

# FLORIDA TRAFFIC CRASH REPORT

WAS DOT PROPERTY INVOLVED IN THIS CRASH?
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LONG FORM     SHORT FORM     UPDATE   
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S)    2  
 TOTAL # OF PERSON SECTION(S)    4  
 TOTAL # OF NARRATIVE SECTION(S)    1

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

CRASH DATE	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
08/30/2021	5:06 PM	08/30/2021	2021001823	24122284

**CRASH IDENTIFIERS**

COUNTY CODE	CITY CODE	COUNTY OF CRASH	PLACE OR CITY OF CRASH	CHECK IF WITHIN CITY LIMITS	TIME REPORTED	TIME DISPATCHED
32	52	INDIAN RIVER	VERO BEACH	<input checked="" type="checkbox"/>	5:06 PM	5:07 PM
TIME ON SCENE		TIME CLEARED SCENE		CHECK IF COMPLETED		REASON (If Investigation NOT Complete)
5:10 PM		6:00 PM		<input checked="" type="checkbox"/>		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		AT STREET ADDRESS #	AT LATITUDE	AND	LONGITUDE
19TH PL		1	27.637535		-80.398096

AT FEET	MILES	N	S	E	W	AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY	OR FROM MILEPOST #
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 12TH CT	4

Road System Identifier		Type of Shoulder		Type of Intersection	
3	1 Interstate 2 U.S. 3 State	4 County 5 Local 6 Turnpike/Toll	7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative	1 Paved 2 Unpaved 3 Curb	77 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection

**CRASH INFORMATION (CHECK IF PICTURES TAKEN)**

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision/Impact
1	1	1	1	2

First Harmful Event	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object
14	1	1	1

First Harmful Event Relation to Junction	Contributing Circumstances: Road	Contributing Circumstances: Environment
1	1	1

Work Zone Related	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone
1				

**WITNESSES**

NAME	ADDRESS	CITY & STATE	ZIP CODE
██████████	██████████	VERO BEACH FL	██████████
██████████	██████████	VERO BEACH FL	██████████
██████████	██████████	VERO BEACH FL	██████████

**NON VEHICLE PROPERTY DAMAGE**

VEH. #	PER #	PROPERTY DAMAGE - OTHER THAN VEH.	EST. AMT.	OWNER'S NAME	ADDRESS	CITY & STATE	ZIP CODE
1		TREE OR SHRUB	500	VERO BEACH FINANCIAL CENTER/ LANCE FELDMAN	19TH PLACE	VERO BEACH FL	32960

1 Vehicle in Transport  1 VEHICLE LICENSE NUMBER [REDACTED] STATE FL REGISTRATION EXPIRES 04/29/2022 Check if Permanent Registration  VIN [REDACTED]

Hit and Run 1 No  2 Yes  88 Unknown  YEAR 2011 MAKE CHEV MODEL SILVERADO STYLE PICKUP COLOR GRAY - GRY DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown  1 EST. AMOUNT \$6,000.00

INSURANCE COMPANY (DRIVER) PROGRESSIVE SELECT INSU INSURANCE POLICY NUMBER 926631731 Towed due to Damage: 1 No 2 Yes  2 VEHICLE REMOVED BY JERRYS WRECKER 1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative  1

NAME OF VEHICLE OWNER (CHECK IF BUSINESS)  CURRENT ADDRESS [REDACTED] CITY & STATE [REDACTED] ZIP [REDACTED]

Trailer One: LICENSE NUMBER [REDACTED] STATE [REDACTED] REGISTRATION EXPIRES [REDACTED] Check if Permanent Registration  VIN [REDACTED] YEAR [REDACTED] MAKE [REDACTED] LENGTH [REDACTED] AXLES [REDACTED]

VEHICLE TRAVELING N  S  E  W  Off-Road  Unknown  ON STREET, ROAD, HIGHWAY 19TH PL AT EST. SPEED 40 POSTED SPEED 30 TOTAL LANES 2

HAZ. MAT. RELEASED 1 No  2 Yes  88 Unknown  HAZ. MAT. PLACARD 1 No  2 Yes  88 Unknown  NUMBER [REDACTED] CLASS [REDACTED] Area of Initial Impact 14 Most Damaged Area 14

MOTOR CARRIER NAME [REDACTED] US DOT NUMBER [REDACTED] MOTOR CARRIER ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] PHONE NUMBER [REDACTED]

Vehicle Body Type  3 15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 22 Moped 23 All Terrain Vehicle (ATV) 24 Passenger Car 25 Passenger Van 26 Pickup 27 Motor Home 28 Bus 29 Motorcycle 30 Moped 31 All Terrain Vehicle (ATV)

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 1  TRAILER 2  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

Most Harmful Event  14 Non-Collision 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

Sequence of Events 1st  14 2nd  18 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

Roadway Grade  1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom) Roadway Alignment  1 1 Straight 2 Curve Right 3 Curve Left

Vehicle Maneuver Action  1 1 Straight Ahead 2 Stopped in Traffic 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing 12 Stopped in Traffic 13 Slowing 14 Negotiating a Curve 15 Leaving Traffic Lane 16 Entering Traffic Lane 17 Other, Explain in Narrative 88 Unknown

Special Function of Motor Vehicle  1 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

Emergency Vehicle Use  1 1 No 2 Yes 88 Unknown

VIOLATIONS PERSON # 1 NAME OF VIOLATOR [REDACTED] FL STATUTE NUMBER 316.088(2) CHARGE DRIVING IN WRONG DIRECTION ON ONE-WAY ROADWAY CITATION NUMBER AEJK86E

PERSON # 1 NAME OF VIOLATOR [REDACTED] FL STATUTE NUMBER 316.193(1) CHARGE D.U.I. - DRIVING UNDER THE INFLUENCE(MISDEMEANOR) CITATION NUMBER AEJK87E

PERSON # 1 NAME OF VIOLATOR [REDACTED] FL STATUTE NUMBER 316.027(2) CHARGE CRASH - LEAVING SCENE ON PUBLIC OR PRIVATE PROPERTY WITHOUT CITATION NUMBER AEJK85E

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1	NAME [REDACTED]	PHONE NUMBER	Check if Recommend Driver Re-exam <input type="checkbox"/>
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CURRENT ADDRESS (Number and Street) [REDACTED]	CITY & STATE [REDACTED]	ZIP CODE [REDACTED]
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DATE OF BIRTH [REDACTED]	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER [REDACTED]	STATE FL	EXPIRES [REDACTED]	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating	4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
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DL Type 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	Required Endorsements 3 1 Yes 2 No 3 No Req. Endorsement	DRIVER 1st 21 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 2nd [ ] 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 of 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 4th [ ] 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 9 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
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Driver Distracted By 88 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player) 4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	DRIVER VISION OBSTRUCTIONS 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
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DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other (explain in narrative) 4 Fourth 4 Unenclosed Cargo Area 88 Unknown 88 Unknown 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	LOCATION: (LOC) SEAT ROW OTHER 1 1 [ ]	Helmet Use (HU) [ ] 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) [ ] 1 Yes 2 No 3 Not Applicable	77 Restraint Systems (RS) 1 Not Applicable (non-motorist) 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
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NON-MOTORIST 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 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
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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	Non-Motorist Actions/Circumstances 1st [ ] 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) 2nd [ ] 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
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SUSPECTED ALCOHOL USE: 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 [ ]	SUSPECTED DRUG USE: 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 2 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID INDIN RIVER COUNTY FIRE EMS	EMS RUN NUMBER 2021-21691	MEDICAL FACILITY TRANSPORTED TO CLEVELAND CLINIC INDIAN RIVER
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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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
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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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
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NARRATIVE

Reporting Agency Case Number  
2021001823

HSMV Crash Report Number  
24122284

On 08/30/21 at approximately 1706hrs., I responded to 19th Pl/12th Ct in reference to a traffic crash. When I arrived on scene I made contact with additional officers that were already on scene. Officer Wells provided me with information regarding the incident. The driver of V1 was identified as [REDACTED] DOB: [REDACTED]. D1 [REDACTED] was displaying signs of erratic behavior at the scene..

According to witness 1 [REDACTED], she informed officers that she observed a white male running away from V1. The male then proceeded to run into the Financial Aid Center building A located at 1201 19th Pl.

VBPD officers were able to locate [REDACTED] in the Financial Aid Center Building A and he was detained.

According to witness 2 [REDACTED] who stated he also observed a white male circling around the Financial Aid Building in a vehicle. [REDACTED] stated the white male was driving in the wrong direction westbound on 19th Pl. [REDACTED] was observed driving around the building in the wrong direction of travel multiple times before he collided with V2.

Indian River County FIRE/EMS was notified and responded to the scene (Run #2021-21691) for medical attention. The driver of V2 was transported by EMS to Cleveland Clinic Indian River hospital for further medical treatment. Officer Ooley transported D1 [REDACTED] to Cleveland Clinic Indian River hospital in concern of his erratic behavior.

Jerry's towing was notified and responded to the crash location and removed both V1 and V2 from the scene.

Due to inventory of V1 I located a Smith & Wesson 9mm firearm (serial #NEZ4945) located in the glove department box. I provided dispatch with the serial number and confirmed it was not stolen. I then placed the firearm into evidence for safe keeping.

Citations were issued to D1 [REDACTED] for Fled scene of crash F.S 316.027, Driving in wrong direction on one-way road F.S 316.088 and a DUI citation was also issued.

ADDITIONAL PASSENGERS

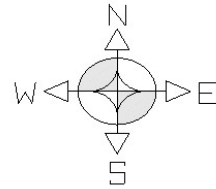
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>			EMS AGENCY NAME OR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

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

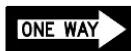
REPORTING OFFICER

ID/BADGE # <b>425</b>	RANK <b>OFFICER</b>	OFFICER NAME <b>DESTINY GONZALEZ</b>	DEPARTMENT <b>VERO BEACH POLICE DEPARTME</b>	TYPE OF DEPT. <b>POLICE DEPARTMENT (PD)</b>
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NOT TO SCALE

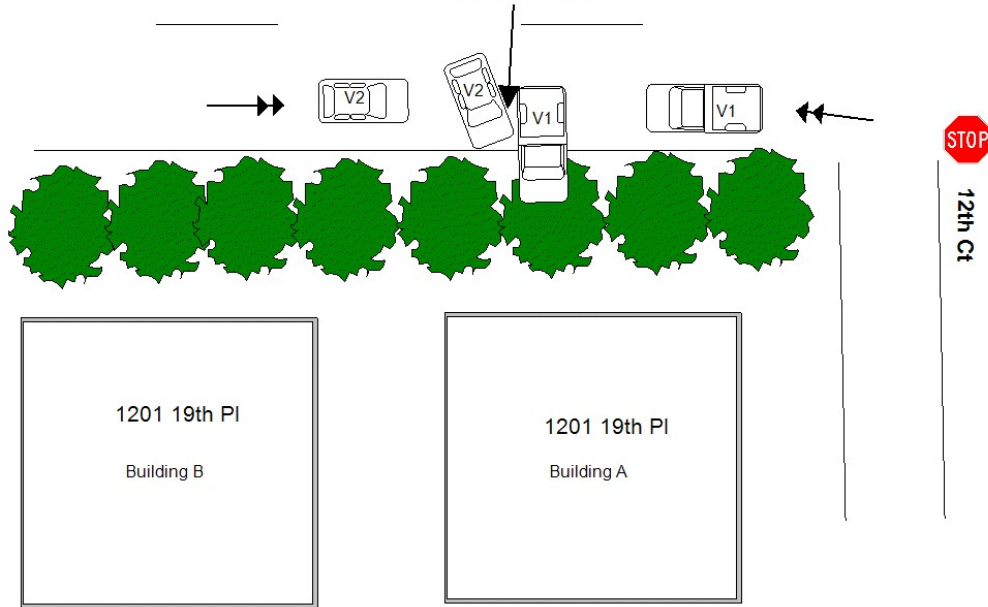
19th Pl



12th Ct



AREA OF IMPACT



1 Vehicle in Transport  1  
 2 Parked Motor Vehicle  
 3 Working Vehicle  
 VEHICLE LICENSE NUMBER [REDACTED] STATE **FL** REGISTRATION EXPIRES **11/29/2022** Check if Permanent Registration  VIN [REDACTED]

Hit and Run  
 1 No  1  
 2 Yes  
 88 Unknown  
 YEAR **2003** MAKE **HYUN** MODEL **SONATA** STYLE **4 DOOR SEDAN** COLOR **GOLD - GLD** DAMAGE:  
 1 Disabling 4 Minor  
 2 Functional 88 Unknown  
 3 None  
 EST. AMOUNT **\$6,000.00**

INSURANCE COMPANY (DRIVER) **GEICO INDEMNITY COMPANY** INSURANCE POLICY NUMBER **6035541975** Towed due to Damage: 1 No 2 Yes  2  
 VEHICLE REMOVED BY **JERRYS WRECKER** 1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative  1

NAME OF VEHICLE OWNER (CHECK IF BUSINESS)  CURRENT ADDRESS [REDACTED] CITY & STATE [REDACTED] ZIP [REDACTED]

Trailer One: LICENSE NUMBER STATE REGISTRATION EXPIRES Check if Permanent Registration VIN YEAR MAKE LENGTH AXLES  
 Trailer Two: LICENSE NUMBER STATE REGISTRATION EXPIRES Check if Permanent Registration VIN YEAR MAKE LENGTH AXLES

VEHICLE TRAVELING N S E W Off-Road Unknown ON STREET, ROAD, HIGHWAY **19TH PL** AT EST. SPEED **40** POSTED SPEED **40** TOTAL LANES **2**

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown NUMBER CLASS Area of Initial Impact **13** Most Damaged Area **13**

MOTOR CARRIER NAME US DOT NUMBER MOTOR CARRIER ADDRESS CITY STATE ZIP CODE PHONE NUMBER

**Vehicle Body Type** 1  15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 12 Moped 13 All Terrain Vehicle (ATV)  
**Trafficway** 5  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** 13  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 (4,536 kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown

**Most Harmful Event** 14  **Non-Collision** 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  
**Comm GVWR/GCWR** 4  1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793kg) 3 More than 26,000 lbs (11,793kg) 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 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.)

**Sequence of Events** 1st 14  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  
**Emergency Vehicle Use** 1  1 No 2 Yes 88 Unknown

**Roadway Grade** 1  1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)  
**Roadway Alignment** 1  1 Straight 2 Curve Right 3 Curve Left  
**Vehicle Maneuver Action** 1  1 Straight Ahead 2 Backing 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** 1  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.) 77 Other, Explain in Narrative 88 Unknown  
**Vehicle Defects** 1  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 17 Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown

**Special Function of Motor Vehicle** 1  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

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	<b>1</b>	VEHICLE #	<b>2</b>	NAME	PHONE NUMBER	Check if Recommend <input type="checkbox"/> Driver Re-exam
CURRENT ADDRESS (Number and Street)				CITY & STATE		ZIP CODE
DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER	STATE	EXPIRES	INJURY SEVERITY (INJ) 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	

<b>DRIVER</b>					
DL Type 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	1st <b>1</b> 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn	Drivers Actions at Time of Crash 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	3rd <input type="checkbox"/>	Condition At Time of Crash 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 Distracted By <b>1</b> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		4th <input type="checkbox"/>	
DRIVER VISION OBSTRUCTIONS <b>1</b> 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	

<b>DRIVER OR PASSENGER</b>					
Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	LOCATION: (LOC) SEAT ROW OTHER <b>1</b> <b>1</b> <input type="checkbox"/>	Helmet Use (HU) <input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) <input type="checkbox"/> 1 Yes 2 No 3 Not Applicable	3 Restraint Systems (RS) 1 Not Applicable (non-motorist) 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	
Air Bag Deployed <b>2</b> 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			
<b>NON-MOTORIST</b>					
Non-Motorist Description <input type="checkbox"/> 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 <input type="checkbox"/> 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 shoulder/Roadside		Action Prior to Crash <input type="checkbox"/> 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	
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)		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	

SUSPECTED ALCOHOL USE: 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		SUSPECTED DRUG USE: 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 <b>INDIAN RIVER COUNTY EMS</b>				EMS RUN NUMBER <b>2021-21691</b>				MEDICAL FACILITY TRANSPORTED TO <b>CLEVELAND CLINIC INDIAN RIVR</b>					

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			