

CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW07-34882

Report Date: 11/08/2007

Primary Information

Occurrence From: 11/08/2007 01:34
 Occurrence To: 11/08/2007 01:34
 Source Of Call: DISPATCHED
 Dissemination Code: UNCLASSIFIED
 Reporting LEO: PICKART, J. G. CPL-CWPD (CW8734 / CW - TEAM K / CLEARWATER POLICE DEPARTMENT)
 Approval Status: Approved
 Approved Date: 11/21/2007
 Approved By: QUINLAN, J. M. SGT-CWPD (CW8823 / CW - TEAM K / CLEARWATER POLICE DEPARTMENT)

Response Information

Time Call Received: 11/08/2007 07:40
 Time Dispatched: 11/08/2007 07:58
 Time Arrived: 11/08/2007 08:00
 Time Completed: 11/08/2007 10:00

Modus Operandi

Description
 KNOW LOCATION OF GOODS

Related Addresses

<u>Address</u>	<u>Relationship</u>
801 DREW ST CLEARWATER ACADEMY, CLEARWATER, Florida 33755 , UNITED STATES	OCCURRED/DISPATCHED

Offenses

<u>Offense Type</u>	<u>Offense</u>	<u>Attempted/Committed</u>	<u>Statute</u>	<u>UCR Class</u>
FELONY	BURG-COMMERCIAL	COMMITTED	810.02	2200
OTHER	GRAND THEFT - FROM BLDG	COMMITTED	812.014	230D

Related Subjects

<u>Name</u>	<u>Type</u>	<u>Sex</u>	<u>Race</u>	<u>DOB</u>	<u>Relationship</u>
TIBBS, CASEY G	PERSON	MALE	WHITE	01/30/1972	COMPLAINANT
CLEARWATER ACADEMY INTERNATIONAL	ORGANIZATION	---	---	---	VICTIM
CW07-34882A, UNK	PERSON	UNKNOWN	WHITE	---	UNKNOWN
CW07-34882B, UNK	PERSON	UNKNOWN	WHITE	---	UNKNOWN

Analysis Information

Sick Or Injured: NO
 Alarm: NO
 Location Type: SCHOOL/UNIVERSITY

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW07-34882

Report Date: 11/08/2007

Analysis Information - Continued

Forced Entry: YES
 Occupany Code: UNOCCUPIED
 Tools Used: OTHER
 Alcohol Related: UNKNOWN
 Drug Related: UNKNOWN
 Hate Crime: NO
 Sex Crime: NO
 Juvenile Crime: NO
 Domestic Violence: NO
 Senior Abuse: NO
 Child Abuse: NO
 Gang Related: NO
 School Zone: NO
 Public Housing: NO
 Signature Act: NO

Property

Status	Quantity	Description
STOLEN	1	FLOOR SAFE
STOLEN	1	\$300 CASH AND 3 CREDIT CARD RECEIPTS
EVIDENCE/SEIZED	1	DVD - SECURITY VIDEO

Other Responding Units

Unit
 CRIME SCENE SEC

Record Status Information

Record Origination Operator: PICKART, J. G. DET-CWPD (CW8734 / CW - ECONOMIC CRIMES / CLEARWATER POLICE DEPARTMENT)
 Record Origination Date: 11/08/2007 11:18
 Last Update Operator: QUINLAN, J. M. SGT-CWPD (CW8823 / CW - DISTRICT 2 / CLEARWATER POLICE DEPARTMENT)
 Last Update Date: 11/21/2007 17:18

Reporting LEO	Date	Supervisor	Date
PICKART, J. G. CPL-CWPD (CW8734 / CW - TEAM K / CLEARWATER POLICE DEPARTMENT)		QUINLAN, J. M. SGT-CWPD (CW8823 / CW - TEAM K / CLEARWATER POLICE DEPARTMENT)	7/1/2015

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW07-47253

Report Date: 12/18/2007

Warning

Contains entities exempt from disclosure

Primary Information

Occurrence From: 12/17/2007 14:15
 Occurrence To: 12/17/2007 14:15
 Business Area Name: CLEARWATER ACADEMY INTERNATIONAL
 Dissemination Code: UNCLASSIFIED
 Reporting LEO: COOPER, M. J. PST SUPV-CWPD (CW4902 / CW - TRU / CLEARWATER POLICE DEPARTMENT)
 Approval Status: Approved
 Approved Date: 12/18/2007
 Approved By: KEATING, LORETTA RECS-CWPD (CW3846A / CW - TRU / CLEARWATER POLICE DEPARTMENT)

Response Information

Time Call Received: 12/18/2007 10:50
 Time Dispatched: 12/18/2007 10:50
 Time Arrived: 12/18/2007 11:00
 Time Completed: 12/18/2007 11:40

Related Addresses

Address	Relationship
801 DREW ST CLEARWATER ACADEMY, CLEARWATER, Florida 33755 , UNITED STATES	OCCURRED

Offenses

Offense Type	Offense	Attempted/Committed	Statute	UCR Class
MISDEMEANOR	PETIT THEFT - OTH LARCENY	COMMITTED	812.014	230G

Related Subjects

Name	Type	Sex	Race	DOB	Relationship
PUTNEY, MARY A	PERSON	FEMALE	WHITE	07/12/1967	COMPLAINANT/VICTIM
PUTNEY, MILES T - EXEMPT	PERSON	MALE	WHITE	11/02/1993	VICTIM
CW07-47253, UNK	PERSON	MALE	WHITE	---	SUSPECT
CW07-47253, UNK	PERSON	MALE	WHITE	---	SUSPECT

Analysis Information

Sick Or Injured: NO
 Alarm: NO
 Location Type: SCHOOL/UNIVERSITY
 Forced Entry: NOT APPLICABLE
 Alcohol Related: NO
 Drug Related: NO

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW07-47253

Report Date: 12/18/2007

Analysis Information - Continued

Hate Crime: NO
 Sex Crime: NO
 Juvenile Crime: NO
 Domestic Violence: NO
 Senior Abuse: NO
 Child Abuse: NO
 Gang Related: NO
 School Zone: NO
 Public Housing: NO
 Signature Act: NO

Related Telephones

Telephone Number	Relationship
(727) 492-5948	RELATED

Property

Status	Quantity	Description
STOLEN	1	BOYS, DIAMONDBACK BICYCLE, BLACK
EVIDENCE/SEIZED	1	CD OF BICYCLE STOLEN FROM SCHOOL

Record Status Information

Record Origination Operator: COOPER, M. J. PST SUPV-CWPD (CW4902 / CW - TRU / CLEARWATER POLICE DEPARTMENT)
 Record Origination Date: 12/18/2007 14:11
 Last Update Operator: KEATING, LORETTA RECS-CWPD (CW3846A / CW - RECORDS / CLEARWATER POLICE DEPARTMENT)
 Last Update Date: 12/18/2007 16:55

Reporting LEO	Date	Supervisor	Date
COOPER, M. J. PST SUPV-CWPD (CW4902 / CW - TRU / CLEARWATER POLICE DEPARTMENT)		KEATING, LORETTA RECS-CWPD (CW3846A / CW - TRU / CLEARWATER POLICE DEPARTMENT)	7/1/2015

This report is property of CLEARWATER POLICE DEPARTMENT. Neither it nor its contents may be disseminated to unauthorized personnel.

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

DATE OF CRASH 03/25/2008	TIME OF CRASH 02:06 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME OFFICER NOTIFIED 2:16 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME OFFICER ARRIVED 2:28 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER 2008-27502	HSMV CRASH REPORT NUMBER 71962989
COUNTY / CITY CODE 04/36	Feet or <input checked="" type="checkbox"/> Miles <input type="checkbox"/>	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CITY OR TOWN Clearwater	(Check if in City or Town)	
AT NODE NO. or FEET 0	MILE(S) 0	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 4	<input checked="" type="checkbox"/> 1 DIVIDED <input type="checkbox"/> 2 UNDIVIDED
ON STREET, ROAD OR HIGHWAY Drew St					
AT INTERSECTION OF (street, road or highway) or FEET 0					
MILE(S) N S E W FROM INTERSECTION OF (street, road or highway) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Myrtle Ave					

DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A	YEAR 2007	MAKE Freightliner	TYPE 05	USE 1	VEH. LICENSE Y0788E	STATE FL	VEHICLE IDENTIFICATION NUMBER 1FUJA6CK27LZ38181	2 3 4 5 6 7 18 Undercarriage 19 Overtum 20 Wind shield 21 Trailer 16
TRAILER OR TOWED VEHICLE INFORMATION	2006	Unknown	TRAILER TYPE 2		C6119V	FL	1UYVS24836M733903	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

VEHICLE TRAVELING N S E W <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Myrtle Ave	ON At	Est. MPH 10	Posted Speed 25	Est. VEHICLE DAMAGE \$1.00	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE \$0.00	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
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MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Ace American Ins Co	POLICY NUMBER [REDACTED]	VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 4 Other 3
--	------------------------------------	---

NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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NAME OF MOTOR CARRIER (Commercial Vehicle only)	CURRENT ADDRESS	CITY, STATE AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS
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NAME OF DRIVER (Take From Driver License) / PEDESTRIAN Eugene Anthony Trotter	CURRENT ADDRESS (Number and Street) [REDACTED]	CITY, STATE AND ZIP Brooksville FL 34601	DATE OF BIRTH 12/11/1961
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DRIVER LICENSE NUMBER [REDACTED]	STATE FL	DL TYPE 1	REQ. TYPE END. 3	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULT [REDACTED] %	ALC / DRUG 1	PHYS. DEF 1	RES 2	RACE 1	SEX 1	INJ. 1	S. EQUIP 2	EJEC 1
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HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No 2	PLACARDED 1 Yes 2 No 2	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. 0	WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No 2	RECOMMENDED DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No 2	DRIVER'S PHONE NO. [REDACTED]
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DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 18 Undercarriage 19 Overtum 20 Wind shield 21 Trailer
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER					SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

VEHICLE TRAVELING N S E W	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)
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MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 4 Other
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NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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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	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	DATE OF BIRTH
--	-------------------------------------	--------------------	---------------

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. TYPE END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULT	ALC / DRUG	PHYS. DEF	RES	RACE	SEX	INJ.	S. EQUIP	EJEC
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HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No	PLACARDED 1 Yes 2 No	IF YES INDICATE NAME OR 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	RECOMMENDED DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No	DRIVER'S PHONE NO.
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VEHICLE TYPE 01 Automobile 02 Van 03 Light Truck/P.U.-2 or 4 rear tires 04 Medium Truck- 4 rear tires 05 Heavy Truck-2 or more rear axle 06 Truck Tractor (Cab-Bobtail) 07 Motor Home (RV) 08 Bus(driver+seats for 9-15) 09 Bus (driver+seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain 14 Train 15 Low speed Vehicle 77 Other	VEHICLE USE 01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	TRAILER TYPE 01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tanker Trailer 04 Saddle Mount/ Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	RESIDENCE (Driver Only) 1 County of Crash 2 Elsewhere In State 3 Non-Resident Out of State 4 Foreign 5 Unknown DL TYPE 1 A 2 B 3 C 4 D / Chauffeur 5 E / Operator 6 E / Oper-Rest 7 None RACE 1 White 2 Black 3 Hispanic 4 Other REQUIRED ENDORSEMENT 1 Yes 2 No 3 No Endorsement Req	PHYSICAL DEFECTS 1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	ALCOHOL / DRUG USE 1 Not Drinking or Using Drugs 2 Alcohol- Under Influence 3 Drugs- Under Influence 4 Alcohol & Drugs- Under Influence 5 Had Been Drinking 6 Pending ALC/ DRUG Test Result SAFETY EQUIPMENT IN 1 Not In Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection	LOCATION (In Vehicle) 1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body of Truck 8 Bus Passenger 9 Other EJECTED 1 No 2 Yes 3 Partial
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DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7	18 Undercarriage 19 Overturn 20 Wind shield 21 Trailer								
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE					1 15 16 17 8	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)								
VEHICLE TRAVELING N S E W	ON	At	Est. MPH	Posted	Est. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE		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 4 Other											
NAME OF VEHICLE OWNER (Check Box 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	CITY AND STATE		ZIP CODE									
NAME OF MOTOR CARRIER (Commercial Vehicle only)					CURRENT ADDRESS	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		DATE OF BIRTH									
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULT	ALC/DRUG	PHYS. DEF	RES	RACE	SEX	INJ.	S. EQUIP	EJEC				
				1 Blood 3 Urine 5 None 2 Breath 4 Refused	%												
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.				WAS HAZARDOUS MATERIAL SPILLED?	RECOMMENDED 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							
1 UTILITY POLE			\$500.00	City of Clearwa		100 S Myrtle Ave		Clearwater	FL	33756							
PROPERTY DAMAGED- OTHER THAN VEHICLES			EST. AMOUNT	OWNER'S NAME		ADDRESS		CITY	STATE	ZIP							
CONTRIBUTING CAUSES- DRIVER / PED.			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 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic			01 No Defects 02 Def. Brakes 03 Worn/Smooth Tires 04 Defective/Improper Lights 05 Puncture/Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment/Vehicle Defect 77 All Other (Explain in Narrative)			01 Straight Ahead 02 Slowing/Stopped/Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn			1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction/Maintenance SOURCE OF CARRIER 1 Not Applicable 2 Shipping Papers 3 Vehicle side 4 Driver 5 Other								
19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side/Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distraction (Explain in Narrative) 77 All Other (Explain in Narrative)			POINT OF COLLISION 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane/ 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 in Narrative) 88 Unknown			LOCATION TYPE 1 Primarily Business 2 Primarily Residential 3 Open Country								
FIRST / SUBSEQUENT HARMFUL EVENT (S)			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION											
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 Roadway 10 Collision With Pedestrian 11 Collision With Bicycle 12 Collision With Bicycle (Bike Lane) 13 Collision With Moped 14 Collision With Train			15 Collision With Animal 16 MV Hit Sign/Sign Post 17 MV Hit Utility Pole/Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge/Pier/Abutment/Rail 22 MV Hit Tree/Shrubbery 23 Collision With Construction Barricade/Sign 24 Collision With Traffic Gate 25 Collision With Crash Attenuators 26 Collision With Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision With Moveable Object On Road			29 MV Ran Into Ditch/Culvert 30 Ran Off Road Into Water 31 Overturned 32 Occupant Fell From Vehicle 33 Tractor/Trailer Jackknifed 34 Fire 35 Explosion 36 Downhill Runway 37 Cargo Loss or Shift 38 Separation of Units 39 Median Crossover 77 All Other (Explain in Narrative)			01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike/Toll 07 Forest Road 08 Private Roadway 77 All Other (Explain in Narrative)			01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 06 Unknown					
ROAD CONDITIONS AT TIME OF CRASH			VISION OBSTRUCTED			TRAFFIC CONTROL			ROAD SURFACE/CONDITION			WEATHER			ROAD SURFACE TYPE		
01 No Defects 02 Obstruction With Warning 03 Obstruction Without Warning 04 Road Under Repair/Construction 05 Loose Surface Materials 06 Shoulders - Soft/Low/High 07 Holes/Ruts/Unsafe Paved Edge 08 Standing Water 09 Worn/Polished Road Surface 77 All Other (Explain)			01 Vision Not Obscured 02 Inclement Weather 03 Parked/Stopped Vehicle 04 Trees/ Crops/ Bushes 05 Load on Vehicle 06 Building/Fixed Object 07 Signs/Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain In Narrative)			01 No Control 02 Special Speed Zone 03 Special Control sign 04 school Zone 05 Traffic Signal 06 Stop Sign 07 Yield Sign 08 Flashing Light 09 Rail Road signal 10 Officer /Gaurd/ Flagperson			01 Dry 02 Wet 03 Slippery 04 Icy 77 All Other (Explain)			01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain)			01 Slag/Gravel/Stone 02 Blacktop 03 Brick/Block 04 Concrete 05 Dirt 77 All Other (Explain)		
ROAD CONDITIONS AT TIME OF CRASH			VISION OBSTRUCTED			TRAFFIC CONTROL			SITE LOCATION			WEATHER			ROAD SURFACE TYPE		
01 No Defects 02 Obstruction With Warning 03 Obstruction Without Warning 04 Road Under Repair/Construction 05 Loose Surface Materials 06 Shoulders - Soft/Low/High 07 Holes/Ruts/Unsafe Paved Edge 08 Standing Water 09 Worn/Polished Road Surface 77 All Other (Explain)			01 Vision Not Obscured 02 Inclement Weather 03 Parked/Stopped Vehicle 04 Trees/ Crops/ Bushes 05 Load on Vehicle 06 Building/Fixed Object 07 Signs/Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain In Narrative)			01 No Control 02 Special Speed Zone 03 Special Control sign 04 school Zone 05 Traffic Signal 06 Stop Sign 07 Yield Sign 08 Flashing Light 09 Rail Road signal 10 Officer /Gaurd/ Flagperson			01 Not At Intersection/RR X'ing/Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parting Lot - Public 10 Parking Lot - Private			11 Private Property 12 Toll Booth 13 Public Bus Stop 77 All Other (Explain in Narrative)			01 Slag/Gravel/Stone 02 Blacktop 03 Brick/Block 04 Concrete 05 Dirt 77 All Other (Explain)		
SECTION #	NAME OF VIOLATOR				FL STATUTE NUMBER	CHARGE				CITATION NUMBER							
1	Eugene Anthony Trotter				316.1925(1)	Careless driving				2413FJW							
SECTION #	NAME OF VIOLATOR				FL STATUTE NUMBER	CHARGE				CITATION NUMBER							
SECTION #	NAME OF VIOLATOR				FL STATUTE NUMBER	CHARGE				CITATION NUMBER							
SECTION #	NAME OF VIOLATOR				FL STATUTE NUMBER	CHARGE				CITATION NUMBER							

FLORIDA TRAFFIC CRASH REPORT NARRATIVE / DIAGRAM

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

DO NOT WRITE IN THIS

TIME EMS NOTIFIED (FATALS ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALS ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 03/25/2008	COUNTY/CITY CODE 04/36	INVEST. AGENCY REPORT NUMBER 2008-27502	HSMV CRASH REPORT NUMBER 71962989
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NARRATIVE

AOI

===

Approximately 2' East of the ECL of Myrtle Ave.

Approximately 2' South of the SCL of Drew St.

There were no injuries reported a the time of this investigation.

ACCIDENT NARRATIVE

=====

On Tuesday, 3/25/08 at 1416 hours I was dispatched to a vehicle verses traffic signal accident that occurred on the Southeast corner of Drew St and Myrtle Ave. The vehicle that struck the signal pole was unaware that it did and was followed by a witness. The vehicle was finally stopped, by Officer Resler, on Northbound Belcher Rd, just North of World Parkway. I arrived to meet with the driver

ADDITIONAL PASSENGER

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

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

WITNESS NAME (1) Casey Grant Tibbs	CURRENT ADDRESS 2088 59th Way N	CITY & STATE Clearwater, FL	ZIP CODE 33760	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE 33760		
FIRST AID GIVEN BY - NAME	1 Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4 Certified 1st Aider 5. Other			INJURED TAKEN TO No injuries		BY - NAME			
WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 YES 2 NO	IF NO, THEN WHY?	DATE OF REPORT 03/25/2008	PHOTO TAKEN? 1 YES 2 NO	IF YES, BY WHOM ? 1 INVEST. AGENCY 2 OTHER			
INVESTIGATOR - RANK AND SIGNATURE Police Service Linda C Galioto			ID / BADGE NUMBER 2920	DEPARTMENT Clearwater		FHP	SO	PD	OTHER



INDICATE NORTH
WITH ARROW

Diagram Not To Scale

Report #2008-27502

AND

Myrtle Ave. →

↙ **Drew St.**

Crosswalk

— **Traffic signal and pole**



FLORIDA TRAFFIC CRASH REPORT

 UPDATE

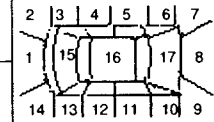
 CONTINUATION

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

DO NOT WRITE IN THIS

DATE OF CRASH 03/25/2008	COUNTY/CITY CODE 04/36	INVEST. AGENCY REPORT 2008-27502	HSMV CRASH REPORT 71962989
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DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7	18 Undercarriage 19 Overturn 20 Wind shield
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE					1 15 16 17 8	21 Trailer



VEHICLE TRAVELING N S E W	ON At	Est. MPH	Posted	Est. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
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MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY	VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other
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NAME OF VEHICLE OWNER (Check Box if Same As)	<input type="checkbox"/>	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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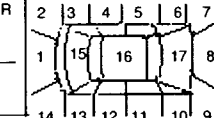
NAME OF MOTOR CARRIER (Commercial Vehicle only)	CURRENT ADDRESS	CITY, STATE AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS
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NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE	DATE OF BIRTH
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DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULT	ALC/ DRUG	PHYS. DEF	RES	RACE	SEX	INJ.	S. EQUIP	EJEC
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HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No	PLACARDED 1 Yes 2 No	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL 1 Yes 2 No	RECOMMENDED DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No	DRIVER'S PHONE
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PROPERTY DAMAGED - OTHER THAN	EST.	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
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WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
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WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 YES 2 NO	IF NO, THEN WHY?	DATE OF REPORT 03/25/2008	PHOTOS TAKEN 1 YES 2 NO	IF YES, BY WHOM? 1 INVEST. AGENCY 2 OTHER
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INVESTIGATOR - RANK AND Police Service Linda C Galfete	ID / BADGE NUMBER 2920	DEPARTMENT Clearwater	FHP	SO	PD	OTHER
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CONTRIBUTING CAUSES- DRIVER / PED.	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 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic	01 No Defects 02 Def. Brakes 03 Worn/Smooth Tires 04 Defective/Improper Lights 05 Puncture/Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment/Vehicle Defect 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 Driverless or Runaway Veh. 77 All Other (Explain in Narrative)	1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction/Maintenance SOURCE OF CARRIER 1 Not Applicable 2 Shipping Papers 3 Vehicle side 4 Driver 5 Other
19 Improper Load 20 Disregarded Other Traffic 21 Driving Wrong Side/Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distraction 77 All Other (Explain in Narrative)	POINT OF COLLISION 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane	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 in Narrative) 88 Unknown	
	WORK AREA 01 None 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 Hit Sign/Sign Post	30 Ran Off Road Into Water	
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole/Light Pole	31 Overturned	
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle	
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor/Trailer Jackknifed	
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire	
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	35 Explosion	
08 Collision With Parked Car	22 MV Hit Tree/Shrubbery	36 Downhill Runway	
09 Collision With MV on 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)

of that vehicle at 1428 hours.

The witness said that he was standing outside at the exit door of the school on the Southeast corner of Drew St. He had a clear line of sight. He observed V1 attempting to make a right turn from Northbound Myrtle Ave to Eastbound Drew St. The witness said that the trailer got caught up on the traffic signal. V1 backed up a little, and then attempted his turn again, at which point V1 drove over the curb, caught the signal pole and damaged it as he proceeded.

The driver of that vehicle, V1, said that he was traveling North on Myrtle Ave and intended to make a right turn to travel East onto Drew St. He said that when he approached the corner, he did not have enough room to make his turn so he back up a little, and then proceeded. He still did not know what part of his truck hit the signal pole until he was advised that it was his semi trailer.

ADDITIONAL PASSENGER

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
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VIOLATOR(S)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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FLORIDA TRAFFIC CRASH REPORT

 UPDATE

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RECORDS, NEIL KIRKMAN BUILDING TALLAHASSEE, FL 32399-0537

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(ADDITIONAL NARRATIVE)

It was determined that the driver of V1 was at fault. He was cited for Careless Driving. The roadway was cleared shortly after.

I relocated to the scene and could not determine the damage. Clearwater Traffic Engineering had already been there and cleared the debris. Officer Starks took photos before my arrival. I gave an employee of Traffic Engineering a copy of the drivers exchange form along with this report number.

ADDITIONAL PASSENGER

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
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FLORIDA TRAFFIC CRASH REPORT

 UPDATE

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RECORDS, NEIL KIRKMAN BUILDING TALLAHASSEE, FL 32399-0537

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PROPERTY DAMAGED - OTHER THAN	EST.	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
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PROPERTY DAMAGED - OTHER THAN	EST.	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN	EST.	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
------------------	-----------------	--------------	----------	------------------	-----------------	--------------	----------

WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO	IF NO, THEN WHERE? 1	IS INVESTIGATION COMPLETE? 1 YES 2 NO	IF NO, THEN WHY? 1	DATE OF REPORT 03/25/2008	PHOTOS TAKEN 1 YES 2 NO	IF YES, BY WHOM? 1 INVEST. AGENCY 2 OTHER	1
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INVESTIGATOR - RANK AND Patrol Officer Bradlee T Starks	ID / BADGE NUMBER	DEPARTMENT Clearwater	FHP	SO	PD	OTHER
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CONTRIBUTING CAUSES- DRIVER / PED.	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 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic	01 No Defects 02 Def. Brakes 03 Worn/Smooth Tires 04 Defective/Improper Lights 05 Puncture/Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment/Vehicle Defect 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 Driverless or Runaway Veh. 77 All Other (Explain in Narrative)	1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction/Maintenance SOURCE OF CARRIER 1 Not Applicable 2 Shipping Papers 3 Vehicle side 4 Driver 5 Other
19 Improper Load 20 Disregarded Other Traffic 21 Driving Wrong Side/Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distraction 77 All Other (Explain in Narrative)	POINT OF COLLISION 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane	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 in Narrative) 88 Unknown	
WORK AREA 01 None 02 Nearby 02 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	36 Downhill Runway	
09 Collision With MV on 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)

TITLE:
Hit and Run

INVESTIGATIVE ACTION TAKEN:
Upon arrival I met with PST Galioto who requested that I take photographs of a traffic signal pole in reference to a Hit and Run investigation. I took color digital photos of the damage to the traffic pole. The pictures were later submitted into evidence at the PCSO forensic photo lab.

COST RECOVERY:
.5 hour(s) @ \$25 per hour = \$12.50

NFI

ADDITIONAL PASSENGER												
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject

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

CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW08-88554

Report Date: 09/18/2008

Primary Information

Occurrence From: 09/17/2008 22:30
 Occurrence To: 09/18/2008 03:30
 Source Of Call: DISPATCHED
 Business Area Name: CLEARWATER ACADEMY
 Dissemination Code: UNCLASSIFIED
 Reporting LEO: TUPPONCE, D. OFCR-CWPD (CW3120 / CW - TEAM K / CLEARWATER POLICE DEPARTMENT)
 Approval Status: Approved
 Approved Date: 09/27/2008
 Approved By: QUINLAN, J. M. SGT-CWPD (CW8823 / CW - TEAM K / CLEARWATER POLICE DEPARTMENT)

Response Information

Time Call Received: 09/18/2008 09:31
 Time Dispatched: 09/18/2008 09:39
 Time Arrived: 09/18/2008 09:45
 Time Completed: 09/18/2008 11:42

Related Addresses

Address	Relationship
801 DREW ST CLEARWATER ACADEMY, CLEARWATER, Florida 33755 , UNITED STATES	OCCURRED/DISPATCHED

Offenses

Offense Type	Offense	Attempted/Committed	Statute	UCR Class
FELONY	BURG-STRUCTURE	COMMITTED	810.02	2200
FELONY	BURG-STRUCTURE	COMMITTED	810.02	2200
FELONY	BURG-STRUCTURE	COMMITTED	810.02	2200
FELONY	BURG-STRUCTURE	COMMITTED	810.02	2200

Related Subjects

Name	Type	Sex	Race	DOB	Relationship
TIBBS, CASEY G	PERSON	MALE	WHITE	01/30/1972	COMPLAINANT
CLEARWATER ACADEMY INTERNATIONAL	ORGANIZATION	---	---	---	VICTIM
JOHNSON, MARVIN LEROY	PERSON	MALE	BLACK	06/24/1965	SUSPECT

Analysis Information

Sick Or Injured: NO
 Alarm: NO
 Location Type: SCHOOL/UNIVERSITY
 Forced Entry: NOT APPLICABLE
 Occupany Code: OCCUPIED

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW08-88554

Report Date: 09/18/2008

Analysis Information - Continued

Alcohol Related: NO
Drug Related: NO
Hate Crime: NO
Sex Crime: NO
Juvenile Crime: NO
Domestic Violence: NO
Senior Abuse: NO
Child Abuse: NO
Gang Related: NO
School Zone: YES
Public Housing: NO
Signature Act: NO

Property

<u>Status</u>	<u>Quantity</u>	<u>Description</u>
STOLEN	1	CANNON VIDEO CAMERA
STOLEN	1	EMERSON MICROWAVE OVEN, SILER
STOLEN	10	BOTTLES OF SODA - VARIOUS FLAVORS
STOLEN	1	SHARP BRAND CASH REGISTER
STOLEN	15	CHILDREN'S PDA'S NEW IN PACKAGE
EVIDENCE/SEIZED	1	VIDEO AND STILLS OF BURGLARIES
EVIDENCE/SEIZED	1	GLASS CRACK PIPE WITH FILTER
EVIDENCE/SEIZED	1	CONSENT TO SEARCH FORM SIGNED BY JOHNSON

Narrative

SAO INFO: A live invest is set for 10-10-08 at 0830, Div. "I" at CPD.

SYNOPSIS OF EVENT: Over several hours from 2200 hours on 09-17-08 at 801 Drew St., the Clearwater Academy, MARVIN JOHNSON entered the school four times over several hours stealing property each time.

SOURCE OF ACTIVITY: dispatched call

PREVIOUS HISTORY: Marvin Johnson was previously arrested and convicted of burglary to the same school. Casey Tibbs, a employee of Clearwater Academy, knew Marvin from that incident and he also stated he has often seen Marvin walking past the school.

INVESTIGATIVE ACTION TAKEN: I met with CASEY TIBBS, the security officer for the Clearwater Academy. He had a recording showing a black male entering the school several times and stealing multiple items. The security cameras had filmed the incident. Staff had discovered several items missing from the gymnasium that were for a book sale. Prior to notification and arrival of CPD, school had started and there were no surfaces that were able to be processed. Casey did not review the security tapes until staff advised him of the missing items. He burned me a copy that included three videos and still shots.

Casey stated that the gym had been left unlocked by staff error. There is a fence around the perimeter of the building. It was night and the building is not open to the public.

MULTIPLE BURGLARIES

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW08-88554

Report Date: 09/18/2008

Narrative - Continued

The first time MARVIN JOHNSON entered the school was approximately 2210 hours on 9-17-08. Casey advised that at that time a staff member was in an office just off the gymnasium, but did not see or hear the suspect. That staff member was Jeremy Haug w/m 10-23-90. I did not speak to Jeremy, but he had advised Casey that he never saw the suspect. Video surveillance appears to back this up. Marvin entered the gym wearing black socks over his hands. He has the blue bag and loads it out of camera view. He comes back into view with the bag full, probably with the PDAs and leaves.

The second time Marvin enters the gym is at around 2355 hours on 9-17-08. He removes one microwave oven and carries it out of the gym.

The third time he enters the gym is at 0115 hours on 9-18-08. He removes the cash register.

The fourth time is approximately 0320 hours on 9-18-08. He removes a green box that contained various small medical items. He takes eleven sodas from a cooler. During this occasion, he goes off camera into an office off the gym at which time he probably takes the video camera. He also goes back to the table and removes what appears to be several more PDAs.

Casey advised that he would drive through the down town area to attempt to locate Marvin.

On 9-19-08 at 1132 hours, at 1274 Cleveland St., the Economy Inn, Casey Tibbs called CPD to report he had located Marvin Johnson. Marvin was at the Economy Inn in the office area. Casey, who was in the parking lot inside of his vehicle, pointed out Johnson as I arrived. He stated he was absolutely positive it was the suspect. I recognized Johnson from previous dealings with him. I asked Johnson if he would speak to me and he agreed. I advised him I was investigating a burglary at the Clearwater Academy and he was observed on video tape committing the burglary.

Johnson advised that he had no idea what I was talking about and that he had been staying here at the Economy Inn. He advised he had been in room 23. I asked him if I could search his room. He agreed without hesitation. He then signed a consent to search form. He did not have the keys, however, and asked the manager for the keys to the room. The section of the motel that the owners had been allowing Marvin to stay in has the address of 1250 Cleveland St. The section is closed.

I drove my cruiser the short distance to the section of rooms while Ofc. Craft and Ofc. Ambrose walked with Marvin. I then asked Marvin if he would mind having a seat in my cruiser while I completed the search. I did this since only one officer would be waiting with him out of my sight. He willingly agreed and I advised him I would not be putting him in handcuffs. Without my asking, Marvin started to empty his pockets and place the contents on the trunk of my car. I noticed a key on a red key chain that I immediately recognized as belonging to the Economy Inn. It had "22" on it.

I asked Marvin if this had been his real room. He advised me that the two rooms are connected and he had been staying in 22 also. I then asked if the consent to search could apply to room 22 also and he replied that I could search room 22. I entered room 22 and observed the blue bag with the writing on it. I resembled the one used in the burglary. It had the name "LOMBARDO" written on it in black marker. Inside the bag was a 305's cigarette pack. Inside the pack was a glass crack pipe wrapped in toilet paper. I left it in place. I observed one of the black Scholastics children's PDAs still in its case sitting on top of the refrigerator. No other items were located. Ofc. Kraft placed Marvin in handcuffs during this time at approximately 1230 hours.

The bag and contents and PDA were left in place for photographs and latent processing. The motel operator, Nelly Gomes, was cooperative with my investigation and advised I could turn the room key to her after it was photographed. Ofc. Kraft remained on scene for processing.

I transported Marvin to the main station booking area to meet with detectives. He did not make any statements.

The ID Tech came to the holding area after he completed processing at the motel. I requested photos of Marvin and his clothing to include his shoes. He turned over the PDA to me so I could return it to the victim. He advised latents were recovered from the PDA and the cigarette pack. The blue bag and cigarette pack would be placed into evidence by him. I took custody of the crack pipe from the technician. It was later placed into evidence at the main station with request for latent processing and test for cocaine. It should be noted that at the time Marvin emptied his pockets on the trunk of my cruiser, one of the items was a pack of 305 cigarettes.

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW08-88554

Report Date: 09/18/2008

Narrative - Continued

The original CD of the burglary was placed into evidence. A copy was made for Det. White and for the SAO. The consent to search form was placed into evidence and a copy turned in at records. Marvin was charged with four counts of burglary to a structure. The charges of possession of drug paraphernalia and possession of crack cocaine will be brought to invest.

I transported Marvin to PCJ without incident.

I returned the PDA to Casey Tibbs at the school. He advised that the blue bag could only be obtained from the school. Lombardo had been a student at the school.

Record Status Information

Record Origination Operator: ACISS System (PINELLAS COUNTY SHERIFF'S OFFICE)
Record Origination Date: 09/18/2008 11:52
Last Update Operator: QUINLAN, J. M. SGT-CWPD (CW8823 / CW - DISTRICT 2 / CLEARWATER POLICE DEPARTMENT)
Last Update Date: 09/27/2008 14:31

Reporting LEO	Date	Supervisor	Date
TUPPONCE, D. OFCR-CWPD (CW3120 / CW - TEAM K / CLEARWATER POLICE DEPARTMENT)		QUINLAN, J. M. SGT-CWPD (CW8823 / CW - TEAM K / CLEARWATER POLICE DEPARTMENT)	7/1/2015

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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

TIME & LOCATION	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER	
	07/06/2010	05:02 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	5:03 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	5:08 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	2010-77430	80446626	
	COUNTY / CITY CODE	Feet or <input checked="" type="checkbox"/> Miles <input type="checkbox"/>	N S E W	CITY OR TOWN	(Check if in City or Town)	COUNTY	
	04/36	0	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clearwater	<input checked="" type="checkbox"/>	Pinellas	
AT NODE NO. or	FEET	MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1 DIVIDED 2 UNDIVIDED	ON STREET, ROAD OR HIGHWAY
0	0				0	1	801 DREW ST
AT INTERSECTION OF	(street, road or	or	FEET	MILE(S)	N S E W	FROM INTERSECTION OF	(street, road or highway)
			0		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
	3	2003	Pierce	77	9	CITY219332	-----	4P1CT02A33A002910	18 Undercarriage 19 Overtum 20 Wind shield 21 Trailer
TRAILER OR TOWED VEHICLE INFORMATION									

SECTION 1	VEHICLE TRAVELING	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)
	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W			2	5	\$500.00	2	\$0.00	7

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
SELF INSURED			3

NAME OF VEHICLE OWNER (Check Box if Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
<input checked="" type="checkbox"/>	FIRE CITY OF CLEARWATER 610 Franklin St	Clearwater FL	33756

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	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 AND ZIP	DATE OF BIRTH
CRAIG KRUEGER		TARPON FL	34689 8/28/1984

DRIVER LICENSE NUMBER	STATE	DL REQ. TYPE END.	ALC/DRUG TEST TYPE	RESULT	ALC / DRUG	PHYS. DEF	RES	RACE	SEX	INJ.	S. EQUIP	EJEC
	FL	5 1	1 Blood 3 Urine 5 None 2 Breath 4 Refused	5 %	1	1	1	1	1	1	2	1

HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL SPILLED?	RECOMMENDED DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.
1 Yes 2 No	2	0	1 Yes 2 No	2	

DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
	3	2007	Dodge	04	1	X319XE	FL	1D7HA18207S197736	21 Trailer
TRAILER OR TOWED VEHICLE INFORMATION									

SECTION 2	VEHICLE TRAVELING	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)
	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			0	5	\$1,000.00	2	\$0.00	9

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
STATE FARM			3

NAME OF VEHICLE OWNER (Check Box if Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
<input checked="" type="checkbox"/>	SAME AS DRIVER		

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	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	DATE OF BIRTH
JOSEPH SCIANDRA		LARGO FL	33773 5/21/1962

DRIVER LICENSE NUMBER	STATE	DL REQ. TYPE END.	ALC/DRUG TEST TYPE	RESULT	ALC / DRUG	PHYS. DEF	RES	RACE	SEX	INJ.	S. EQUIP	EJEC
	FL	5 2	1 Blood 3 Urine 5 None 2 Breath 4 Refused	5 %	1	1	1	1	1	1	2	1

HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL SPILLED?	RECOMMENDED DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.
1 Yes 2 No	2	0	1 Yes 2 No	2	(727)580-5047

CODE INFORMATION	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION (In Vehicle)
	01 Automobile 02 Van 03 Light Truck/P.U.-2 or 4 rear tires 04 Medium Truck- 4 rear tires 05 Heavy Truck-2 or more rear axle 06 Truck Tractor (Cab-Boattail) 07 Motor Home (RV) 08 Bus (driver+seats for 9-15) 09 Bus (driver+seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain 14 Train 15 Low speed Vehicle 77 Other	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Private School Bus 06 Ambulance 07 Law Enforcement 08 Fire/Rescue 09 Military 10 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tanker Trailer 04 Saddle Mount/ Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	1 County of Crash 2 Elsewhere In State 3 Non-Resident Out of State 4 Foreign 5 Unknown DL TYPE 1 A 2 B 3 C 4 D / Chauffeur 5 E / Operator 6 E / Oper-Rest 7 None REQUIRED ENDORSEMENT 1 Yes 2 No 3 No Endorsement Req	1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	1 Not Drinking or Using Drugs 2 Alcohol- Under Influence 3 Drugs- Under Influence 4 Alcohol & Drugs- Under Influence 5 Had Been Drinking 6 Pending ALC/ DRUG Test Result SAFETY EQUIPMENT IN 1 Not In Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body of Truck 8 Bus Passenger 9 Other EJECTED 1 No 2 Yes 3 Partial

DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7	18 Undercarriage			
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE								19 Overtum			
VEHICLE TRAVELING		ON	At	Est. MPH	Posted	Est. VEHICLE DAMAGE	1 Disabling	EST. TRAILER DAMAGE	21 Trailer	20 Wind shield			
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List		3 Driver		22 Windshield			
NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				23 Trailer			
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and		CITY AND STATE		ZIP CODE				24 Windshield			
NAME OF MOTOR CARRIER (Commercial Vehicle only)		CURRENT ADDRESS		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS				25 Trailer			
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP		DATE OF BIRTH				26 Windshield			
DRIVER LICENSE NUMBER		STATE	DL REQ. TYPE	ALC/DRUG TEST TYPE	RESULT	ALC/ DRUG	PHYS. DEF	RES	RACE	SEX	INJ.	S. EQUIP	EJEC
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		77 All Other (Explain in Narrative)	1 Yes 2 No	RECOMMENDED 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					
CONTRIBUTING CAUSES- DRIVER / PED.		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 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic		01 No Defects 02 Def. Brakes 03 Worn/Smooth Tires 04 Defective/Improper Lights 05 Puncture/Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment/Vehicle Defect 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 Improperly Parked 09 Making U-Turn		1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction/Maintenance 7 Other SOURCE OF CARRIER 1 Not Applicable 2 Shipping Papers 3 Vehicle side 4 Driver 5 Other							
19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side/Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distraction (Explain in Narrative) 77 All Other (Explain in Narrative)		POINT OF COLLISION 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane/ WORK AREA		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 in Narrative) 88 Unknown		LOCATION TYPE 1 Primarily Business 2 Primarily Residential 3 Open Country					
FIRST / SUBSEQUENT HARMFUL EVENT (S)		ROAD SYSTEM IDENTIFIER		LIGHTING CONDITION									
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 Roadway 10 Collision With Pedestrian 11 Collision With Bicycle 12 Collision With Bicycle (Bike Lane) 13 Collision With Moped 14 Collision With Train		15 Collision With Animal 16 MV Hit Sign/Sign Post 17 MV Hit Utility Pole/Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge/Pier/Abutment/Rail 22 MV Hit Tree/Shrubbery 23 Collision With Construction Barricade/Sign 24 Collision With Traffic Gate 25 Collision With Crash Attenuators 26 Collision With Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision With Moveable Object On Road		29 MV Ran Into Ditch/Culvert 30 Ran Off Road Into Water 31 Overturned 32 Occupant Fell From Vehicle 33 Tractor/Trailer Jackknifed 34 Fire 35 Explosion 36 Downhill Runway 37 Cargo Loss or Shift 38 Separation of Units 39 Median Crossover 77 All Other (Explain in Narrative)		01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike/Toll 07 Forest Road 08 Private Roadway 77 All Other (Explain in Narrative)		01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 06 Unknown					
ROAD CONDITIONS AT TIME OF CRASH		VISION OBSTRUCTED		TRAFFIC CONTROL		SITE LOCATION		ROAD SURFACE/CONDITION		WEATHER		ROAD SURFACE TYPE	
01 No Defects 02 Obstruction With Warning 03 Obstruction Without Warning 04 Road Under Repair/Construction 05 Loose Surface Materials 06 Shoulders - Soft/Low/High 07 Holes/Ruts/Unsafe Paved Edge 08 Standing Water 09 Worn/Polished Road Surface 77 All Other (Explain)		01 Vision Not Obscured 02 Inclement Weather 03 Parked/Stopped Vehicle 04 Trees/ Crops/ Bushes 05 Load on Vehicle 06 Building/Fixed Object 07 Signs/Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain in Narrative)		01 No Control 02 Special Speed Zone 03 Special Control sign 04 school Zone 05 Traffic Signal 06 Stop Sign 07 Yield Sign 08 Flashing Light 09 Rail Road signal 10 Officer /Gaurd/ Flagperson		01 Not At Intersection/RR X'ing/Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parting Lot - Public 10 Parking Lot - Private		01 Dry 02 Wet 03 Slippery 04 icy 77 All Other (Explain)		01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain)		01 Slag/Gravel/Stone 02 Blacktop 03 Brick/Block 04 Concrete 05 Dirt 77 All Other (Explain)	
SECTION #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		TRAFFICWAY					
SECTION #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		TYPE SHOULDER					
SECTION #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		1 Paved 2 Unpaved 3 Curb					
SECTION #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE							

FLORIDA TRAFFIC CRASH REPORT NARRATIVE / DIAGRAM

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

DO NOT WRITE IN THIS

TIME EMS NOTIFIED (FATALS ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALS ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 07/06/2010	COUNTY/CITY CODE 04/36	INVEST. AGENCY REPORT NUMBER 2010-77430	HSMV CRASH REPORT NUMBER 80446626
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NARRATIVE

LONG FORM CRASH

AREA OF IMPACT: AOI was determined to be 100' East of the ECL of Myrtle Ave. and 125' South of the SCL of Drew St.

SYNOPSIS OF CRASH: V-1 was was driving through the parking lot of 801 Drew St. and struck a parked vehicle while attempting to maneuver a corner.

CRASH INVESTIGATION: When I arrived both vehicles were still on scene. I spoke to the driver of V-1 and he said; he was driving E-45, City number G2776, through the parking lot of 801 Drew St. attempting to maneuver the truck in a tight right hand turn. The right rear of the truck struck a legally parked vehicle on the left rear. I spoke to the driver of V-2 and he said; he had his truck legally parked in the school yard when it was struck by V-1.

There were no injuries in this crash.

ADDITIONAL PASSENGER

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

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

WITNESS NAME (1)		CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)		CURRENT ADDRESS	CITY & STATE	ZIP CODE
FIRST AID GIVEN BY - NAME NONE			1 Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4 Certified 1st Aider 5. Other <input type="checkbox"/>			INJURED TAKEN TO NONE		BY - NAME NONE	
WAS INVESTIGATION MADE AT SCENE?	1 YES <input type="checkbox"/> 2 NO <input checked="" 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 07/06/2010	PHOTO TAKEN? 1 YES <input type="checkbox"/> 2 NO <input checked="" type="checkbox"/>	IF YES, BY WHOM? 1 INVEST. AGENCY <input checked="" type="checkbox"/> 2 OTHER	
INVESTIGATOR - RANK AND SIGNATURE Police Service David O Humphrey			ID / BADGE NUMBER 094	DEPARTMENT Clearwater		FHP <input type="checkbox"/>	SO <input type="checkbox"/>	PD <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

DIAGRAM



INDICATE NORTH
WITH ARROW



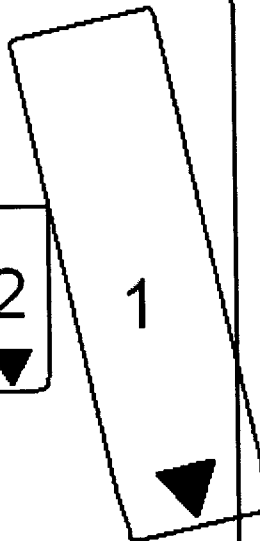
PRIVATE DRIVEWAY

CLEARWATER ACADEMY

801 DREW ST

NOT TO SCALE

2010-77430



PRIVATE DRIVEWAY

FLORIDA TRAFFIC CRASH REPORT

 UPDATE

 CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH

RECORDS, NEIL KIRKMAN BUILDING TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS

DATE OF CRASH 07/06/2010	COUNTY/CITY CODE 04/36	INVEST. AGENCY REPORT 2010-77430	HSMV CRASH REPORT 80446626
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DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7	18 Undercarriage 19 Overturn 20 Wind shield
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE					1 15 16 17 8	21 Trailer

VEHICLE TRAVELING N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ON At	Est. MPH	Posted	Est. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
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MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY	VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other
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NAME OF VEHICLE OWNER (Check Box if Same As <input type="checkbox"/>	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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NAME OF MOTOR CARRIER (Commercial Vehicle only)	CURRENT ADDRESS	CITY, STATE AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS
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NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE	DATE OF BIRTH
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DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULT	ALC/ DRUG	PHYS. DEF	RES	RACE	SEX	INJ.	S. EQUIP	EJEC
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HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>	PLACARDED 1 Yes 2 No <input type="checkbox"/>	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL 1 Yes 2 No <input type="checkbox"/>	RECOMMENDED DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No <input type="checkbox"/>	DRIVER'S PHONE
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DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7	18 Undercarriage 19 Overturn 20 Wind shield
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE					1 15 16 17 8	21 Trailer

VEHICLE TRAVELING N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ON At	Est. MPH	Posted	Est. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
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MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY	VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other
--	--------	--

NAME OF VEHICLE OWNER (Check Box if Same As <input type="checkbox"/>	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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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	CITY, STATE AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS
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NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE	DATE OF
--	-------------------------------------	------------------------	---------

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULT	ALC/ DRUG	PHYS. DEF	RES	RACE	SEX	INJ.	S. EQUIP	EJEC
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HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>	PLACARDED 1 Yes 2 No <input type="checkbox"/>	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL 1 Yes 2 No <input type="checkbox"/>	RECOMMENDED DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No <input type="checkbox"/>	DRIVER'S PHONE
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PROPERTY DAMAGED - OTHER THAN	EST.	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN	EST.	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN	EST.	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN	EST.	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
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WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO <input checked="" type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 YES 2 NO <input checked="" type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT 07/06/2010	PHOTOS TAKEN 1 YES 2 NO <input checked="" type="checkbox"/>	IF YES, BY WHOM? 1 INVEST. AGENCY 2 OTHER <input checked="" type="checkbox"/>
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INVESTIGATOR - RANK AND Police Service David O Humphrey	ID / BADGE NUMBER 094	DEPARTMENT Clearwater	FHP <input type="checkbox"/> SO <input type="checkbox"/> PD <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
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CONTRIBUTING CAUSES- DRIVER / PED.	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 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic	01 No Defects 02 Def. Brakes 03 Worn/Smooth Tires 04 Defective/Improper Lights 05 Puncture/Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment/Vehicle Defect 77 All Other (Explain in Narrative)	01 Straight Ahead 02 Slowing/Stopped/Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn	1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction/Maintenance SOURCE OF CARRIER 1 Not Applicable 2 Shipping Papers 3 Vehicle side 4 Driver 5 Other
19 Improper Load 20 Disregarded Other Traffic 21 Driving Wrong Side/Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distraction 77 All Other (Explain in Narrative)	POINT OF COLLISION 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane	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 in Narrative) 88 Unknown	
WORK AREA 01 None 02 Nearby 02 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	36 Downhill Runway	
09 Collision With MV on 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)

Both vehicles were driven from the scene.

No citations were issued, 421, Sgt. Donnelly concurs.

ADDITIONAL PASSENGER												
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP	DATE OF BIRTH	RACE	SEX	LOC.	INJ.	S.Equi	Eject

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

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
 TALLAHASSEE, FL 32399-0537

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

CRASH DATE 01/26/2011	TIME OF CRASH 10:36 AM	DATE OF REPORT 01/26/2011	REPORTING AGENCY CASE NUMBER CW11-8835	HSMV CRASH REPORT NUMBER
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CRASH IDENTIFIERS					
COUNTY CODE 04	CITY CODE 36	COUNTY OF CRASH PINELLAS	PLACE OR CITY OF CRASH CLEARWATER	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 10:36 AM
TIME ON SCENE 10:42 AM		TIME CLEARED SCENE 11:45 AM	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)	
Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>					

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)			
CRASH OCCURRED ON STREET, ROAD, HIGHWAY DREW ST		AT STREET ADDRESS # 1	AT LATITUDE AND LONGITUDE 2
FEET	MILES	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/> AT FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 KEENE RD	OR FROM MILEPOST # 4

Road System Identifier	Type of Shoulder	Type of Intersection
<input type="checkbox"/> 1 Interstate <input type="checkbox"/> 2 U.S. <input type="checkbox"/> 3 State <input checked="" type="checkbox"/> 4 County <input type="checkbox"/> 5 Local <input type="checkbox"/> 6 Turnpike/Toll <input type="checkbox"/> 7 Forest Road <input type="checkbox"/> 8 Private Roadway <input type="checkbox"/> 9 Parking Lot <input type="checkbox"/> 77 Other, Explain in Narrative	<input type="checkbox"/> 1 Paved <input type="checkbox"/> 2 Unpaved <input type="checkbox"/> 3 Curb <input checked="" type="checkbox"/> 3	<input type="checkbox"/> 1 Not at Intersection <input type="checkbox"/> 2 Four-Way Intersection <input type="checkbox"/> 3 T-Intersection <input type="checkbox"/> 4 Y-Intersection <input type="checkbox"/> 5 Traffic Circle <input type="checkbox"/> 6 Roundabout <input type="checkbox"/> 7 Five-Point, or More <input type="checkbox"/> 77 Other, Explain in Narrative <input checked="" type="checkbox"/> 2

CRASH INFORMATION (CHECK IF PICTURES TAKEN)				
Light Condition <input checked="" type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dusk <input type="checkbox"/> 3 Dawn <input type="checkbox"/> 4 Dark-Lighted <input type="checkbox"/> 5 Dark-Not Lighted <input type="checkbox"/> 6 Dark-Unknown Lighting <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Weather Condition <input checked="" type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain <input type="checkbox"/> 4 Fog, Smog, Smoke <input type="checkbox"/> 5 Sleet/Hail/Freezing Rain <input type="checkbox"/> 6 Blowing Sand, Soil, Dirt <input type="checkbox"/> 7 Severe Crosswinds <input type="checkbox"/> 77 Other, Explain in Narrative	Roadway Surface Condition <input checked="" type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 4 Ice/Frost <input type="checkbox"/> 5 Oil <input type="checkbox"/> 6 Mud, Dirt, Gravel <input type="checkbox"/> 7 Sand <input type="checkbox"/> 8 Water (standing/moving) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	School Bus Related <input checked="" type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, School Bus Directly Involved <input type="checkbox"/> 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle <input type="checkbox"/> 4 Sideswipe, Same Direction <input type="checkbox"/> 5 Sideswipe, Opposite Direction <input type="checkbox"/> 6 Rear to Side <input type="checkbox"/> 7 Rear to Rear <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown

First Harmful Event	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object
<input type="checkbox"/> 14 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 Overturn/Rollover <input type="checkbox"/> 2 Fire/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision	<input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone/Maintenance Equipment <input type="checkbox"/> 17 Struck By Falling, Shifting Cargo <input type="checkbox"/> 18 Other Non-Fixed Object	<input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End <input type="checkbox"/> 29 Cable Barrier <input type="checkbox"/> 30 Concrete Traffic Barrier <input type="checkbox"/> 31 Other Traffic Barrier <input type="checkbox"/> 32 Tree (standing) <input type="checkbox"/> 33 Utility Pole/Light Support <input type="checkbox"/> 34 Traffic Sign Support <input type="checkbox"/> 35 Traffic Signal Support <input type="checkbox"/> 36 Other Post, Pole or Support <input type="checkbox"/> 37 Fence <input type="checkbox"/> 38 Mailbox <input type="checkbox"/> 39 Other Fixed Object (wall, building, tunnel, etc.)

First Harmful Event Relation to Junction	Contributing Circumstances: Road	Contributing Circumstances: Environment
<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1 Non-Junction <input type="checkbox"/> 2 Intersection <input type="checkbox"/> 3 Intersection-Related <input type="checkbox"/> 4 Driveway/Alley Access Related <input type="checkbox"/> 5 Railway Grade Crossing <input type="checkbox"/> 14 Entrance/Exit Ramp <input type="checkbox"/> 15 Crossover - Related <input type="checkbox"/> 16 Shared-Use Path or Trail <input type="checkbox"/> 17 Acceleration/Deceleration Lane <input type="checkbox"/> 18 Through Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 4 Work Zone (construction/maintenance/utility) <input type="checkbox"/> 6 Shoulders (none, low, soft, high) <input type="checkbox"/> 7 Rut, Holes, Bumps <input type="checkbox"/> 9 Worn, Travel-Polished Surface <input type="checkbox"/> 10 Road Surface Condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 11 Obstruction in Roadway <input type="checkbox"/> 12 Debris <input type="checkbox"/> 13 Traffic Control Device Inoperative, Missing or Obscured <input type="checkbox"/> 14 Non-Highway Work <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 Weather Conditions <input type="checkbox"/> 3 Physical Obstruction(s) <input type="checkbox"/> 4 Glare <input type="checkbox"/> 5 Animal(s) in Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown

Work Zone Related	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone
<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area	<input type="checkbox"/> 1 Lane Closure <input type="checkbox"/> 2 Lane Shift/Crossover <input type="checkbox"/> 3 Work on Shoulder or Median <input type="checkbox"/> 4 Intermittent or Moving Work <input type="checkbox"/> 77 Other, Explain in Narrative	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle Only Present

WITNESSES				
NAME	ADDRESS	CITY & STATE	ZIP CODE	
NAME	ADDRESS	CITY & STATE	ZIP CODE	
NAME	ADDRESS	CITY & STATE	ZIP CODE	

NON VEHICLE PROPERTY DAMAGE						
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE ZIP CODE

NARRATIVE

REPORTING AGENCY CASE NUMBER

HSMV CRASH REPORT NUMBER

CW11-8835

SHORT FORM CRASH

AREA OF IMPACT: AOI WAS DETERMINED TO BE 40' NORTH OF THE SCL OF DREW ST. AND 24' EAST OF THE WCL OF KEENE RD.

SYNOPSIS OF CRASH: V-1 WAS E/B ON DREW ST. IN THE MEDIAN LANE, AT KEENE RD. V-2 WAS W/B ON DREW ST. IN THE LEFT TURN LANE, AT KEENE RD. V-1 CLAIMS TO HAVE THE RED LIGHT, AND V-2 CLAIMS TO HAVE THE GREEN ARROW.

CRASH INVESTIGATION: WHEN I ARRIVED BOTH VEHICLES HAD MOVED TO A PARKING LOT, OUT OF TRAFFIC. I SPOKE TO THE DRIVER OF V-1 AND SHE SAID: SHE WAS E/B ON DREW ST. AT KEENE RD. IN THE MEDIAN LANE. HER LIGHT TURNED GREEN AND SHE ENTERED INTO THE INTERSECTION WHEN V-2 PULLED INTO HER PATH. SHE STRUCK V-2. I SPOKE TO THE DRIVER OF V-2 AND SHE SAID: SHE WAS E/B ON DREW ST. IN THE LEFT TURN LANE, AT KEENE RD. THE LIGHT TURNED TO A GREEN ARROW FOR LEFT TURNS. AS SHE ENTERED INTO THE INTERSECTION SHE WAS STRUCK BY V-1.

THERE WERE NO INJURIES IN THIS CRASH.
 V-2 WAS TOWED FROM THE SCENE, V-1 WAS DRIVEN.
 BECAUSE OF CONFLICTING STATEMENTS, AND THE LACK OF A WITNESS, AN AT FAULT DRIVER COULD NOT BE DETERMINED. CORP. TUPPONCE,CPD AGREES.

ADDITIONAL PASSENGERS

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

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

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

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

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

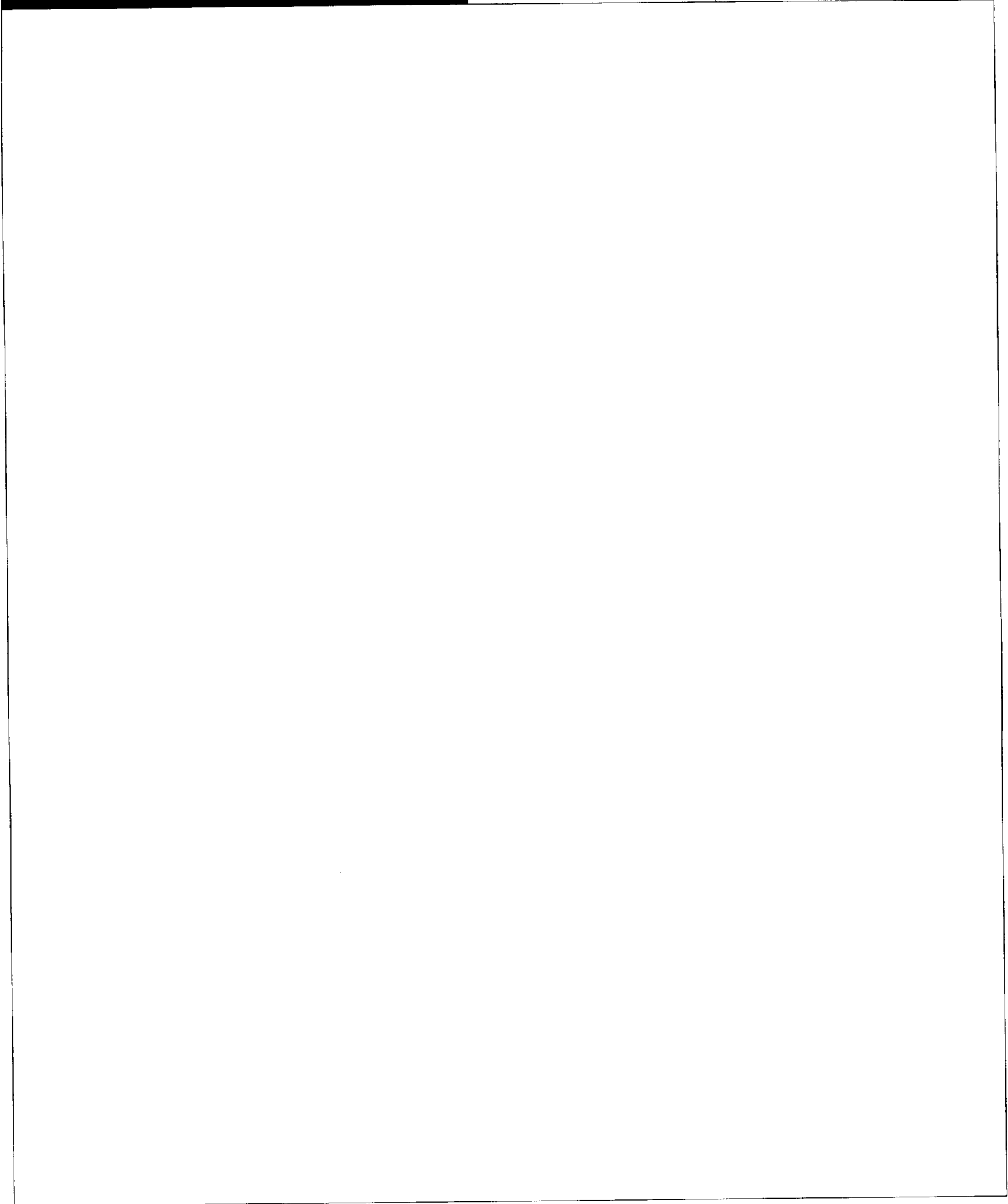
ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
2910	PST HUMPHREY	CLEARWATER	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DIAGRAM

REPORTING AGENCY CASE NUMBER

CW11-8835

HSMV CRASH REPORT NUMBER



VEHICLE # 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER CW11-8835		HSMV CRASH REPORT NUMBER			
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle 1		VEHICLE LICENSE NUMBER 8098HF		STATE FL	REGISTRATION EXPIRES 02/07/2011	Check if Permanent Registration <input type="checkbox"/>	VIN 1N4DL01A41C152515		
Hit and Run 1 No 2 Yes 88 Unknown 1	YEAR 2001	MAKE NISS	MODEL	STYLE 4D	COLOR BLU	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown 2	EST. AMOUNT 5000		
INSURANCE COMPANY SEMINOLE CASUALTY INS. CO.			INSURANCE POLICY NUMBER SCI844779		Towed due to Damage: 1 No 2 Yes 1	VEHICLE REMOVED BY DRIVER	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative 3		
NAME OF VEHICLE OWNER <input type="checkbox"/> (Check if Business) CHIZELL M		LEBRON		CURRENT ADDRESS 324 WESTMINISTER BLVD APT 324		CITY & STATE OLDSMAR FL	ZIP CODE 34677		
Trailer # 1	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
Trailer # 2	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
VEHICLE TRAVELING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road Unknown <input type="checkbox"/>		ON STREET, ROAD, HIGHWAY DREW ST				AT EST. SPEED 20	POSTED SPEED 40	TOTAL LANES 4	
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown 1	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of Initial Impact 		Most Damaged Area 			
MOTOR CARRIER NAME			US DOT NUMBER		MOTOR CARRIER ADDRESS		CITY & STATE	ZIP CODE	PHONE NUMBER
Vehicle Body Type 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV) 1		Trafficway 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown 4		Commercial Motor Vehicle Configuration 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck 8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown					
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer 8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		Cargo Body Type 1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log 13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown					
Most Harmful Event 14 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision		Non-Collision 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		Collision Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		Emergency Vehicle Use 1 No 2 Yes 88 Unknown 1	
Sequence of Events 1st 2nd 3rd 4th		[40-46 Sequence of Events only] 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		Vehicle Maneuver Action 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/ Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		Traffic Control Device For This Vehicle 5 1 No Controls 4 School Zone Sign/ Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		Vehicle Defects 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown	
Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom) 1		Roadway Alignment 1 Straight 2 Curve Right 3 Curve Left 1		Special Function of Motor Vehicle 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		VIOLATIONS			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER					
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER					
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER					

1 Driver 2 Non-Motorist 3 Passenger VEHICLE # **1** NAME **CHIZELL MARIE LEBRON** PHONE NUMBER **[REDACTED]** Check if Recommend Driver Re-exam

CURRENT ADDRESS (Number and Street) **[REDACTED]** CITY & STATE **OLDSMAR FL** ZIP CODE **34677**

DATE OF BIRTH **02/07/1972** SEX **2** (1 Male, 2 Female, 88 Unknown) DRIVER LICENSE NUMBER **[REDACTED]** STATE **FL** EXPIRES **02/07/2017** INJURY SEVERITY (INU) **1** (1 None, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal, 6 Non-Traffic Fatality)

DRIVER

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

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

Driver's Actions at Time of Crash

1st 77 (1 No Contributing Action, 2 Operated MV in Careless or Negligent Manner, 3 Failed to Yield Right-of-Way, 4 Improper Backing, 6 Improper Turn, 10 Followed too Closely, 11 Ran Red Light, 12 Drove too Fast for Conditions, 13 Ran Stop Sign, 15 Improper Passing, 17 Exceeded Posted Speed, 21 Wrong Side or Wrong Way, 25 Failed to Keep in Proper Lane)

2nd (1 No Contributing Action, 2 Operated MV in Careless or Negligent Manner, 3 Failed to Yield Right-of-Way, 4 Improper Backing, 6 Improper Turn, 10 Followed too Closely, 11 Ran Red Light, 12 Drove too Fast for Conditions, 13 Ran Stop Sign, 15 Improper Passing, 17 Exceeded Posted Speed, 21 Wrong Side or Wrong Way, 25 Failed to Keep in Proper Lane)

3rd (26 Ran off Roadway, 27 Disregarded other Traffic Sign, 28 Disregarded Other Road Markings, 29 Over-Correcting/Over-Steering, 30 Swerved or Avoided: Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc., 31 Operated MV in Erratic, Reckless or Aggressive Manner, 77 Other Contributing Action)

4th (26 Ran off Roadway, 27 Disregarded other Traffic Sign, 28 Disregarded Other Road Markings, 29 Over-Correcting/Over-Steering, 30 Swerved or Avoided: Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc., 31 Operated MV in Erratic, Reckless or Aggressive Manner, 77 Other Contributing Action)

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

DRIVER OR PASSENGER

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

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

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

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

DRIVER OR PASSENGER

Motor Vehicle Seating Position: LOCATION: SEAT 1, ROW 1, OTHER (1 Left, 2 Middle, 3 Right, 77 Other, 88 Unknown)

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

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

NON-MOTORIST

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

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

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

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

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

ALCOHOL/DRUG/EMS

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

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

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

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

BAC: (1 No, 2 Yes, 88 Unknown)

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

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

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

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

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

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
		CURRENT ADDRESS (Number and Street)											
		CITY & STATE											
		ZIP CODE											

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

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
		CURRENT ADDRESS (Number and Street)											
		CITY & STATE											
		ZIP CODE											

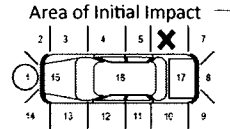
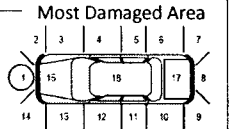
SOURCE OF TRANSPORT TO MEDICAL FACILITY (1 Not Transported, 2 EMS, 3 Law Enforcement, 77 Other, Explain in Narrative, 88 Unknown)

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
		CURRENT ADDRESS (Number and Street)											
		CITY & STATE											
		ZIP CODE											

VEHICLE # 2		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER CW11-8835		HSMV CRASH REPORT NUMBER														
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER 059IXB	STATE FL	REGISTRATION EXPIRES 10/04/2011	Check if Permanent Registration <input type="checkbox"/>	VIN JT3GN87R3X0103981														
Hit and Run 1 No 2 Yes 88 Unknown	YEAR 1999	MAKE TOYT	MODEL 4 RUNNER	STYLE SW	COLOR SIL	DAMAGE: 1 Disabling 2 Functional 3 None	EST. AMOUNT 1000													
INSURANCE COMPANY DEPOSITOR INS.		INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY PINELLAS AUTO		1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative													
NAME OF VEHICLE OWNER <input type="checkbox"/> (Check if Business)		CURRENT ADDRESS BARBARA MILLER		CITY & STATE CRYSTAL RIVER FL		ZIP CODE 34428														
Trailer # 1	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES											
Trailer # 2	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES											
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		ON STREET, ROAD, HIGHWAY DREW ST				AT EST. SPEED 15	POSTED SPEED 40	TOTAL LANES 4												
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS		Area of Initial Impact 		Most Damaged Area 													
MOTOR CARRIER NAME			US DOT NUMBER			MOTOR CARRIER ADDRESS			CITY & STATE	ZIP CODE	PHONE NUMBER									
Vehicle Body Type 16 <input type="checkbox"/>			Trafficway 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown			Commercial Motor Vehicle Configuration 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck			Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer			Cargo Body Type 1 No Cargo 2 Bus								
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck			Comm GVWR/GCWR 1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable			Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object			Collision Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End			Emergency Vehicle Use 1 <input type="checkbox"/>								
Most Harmful Event 14 <input type="checkbox"/>			Sequence of Events 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>			Vehicle Maneuver Action 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing			Traffic Control Device For This Vehicle 5 <input type="checkbox"/>			Vehicle Defects 1 <input type="checkbox"/>								
Roadway Grade 1 <input type="checkbox"/>			Roadway Alignment 1 <input type="checkbox"/>			Special Function of Motor Vehicle 1 <input type="checkbox"/>			Special Function of Motor Vehicle 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military			Special Function of Motor Vehicle 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus			Special Function of Motor Vehicle 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown			Special Function of Motor Vehicle 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train		
VIOLATIONS																				
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER										
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER										
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER										

PERSON # 2	REPORTING AGENCY CASE NUMBER CW11-8835	HSMV CRASH REPORT NUMBER
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1 Driver 2 Non-Motorist 3 Passenger	<input type="checkbox"/> 1	VEHICLE # 2	NAME BARBARA MILLER	PHONE NUMBER [REDACTED]	Check if Recommend Driver Re-exam <input type="checkbox"/>
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CURRENT ADDRESS (Number and Street) [REDACTED]	CITY & STATE CRYSTAL RIVER FL	ZIP CODE 34428
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DATE OF BIRTH 11/19/1951	SEX 1 Male 2 Female 88 Unknown <input type="checkbox"/> 2	DRIVER LICENSE NUMBER [REDACTED]	STATE FL	EXPIRES 11/19/2017	INJURY SEVERITY (INU) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality <input type="checkbox"/> 1
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DRIVER			
DL Type <input type="checkbox"/> 3	Required Endorsements <input type="checkbox"/> 2	Driver's Actions at Time of Crash 1st <input type="checkbox"/> 77 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>	Condition At Time of Crash <input type="checkbox"/> 1
Driver Distracted By <input type="checkbox"/> 1		Driver Vision Obstructions <input type="checkbox"/> 1	

DRIVER OR PASSENGER			
Motor Vehicle Seating Position: Seat Row Other <input type="checkbox"/> 1	LOCATION: SEAT ROW OTHER (LOC) <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	Helmet Use (HU) <input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet <input type="checkbox"/> 2 Other Helmet <input type="checkbox"/> 3 No Helmet	Eye Protection (EP) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not Applicable
Air Bag Deployed (ABD) <input type="checkbox"/> 1		Restraint Systems (RS) <input type="checkbox"/> 3	

NON-MOTORIST		
Non-Motorist Description <input type="checkbox"/> 1	Non-Motorist Location At Time of Crash <input type="checkbox"/> 1	Action Prior to Crash <input type="checkbox"/> 1
Non-Motorist Actions/Circumstances 1st <input type="checkbox"/> 2nd <input type="checkbox"/>		Safety Equipment <input type="checkbox"/> 1

ALCOHOL/DRUG/EMS								
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown <input type="checkbox"/> 1	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested <input type="checkbox"/>	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative <input type="checkbox"/>	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown <input type="checkbox"/>	BAC <input type="checkbox"/>	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown <input type="checkbox"/> 1	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested <input type="checkbox"/>	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative <input type="checkbox"/>	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown <input type="checkbox"/>

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE				ZIP CODE						

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE				ZIP CODE						

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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CLEARWATER POLICE DEPARTMENT
ACISS Case Master Report CW11-21163

Date Initiated 02/28/2011

Primary Information

Agency:	CLEARWATER PD
Bureau:	CW - PATROL OPERATIONS
Division:	CW - DISTRICT 2
Squad:	CW - CP-CLTW
Lead LEO:	CONNELL, W. A. OFCR-CWPD (CW7079 / CW - CP-CLTW / CLEARWATER POLICE DEPARTMENT)
Type Of Case:	OFFENSE

Case Status

Case Status:	INACTIVE
Case Status Date:	03/02/2011
Disposition Code:	NO FURTHER LEADS
Disposition Date:	03/02/2011
Dissemination:	Chain of Command

This report is property of CLEARWATER POLICE DEPARTMENT. Neither it nor its contents may be disseminated to unauthorized personnel.

CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW11-21163

Report Date: 02/28/2011

Primary Information

Description: **THEFT OF BICYCLE**
 Occurrence From: **02/28/2011 13:30**
 Occurrence To: **02/28/2011 16:00**
 Source Of Call: **FRONT DESK**
 Dissemination Code: **UNCLASSIFIED**
 Reporting LEO: **SCHULT, LOUISE PST-CWPD (CW9261 / CW - TRU / CLEARWATER POLICE DEPARTMENT)**
 Approval Status: **Approved**
 Approved Date: **03/01/2011**
 Approved By: **BEEBE, L. PST SUPV-CWPD (CW8811 / CW - TRU / CLEARWATER POLICE DEPARTMENT)**

Response Information

Time Call Received: **02/28/2011 16:25**
 Time Dispatched: **02/28/2011 16:27**
 Time Arrived: **02/28/2011 16:27**
 Time Completed: **02/28/2011 00:00**

Related Addresses

<u>Address</u>	<u>Relationship</u>
801 DREW ST CLEARWATER ACADEMY, CLEARWATER, Florida 33755 , UNITED STATES	OCCURRED

Offenses

<u>Offense Type</u>	<u>Offense</u>	<u>Attempted/Committed</u>	<u>Statute</u>	<u>UCR Class</u>
MISDEMEANOR	PETIT THEFT - OTH LARCENY	COMMITTED	812.014	230G

Related Subjects

<u>Name</u>	<u>Type</u>	<u>Sex</u>	<u>Race</u>	<u>DOB</u>	<u>Relationship</u>
POOLE, NICOLAS ROGER	PERSON	MALE	WHITE	12/11/1992	COMPLAINANT/VICTIM
CW11-21163, UNK	PERSON	UNKNOWN	UNKNOWN	---	SUSPECT

Analysis Information

Sick Or Injured: **NO**
 Alarm: **NO**
 Location Type: **SCHOOL/UNIVERSITY**
 Forced Entry: **NOT APPLICABLE**
 Alcohol Related: **NO**
 Drug Related: **NO**
 Hate Crime: **NO**
 Sex Crime: **NO**
 Juvenile Crime: **NO**

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CLEARWATER POLICE DEPARTMENT
ACISS CW - OFFENSE CW11-21163

Report Date: 02/28/2011

Analysis Information - Continued

Domestic Violence:	NO
Senior Abuse:	NO
Child Abuse:	NO
Gang Related:	NO
School Zone:	NO
Public Housing:	NO
Signature Act:	NO

Property

Status	Quantity	Description
STOLEN	1	26" BOYS MONGOOSE MOUNTAIN BIKE

Narrative

SYNOPSIS OF EVENT:

On 02/28/11, between 1330 and 1600 hours, the bicycle belonging to Nicolas R. Poole was stolen from the Clearwater Academy located at 801 Drew St., in Clearwater, FL.

SOURCE OF ACTIVITY:

TRU Walk-In Report.

INVESTIGATIVE ACTION TAKEN:

* On 02/28/11, at 1627 hours, Nicolas Poole came to the District II front desk to report the theft of his bicycle. Nicolas gave the following information:

* Nicolas said he placed his bike in a bike rack at the school on 02/28/11 at 1330 hours. Nicolas said he did not chain lock the bike. However, at 1600 hours, Nicolas discovered his bike missing.

* The bicycle was a boys 26" Mongoose Mountain Bike, orange w/black leather seat with white stitching. The bicycle had hand brakes (1 disk on front wheel, 1 normal brake pad on back wheel), flasher under the seat held on with a green string. Nicolas did not know the serial number.

* Nicolas said he would not prosecute.

A report number was given.

No further action taken.

Record Status Information

Record Origination Operator:	ACISS System (PINELLAS COUNTY SHERIFF'S OFFICE)
Record Origination Date:	02/28/2011 18:02
Last Update Operator:	BEEBE, L. PST SUPV-CWPD (CW8811 / CW - TRU / CLEARWATER POLICE DEPARTMENT)
Last Update Date:	03/01/2011 09:37

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW11-21163

Report Date: 02/28/2011

Reporting LEO	Date	Supervisor	Date
SCHULT, LOUISE PST-CWPD (CW9261 / CW - TRU / CLEARWATER POLICE DEPARTMENT)		BEEBE, L. PST SUPV-CWPD (CW8811 / CW - TRU / CLEARWATER POLICE DEPARTMENT)	7/1/2015

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CLEARWATER POLICE DEPARTMENT
ACISS CW - OFFENSE CW11-111560

Report Date: 09/13/2011

Primary Information

Description: **CRIMINAL MISCHIEF**
 Occurrence From: **09/13/2011 07:57**
 Occurrence To: **09/13/2011 08:30**
 Source Of Call: **DISPATCHED**
 Dissemination Code: **UNCLASSIFIED**
 Reporting LEO: **HUNT, DARCY L OFCR-CWPD (CW4279 / CW - TEAM I / CLEARWATER POLICE DEPARTMENT)**
 Approval Status: **Approved**
 Approved Date: **09/18/2011**
 Approved By: **RODGERS, T SGT-CWPD (CW8988 / CW - TEAM I / CLEARWATER POLICE DEPARTMENT)**

Response Information

Time Call Received: **09/13/2011 07:55**
 Time Dispatched: **09/13/2011 07:59**
 Time Arrived: **09/13/2011 07:59**
 Time Completed: **09/13/2011 08:30**

Related Addresses

<u>Address</u>	<u>Relationship</u>
1801 DREW ST, CLEARWATER, Florida 33765 , UNITED STATES	OCCURRED/DISPATCHED

Offenses

<u>Offense Type</u>	<u>Offense</u>	<u>Attempted/Committed</u>	<u>Statute</u>	<u>UCR Class</u>
MISDEMEANOR	CRIM MISCHIEF-MISDEMEANOR	COMMITTED	806.13	2900

Related Subjects

<u>Name</u>	<u>Type</u>	<u>Sex</u>	<u>Race</u>	<u>DOB</u>	<u>Relationship</u>
CHEKIN, HETHA	PERSON	FEMALE	WHITE	06/19/1969	VICTIM
CW11-111560UNK	PERSON	UNKNOWN	UNKNOWN	---	SUSPECT

Analysis Information

Sick Or Injured: **NO**
 Alarm: **NO**
 Location Type: **GENERAL BUSINESS**
 Forced Entry: **NOT APPLICABLE**
 Alcohol Related: **NO**
 Drug Related: **NO**
 Hate Crime: **NO**
 Sex Crime: **NO**
 Juvenile Crime: **NO**

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**CLEARWATER POLICE DEPARTMENT
ACISS CW - OFFENSE CW11-111560**

Report Date: 09/13/2011

Analysis Information - Continued	
Domestic Violence:	NO
Senior Abuse:	NO
Child Abuse:	NO
Gang Related:	NO
School Zone:	NO
Public Housing:	NO
Signature Act:	NO

Other Responding Units
Unit PATROL

Record Status Information	
Record Origination Operator:	ACISS System (PINELLAS COUNTY SHERIFF'S OFFICE)
Record Origination Date:	09/13/2011 08:32
Last Update Operator:	RODGERS, T SGT-CWPD (CW8988 / CW - TEAM L / CLEARWATER POLICE DEPARTMENT)
Last Update Date:	09/18/2011 10:19

Reporting LEO	Date	Supervisor	Date
HUNT, DARCY L OFCR-CWPD (CW4279 / CW - TEAM I / CLEARWATER POLICE DEPARTMENT)		RODGERS, T SGT-CWPD (CW8988 / CW - TEAM I / CLEARWATER POLICE DEPARTMENT)	7/1/2015

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**CLEARWATER POLICE DEPARTMENT
ACISS CW - OFFENSE CW11-117247**

Report Date: 09/25/2011

Primary Information	
Dissemination Code:	UNCLASSIFIED
Reporting LEO:	MURRAY, CRAIG N. OFCR-CWPD (CW4860 / CW - TEAM I / CLEARWATER POLICE DEPARTMENT)
Approval Status:	Approved
Approved Date:	10/03/2011
Approved By:	COSME, R. SGT-CWPD (CW6004 / CW - TEAM I / CLEARWATER POLICE DEPARTMENT)

Response Information	
Time Call Received:	09/25/2011 12:59
Time Dispatched:	09/25/2011 13:10
Time Arrived:	09/25/2011 13:13
Time Completed:	09/25/2011 13:53

Related Addresses	
<u>Address</u>	<u>Relationship</u>
1805 DREW ST, CLEARWATER, Florida 33765 , UNITED STATES	OCCURRED/DISPACHED

Offenses				
Offense Type	Offense	Attempted/Committed	Statute	UCR Class
MISDEMEANOR	CRIM MISCHIEF-MISDEMEANOR	COMMITTED	806.13	2900
FELONY	SHOOT/THROW MISSILE DWELL	COMMITTED	790.19	2900

Related Subjects						
Name	Type	Sex	Race	DOB	Relationship	
CLARK, KYLE MATTHEW	PERSON	MALE	WHITE	10/07/1989	COMPLAINANT	
AXIOM INTERNATIONAL	BUSINESS	---	---	---	VICTIM	
CW11-117226, UNK	PERSON	UNKNOWN	UNKNOWN	---	SUSPECT	
CW11-117247, UNK	PERSON	UNKNOWN	UNKNOWN	---	SUSPECT	

Analysis Information	
Sick Or Injured:	NO
Alarm:	NO
Location Type:	COMM/OFFICE BLG
Forced Entry:	NOT APPLICABLE
Alcohol Related:	NO
Drug Related:	NO
Hate Crime:	NO
Sex Crime:	NO
Juvenile Crime:	NO
Domestic Violence:	NO
Senior Abuse:	NO

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW11-117247

Report Date: 09/25/2011

Analysis Information - Continued	
Child Abuse:	NO
Gang Related:	NO
School Zone:	NO
Public Housing:	NO
Signature Act:	NO

Property		
Status	Quantity	Description
DAMAGED	1	2 @ TEMPERED GLASS WINDOWS 5'X8'

Record Status Information	
Record Origination Operator:	ACISS System (PINELLAS COUNTY SHERIFF'S OFFICE)
Record Origination Date:	09/25/2011 14:02
Last Update Operator:	COSME, R. SGT-CWPD (CW6004 / CW - ECONOMIC CRIMES / CLEARWATER POLICE DEPARTMENT)
Last Update Date:	10/03/2011 10:49

Reporting LEO	Date	Supervisor	Date
MURRAY, CRAIG N. OFCR-CWPD (CW4860 / CW - TEAM I / CLEARWATER POLICE DEPARTMENT)		COSME, R. SGT-CWPD (CW6004 / CW - TEAM I / CLEARWATER POLICE DEPARTMENT)	7/1/2015

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW13-30465

Report Date: 03/01/2013

Primary Information

Description: **AGGRAVATED BATTERY**
 Occurrence From: **03/01/2013 21:40**
 Occurrence To: **03/01/2013 21:45**
 Source Of Call: **DISPATCHED**
 Dissemination Code: **UNCLASSIFIED**
 Reporting LEO: **STARKS, BRADLEE OFCR-CWPD (CW1826 / CW - TEAM L / CLEARWATER POLICE DEPARTMENT)**
 Approval Status: **Approved**
 Approved Date: **03/06/2013**
 Approved By: **MILLER, T. L. ANALYST-CWPD (CW6870 / CW - CASE MANAGER / CLEARWATER POLICE DEPARTMENT)**

Response Information

Time Call Received: **03/01/2013 22:01**
 Time Dispatched: **03/01/2013 22:02**
 Time Arrived: **03/01/2013 22:02**
 Time Completed: **03/01/2013 23:46**

Modus Operandi

Description
STABBED VICTIM

Weapons

<u>Weapon Type</u>	<u>Weapon Sub-Type</u>	<u>Firearm Finish</u>	<u>Caliber</u>
KNIFE/CUT INST	---	---	---

Related Addresses

<u>Address</u>	<u>Relationship</u>
801 DREW ST CLEARWATER ACADEMY, CLEARWATER, Florida 33755 , UNITED STATES	OCCURRED

Offenses

<u>Offense Type</u>	<u>Offense</u>	<u>Attempted/Committed</u>	<u>Statute</u>	<u>UCR Class</u>
FELONY	AGG BATTERY	COMMITTED	784.045	130A

Related Subjects

<u>Name</u>	<u>Type</u>	<u>Sex</u>	<u>Race</u>	<u>DOB</u>	<u>Relationship</u>
HURLEY, DANIEL RAY	PERSON	MALE	WHITE	08/06/1973	VICTIM
MCMANUS, JAMES ALEX	PERSON	MALE	WHITE	12/21/1960	SUSPECT

Analysis Information

Sick Or Injured: **NO**
 Cargo Theft: **NO**

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW13-30465

Report Date: 03/01/2013

Analysis Information - Continued

Alarm:	NO
Location Type:	PARK LOT/GARAGE/CARPORT
Forced Entry:	NOT APPLICABLE
Alcohol Related:	NO
Drug Related:	NO
Hate Crime:	NO
Sex Crime:	NO
Juvenile Crime:	NO
Domestic Violence:	NO
Senior Abuse:	NO
Child Abuse:	NO
Gang Related:	NO
School Zone:	NO
Public Housing:	NO
Signature Act:	NO

Property

<u>Status</u>	<u>Quantity</u>	<u>Description</u>
EVIDENCE/SEIZED	2	VICTIM STATEMENT AND OATH FORM

Narrative

SYNOPSIS OF EVENT:

On 3.1.13 at 2140 hours, Daniel Hurley alleged James McManus cut him with a knife at 801 Drew St. Hurley was very uncooperative and McManus could not be located.

INVESTIGATIVE ACTION TAKEN:

I responded to Morton Plant Hospital ER to conduct an investigation with a male brought in with a laceration to his left forearm. The male, Daniel Hurley, claimed he was cut by James McManus with a knife. They were at 801 Drew St drinking in the parking lot when McManus became upset and attacked Hurley. Hurley was able to fend him off, which upset McManus further at which time he pulled a knife and cut Hurley.

I began to ask Hurley follow up questions, at which time, he became belligerent and hostile. He felt what he gave me was enough to instantly find the crime scene, find McManus, and charge him with attempted murder. He advised he could write with his right hand, but refused to write a statement because he was "bleeding to death." It should be noted his arm was already bandaged by the hospital staff and wasn't bleeding at all. He finally agreed to write a statement, wrote three very short sentences and then threw the statement and the pen across the hallway.

I gathered the items, took photographs off his arm while the doctor stitched up the wound, and then left to circulate for McManus. I checked numerous areas in the downtown area where McManus was known to frequent with negative contact. I also was not able to find any evidence of a crime scene at 801 Drew St.

I uploaded 4 digital photographic images to the ACISS report and verified they were saved within the ACISS Report Writing System, attached to report number CW13-30465; at which point, I deleted the digital images from my issued compact digital camera. No charges were filed as McManus could not be found for questioning.

DISPOSITION:

State Attorney Information - None

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW13-30465

Report Date: 03/01/2013

Record Status Information	
Record Origination Operator:	ACISS System (PINELLAS COUNTY SHERIFF'S OFFICE)
Record Origination Date:	03/01/2013 23:52
Last Update Operator:	MILLER, T. L. ANALYST-CWPD (CW6870 / CW - CASE MANAGER / CLEARWATER POLICE DEPARTMENT)
Last Update Date:	03/06/2013 13:41

Reporting LEO	Date	Supervisor	Date
STARKS, BRADLEE OFCR-CWPD (CW1826 / CW - TEAM L / CLEARWATER POLICE DEPARTMENT)		MILLER, T. L. ANALYST-CWPD (CW6870 / CW - CASE MANAGER / CLEARWATER POLICE DEPARTMENT)	7/1/2015

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW13-61260

Report Date: 04/28/2013

Warning

Contains entities exempt from disclosure

Primary Information

Description: **BURGLARY OF CLEARWATER ACADEMY**
 Occurrence From: **04/28/2013 15:44**
 Occurrence To: **04/28/2013 15:44**
 Source Of Call: **DISPATCHED**
 Dissemination Code: **UNCLASSIFIED**
 Reporting LEO: **NAHORODNY, WILLIAM OFCR-CWPD (CW3146 / CW - TEAM L / CLEARWATER POLICE DEPARTMENT)**
 Approval Status: **Approved**
 Approved Date: **05/21/2013**
 Approved By: **CURLS, D. A. ANALYST-CWPD (CW1052 / CW - CASE MANAGER / CLEARWATER POLICE DEPARTMENT)**

Response Information

Time Call Received: **04/28/2013 19:39**
 Time Dispatched: **04/28/2013 20:05**
 Time Arrived: **04/28/2013 20:09**
 Time Completed: **04/28/2013 21:25**

Modus Operandi

Description
RANSACKED - PORTION
VANDALIZED

Related Addresses

Address	Relationship
801 DREW ST CLEARWATER ACADEMY, CLEARWATER, Florida 33755 , UNITED STATES	OCCURRED/DISPACHED

Offenses

Offense Type	Offense	Attempted/Committed	Statute	UCR Class
FELONY	BURG-STRUCTURE	COMMITTED	810.02	2200
FELONY	CRIMINAL MISCHIEF-FELONY	COMMITTED	806.13	2900

Related Subjects

Name	Type	Sex	Race	DOB	Relationship
MOCHARY, DEMIAN	PERSON	MALE	WHITE	08/31/1969	COMPLAINANT
CLEARWATER ACADEMY INTERNATIONAL	ORGANIZATION	---	---	---	VICTIM
CW13-61260, UNK - EXEMPT	PERSON	MALE	BLACK	---	SUSPECT

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW13-61260

Report Date: 04/28/2013

Analysis Information

Sick Or Injured: NO
Cargo Theft: NO
Alarm: NO
Location Type: SCHOOL/UNIVERSITY
Forced Entry: NO
Occupany Code: UNOCCUPIED
Alcohol Related: UNKNOWN
Drug Related: UNKNOWN
Hate Crime: NO
Sex Crime: NO
Juvenile Crime: UNKNOWN
Domestic Violence: NO
Senior Abuse: NO
Child Abuse: NO
Gang Related: NO
School Zone: YES
Public Housing: NO
Signature Act: NO

Property

Status	Quantity	Description
EVIDENCE/SEIZED	7	7 DIGITAL PRINT PHOTOGRAPHS OF SUSPECT

Narrative

SYNOPSIS OF EVENTS:
=====

At 1544 hours on 4/28/2013, at 801 Drew St (Clearwater Academy), what appears to be a black male juvenile burglarized the school.

INVESTIGATIVE ACTION TAKEN:
=====

Demian Mochary, who is the Property Manager of the Clearwater Academy located at 801 Drew St, call CPD in reference to a burglary of the property.

Upon arrival, Mochary stated a juvenile black male (approx 14-16 yoa) jumped the fence surrounding the entire property making entry into the school area. Once inside, the suspect rummaged through some items in the hallway and eventually took an old piece of pizza out of the trash can eating it. While eating the pizza, the suspect seen the security cameras and posed for them. The suspect then ripped two signs (approx 10"x5") from the wall that marked what the specific room was intended for. The suspect then went to a storage room removing two prop guns and a wood saw; removing the blade but leaving everything at the scene. The suspect then went to the upstairs hallway lockers opening all the lockers that were not secured with locks. The suspect then left the scene. It is unknown if he took anything.

The property did have surveillance cameras but Mochary was not able to create a copy of the offence on DVD. Mochary was able to print out 7 decent quality color photographs of the suspect. Those 7 images were placed into CPD evidence.

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CLEARWATER POLICE DEPARTMENT

ACISS CW - OFFENSE CW13-61260

Report Date: 04/28/2013

Narrative - Continued

PCSO Forensic Tech Richarz arrived on scene photographing and processing the scene.

Mochary was given my business card with the report number attached.

NFI

DISPOSITION:

=====

STATE ATTORNEY INFORMATION- None

Record Status Information

Record Origination Operator: ACISS System (PINELLAS COUNTY SHERIFF'S OFFICE)

Record Origination Date: 04/28/2013 23:42

Last Update Operator: CURLS, D. A. ANALYST-CWPD (CW1052 / CW - CASE MANAGER / CLEARWATER POLICE DEPARTMENT)

Last Update Date: 05/21/2013 11:58

Reporting LEO	Date	Supervisor	Date
NAHORODNY, WILLIAM OFCR-CWPD (CW3146 / CW - TEAM L / CLEARWATER POLICE DEPARTMENT)		CURLS, D. A. ANALYST-CWPD (CW1052 / CW - CASE MANAGER / CLEARWATER POLICE DEPARTMENT)	7/1/2015

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CLEARWATER POLICE DEPT
ACISS CW - OFFENSE CW14-61976

Report Date: 05/06/2014

Primary Information

Description: THEFT OF FL TAG# 112KYW EXP 07/14
 Occurrence From: 05/06/2014 11:45
 Occurrence To: 05/06/2014 11:45
 Source Of Call: FRONT DESK
 Business Area Name: CLEARWATER ACADEMY INTERNATIONAL
 Dissemination Code: UNCLASSIFIED
 Reporting LEO: GERAKIOS, C. K. PST-CWPD (CW0647 / CW - TRU / CLEARWATER POLICE DEPARTMENT)
 Approval Status: Approved
 Approved Date: 05/08/2014
 Approved By: HOUCK, J. A. ANALYST-CWPD (CW0383 / CW - CASE MANAGER / CLEARWATER POLICE DEPARTMENT)

Response Information

Time Call Received: 05/06/2014 12:14
 Time Dispatched: 05/06/2014 12:14
 Time Arrived: 05/06/2014 12:14
 Time Completed: 05/06/2014 13:30

Modus Operandi

Description

TOOK SPECIFIC PROPERTY

Related Addresses

<u>Address</u>	<u>Relationship</u>
801 DREW ST CLEARWATER ACADEMY, CLEARWATER, Florida 33755 , UNITED STATES	OCCURRED

Offenses

<u>Offense Type</u>	<u>Offense</u>	<u>Attempted/Committed</u>	<u>Statute</u>	<u>UCR Class</u>
MISDEMEANOR	PETIT THEFT - OTH LARCENY	COMMITTED	812.014	230G

Related Subjects

<u>Name</u>	<u>Type</u>	<u>Sex</u>	<u>Race</u>	<u>DOB</u>	<u>Relationship</u>
MOCHARY, DEMIAN	PERSON	MALE	WHITE	08/31/1969	COMPLAINANT
CLEARWATER ACADEMY INTERNATIONAL	ORGANIZATION	---	---	---	VICTIM
CW14-61976, UNK	PERSON	UNKNOWN	UNKNOWN	---	SUSPECT

Analysis Information

Sick Or Injured: NO
 Cargo Theft: NO
 Alarm: NO

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CLEARWATER POLICE DEPT
ACISS CW - OFFENSE CW14-61976

Report Date: 05/06/2014

Analysis Information - Continued	
Location Type:	SCHOOL/UNIVERSITY
Forced Entry:	NOT APPLICABLE
Alcohol Related:	NO
Drug Related:	NO
Hate Crime:	NO
Sex Crime:	NO
Juvenile Crime:	NO
Domestic Violence:	NO
Senior Abuse:	NO
Child Abuse:	NO
Gang Related:	NO
School Zone:	NO
Public Housing:	NO
Signature Act:	NO

Related Vehicles					
<u>Make</u>	<u>Model</u>	<u>Color</u>	<u>Tag #</u>	<u>Tag Year</u>	<u>Relationship</u>
FORD	---	BLUE	112KYW	1992	PERTINENT

Property		
<u>Status</u>	<u>Quantity</u>	<u>Description</u>
STOLEN	1	FL TAG# 112KYW

Record Status Information	
Record Origination Operator:	GERAKIOS, C. K. PST-CWPD (CW0647 / CW - TRU / CLEARWATER POLICE DEPARTMENT)
Record Origination Date:	05/06/2014 12:44
Last Update Operator:	HOUCK, J. A. ANALYST-CWPD (CW0383 / CW - CASE MANAGER / CLEARWATER POLICE DEPARTMENT)
Last Update Date:	05/08/2014 11:35

Reporting LEO	Date	Supervisor	Date
GERAKIOS, C. K. PST-CWPD (CW0647 / CW - TRU / CLEARWATER POLICE DEPARTMENT)		HOUCK, J. A. ANALYST-CWPD (CW0383 / CW - CASE MANAGER / CLEARWATER POLICE DEPARTMENT)	7/1/2015

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CLEARWATER POLICE DEPARTMENT

ACISS CW - INCIDENT CW15-63136

Report Date: 05/04/2015

Primary Information

Incident Type: **CW - PROPERTY-LOST/FOUND/RECOVERED**
 Occurrence From: **05/04/2015 17:00**
 Occurrence To: **05/04/2015 17:00**
 Source Of Call: **OTHER**
 Business Area Name: **CLEARWATER ACADEMY**
 Dissemination Code: **UNCLASSIFIED**
 Reporting LEO: **CLARKSON, J. P. PST-CWPD (CW9357 / CW - TRU / CLEARWATER POLICE DEPARTMENT)**
 Approval Status: **Approved**
 Approved Date: **05/13/2015**
 Approved By: **MILLER, T. L. ANALYST-CWPD (CW6870 / CW - CASE MANAGER / CLEARWATER POLICE DEPARTMENT)**

Response Information

Time Call Received: **05/04/2015 22:58**
 Time Dispatched: **05/04/2015 22:58**
 Time Arrived: **05/04/2015 22:58**
 Time Completed: **05/04/2015 23:45**

Related Addresses

<u>Address</u>	<u>Relationship</u>
801 DREW ST CLEARWATER ACADEMY, CLEARWATER, Florida 33755 , UNITED STATES	OCCURRED

Related Subjects

<u>Name</u>	<u>Type</u>	<u>Sex</u>	<u>Race</u>	<u>DOB</u>	<u>Relationship</u>
MOCHARY, DEMIAN	PERSON	MALE	WHITE	08/31/1969	COMPLAINANT
SMITH, THOMAS SCOTT	PERSON	MALE	WHITE	04/12/1968	OWNER/PROPRIETOR

Analysis Information

Sick Or Injured: **NO**
 Suspicious P/V: **NO**
 Marchman Act: **NO**
 Disturbance: **NO**
 Alarm: **NO**
 Baker Act: **NO**

Property

<u>Status</u>	<u>Quantity</u>	<u>Description</u>
FOUND	1	BLACK WALLET
FOUND	1	FL DL : THOMAS SCOTT SMITH
FOUND	1	ADP VISA CARD
FOUND	1	PREFERRED MASTERCARD

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CLEARWATER POLICE DEPARTMENT

ACISS CW - INCIDENT CW15-63136

Report Date: 05/04/2015

Record Status Information	
Record Origination Operator:	CLARKSON, J. P. PST-CWPD (CW9357 / CW - TRU / CLEARWATER POLICE DEPARTMENT)
Record Origination Date:	05/04/2015 22:57
Last Update Operator:	MILLER, T. L. ANALYST-CWPD (CW6870 / CW - CASE MANAGER / CLEARWATER POLICE DEPARTMENT)
Last Update Date:	05/13/2015 10:59

Reporting LEO	Date	Supervisor	Date
CLARKSON, J. P. PST-CWPD (CW9357 / CW - TRU / CLEARWATER POLICE DEPARTMENT)		MILLER, T. L. ANALYST-CWPD (CW6870 / CW - CASE MANAGER / CLEARWATER POLICE DEPARTMENT)	7/1/2015

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CFS	Case	Problem	Date	Address	Dispo.
110807-00067	CW07-0034882	BURGULARY-N/I/P	11/8/2007 7:40	801 Drew St	R-REASSIGN
112107-00376	CW07-0038996	DIRECTED PATROL	11/21/2007 20:13	801 Drew St	R-REASSIGN
112207-00049	CW07-0039100	DIRECTED PATROL	11/22/2007 3:25	801 DREW ST	EP-EXTRA PATROL
112207-00050	CW07-0039101	UNKNOWN PROBLEM	11/22/2007 3:26	801 DREW ST	CN-CASE HANDLED
120607-00314	CW07-0043523	UNKNOWN PROBLEM	12/6/2007 18:42	801 DREW ST	CN-CASE HANDLED
121807-00110	CW07-0047253	THEFT-N/I/P	12/18/2007 10:47	801 Drew St	REPORT - REPORT # TAKEN
121807-00165	CW07-0047293	PROPERTY	12/18/2007 14:08	801 Drew St	BU-BACK UP
012408-00316	CW08-0007575	BOLO'D INFORMATION	1/24/2008 17:22	801 Drew St	MISC INC - CASE HANDLED NR
032508-00187	CW08-0027502	ACCIDENT WITHOUT INJURIES	3/25/2008 14:05	801 Drew St	BU-BACK UP
060208-00131	CW08-0050840	TRESPASS	6/2/2008 10:43	801 Drew St	MISC INC - CASE HANDLED NR
060208-00328	CW08-0050986	TRESPASS	6/2/2008 20:17	801 Drew St	MISC INC - CASE HANDLED NR
062208-00296	CW08-0057879	SUSP. PERSON-I/P	6/22/2008 19:13	801 DREW ST	MISC INC - ASSIST CITIZEN
070708-00302	CW08-0063139		7/7/2008 16:48	801 Drew St	MISC INC - CASE HANDLED NR
090408-00312	CW08-0083837	BATTERY-I/O	9/4/2008 19:59	801 Drew St	MISC INC - CASE HANDLED NR
091808-00123	CW08-0088554	BURGULARY - N/I/P	9/18/2008 9:31	801 Drew St	REPORT - CW - OFFENSE
091808-00265	CW08-0088671	DIRECTED PATROL	9/18/2008 17:18	801 Drew St	R-REASSIGN
091808-00401	CW08-0088795	UNKNOWN PROBLEM	9/18/2008 23:19	801 DREW ST	R-REASSIGN
091908-00409	CW08-0089141	WELFARE CHECK	9/19/2008 22:26	801 Drew St	MISC INC - ASSIST CITIZEN
101508-00359	CW08-0097847	UNKNOWN PROBLEM	10/15/2008 21:19	801 DREW ST	MISC INC - ASSIST CITIZEN
112708-00142	CW08-0111747		11/27/2008 14:51	801 Drew St	MISC INC - GONE ON ARRIVAL
050109-00025	CW09-0043725	DIRECTED PATROL	5/1/2009 2:46	801 DREW ST	DO-DIRECTED PATROL
072609-00348	CW09-0076473		7/26/2009 23:03	1801 Drew St	MISC INC - CASE HANDLED NR
082909-00185	CW09-0088862	VAGRANT/HOMELESS PERSON	8/29/2009 12:03	801 Drew St	MISC INC - CASE HANDLED NR
091809-00063	CW09-0095836	SUSP. VEH. I/P	9/18/2009 3:32	801 DREW ST	MISC INC - CASE HANDLED NR
111209-00120	CW09-0114899	SPECIAL DETAIL	11/12/2009 9:35	801 DREW ST	MISC INC - ASSIST CITIZEN
041510-00441	CW10-0041575	TRAFFIC STOP	4/15/2010 23:09	801 DREW ST	CITATION - CIVIL / CRIMINAL
061610-00370	CW10-0068233	TRESPASS	6/16/2010 17:23	801 Drew St	MISC INC - ASSIST CITIZEN
062410-00502	CW10-0071963		6/24/2010 20:48	801 Drew St	MISC INC - ASSIST CITIZEN
070610-00336	CW10-0077415		7/6/2010 16:31	801 DREW ST	MISC INC - ASSIST CITIZEN
070610-00350	CW10-0077430	ACCIDENT NO INJURIES	7/6/2010 17:01	801 DREW ST	REPORT - CW - TRAFFIC CRASH
090110-00304	CW10-0101964	FIRE X	9/1/2010 15:21	1801 DREW ST	MISC INC - ASSIST OTHER AGENCY
111810-00219	CW10-0135499	SPECIAL DETAIL	11/18/2010 12:54	801 DREW ST	MISC INC - CASE HANDLED NR
012611-00107	CW11-0008835		1/26/2011 10:35	1801 DREW ST	REPORT - CW - TRAFFIC CRASH

022811-00317	CW11-0021163	THEFT-N/I/P		2/28/2011 16:25	801 Drew St	REPORT - CW - OFFENSE
031211-00364	CW11-0026798	TRAFFIC STOP ✘		3/12/2011 17:27	801 DREW ST	CITATION - CIVIL / CRIMINAL
033111-00345	CW11-0036005	SUSP. EVENT-I/P		3/31/2011 20:08	801 Drew St	MISC INC - CASE HANDLED NR
062811-00362	CW11-0076876	UNKNOWNWN PROBLEM		6/28/2011 16:27	801 DREW ST	MISC INC - UNFOUNDED
091311-00131	CW11-0111560	CRIMINAL MISCHIEF N/I/P		9/13/2011 7:55	1801 Drew St	REPORT - CW - OFFENSE
092511-00211	CW11-0117247			9/25/2011 12:59	1801 Drew St	REPORT - CW - OFFENSE
082412-00341	CW12-0116900			8/24/2012 15:58	801 Drew St	MISC INC - CASE HANDLED NR
111512-00500	CW12-0159093	ASSIST CITIZEN		11/15/2012 22:46	801 Drew St	MISC INC - ASSIST CITIZEN
112612-00248	CW12-0164091	TRAFFIC STOP ✘		11/26/2012 12:57	801 DREW ST	CITATION - VERBAL WARNING F/W
122012-00047	CW12-0175688	SUSP. VEH. I/P		12/20/2012 1:58	801 DREW ST	MISC INC - CASE HANDLED NR
030113-00503	CW13-0030465			3/1/2013 22:00	801 Drew St	REPORT - CW - OFFENSE
041013-00509	CW13-0051982			4/10/2013 21:37	801 Drew St	MISC INC - GONE ON ARRIVAL
042813-00443	CW13-0061260			4/28/2013 19:39	801 Drew St	REPORT - CW - OFFENSE
052313-00520	CW13-0074477	TRAFFIC STOP ✘		5/23/2013 22:16	801 DREW ST	CITATION - VERBAL WARNING M/O
052913-00065	CW13-0077374	SUSP. VEH. I/P		5/29/2013 2:19	801 Drew St	MISC INC - GONE ON ARRIVAL
112413-00199	CW13-0169755	TRAFFIC STOP ✘		11/24/2013 13:33	801 Drew St	CITATION - VERBAL WARNING M/W
030814-00425	CW14-0031535			3/8/2014 19:21	801 Drew St	R-REASSIGN
050614-00363	CW14-0061976	THEFT-N/I/P		5/6/2014 12:14	801 DREW ST	REPORT - CW - OFFENSE
062414-00159	CW14-0086785	TRAFFIC STOP ✘		6/24/2014 9:18	801 Drew St	CITATION - VERBAL WARNING F/H
071014-00432	CW14-0096052	ACCIDENT OTHER		7/10/2014 16:51	801 DREW ST	MISC INC - ASSIST CITIZEN
010215-00162	CW15-0000516	TRAFFIC STOP ✘		1/2/2015 12:45	801 Drew St	CITATION - VERBAL WARNING F/W
041015-00277	CW15-0050559	SUPPLEMENTS ACISS/LEERS		4/10/2015 14:05	801 Drew St	REPORT - CW - SUPPLEMENT
042015-00277	CW15-0055781	CPD CSI REQUEST		4/20/2015 10:46	801 DREW ST	REPORT - CW - SUP/CRIME SCENE
050415-00617	CW15-0063136	PROPERTY		5/4/2015 22:51	801 DREW ST	REPORT - CW - INCIDENT