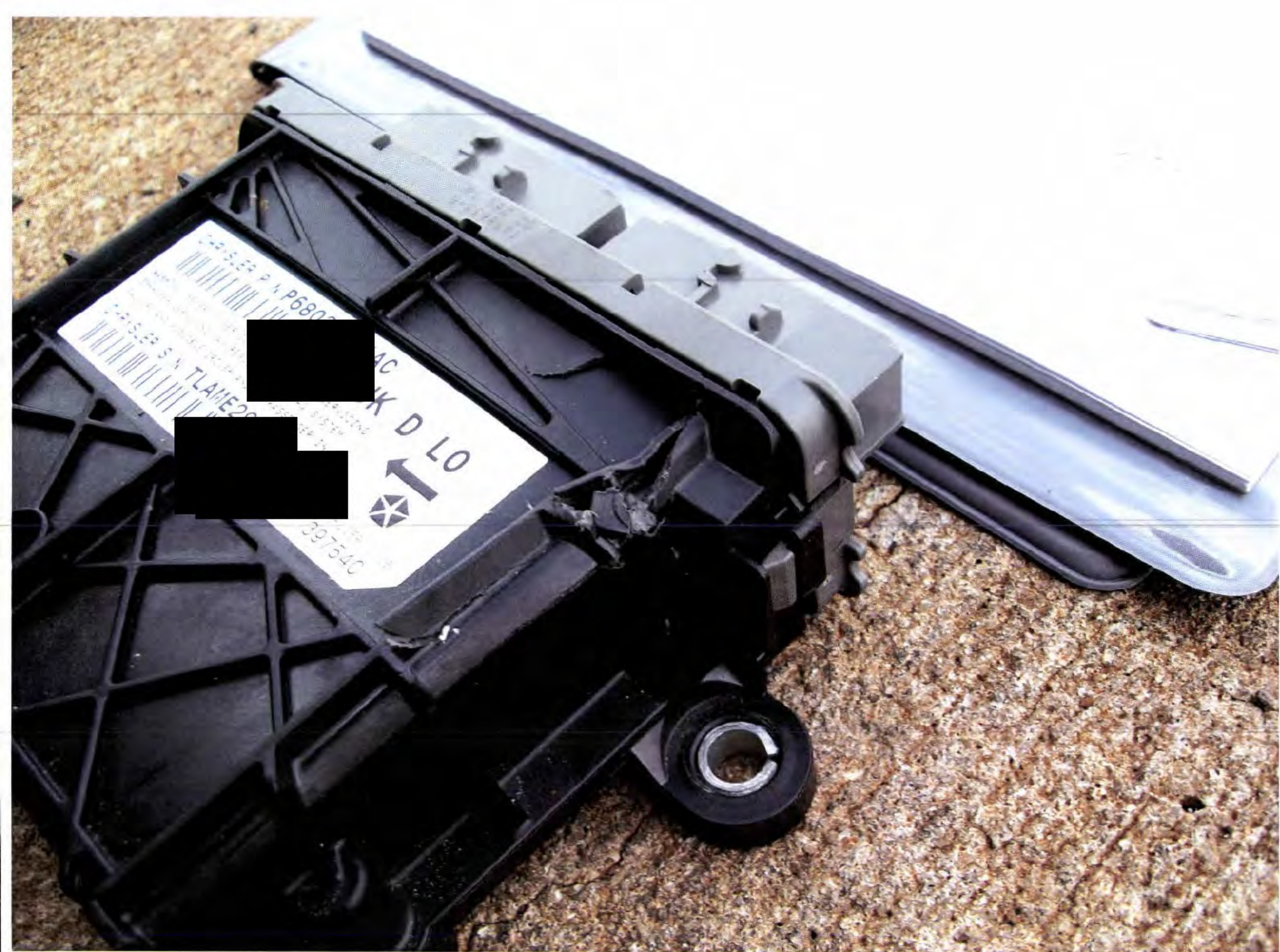


31601AC
JK D L0
QUAL BEFORE SERVICING.
SAC SYSTEM



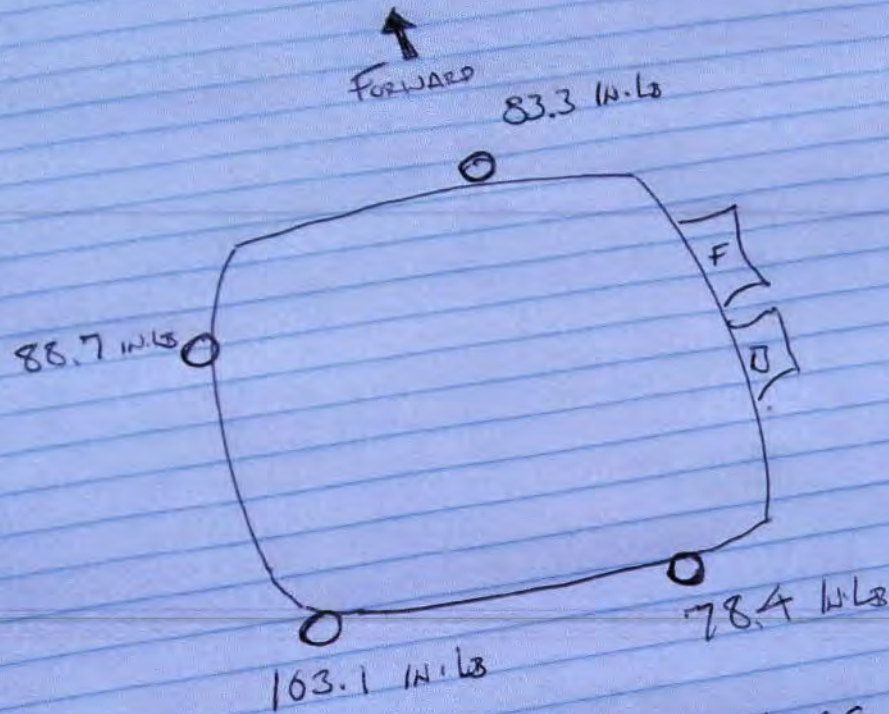
SUPPLIER CODE
39754C





VEHICLE INSPECTED 9/29/2011

~ AIRBOX CONTROL MODULE REMOVAL ~

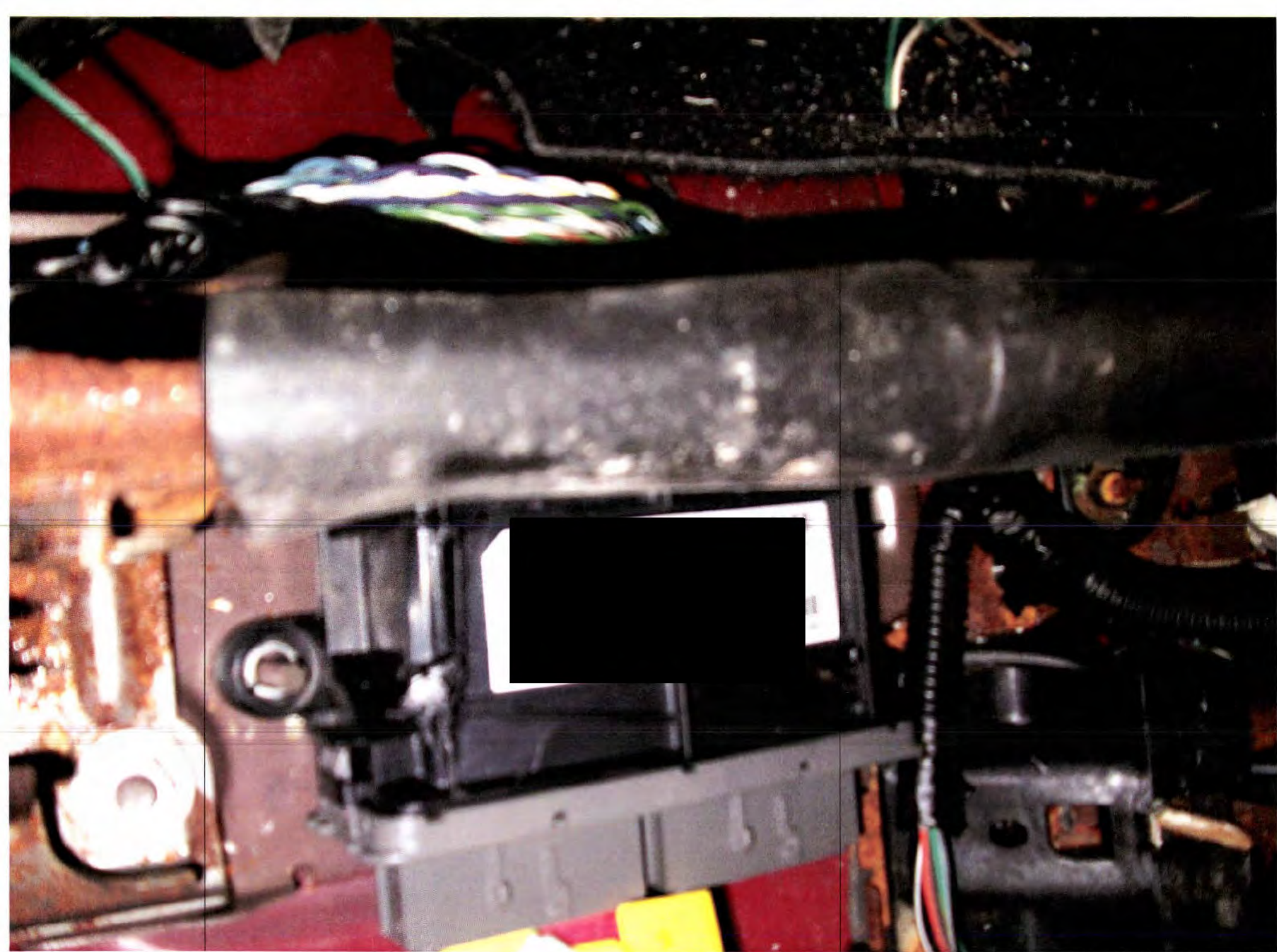


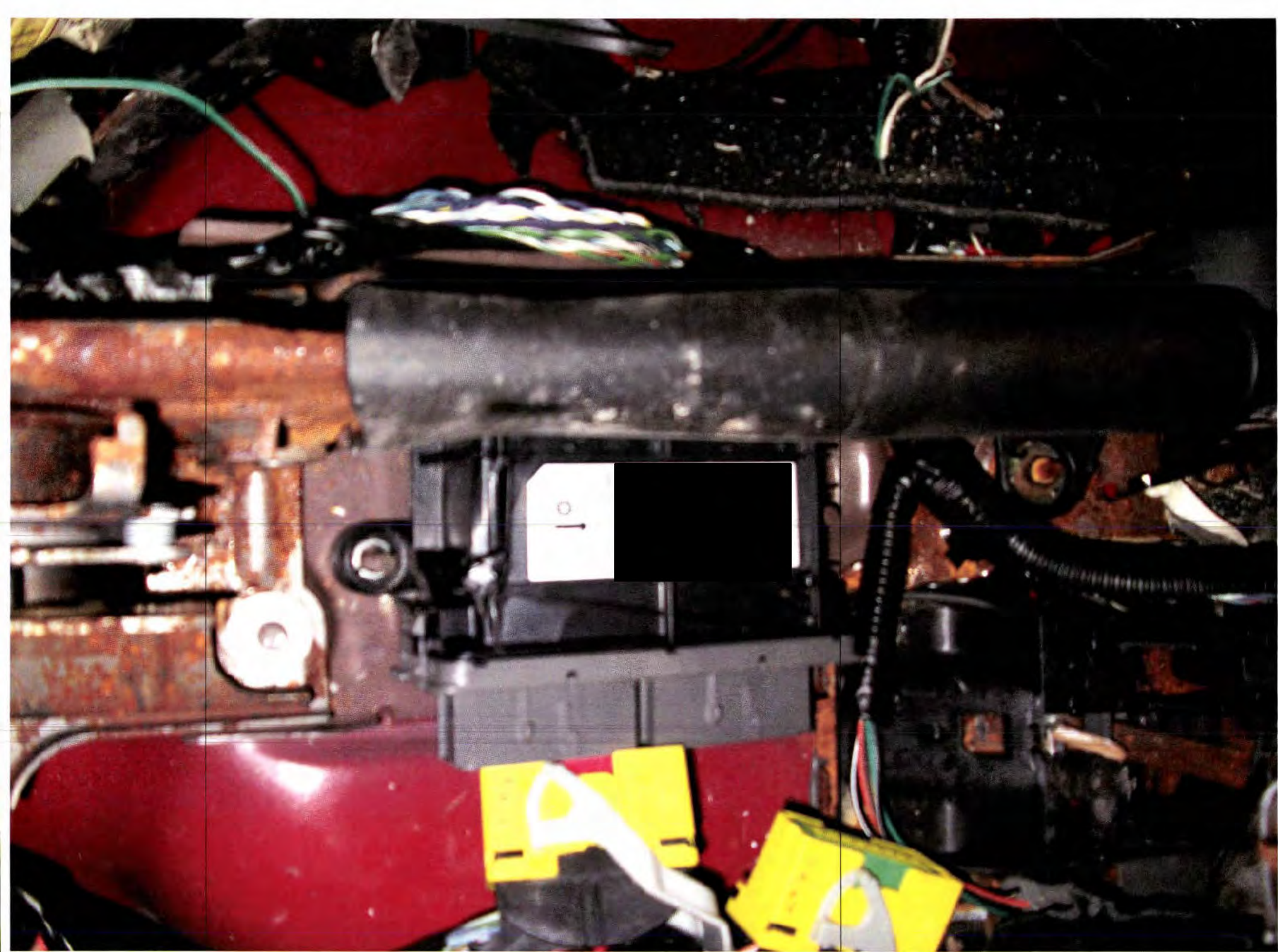
CHRYSLER P/N PG8Φ316Φ1AC

CHRYSLER S/N TLAME29Φ7AΦΦ79

CHRYSLER P/N P68031601AC
MANUAL BEFORE SERVICING
IMPROPER SERVICING CAN RESULT IN AIR BAG SYSTEM
FAILURE AND POSSIBLE DRIVER AND/OR PASSENGER INJURY
SUPPL. PART NO. 39754C

BACK





CHRYSLER P/N P68031601AC
JK D L0
WARNING: REFER TO SERVICE MANUAL BEFORE SERVICING.
IMPROPER SERVICING CAN RESULT IN AIR BAG SYSTEM
FAILURE AND POSSIBLE DRIVER AND/OR PASSENGER INJURY
CHRYSLER S/N TLAM
754C

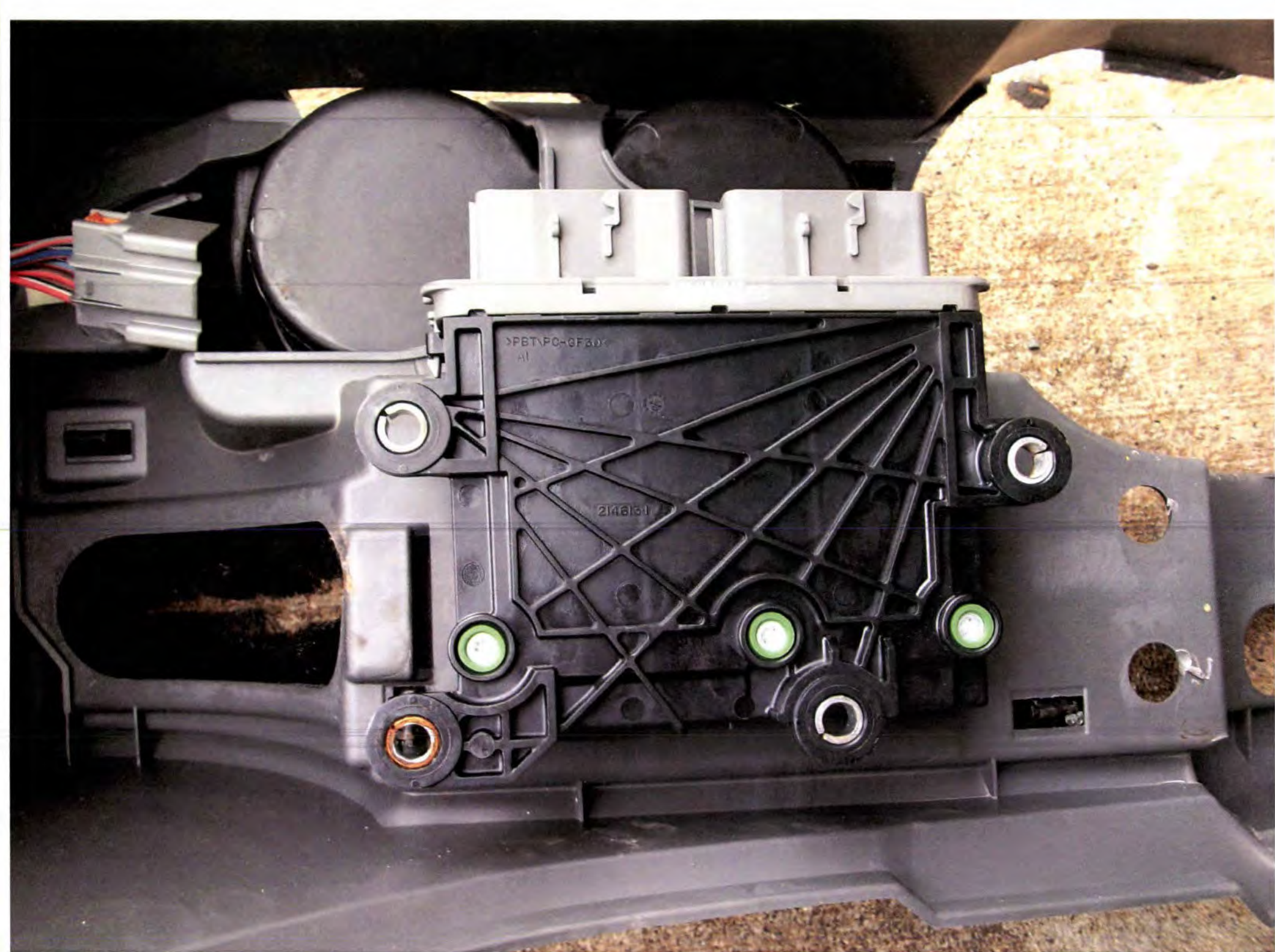
BACK

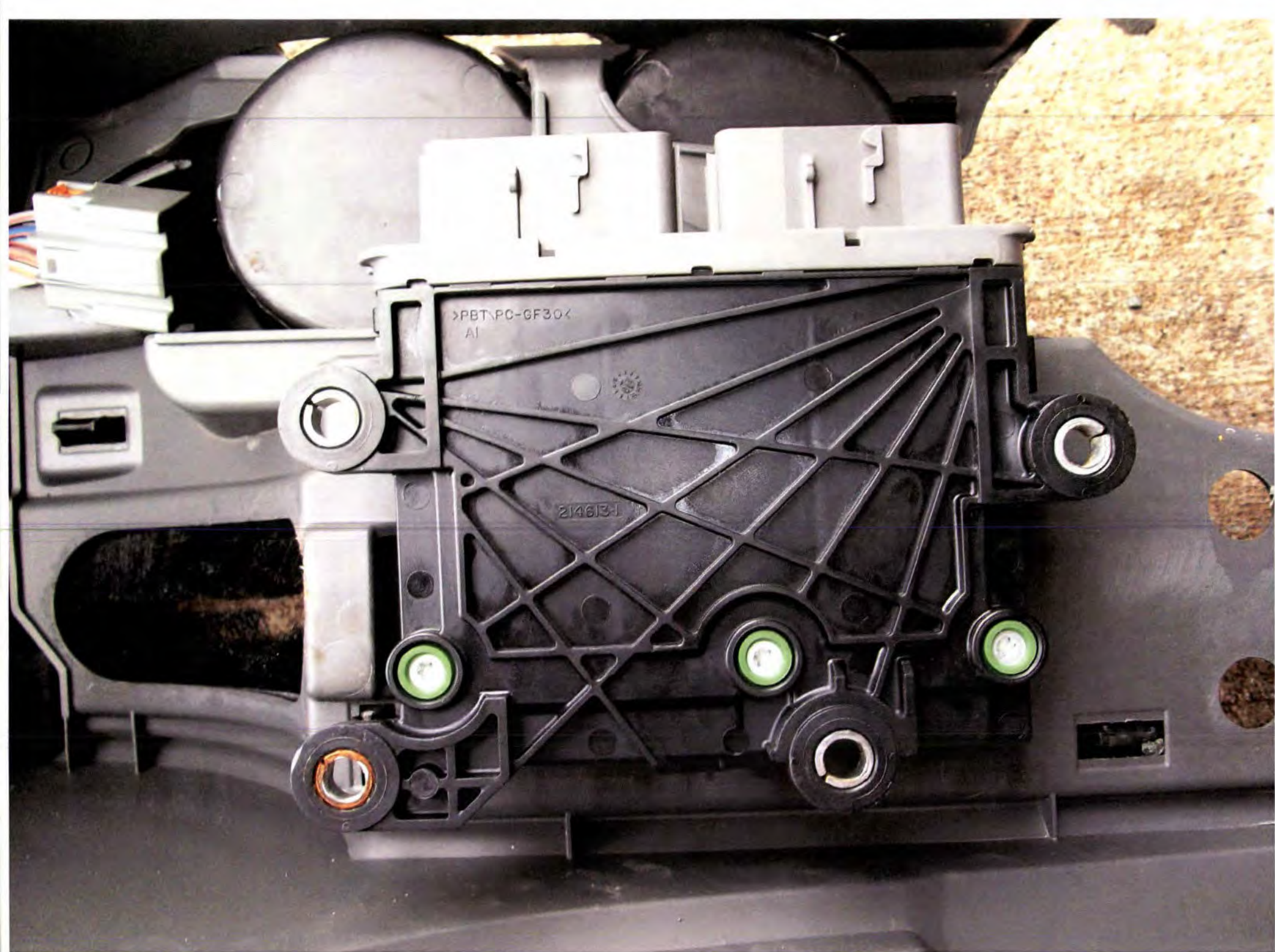


CHRYSLER P/N P68031601AC
JK D L0
WARNING. REFER TO SERVICE MANUAL BEFORE SERVICING.
IMPROPER SERVICING CAN RESULT IN AIR BAG SYSTEM
FAILURE AND POSSIBLE DRIVER OR PASSENGER INJURY.
CHRYSLER S/N TLA
SUPPLIER CODE
39754C

FR

BACK





PBT/PC-GF30< />
AI

214613-1



50TAC



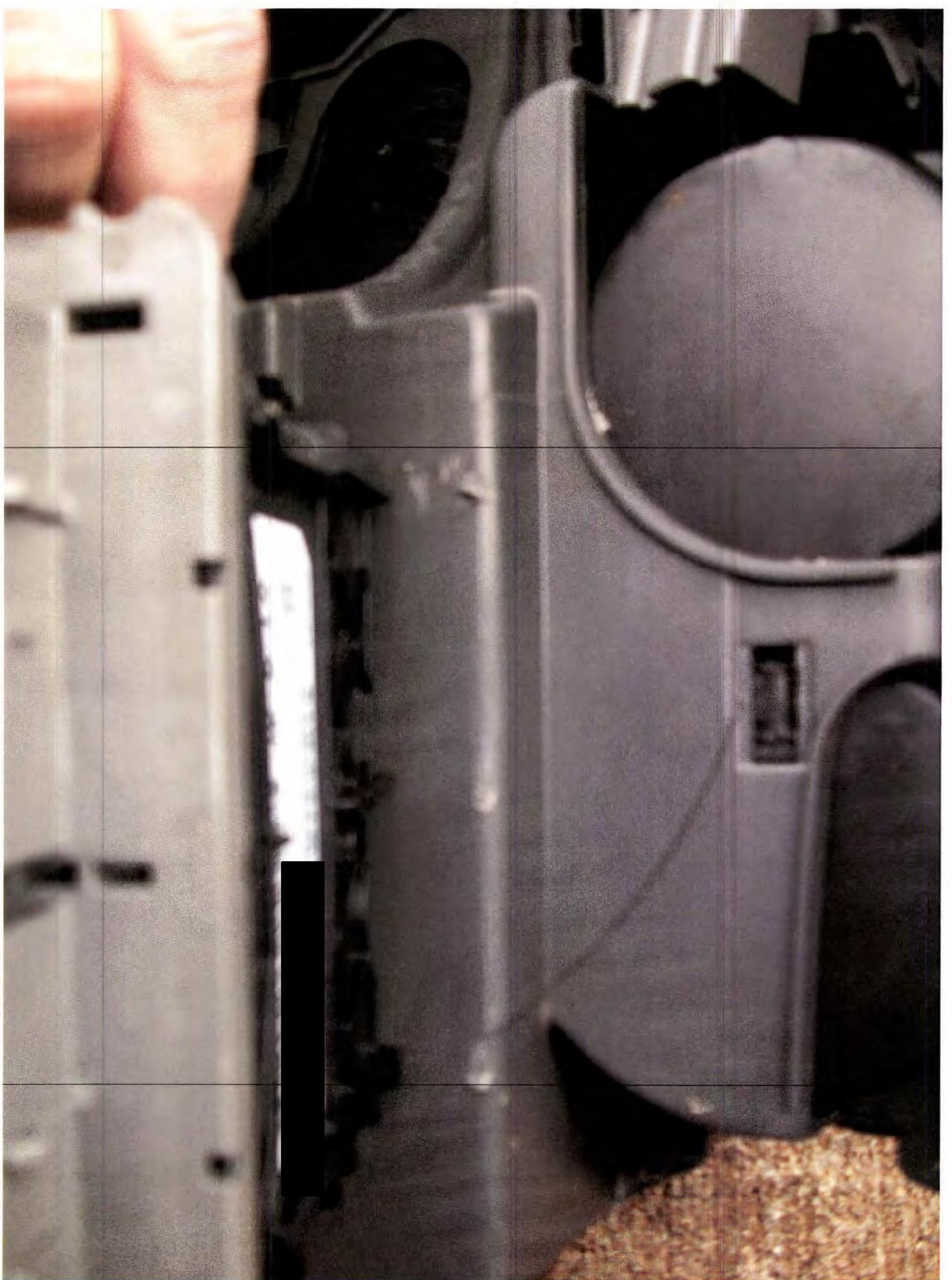
JK D LO

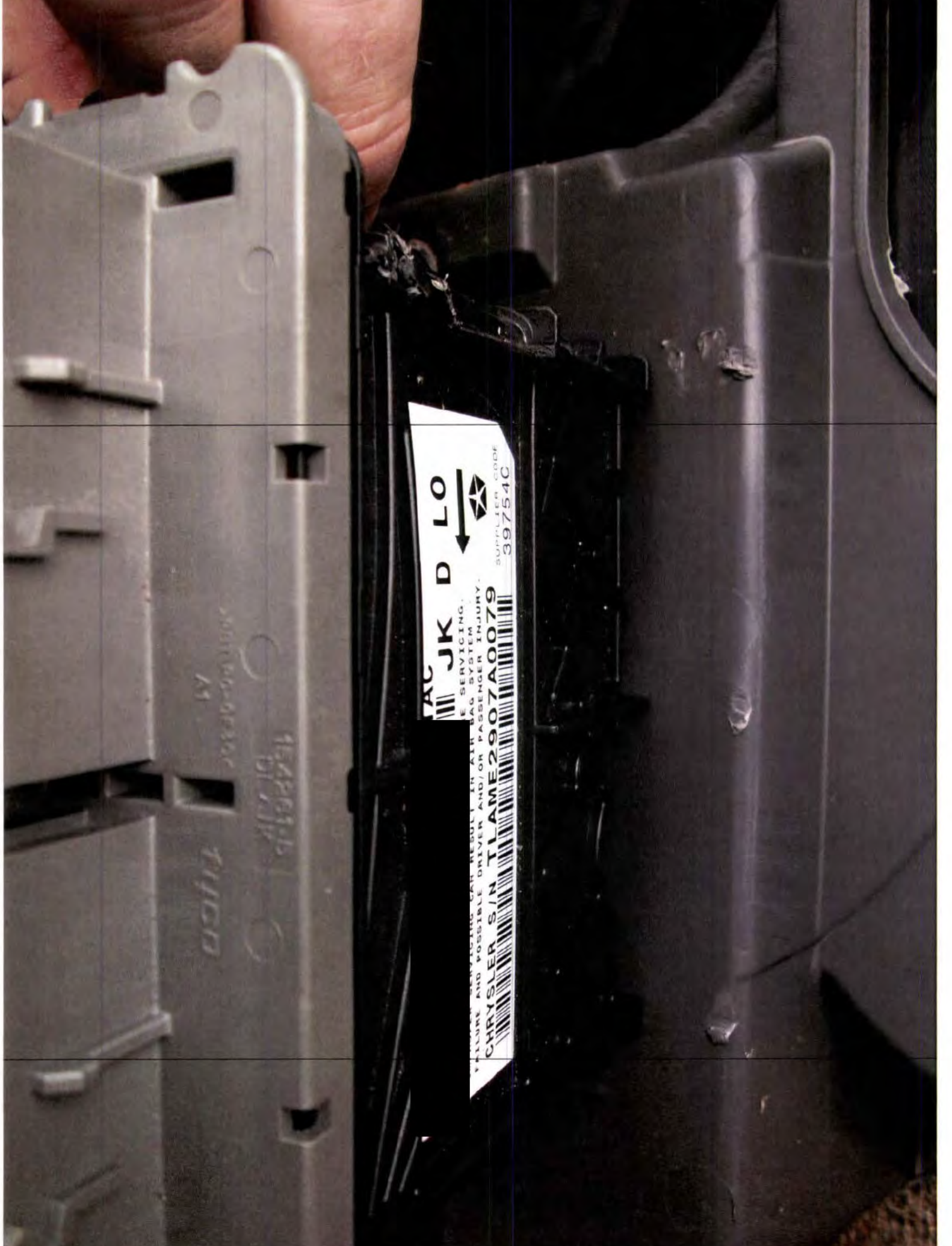


MANUAL BEFORE REINSTALL
CHECK IN AIR BAG SYSTEM
FAILURE AND POSSIBLE INJURY AND OR DEATH

CHRYSLER S N TLAME 2907A0079







TAC JK D LO
 ⚠️ SERVICING AIR BAG SYSTEM MAY RESULT IN AIR BAG SYSTEM FAILURE AND POSSIBLE DRIVER AND/OR PASSENGER INJURY.
 CHRYSLER S/M TLAME2907A0079
 SUPPLIER CODE 39754C

11/10/07
 2007-09-01
 1588419

CHRYSLER P/N P68031601AC



JK D L0

WARNING. REFER TO SERVICE MANUAL BEFORE SERVICING.
IMPROPER SERVICING CAN RESULT IN AIR BAG SYSTEM
FAILURE AND POSSIBLE DRIVER AND/OR PASSENGER INJURY.



CHRYSLER S/N TLAME29



SUPPLIER CODE
39754C

PART # 1AG57TRMAC ✓ 1CG08TRMAC REV: B/B
MOLD # B42B CAV # 1
VENDOR # 58154
>PP-TD13<

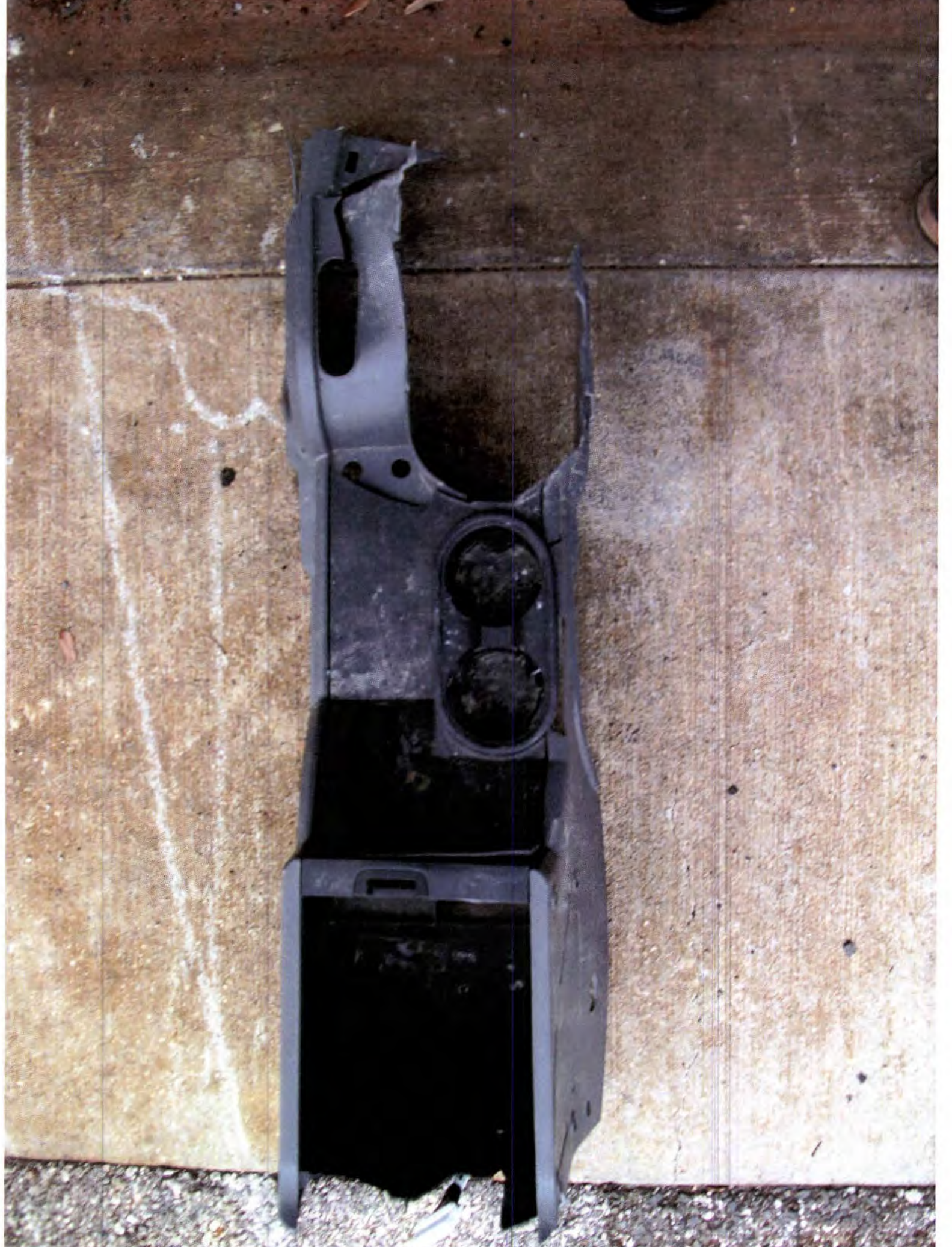


VP7DHX-44045A06-FH/KGEJW
GFW IS THE ASY WITH POWER
QVP7DHX-44044C72-CFM

PART # 1AG67TRMAC
MOLD # 8428
VENDOR # 58154
CAY # 1
REV: B/B
>PP-TD13<



VP7DHX-44045A08-FHY/GJM
GFW IS THE ASY WITH POWER
QVP7DHX-44044C72-LFV













CHINTEOFF
ACM / ORC

REMOVED
FROM
VEHICLE

3-29-2011

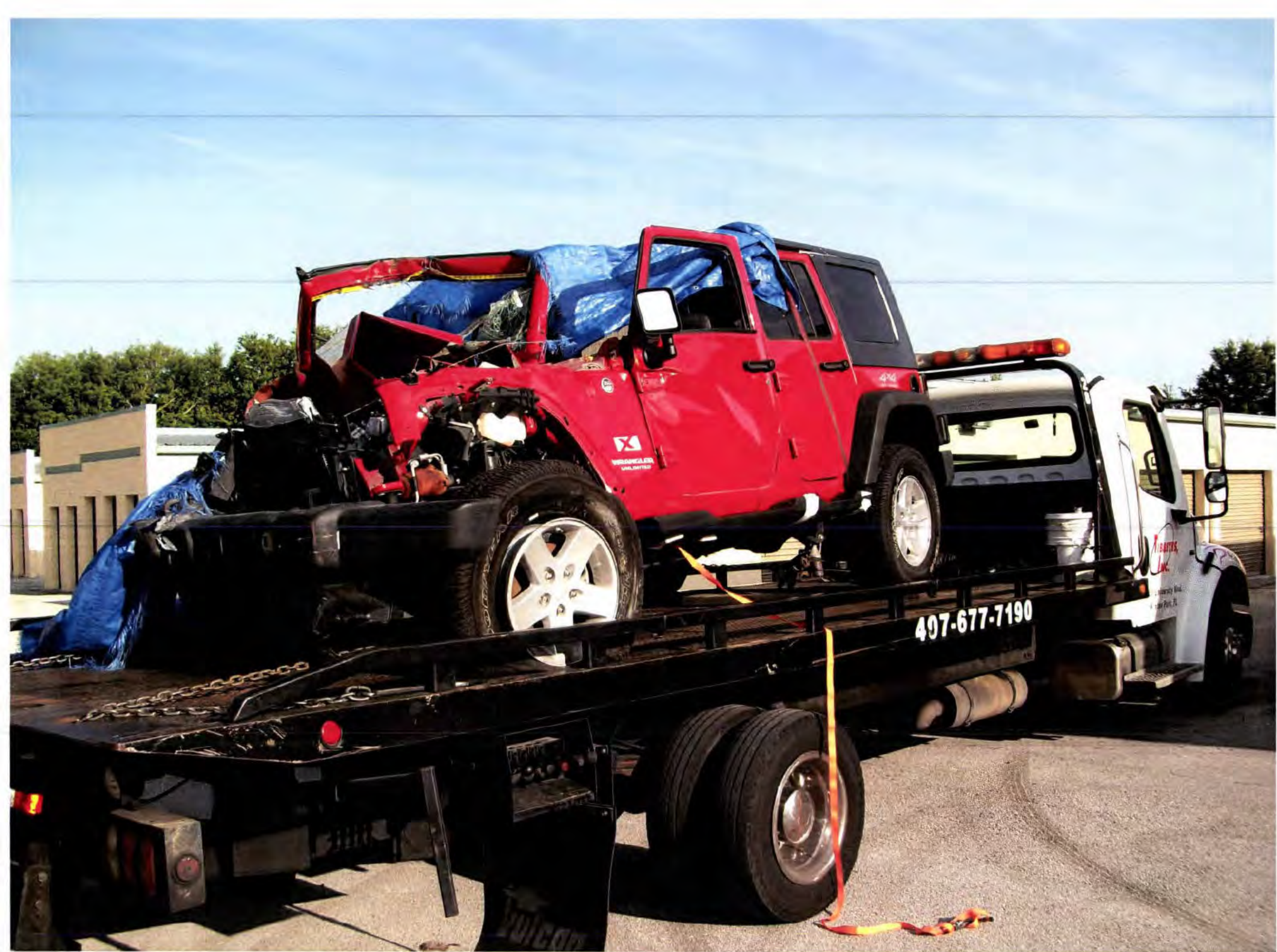




497-677-7190

WRANGLER
UNLIMITED

4x4























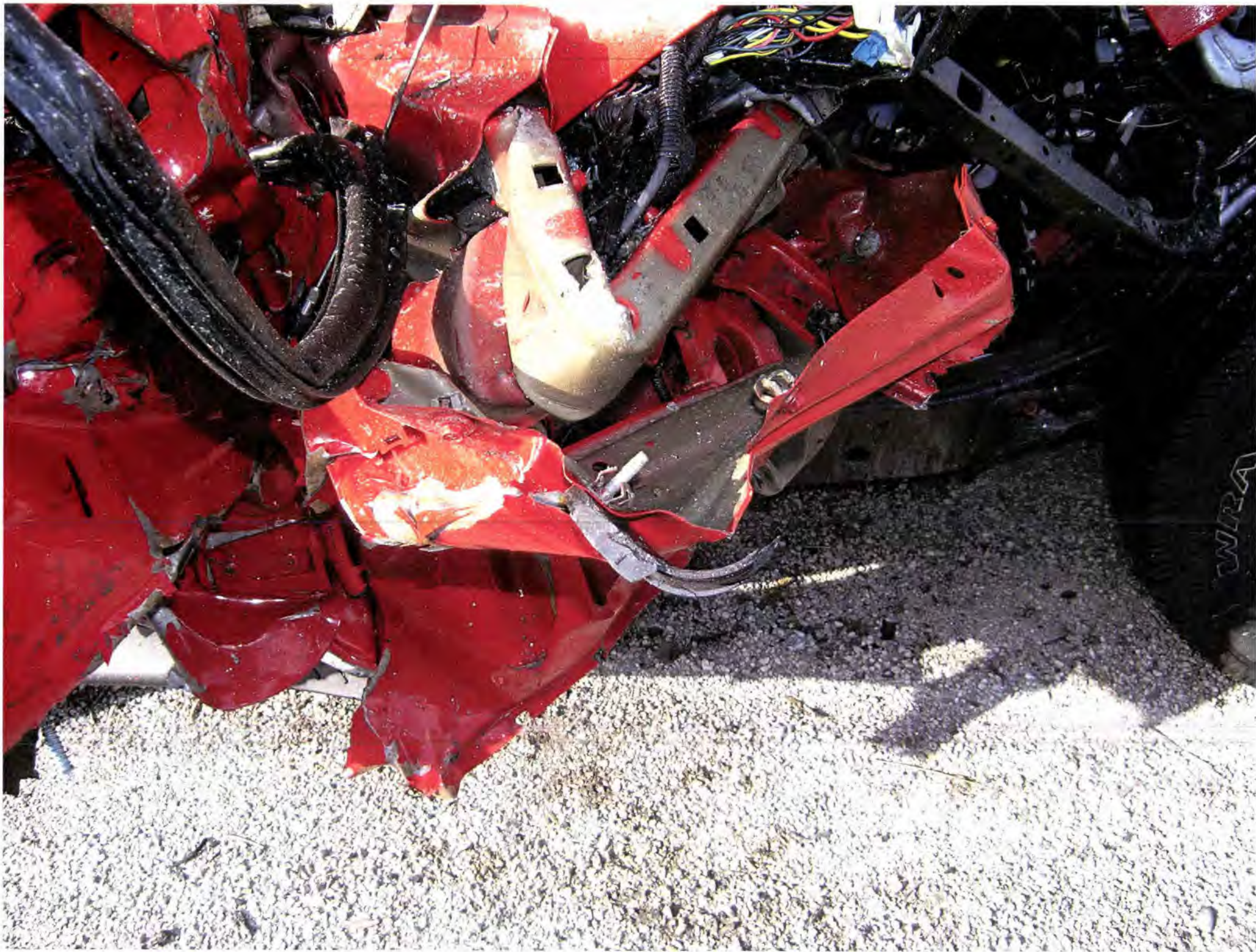
























WRANGLER
UNLIMITED















58L543437*

















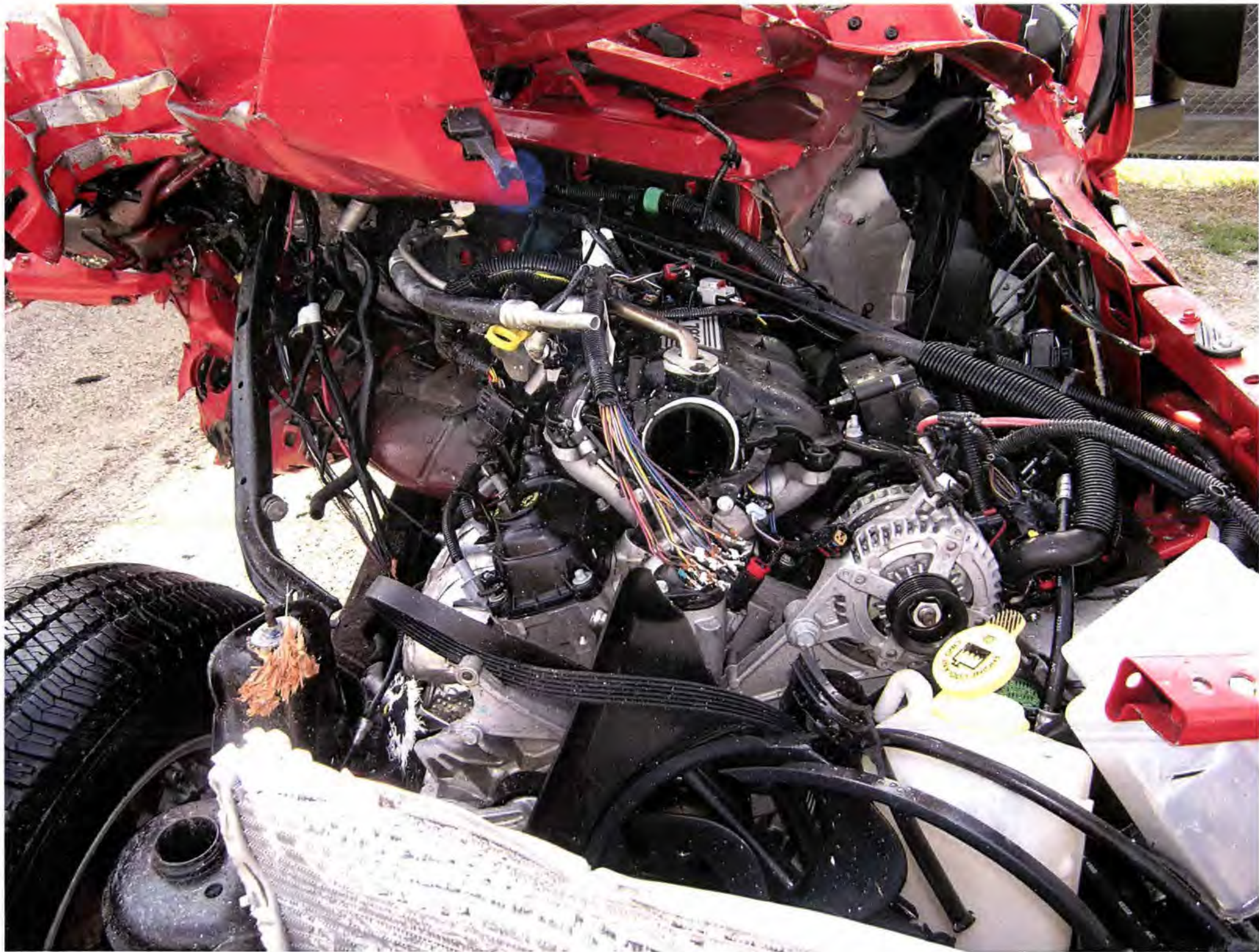


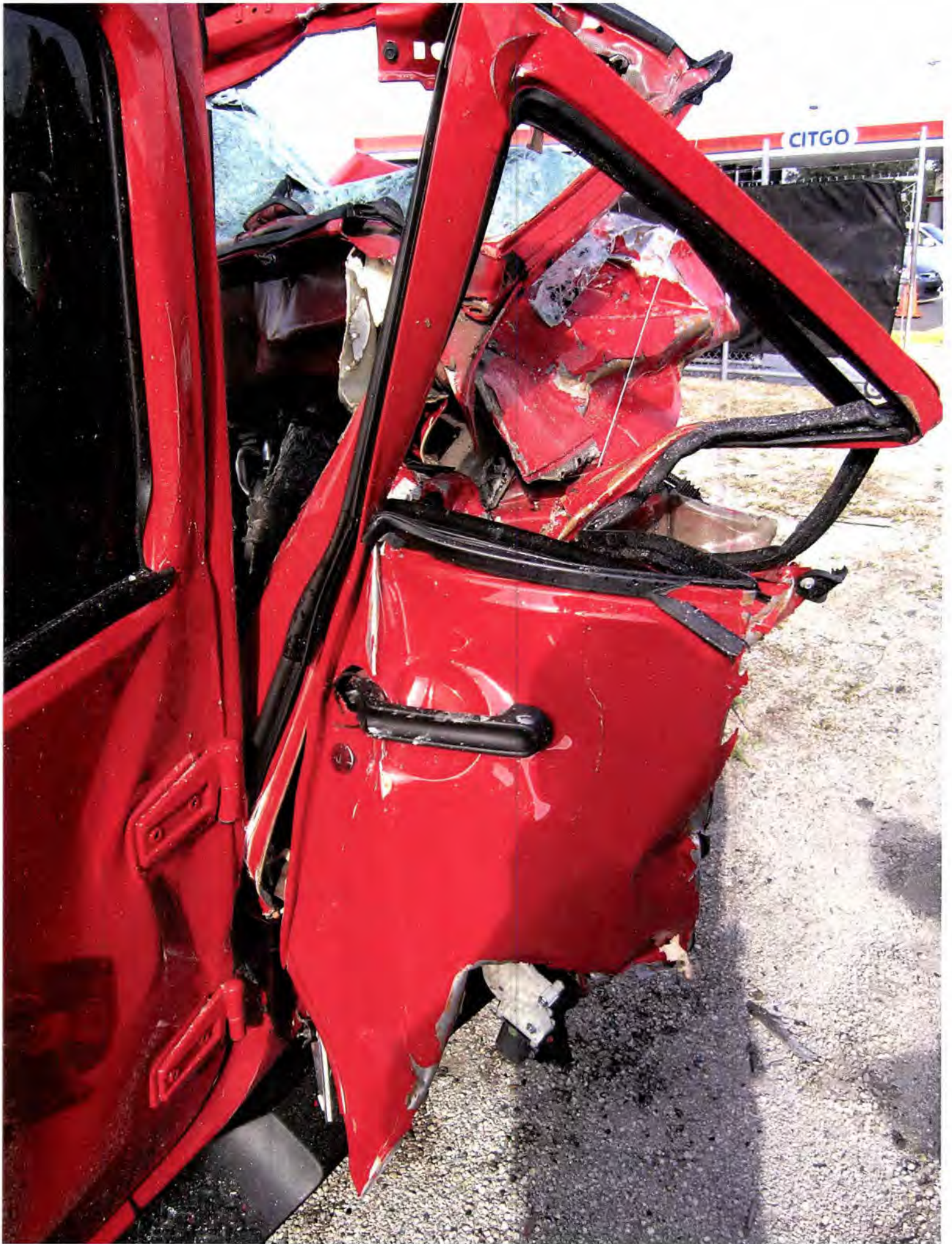


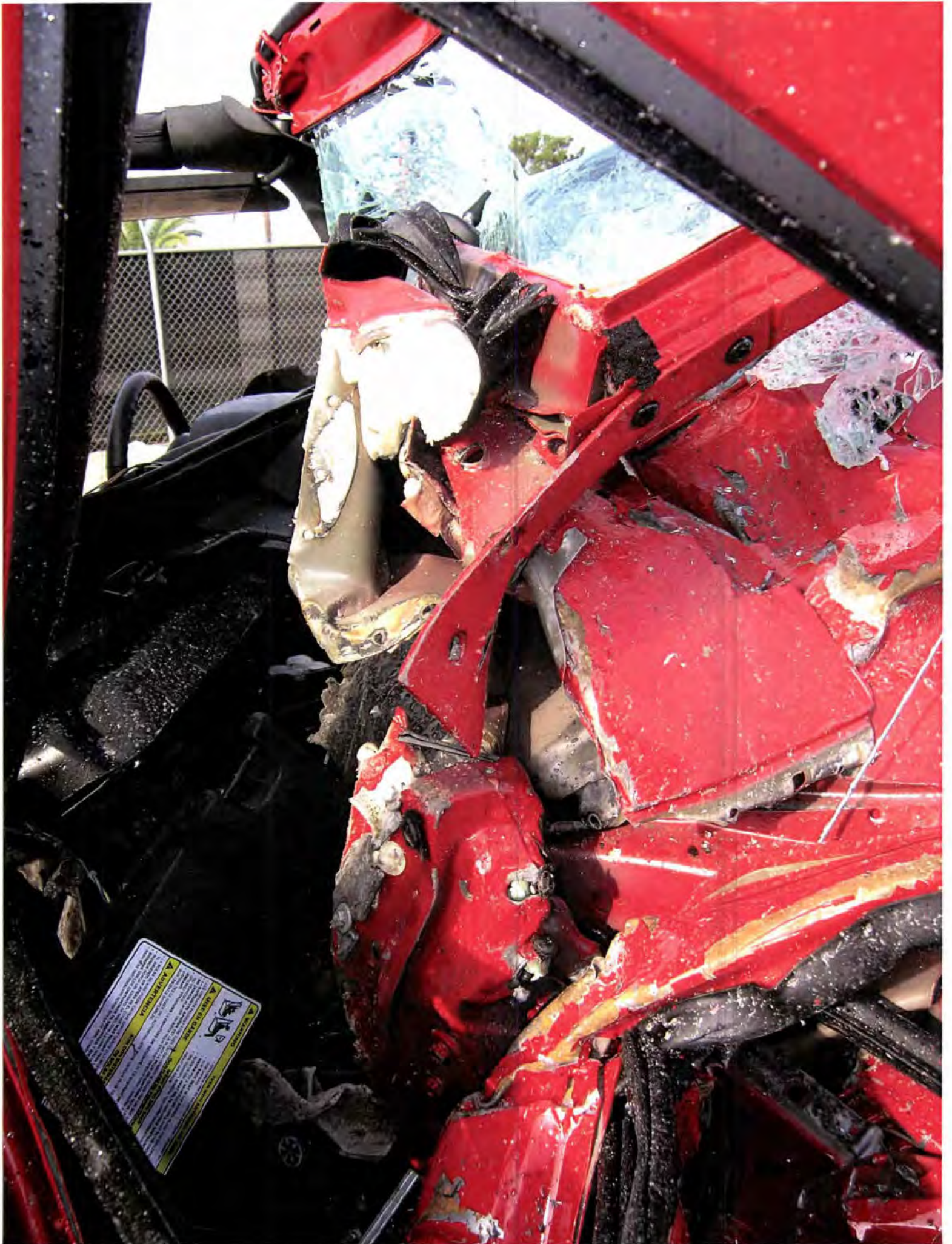


















ATTENTION
FOR INFORMATION
This label is for information only. It does not provide any instructions or safety information. It is not to be used as a substitute for the operator's manual or other safety information. It is not to be used as a basis for any legal action. It is not to be used as a basis for any warranty claim. It is not to be used as a basis for any product liability claim. It is not to be used as a basis for any other legal claim. It is not to be used as a basis for any other action.









U-HAUL

MAKES MOVING EASIER

[Redacted License Plate]







F350
XL

CLOTH
V/C · AUTOMATIC

UNDER 11,000 GROSS

Now
\$1

Gentle-

CAUTION
In washing
to your head

NOTHING
1-800-528-3333



Now Only
\$19.95
IN-TOWN
Plus Mileage

The Nation's
Dairyland
America's
Moving Adventure
WISCONSIN

Go-Ride Van

...H 9... /C • TOMATIC

350
XL

UNDER 11,000 GROSS



U-HAUL has passed
INSPECTION BY ACCORDANCE
WITH 49 CFR 396.17 AND
IS STANDARD 11, PART 8
NATIONALS RECOMMEND
FRONT BEARING SERVICE

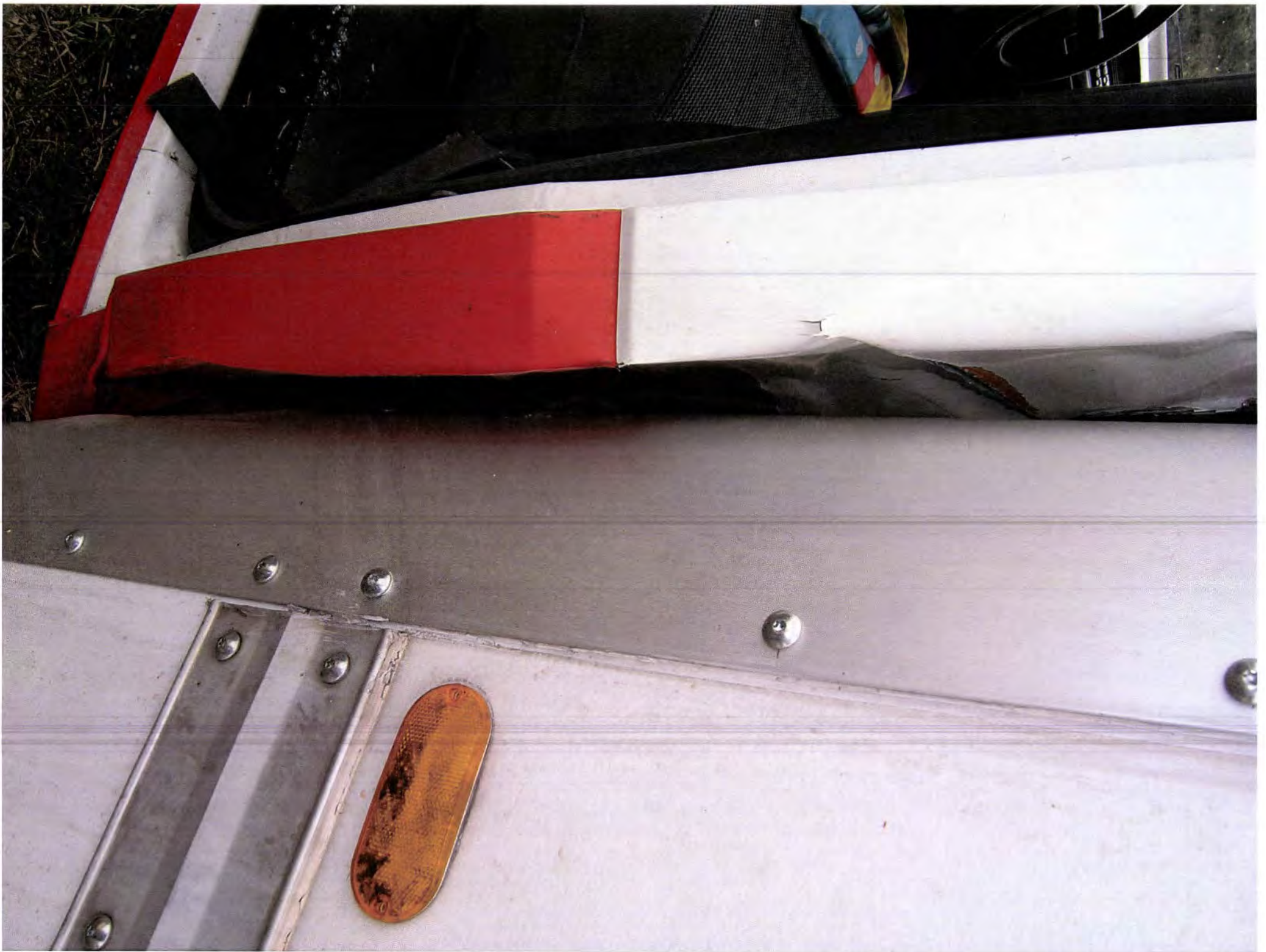
U-HAUL is
your SAFETY INSPECTION
partner. AZ 0910
M. A. M. J.
A. S. O. N. D.
07 09 10

SPRUNG,
LOWELL
247.062 FL

VEGA
ANGEL
781.004 FL

SWAN,
ROBERT







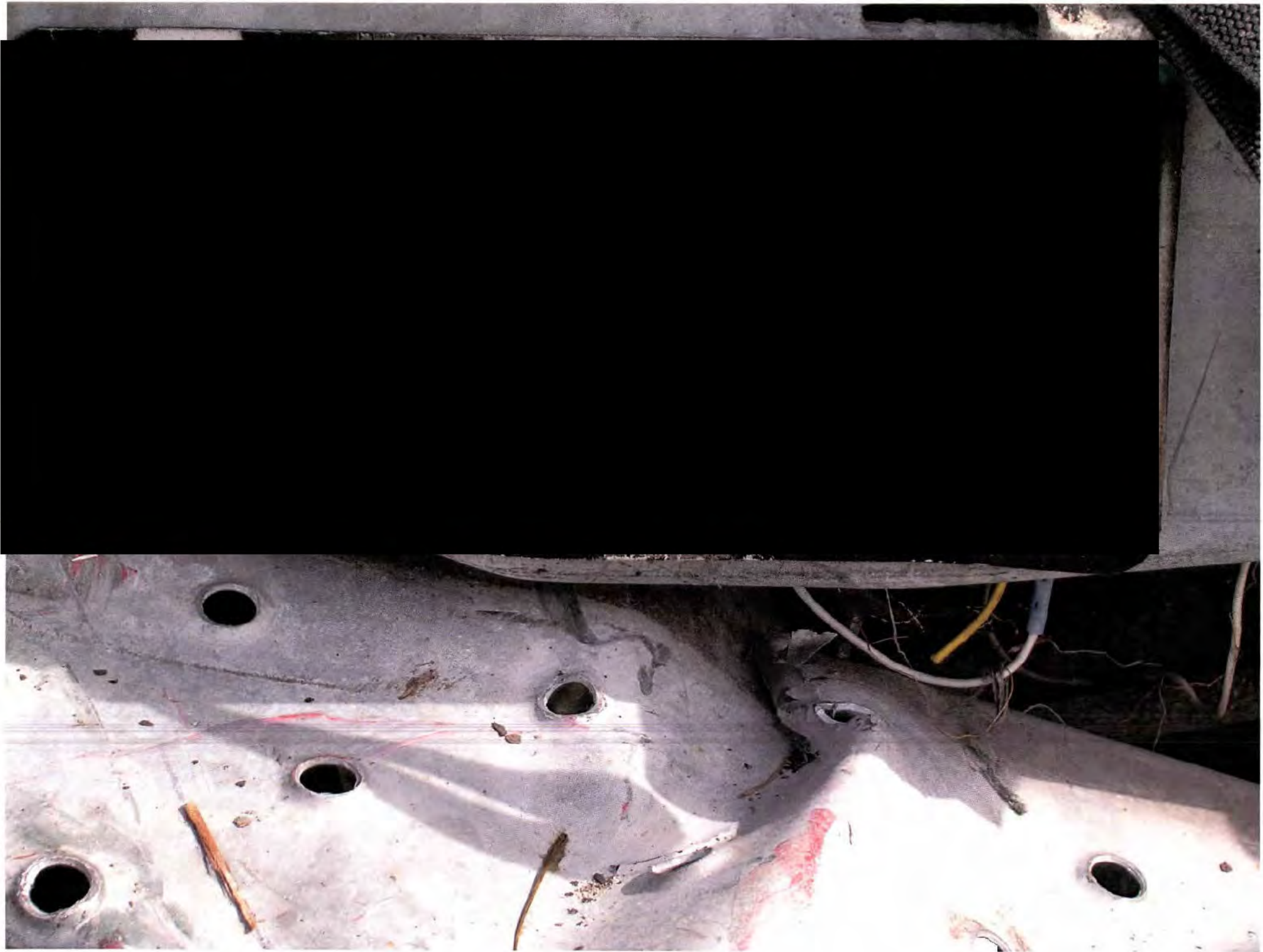










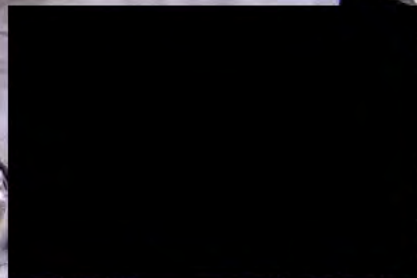








TYPICAL
FREIGHT
TRUCK
DECK
HEIGHT
50





1. Do not use...
2. Do not use...
3. Do not use...

PASSENGERS MUST USE IN CAB
properly in cargo area for safety & load...

DANGER
DO NOT attempt to load more than vehicle is designed to carry. Excess load may cause vehicle to become unstable or tip over.

FLT [REDACTED]

NOTICE
U-Haul trailers are designed to be used as a storage unit only. They are not to be used as a living space or for any other purpose.

HOTLINE
1 800 321 4335

U-HAUL - CARRY WEIGHTS







U-HAUL

Mon's Attie

RIGHT EQUIPMENT / LOWEST COST



The Nation's Dairyland

America's Moving Adventure
WISCONSIN



Now Only
\$19.95
IN-TOWN
Price Milwaukee

Gentle-Ride Van

DC 6050A

UNDER 11,000 GROSS

COST

Van

Lease
Contract Terms

UNDER 11,000 GROSS

CLOTH SEAT · A/C · AUTOMATIC



MENT / LOWEST COST

Now Only

\$19⁹⁵

**IN-TOWN
Plus Mileage**
Subject to Contract Terms

Gentle-Ride Van

CLOTH SEAT • A/C • AUTOMATIC

F350

UNDER 11,000 GROSS



10

-20

120

80

0

140

P R N 0 2 1











Gentle-Ride Van

CAUTION
Low overhang
watch your head

TH 8... A/ AUTOMATIC

50

UNDER 11,000 GROSS





HOTLINE
1-800-528-8195

Now On
\$19

Gentle-Ri

A/C · AUTOMATIC

UNDER 11,000 GROSS







S
enture
SIN



DC 6050 A

U-HAUL

RIGHT EQUIPMENT / LOWEST COST

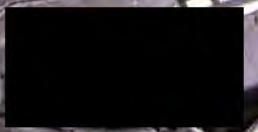
Now Only
\$19⁹⁵

Gentle-Ride Van

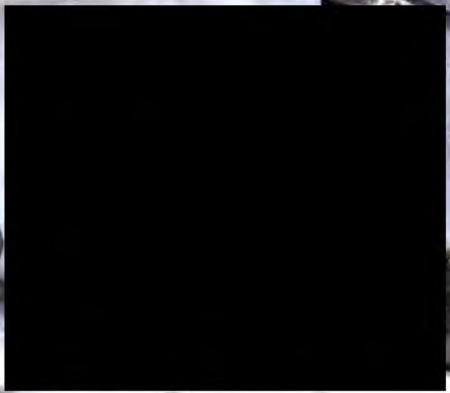
The Nation's
Dairyland

America's
Moving Adventure
WISCONSIN

DC 6050 A



DC 6050 A







Right Equipment...Lowest Cost!

U-HAUL

11C 6530A

STATE TROOPER

*FHP











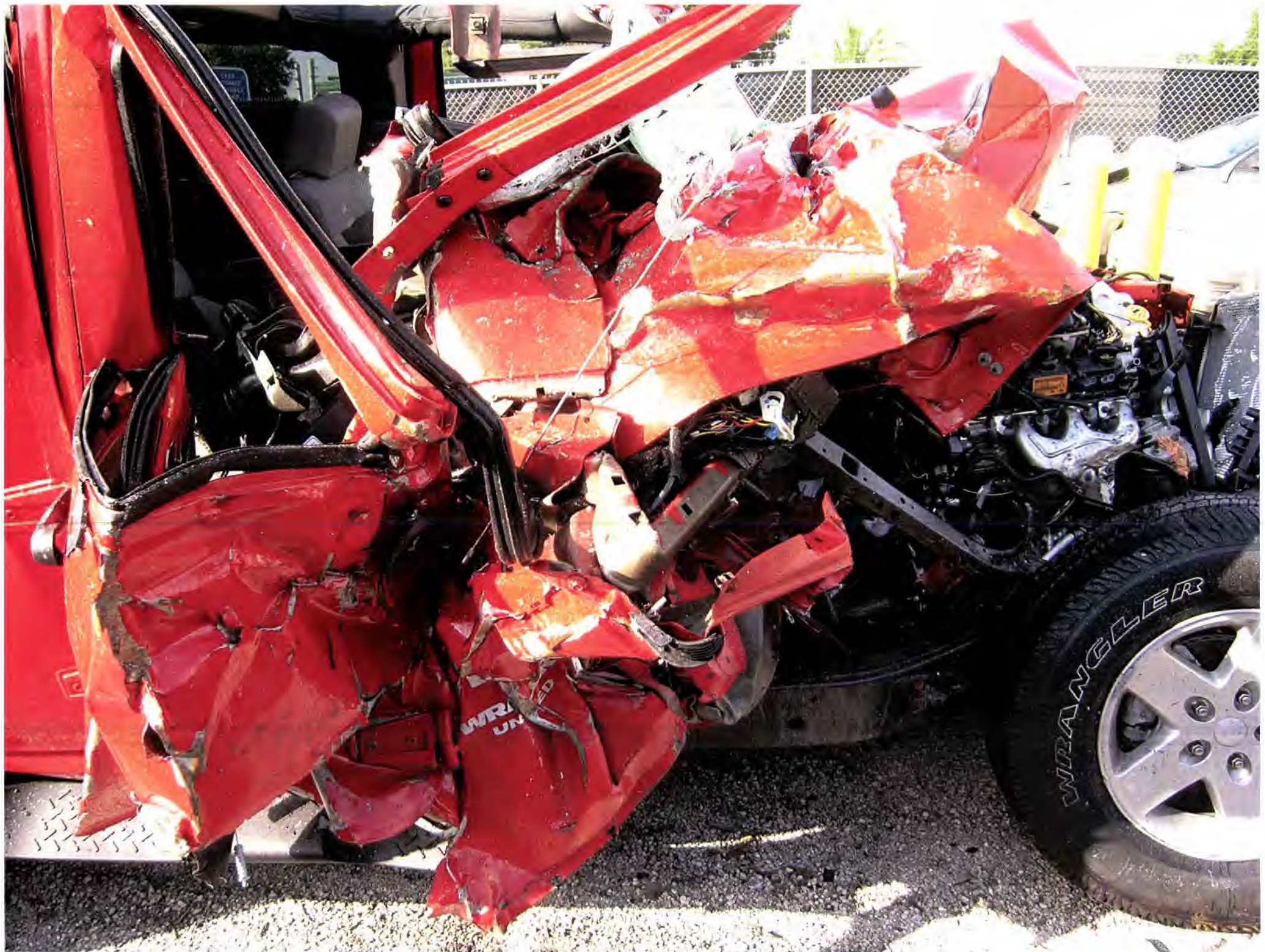




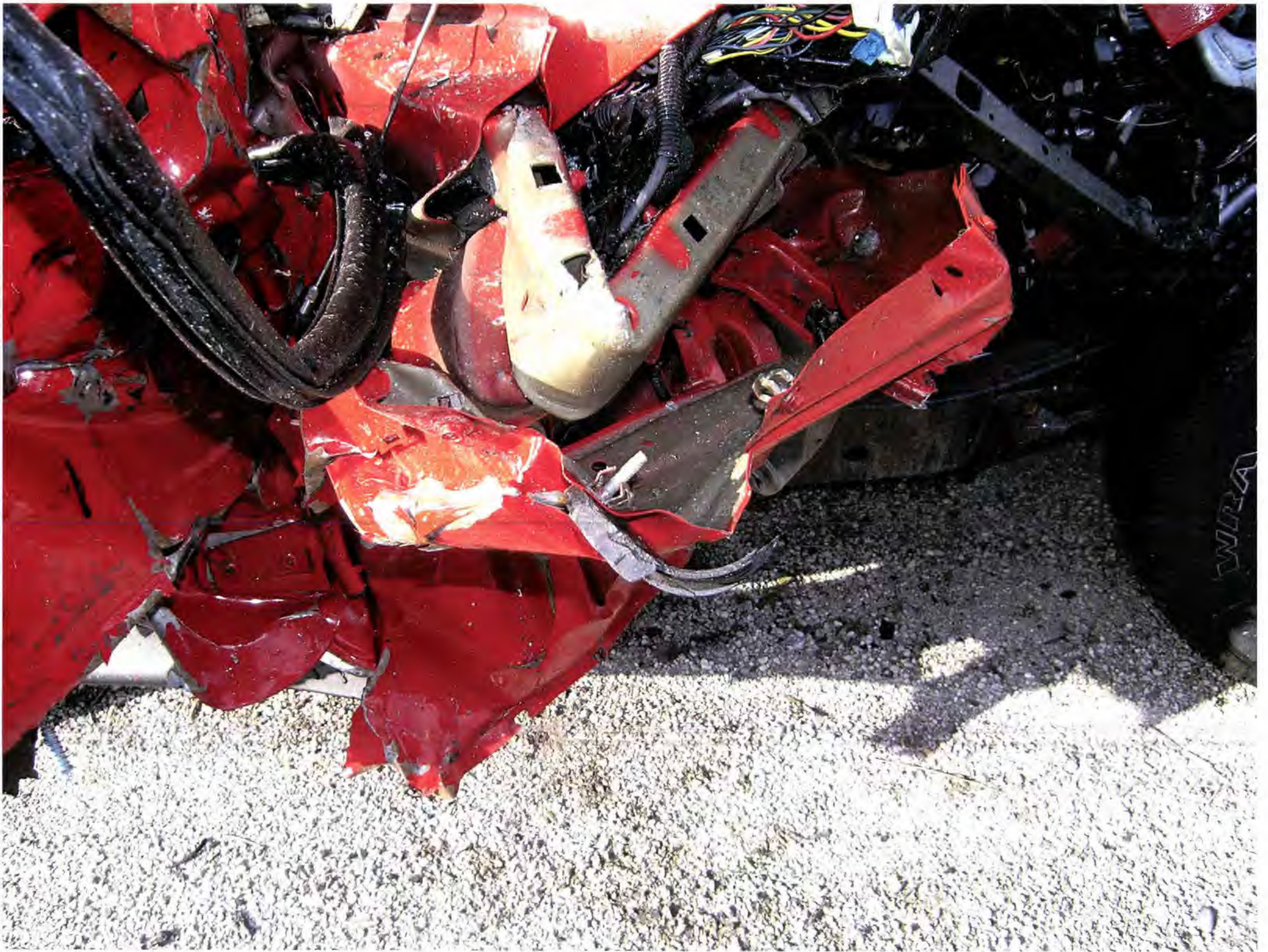




















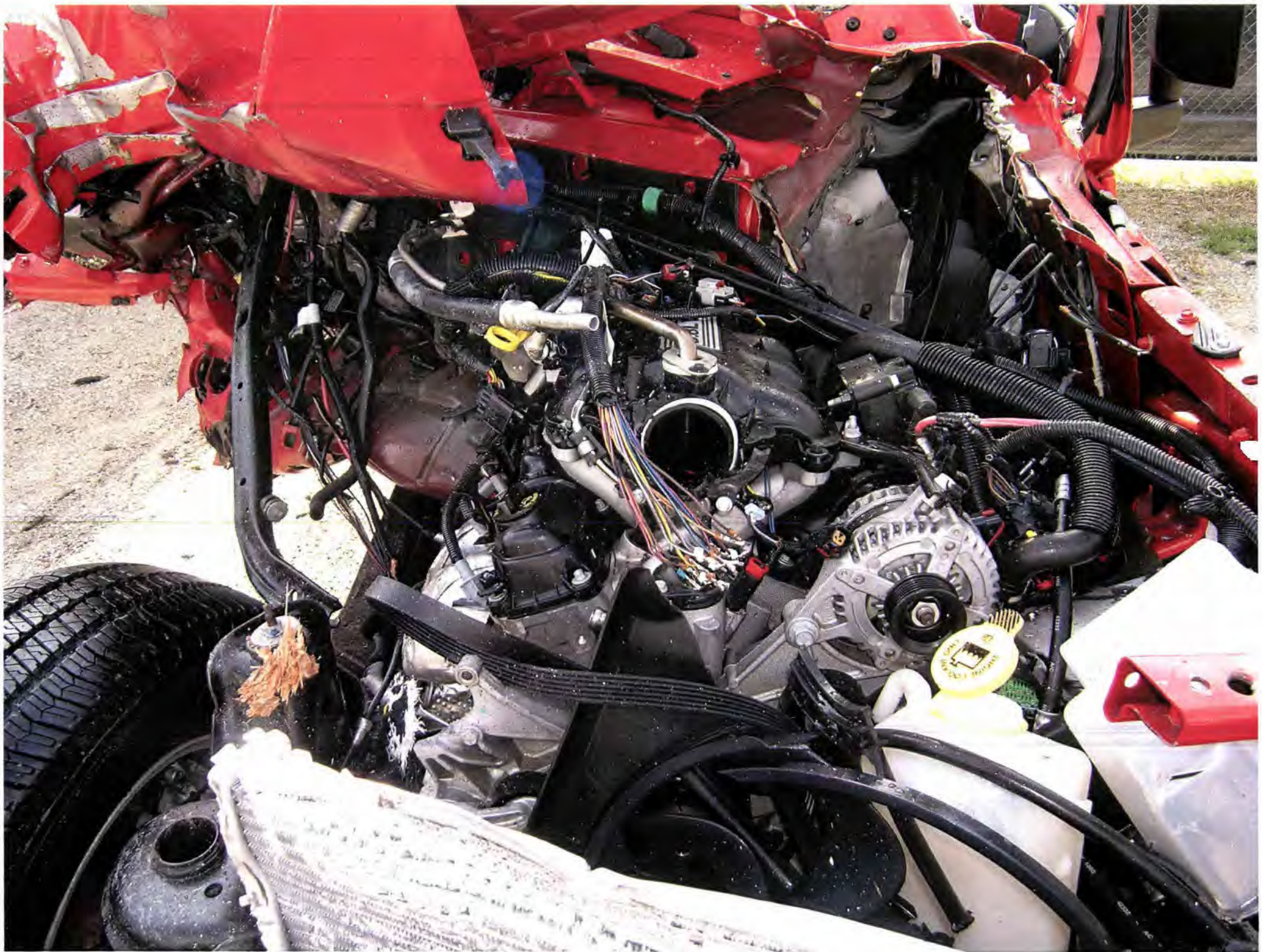




WRANGLER
UNLIMITED





















1J4GA391571













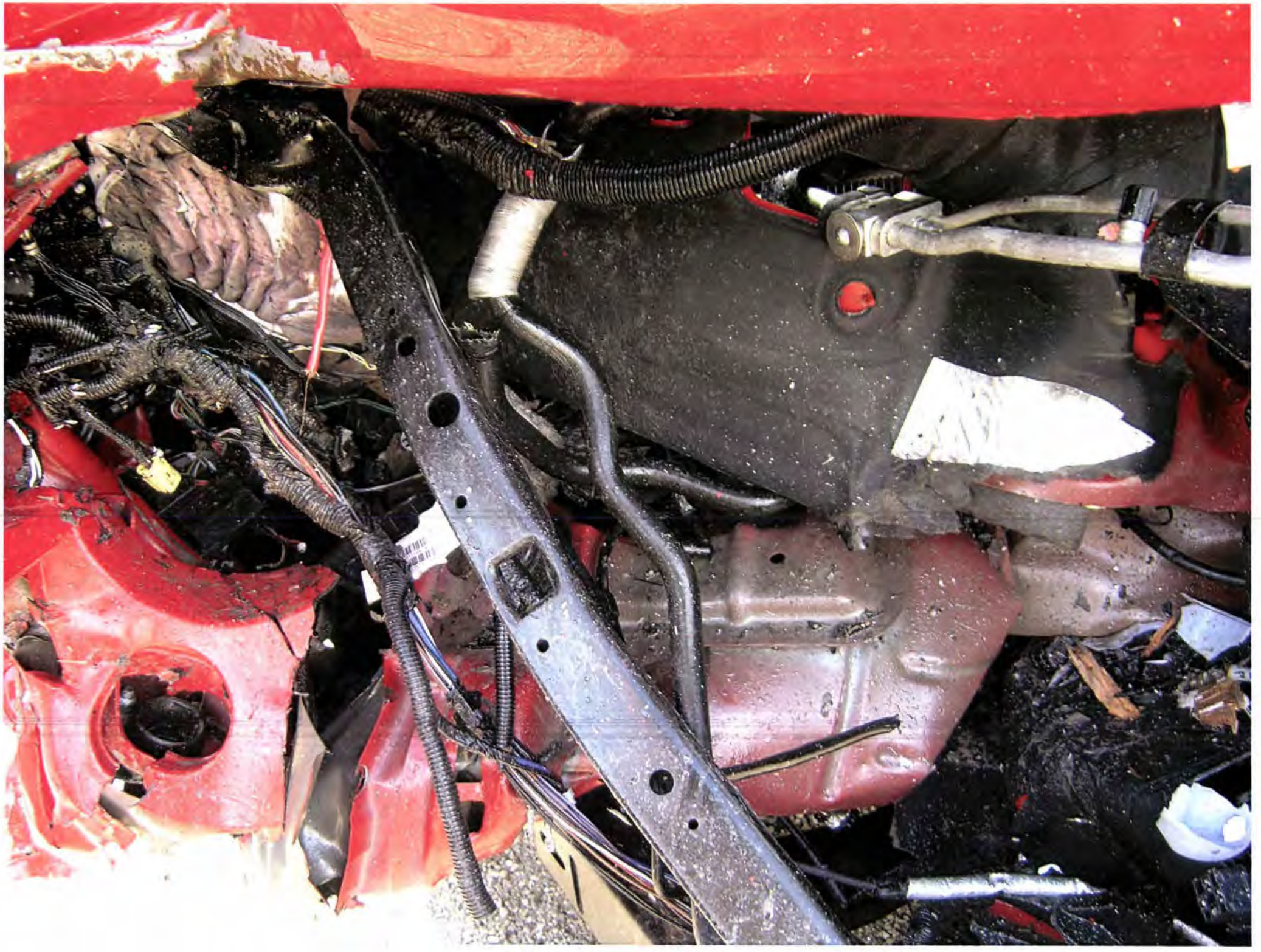


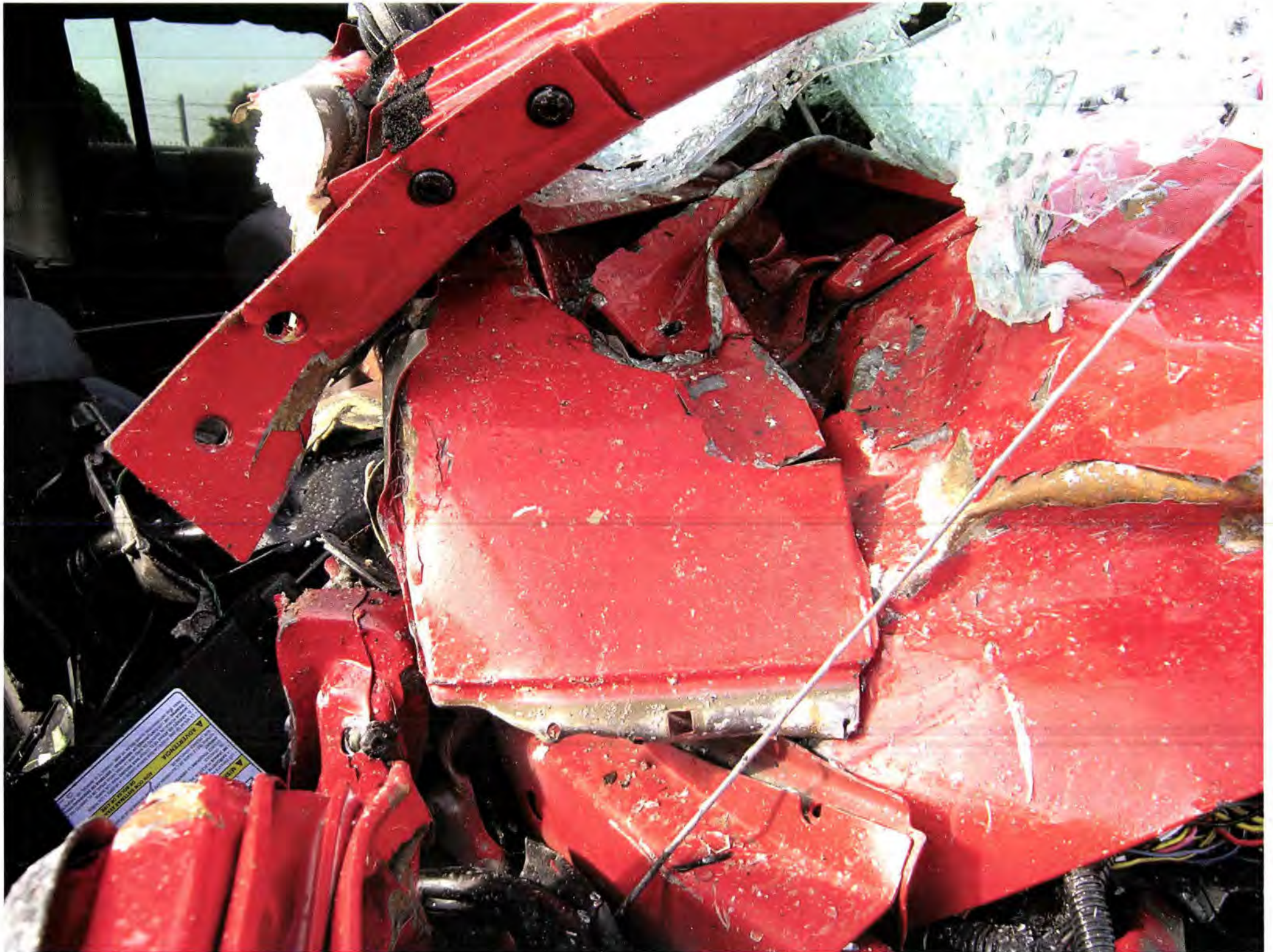


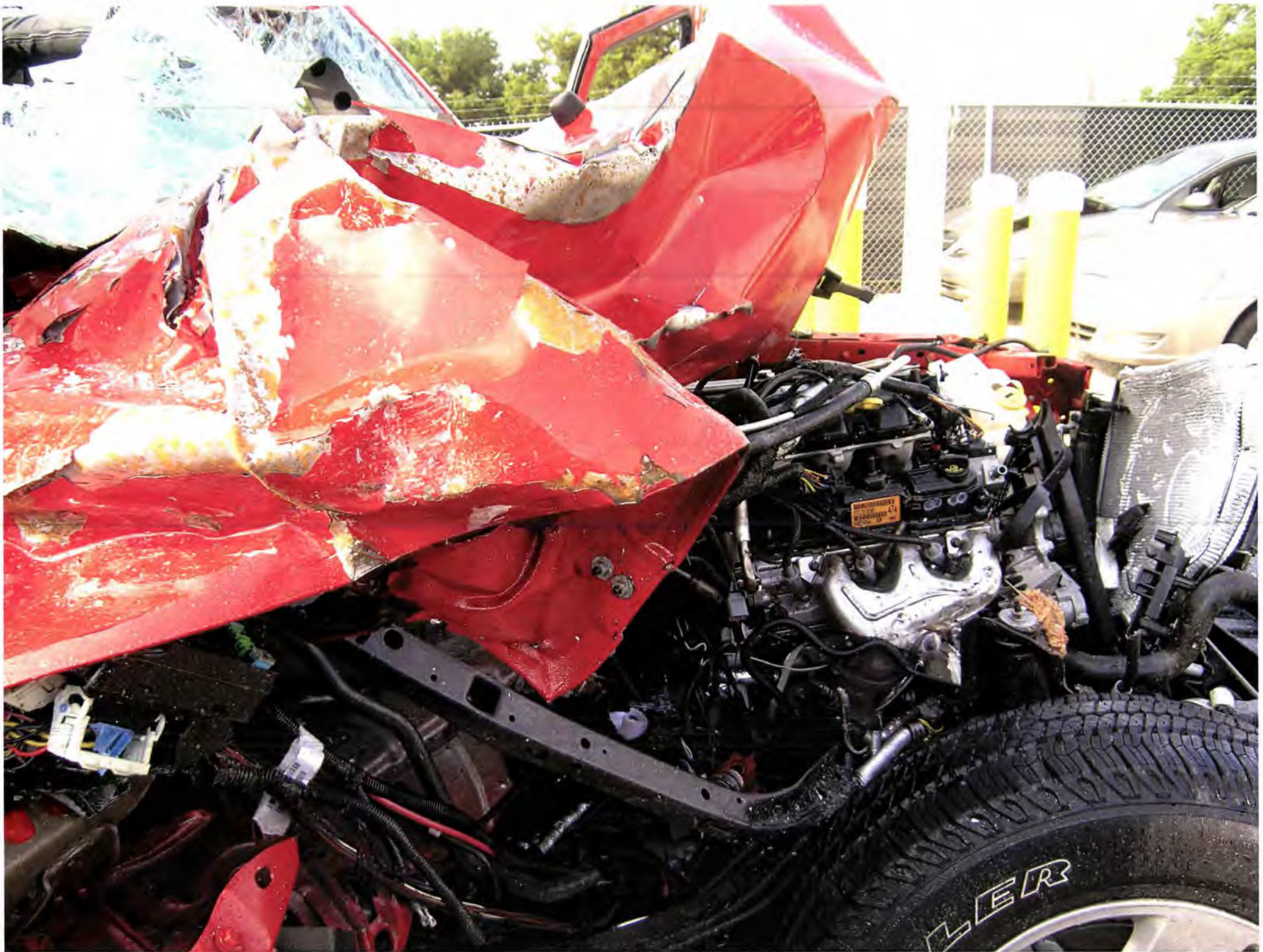


















U-HAUL

MAKES MOVING EASIER

U-HAUL

RIGHT EQUIPMENT / LOWEST COST

Now with \$19.95

CLUTCH AUTOMATIC







F350
XL

CLOTH
V/C • AUTOMATIC

UNDER 11,000 GROSS

Now
\$1

Gentle-

BUYSAFE
1-800-558-5200

CAUTION
avoidance of
this area



350
XL

...N 8... /C • AUTOMATIC

UNDER 11,000 GROSS

Now Only
\$19.95
IN-TOWN
Plus Mileage

The Nation's
Dairyland
America's
Moving Adventure
WISCONSIN

...-Ride Van

CAUTION
Low overhang
Watch your load



U-HAUL HAS PROVIDED
SAFETY INSTRUCTIONS
FOR THE USE OF THIS
EQUIPMENT. IT IS THE
USER'S RESPONSIBILITY
TO READ AND UNDERSTAND
THESE INSTRUCTIONS
BEFORE OPERATING THE
EQUIPMENT.

U-HAUL
SAFETY INSTRUCTIONS
FOR THE USE OF THIS
EQUIPMENT. IT IS THE
USER'S RESPONSIBILITY
TO READ AND UNDERSTAND
THESE INSTRUCTIONS
BEFORE OPERATING THE
EQUIPMENT.

SPRUNG,
LOWELL
247-662 FL

VEGA
ANGEL
781-009 FL

SWAN,
ROBERT

























PLEASE READ ALL INSTRUCTIONS
BEFORE USING THIS EQUIPMENT
FOR YOUR PROTECTION AND THE PROTECTION OF OTHERS
READ THE INSTRUCTIONS CAREFULLY
AND FOLLOW THEM EXACTLY
IF YOU DO NOT UNDERSTAND THE INSTRUCTIONS
CONTACT YOUR LOCAL U-HAUL STORE
OR CALL 1-800-451-4515

PASSENGERS MUST WEAR SEATBELTS
AND MUST NOT DRINK AND DRIVE

DANGER
DO NOT OPERATE OR REPAIR THIS EQUIPMENT IN THE DARK.
ALWAYS USE PROPER SAFETY PROCEDURES TO AVOID ACCIDENTS.

NOTICE
U-HAUL EQUIPMENT IS NOT TO BE USED FOR
UNLAWFUL PURPOSES. U-HAUL IS NOT
RESPONSIBLE FOR ANY DAMAGE TO
PROPERTY OR PERSONS CAUSED BY
IMPROPER USE OF U-HAUL EQUIPMENT.

HOTLINE
1-800-451-4515

SMART CHAIN SYSTEM



DC 6





U-HAUL

Mom's Attic

RIGHT EQUIPMENT / LOWEST COST



The Nation's Dairyland

America's Moving Adventure
WISCONSIN



Now Only
\$19.95
IN-TOWN
Plus Mileage

Gentle-Ride Van

DC 6050A

CLOTH SEAT - A/C - AUTO

UNDER 11,000 GROSS

COST

Van

WNT
eage
atrad Terms

UNDER 11,000 GROSS

CLOTH SEAT · A/C · AUT · RTIC

1. The maximum weight limit for this vehicle is 11,000 lbs. Gross Weight. Exceeding this limit may void the warranty and affect the vehicle's performance.

MENT / LOWEST COST

Now Only
\$19⁹⁵
IN-TOWN
Plus Mileage
Subject to Contract Terms

Gentle-Ride Van



CLOTH SEAT · A/C · AUTOMATIC

F350
3.0L

UNDER 11,000 GROSS



10

20

120

80

140

0

P R N D 2 1











Gentle-Ride Van

CAUTION
Low overhang
watch your head

OTH S... A/ AUTOMATIC

50

UNDER 11,000 GROSS





NOTICE
1-800-528-8330

Now On
\$19

Gentle-Ri

A/C • AUTOMATIC

UNDER 11,000 GROSS







S
enture
SIN



UNLEADED GAS ONLY
Fuel grade off limits
No other fuels allowed

310



U-HAUL

RIGHT EQUIPMENT / LOWEST COST

Now Only
\$19.95

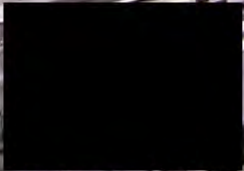
Gentle-Ride Van

The Nation's
Dairyland

America's
Moving Adventure
WISCONSIN



DC 6050 A



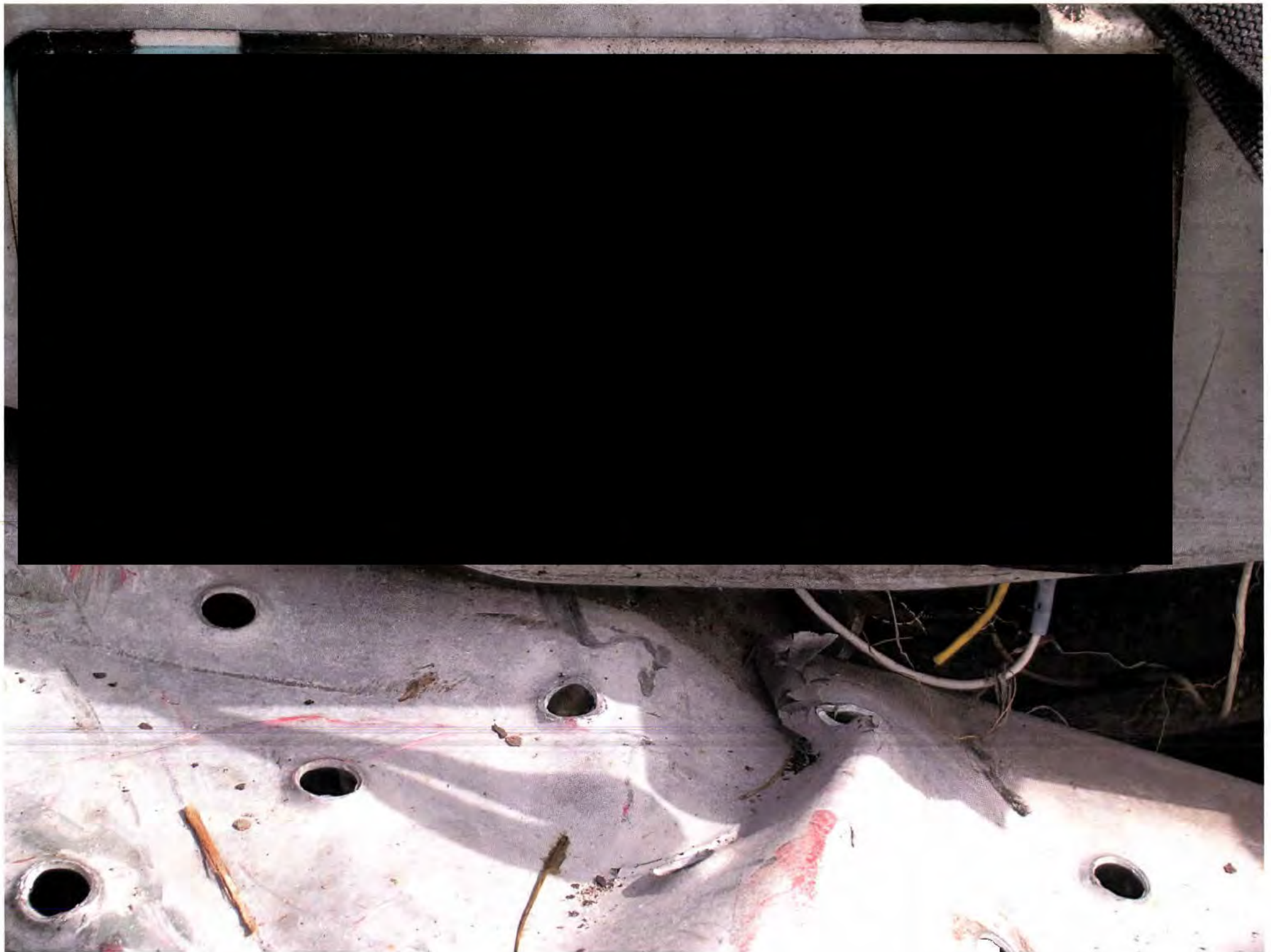


DC 6050 A











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 08/17/2008	TIME OF CRASH 04:12 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME OFFICER NOTIFIED 4:40 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME OFFICER ARRIVED 5:11 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	OFFICER NUMBER [REDACTED]
	COUNTY / CITY CODE 12 / 00	FEET or MILE(S) 4	CITY OR TOWN WILDWOOD		COUNTY Lake
	AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 4	1 DIVIDED 2 UNDIVIDED
	AT THE INTERSECTION OF (street, road or highway) or FEET		MILE(S) .5	FROM INTERSECTION OF (street, road or highway)	

DRIVER ACTION 1 Phantom 2 HI & Run 3 N/A	YEAR 03	MAKE JEEP	TYPE 01	USE 01	VEH. LICENSE NUMBER [REDACTED]	STATE FL	VEHICLE IDENTIFICATION NUMBER 1J4GA39158L	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. TRAILER DAMAGE				

VEHICLE TRAVELING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	ON AT	Est. MPH 65	Posted Speed 70	EST. VEHICLE DAMAGE \$15,000	1 Disabling 2 Functional 3 No Damage	RES. <input type="checkbox"/> 01	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 02
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) INFINITY AUTO INSURANCE		POLICY NUMBER [REDACTED]		VEHICLE REMOVED BY: TURKEY LAKE CITGO		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other	

NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input checked="" type="checkbox"/> 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 [REDACTED]	CURRENT ADDRESS (Number and Street) OCALA FL	CITY / STATE / ZIP CODE	DATE OF BIRTH [REDACTED]

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 6	PHYS. DEF. 1	RES. 2	RACE 1	SEX 1	INJ. 5	S. EQUIP. 2	EJECT. 5
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No	PLACARDED 1 Yes 2 No	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No	DRIVER'S PHONE NO.							

DRIVER ACTION 1 Phantom 2 HI & Run 3 N/A	YEAR 03	MAKE FORD	TYPE 04	USE 03	VEH. LICENSE NUMBER [REDACTED]	STATE AZ	VEHICLE IDENTIFICATION NUMBER IFDKF37GXRN	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. TRAILER DAMAGE				

VEHICLE TRAVELING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	ON AT	Est. MPH 0	Posted Speed 70	EST. VEHICLE DAMAGE \$6,000	1 Disabling 2 Functional 3 No Damage	RES. <input type="checkbox"/> 01	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 09
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) SELF INSURED		POLICY NUMBER NA		VEHICLE REMOVED BY: WILDWOOD AUTO		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)	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) VERO BEACH FL	CITY / STATE / ZIP CODE	DATE OF BIRTH [REDACTED]

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 05	ALC/DRUG 1	PHYS. DEF. 1	RES. 2	RACE 1	SEX 2	INJ. 4	S. EQUIP. 1	EJECT. 3
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No	PLACARDED 1 Yes 2 No	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No	DRIVER'S PHONE NO.							

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	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-Booth)	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	1 White	7 Other Physical Defect		7 In Body of Truck
08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer	4 D / Chauffeur	INJURY SEVERITY	SAFETY EQUIPMENT IN USE	8 Bus Passenger
09 Bus (driver + seats for over 15)	09 Fire/Rescue	09 Towed Vehicle	5 E / Operator	1 None	1 Not in Use	9 Other
10 Bicycle	10 Military	10 Auto Transport	6 E / Oper-Rest	2 Possible	2 Seat Belt / Shoulder Harness	
11 Motorcycle	11 Other Government	77 Other	7 Other	3 Non-Incapacitating	3 Child Restraint	
12 Moped	12 Dump			4 Incapacitating	4 Air Bag - Deployed	
13 All Terrain Vehicle	13 Concrete Mixer		REQUIRED ENDORSEMENTS	5 Fatal (Within 30 Days)	5 Air Bag - Not Deployed	
14 Train	14 Garbage or Refuse		1 Yes	6 Non-Traffic Fatality	6 Safety Helmet	
15 Low Speed Vehicle	15 Cargo Van		2 No		7 Eye Protection	
77 - Other	77 Other		3 No Endorsement Required			EJECTED
						1 No 2 Yes 3 Partial

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

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

DO NOT WRITE IN THIS SPACE

EMTS NOTIFIED (FATALITIES ONLY) 15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) 4:28 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	DATE OF CRASH 08/17/2008	COUNTY / CITY CODE 12 / 00	INVEST. AGENCY REPORT NUMBER [REDACTED]	USM / CRASH REPORT NUMBER [REDACTED]
--	---	-----------------------------	-------------------------------	--	---

(NARRATIVE)

On Sunday, August 17, 2008, at 4:30 P.M., I was notified by the Florida Highway Patrol Dispatch of a possible traffic fatality. The crash occurred on [REDACTED] approximately 1/10th of a mile north of [REDACTED] near mile marker 296. This is located in the City of Leesburg, in Lake County, Florida. I arrived at the scene at 5:58 P.M. Upon arrival on scene I conducted a Traffic Homicide Investigation with the assistance of Sergeant Jorge Delahoz and Corporal Seth Dubinski.

Deputy Joe Lopez who had previously arrived at the scene was assisting with traffic control. Sergeant Delahoz informed me that D-1 was being transported to Leesburg Regional Hospital by ambulance, and that D-2 was being flown by air rescue to Orlando Regional Medical Center in Orlando, Florida. Corporal Dubinski proceeded to conduct the interview of witnesses, and later assist with measuring the scene. I began to process the crash scene and taking measurements and photographs.

Driver 1, [REDACTED] was a 66 year old male. He possessed a valid Class "E" driver's license from Florida with A restrictions. He was familiar with the vehicle, the area, and the route he was driving. [REDACTED] resided in Marion County, Florida. He was operating red 2008 Jeep Wrangler Sports Utility Vehicle, VIN number 1J4GA39158L [REDACTED] displaying the valid Florida tag of [REDACTED]. It was equipped with air bags which did not deploy. At the time of the collision D-1 was wearing his seatbelt. [REDACTED] had owned this vehicle since April 19, 2008, which was the date on which it is registered under his name in the State of Florida. He had left his residence and it was unknown where he was enroute. D-1 was southbound on [REDACTED] below the posted speed limit of 70 miles per hour, according to a witness. D-1 was transported to Leesburg Regional Hospital where he was later pronounced by Doctor Riviera in the emergency room.

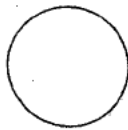
Driver 2, [REDACTED] was a 62 year old female. She possessed a valid Class "E" driver's license from Florida with A restrictions. She was familiar with the vehicle, the area, and the route she was driving. [REDACTED] resides in Marion County, Florida. She was operating a rented, red over white 1994 U-Haul truck, VIN number 1FDKF37GXR [REDACTED] displaying a valid Arizona tag of [REDACTED]. V-1 was equipped with air bags which did not deploy. At the time of the collision D-2 was not wearing her seatbelt. V-2 is owned by U-Haul Company of Arizona and it was registered under this name in the State of Arizona. D-2 had left a friends residence in Ocala, Florida and was enroute to her residence in Vero Beach, FL. D-2 was southbound on [REDACTED] and had just pulled over and stopped on the right shoulder of roadway momentarily to make a phone call on her cell phone. This is the reason why D-2 had unbuckled her seatbelt.

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

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
[REDACTED]	[REDACTED]	INVERNESS FL	[REDACTED]	[REDACTED]	[REDACTED]	LAUDERDALE FL	[REDACTED]

T AID GIVEN BY - NAME: [REDACTED] KE/SUMTER EMS	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified 1st Aider 5 Other	INJURED TAKEN TO: 02 LEESBERG / ORMC	BY - NAME: AMBULANCE/AIRCARE
INVESTIGATION 1 YES AT SCENE? 2 NO <input checked="" type="checkbox"/>	IS INVESTIGATION COMPLETE? 1 YES 2 NO <input checked="" type="checkbox"/>	DATE OF REPORT 08/17/2008	PHOTOS TAKEN? 1 YES 2 NO <input checked="" type="checkbox"/>
INVESTIGATOR - RANK & SIGNATURE J. JORGE J. DIAZ	ID / BADGE NUMBER 1513	DEPARTMENT FHP	IF YES, BY WHOM? 1 INVEST. AGENCY 2 OTHER <input checked="" type="checkbox"/>



INDICATE NORTH WITH ARROW

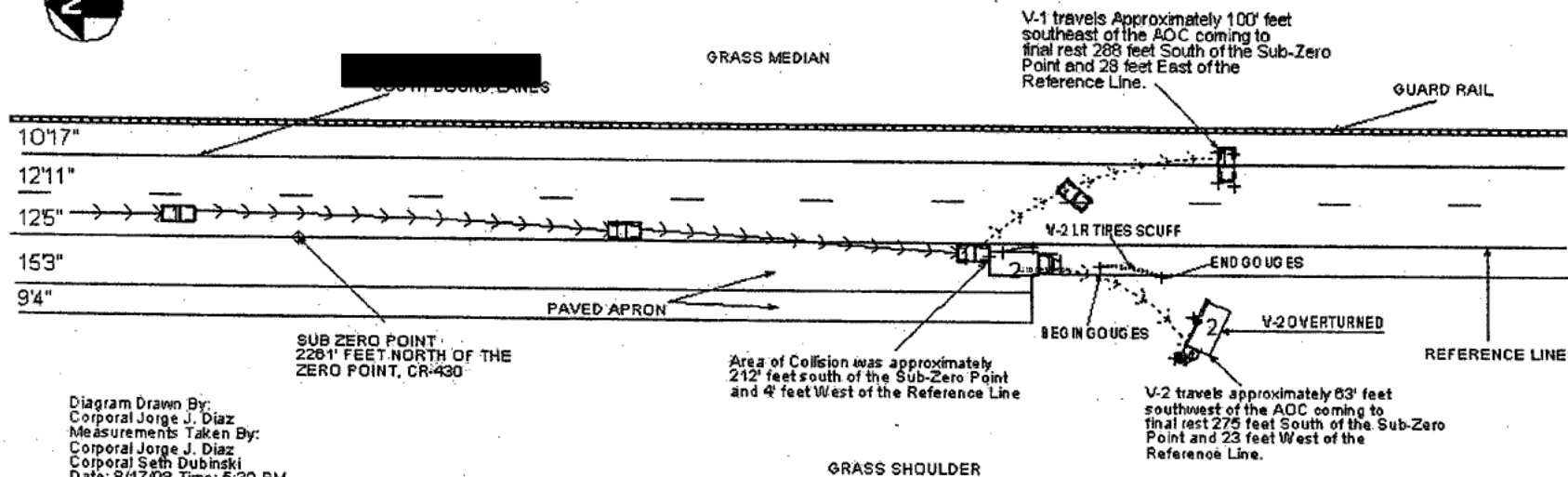


Diagram Drawn By:
 Corporal Jorge J. Diaz
 Measurements Taken By:
 Corporal Jorge J. Diaz
 Corporal Seth Dubinski
 Date: 8/17/08 Time: 5:30 PM
 Location: State Road 91 and
 296 MM
 1 mile south of Sumner County
 in Lake County Florida

DIAGRAM

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

	DATE OF CRASH 08/17/2008	COUNTY/CITY CODE 12 / 00	INVEST. AGENCY REPORT NUMBER [REDACTED]	HSMV CRASH REPRPT NUMBER
--	------------------------------------	------------------------------------	--	--------------------------

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	<table border="1" style="font-size: 8px;"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td></td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table>	2	3	4	5	6	7	1	15	16	17	8		14	13	12	11	10	9	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
2	3	4	5	6	7																						
1	15	16	17	8																							
14	13	12	11	10	9																						

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

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 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
-----------------------	-------	---------	-----------	---	---------	-----------	------------	-----	------	-----	------	-----------	--------

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

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	<table border="1" style="font-size: 8px;"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td></td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table>	2	3	4	5	6	7	1	15	16	17	8		14	13	12	11	10	9	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
2	3	4	5	6	7																						
1	15	16	17	8																							
14	13	12	11	10	9																						

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

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 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
-----------------------	-------	---------	-----------	---	---------	-----------	------------	-----	------	-----	------	-----------	--------

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No	PLACARDED 1 Yes 2 No	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX WAS HAZARDOUS MATERIAL SPILLED? ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	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	\$	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	\$	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	\$	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	\$	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
------------------	-----------------	--------------	----------	------------------	-----------------	--------------	----------

AS INVESTIGATION ADE 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?	DATE OF REPORT 08/17/2008	PHOTOS TAKEN? 1 - Yes <input checked="" type="checkbox"/> 2 - No	IF YES, BY WHOM? 1 Investigating Agency <input checked="" type="checkbox"/> 2 Other
---	--------------------	---	------------------	-------------------------------------	--	--

INVESTIGATOR - RANK AND SIGNATURE PL JORGE J. DIAZ	ID / BADGE NUMBER 1513	DEPARTMENT FHP	FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> OTHER <input type="checkbox"/>
--	----------------------------------	--------------------------	---

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 08/17/2008		COUNTY/CITY CODE 12 / 00		INVEST AGENCY REPORT NUMBER [REDACTED]		HS/MV CRASH REPORT NUMBER [REDACTED]									
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER								
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE											
VEHICLE TRAVELING N S E W		ON	AI	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 3 Urine 1 Blood 2 Breath 4 Refused 5 None	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED 1 Yes 2 No		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.			WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No		DRIVER'S PHONE NO.				
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER								
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE											
VEHICLE TRAVELING N S E W		ON	AI	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 3 Urine 1 Blood 2 Breath 4 Refused 5 None	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED 1 Yes 2 No		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.			WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No		DRIVER'S PHONE NO.				
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP			
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		CURRENT ADDRESS				CITY & STATE		ZIP CODE	
AS INVESTIGATION ADE 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 08/17/2008		PHOTOS TAKEN? 1 - Yes <input checked="" type="checkbox"/> 2 - No <input type="checkbox"/>		IF YES, BY WHOM? 1 Investigating Agency <input checked="" type="checkbox"/> 2 Other <input type="checkbox"/>			
INVESTIGATOR - RANK AND SIGNATURE PL JORGE J. DIAZ				ID / BADGE NUMBER 1513		DEPARTMENT FHP		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		01 No Defects		01 Straight Ahead		1 None	
02 Careless Driving (Explain in Narrative)		02 Def. Brakes		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	19 Improper Load	POINT OF COLLISION		10 Making U-Turn		3 Vehicle Side	
11 Disregarded Traffic Signal	20 Disregarded Other Traffic Control	1 On Road		PEDESTRIAN ACTION		4 Driver	
12 Exceeded Safe Speed Limit	21 Driving Wrong Side / Way	2 Not On Road		01 Crossing Not at Intersection	07 Working in Road	5 Other	
13 Disregarded Stop Sign	22 Fleeing Police	3 Shoulder		02 Crossing at Mid-block Crosswalk	08 Standing/Playing in Road		
14 Failed to Maintain Equip. / Vehicle	23 Vehicle Modified	4 Median		03 Crossing at Intersection	09 Standing in Pedestrian Island		
15 Improper Passing	24 Driver Distraction (Explain in Narrative)	5 Turn Lane / Safety Zone		04 Walking Along Road With Traffic			
16 Drove Left of Center	77 All Other (Explain)	WORK AREA		05 Walking Along Road Against Traffic			
17 Exceeded Stated Speed Limit		01 None		06 Working on Vehicle in Road			
18 Obstructing Traffic		02 Nearby					
		03 Entered					

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 Ht Sign / Sign Post	30 Ran Off Road / Into Water
03 Collision With MV in Transport (Angle)	17 MV Ht Utility Pole / Light Pole	31 Overturned
04 Collision With MV in Transport (Left Turn)	18 MV Ht Guardrail	32 Occupant Fell From Vehicle
05 Collision With MV in Transport (Right Turn)	19 MV Ht Fence	33 Tractor / Trailer Jackknifed
06 Collision With MV in Transport (Sideswipe)	20 MV Ht Concrete Barrier Wall	34 Fire
07 Collision With MV in Transport (Backed Into)	21 MV Ht Bridge / Pier / Abutment / Rail	35 Explosion
08 Collision With Parked Car	22 MV Ht Tree / Shrubbery	35 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 Ht Other Fixed Object	
14 Collision with Train	28 Collision with Moveable Object on Road	

(ADDITIONAL NARRATIVE)

oad and collide into the rear of V-2. V-1 struck the left rear of V-2 with its front end causing V-2 to rotate clockwise. V-2's left rear tires left a scuff mark of approximately 10' feet in length as it rotated. V-2 then began to overturn coming to final rest on its left side approximately 275' feet 4" inches south of the area of collision and 23' feet, causing D-2 who was unrestrained at the time to become partially ejected. V-1 after collision also began to rotate clockwise coming to rest 288' feet and 4" inches south of the sub-zero point and 18' and 4" inches east of the reference line. Approximately 90' southeast of the area of collision

D-1, [redacted] white male date of birth 10/14/1942 was transported to Leesburg Regional by the Lake/Sumter County EMS. D-1 was pronounced deceased on Sunday, August 17, 2008, at 5:23 P.M., in the emergency room by Doctor Riveria. An autopsy was conducted by the District Five Medical Examiner's Office in Leesburg Florida by Barbara Wolf M.D. The cause of death was determined by the Medical Examiner's Office to be multiple traumatic injuries. These injuries consisted of blunt force trauma to the head and chest area.

On Sunday, August 17, 2008, I went to ORMC to gather any information and a statement from D-2. D-2 stated that she did not recall much but had stopped along the right shoulder of road for a short moment and did not recall further. D-2 stated that notification to her family had already been done and that they were enroute to her.

On August 18, 2008 at approximately 9:00 A.M. a post crash inspection of V-1 was conducted by Cpl. David E. Brewer and Cpl. James Gilbert. Post crash photos were taken by Cpl. James Gilbert. The right side of the hood was pushed rearward approximately 4' foot 9" inches from contact damage with the rear end of V-2. The right side floor pan was pushed inward from contact damage approximately 2' foot. The right side body mounts were torn from the frame and pushed rearward approximately 1' foot 9" inches from the induced damage. The motor mounts on the

ADDITIONAL PASSENGERS

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

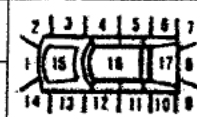

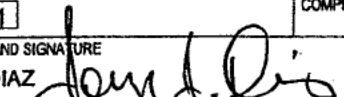
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

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 08/17/2008		COUNTY/CITY CODE 12 / 00		INVEST. AGENCY REPORT NUMBER [REDACTED]		HSMV CRASH REPROT NUMBER									
DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER			18 Undercarriage 19 Overturn 20 Windshield 21 Trailer				
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	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)	
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"/>					
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 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <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.			
DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER			18 Undercarriage 19 Overturn 20 Windshield 21 Trailer				
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	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)	
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"/>					
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 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <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.			
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	
IS INVESTIGATION COMPLETE? 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?		DATE OF REPORT 08/17/2008		PHOTOS TAKEN? 1 - Yes <input checked="" type="checkbox"/> 2 - No		IF YES, BY WHOM? 1 Investigating Agency <input checked="" type="checkbox"/> 2 Other			
INVESTIGATOR - RANK AND SIGNATURE PL JORGE J. DIAZ 				ID / BADGE NUMBER 1513		DEPARTMENT FHP		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	01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative)	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)	1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance
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	SOURCE OF CARRIER INFORMATION 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other

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 / Strubbery 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)

(ADDITIONAL NARRATIVE)

right side were broken and the right side traction bars were pushed to the right from the induced damage. The right front bumper was pushed inward approximately 1' foot 8" inches. The right front wheel was pushed inward 2 1/2" inches. The fan and radiator were destroyed and pushed rearwards approximately 9" inches from the contact damage. The left front tire was flat as a result of the impact. The left side fender was offset approximately 4" inches to the left from the induced damage. The left side fire wall was offset approximately 1' foot to the left. The driver's side "A" Pillar was offset approximately 13" inches to the left. The left side of the roll bar was torn away from the "A" pillar as a result of the induced damage. The driver's side door glass was broken out from induced damage and the door buckled outward approximately 7" inches leaving a gap between the top of door and the roof. The fiberglass roof cracked in various places as result of induced damage and a sunroof portion was missing. The rear right tire was still inflated and the right rear fender was rolled inward approximately 4" inches at the top and approximately 6" inches at the bottom. The right rear passenger door was shoved rearward approximately 6" inches overlapping the fender from induced damage. The right front passenger door was buckled outward approximately 17" inches from impact. The right side of the roll bar was completely torn from the "A" pillar as result of induced damage. The front windshield was completely destroyed from the induced damage. The front right passenger seat was offset to the right approximately 6" inches. The engine compartment was pushed into the front right passenger seat, and the airbags did not deploy. The driver's side seatbelt was in a locked position, and appeared to have been cut by rescue personnel. The seatbelt buckle was still in the seat belt connector indication that the driver was wearing seat belt at time of collision. The passenger side dash assembly was pushed rearward approximately 26" inches and both right side tires were still inflated.

On Monday, August 18, 2008 at approximately 10:30 A.M. a post crash inspection of V-2 was conducted by Cpl. David E. Brewer and Cpl. James Gilbert at Wildwood Towing. The front left fender was bent inward approximately 2" inches from contact damage when it overturned. The hood overlapped the left fender approximately 2" inches. The top of the drivers door

ADDITIONAL PASSENGERS

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

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

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 08/17/2008		COUNTY/CITY CODE 12 / 00		INVEST. AGENCY REPORT NUMBER [REDACTED]		HSMY CRASH REPROT NUMBER									
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER									
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE									18 Undercarriage 19 Overturn 20 Windshield 21 Trailer						
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	3 Urine 1 Blood 2 Breath	4 Refused 5 None	RESULTS	AL / 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 BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.								
1 Yes 2 No		1 Yes 2 No			1 Yes 2 No		1 Yes 2 No										
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER									
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE									18 Undercarriage 19 Overturn 20 Windshield 21 Trailer						
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	3 Urine 1 Blood 2 Breath	4 Refused 5 None	RESULTS	AL / 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 BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.								
1 Yes 2 No		1 Yes 2 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			
AS INVESTIGATION MADE AT SCENE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		IF NO, THEN WHY?		DATE OF REPORT 08/17/2008		PHOTOS TAKEN? 1 - Yes <input checked="" type="checkbox"/> 2 - No <input type="checkbox"/>		IF YES, BY WHOM? 1 Investigating Agency <input checked="" type="checkbox"/> 2 Other <input type="checkbox"/>					
INVESTIGATOR - RANK AND SIGNATURE PL JORGE J. DIAZ		ID / BADGE NUMBER 1513		DEPARTMENT FHP		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		01 No Defects		01 Straight Ahead		1 None	
02 Careless Driving (Explain in Narrative)		02 Def. Brakes		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	77 All Other (Explain in Narrative)	08 Properly Parked		1 Not Applicable	
09 Drugs & Alcohol-Under Influence		POINT OF COLLISION		09 Improperly Parked		2 Shipping Papers	
10 Followed Too Closely	19 Improper Load	1 On Road		10 Making U-Turn		3 Vehicle Side	
11 Disregarded Traffic Signal	20 Disregarded Other Traffic Control	2 Not On Road				4 Driver	
12 Exceeded Safe Speed Limit	21 Driving Wrong Side / Way	3 Shoulder		PEDESTRIAN ACTION		5 Other	
13 Disregarded Stop Sign	22 Fleeing Police	4 Median		01 Crossing Not at Intersection	07 Working in Road	77 All Other (Explain in Narrative)	
14 Failed to Maintain Equip. / Vehicle	23 Vehicle Modified	5 Turn Lane / Safety Zone		02 Crossing at Mid-block Crosswalk	08 Standing/Playing in Road	88 Unknown	
15 Improper Passing	24 Driver Distraction (Explain in Narrative)	WORK AREA		03 Crossing at Intersection	09 Standing in Pedestrian Island		
16 Drove Left of Center	77 All Other (Explain)	01 None		04 Walking Along Road With Traffic			
17 Exceeded Stated Speed Limit		02 Nearby		05 Walking Along Road Against Traffic			
18 Obstructing Traffic		03 Entered		06 Working on Vehicle in Road			

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	35 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)

frame was bent downward approximately 9" inches below the door. The driver's door was crushed inward approximately 6" inches from the induced damage. The left side "B" pillar was pushed outward approximately 2" inches from the induced damage. The back of the left side of the cab was pushed inward from the induced damage approximately 3" inches. The driver's side window was broken out, and the left side of the box was sheered off approximately 5" inches from the bottom. The left rear outer rim was bent downward approximately 4.5" inches from the contact damage. The left rear bumper was crushed inward from the impact approximately 2.4" inches. The back body frame was crushed inward approximately 5" inches from impact. The roll up door was completely destroyed from contact damage and the top left and right clearance lights were torn from vehicle as result of the damage. The left door support folded inward and the rear box was shifted to the right. The rear box supports cracked and shifted to the right from causing a gap between the box and cab approximately 7 inches. The whole front of truck was offset to the left because frame becoming bent. The right side door overlapped the "B" Pillar approximately .5" inches not allowing the door to open. The driver side seat belt was locked back in the unused position. I observed no defects to the driver and passenger seat belts.

After reviewing all documented factual evidence gathered in relation to this collision the following is concluded. D-1, [REDACTED] White Male, Date of Birth 10/14/42, D-1, was at fault for Failure to Drive in [REDACTED]. This was in violation of Florida Statute, 316.089. This statute states that an Official traffic control devices may be erected directing specified traffic to use a designated lane or designating those lanes to be used by traffic moving in a particular direction regardless of the center of the roadway; and drivers of vehicles shall obey the directions of every such device. Failure to drive in such manner shall constitute a violation of this section.

This investigation is pending toxicology results from D-1, when the results are known an update to this report will be completed.

ADDITIONAL PASSENGERS

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

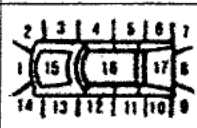
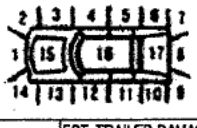
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

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 08/17/2008		COUNTY/CITY CODE 12 / 00		INVEST. AGENCY REPORT NUMBER [REDACTED]		HSMV CRASH REPROT NUMBER [REDACTED]									
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)						
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. VEHICLE DAMAGE		EST. TRAILER DAMAGE									
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 \$		DAMAGE AND CIRCLE DAMAGED AREA(S)					
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	3 Urine	RESULTS	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 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.					
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)						
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. VEHICLE DAMAGE		EST. TRAILER DAMAGE									
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 \$		DAMAGE AND CIRCLE DAMAGED AREA(S)					
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	3 Urine	RESULTS	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 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.					
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	
IS INVESTIGATION MADE AT SCENE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? 1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>		IF NO, THEN WHY?		DATE OF REPORT 08/17/2008		PHOTOS TAKEN? 1 - Yes <input type="checkbox"/> 2 - No <input checked="" type="checkbox"/>		IF YES, BY WHOM? 1 Investigating Agency <input checked="" type="checkbox"/> 2 Other <input type="checkbox"/>			
INVESTIGATOR - RANK AND SIGNATURE PL JORGE J. DIAZ		ID / BADGE NUMBER 1513		DEPARTMENT FHP		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		01 No Defects		01 Straight Ahead		1 None	
02 Careless Driving (Explain in Narrative)		02 Def. Brakes		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 Moch.		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	77 All Other (Explain in Narrative)	08 Properly Parked		1. Not Applicable	
09 Drugs & Alcohol-Under Influence		POINT OF COLLISION		09 Improperly Parked		2 Shipping Papers	
10 Followed Too Closely	19 Improper Lead	1 On Road		10 Making U-Turn		3 Vehicle Side	
11 Disregarded Traffic Signal	20 Disregarded Other Traffic Control	2 Not On Road		PEDESTRIAN ACTION		4 Driver	
12 Exceeded Safe Speed Limit	21 Driving Wrong Side / Way	3 Shoulder		01 Crossing Not at Intersection	07 Working in Road	5 Other	
13 Disregarded Stop Sign	22 Feeling Police	4 Median		02 Crossing at Mid-Block Crosswalk	08 Standing/Playing in Road	77 All Other (Explain)	
14 Failed to Maintain Equip. / Vehicle	23 Vehicle Modified	5 Turn Lane / Safety Zone		03 Crossing at Intersection	09 Standing in Pedestrian Island	88 Unknown	
15 Improper Passing	24 Driver Distraction (Explain in Narrative)	WORK AREA		04 Walking Along Road With Traffic			
16 Drove Left of Center	77 All Other (Explain)	01 None		05 Walking Along Road Against Traffic			
17 Exceeded Stated Speed Limit		02 Nearby		06 Working on Vehicle in Road			
18 Obstructing Traffic		03 Entered					

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	35 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)

Traffic Homicide Investigator assigned to this case Corporal Jorge J. Diaz
 Traffic Homicide Case Number: [REDACTED] (This is the only investigative report that will be generated for this traffic homicide)
 Photographs were taken by Corporal Jorge J. Diaz
 Measurements were taken by: Corporal Jorge J. Diaz and Corporal Seth Dubinski.

Latitude: 28.48909333333333 Longitude: -81.62524333333333

ADDITIONAL PASSENGERS

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

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER