## FLORIDA TRAFFIC CRASH REPORT

LONG FORM 🗸

SHORT FORM

UPDATE \_\_\_

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

WAS DOT PROPERTY INVOLVED IN THIS CRASH?

## MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING

			TALLAHA	SSEE,	FL 32399-053	<b>37</b>										
CRASH DATE TIME OF CRASH			TIME OF CRASH		DATE OF REPORT REPORTING AGENCY CASE NUMBER				R HSMV CRASH REPORT NUMBER							
08/30/2			5:06 PM		08/30/2021		2021001	323		2412	22284					
	DENTIFIE															
COUNTY		TY CODE	COUNTY OF CR	ASH			CITY OF CRA	SH		CHECK IF WIT	THIN	TIME REP			DISPATC	HED
32		2	INDIAN RIVER	F   011	IECK IF	VERO BEA		OT () [. [. ].				5:06 P	M	5:0	7 PM	
TIME ON S			CLEARED SCEN		MPLETED 🗸	REASON (II II	nvestigation N	J1 Complete)					Notified E 2 Law Er			2
5:10 PI			00 PM (CHOOSE ONI	Y 1 OF 4	4 OPTIONS)								Z Law Li	HOICEINE		
			ET, ROAD, HIGH				1 AT	STREET ADD	RESS#	AT LA	ATITUDE		AND LO	ONGITUE	DE	
19TH PL										27.63	7535			-80.3980	96	
AT FEET		MILES	N S	S E	3 AT/FRO		TION WITH ST	REET, ROAD,	HIGHWAY	Y			OR F	ROM MIL	EPOST#	
	Roa	d System	ldentifier		est Road	1	Type of Sho	ulder		Type of Inters	section	5 T	raffic Circl			$\neg$
	1 Interstate 2 U.S.		County Local	9 Park	ate Roadway king Lot		1 Pave 2 Unp		77	2 Four-Way Inte 3 T-Intersection	rsection	7 F	ive-Point,	or More	C	
3	3 State		Turnpike/Toll	77 Oth Narrat	her, Explain in tive	3	3 Curt			4 Y-Intersection		77	Other, Exp	olain in in	arrative	
CRASHI	NFORMA	TION (CH	IECK IF PICTU													
	•	Condition			ther Condition 4 Flog, Smog, Smok	Roa	idway Surfa 5 Oil	ce Condition	S	chool Bus Related		Mar			n/Impact	- 1
1   2	Daylight Dusk	6 Dar	k-Not Lighted k-Unknown		5 Sleet/Hail/ Freezing Rain	`   <del> </del>		, Dirt, Gravel		1 No 2 Yes, School Bus	.   [	2			me directio posite Dire	
	B Dawn B Dark-Light	Lighting Lighting Lighting Light Lig	ng her, Exp <b>l</b> ain in		6 Blowing Sand, Soil	1	8 Wat	er	1	Directly Involved	L		6 Rear	to Side		
	J	Narra	tive	1 Clear .	Dirt 7 Severe Crosswinds		77 Oth	ing/moving) ner, Explain in		3 Yes, School Bus Indirectly Involved	1 1 5	ront to Rear ront to Front		er, Explai	in in Narrat	tive
		00 01		2 Dain	77 Other, Explain in Narrative	2 Wet 4 Ice/F						ngle	88 Unk	nown		
F	irst Harm	ıful Event		Collision		n Non-Fixe	d Object	npact Attenuato	Collisio	n with Fixed Object	t	Fir	rst Harm	ful Eve	nt	$\neg$
			1 Overturn 2 Fire/Exp	losion	10 Pedestri 11 Pedalcyd	le :	Cusi	on .		30 Concrete 31 Other Traffic Ba	rrier	Lo	cation	1 On Roa	adway	
	14		3 Immersi 4 Jackknif	е	engine)	vehicle (train,	21 B	ridge Overhead ridge Pier or Su		33 Utility Pole/Light		I		2 Off Roa 3 Should		
Eirct	Harmful E	Event	5 Cargo/E Loss or Sh		13 Animal 14 Motor Ve	hic <b>l</b> e in		ridge Rail ulvert		34 Traffic Sign Sup 35 Traffic Signal Su				4 Mediar 6 Gore	ו	
	n Interch		6 Fell/Jum Motor Veh		Transport	Motor Vehicle	24 C 25 D			36 Ohter Post, Pole Support	e or			7 Separa	ator king Lane o	n
	1 No	9.	7 Thrown o			ne/Maintainar		mbankment uardrail Face		37 Fence 38 Mailbox				Zone	e Right-of-	
1	2 Yes 88 Unkno	214/12	8 Ran int \		al 17 Struck B	y Falling, Shif	ting 28 G	uardrail End		39 Other Fixed Obj				10 Roads	side	way
	00 OTIKITO	JWII	9 Other Co	ollision	Cargo 18 Other No	on-Fixed Obje		able Barrier		building, tunnel, etc	).)			88 Unkno	own	
_	First		Event Relation	n to	Contri	buting Circ	umstances:	9 000		-Polished Surface ce Condition (wet,	Cont	tributing Ci	rcumsta	ınces: E	Environm	nent
	1	5 Ra	<b>nction</b> ailway Grade Cros			1		icy, sr	now, s <b>l</b> ush	n, etc.)		1				
L 1 Non-Jur	nction.		Entrance/Exit Ram Crossover - Relate		1 No			12 De	ebris	in Roadway						
2 Intersec	tion	17 A	Shared-Use of Pati Acceleration/Dcele		4 W	ork Zone (con		Inope		ssing or Obscured	1 None 2 Weat	her Conditions			s) in Roadv Explain in	vay
	tion-Relate v/Alley Acc	10 1	Through Roadway Other, Explain in N	arrative		ntenance/utility loulders (none	/ e, low, soft, higl		on-Highwa her. Expla	ay Work ain in Narrative	3 Physic	cal Obstructio	n(s) N	larrative		
Related			Jnknown		7 Ru	it, Holes, Bum	ips	88 Ur	nknown		4 Glare		8	8 Unknov	wn	
Work	Zone Re	lated	Crasl 1 Befo	h in Worl	k Zone st Work Zone		Type of W			Workers in Wo	rk Zone		Law Enf		ent in Wo	ork
	1 No		Warni	ng Sign ance Warn		1 :	1 Lane Closure 2 Lane Shift/Cr	ossover		1 No		I _	1 No	Zone	•	
1	2 Yes		3 Trar	nsition Area				ulder or Median r Moving Work	ı	2 Yes			2 Of	ficer Pres		
	88 Unki	IOWII		vity Area nination Ar	ea			in in Narrative		88 Un	known			w Enforc Present	ement Veh	iic <b>i</b> e
WITNES	SES															
	NAM	1E						ADDRESS		CITY & STATE				ZIP CO	DE	
										VERO BEACH			FL			
	NAM	1E _						ADDRESS		CITY & STATE				ZIP CO	DE	
										VERO BEACH			FL			
	NAM	1E						ADDRESS		CITY & STATE				ZIP CO	DDE	
NAME OF THE PERSON OF THE PERS			B.111.6-													
NON VEH			DAMAGE Y DAMAGE - OTH	IED TUAN	VEH TEST ANT	Townsens :	LIANE -	(OLIFOIX IF TO	IOINEOC	455555		Olm ( *	OT 4 T =	_	710.000	
	I'LIX#	TREE OR		ILK IHAN				(CHECK IF BU				CITY & : VERO B			ZIP CODE	
1	DED "			ED TUAL	500	FELDMAN		AL CENTER/ LA		19TH PLACE					32960	
VEH.#	PER#	FROPERI	Y DAMAGE - OTH	IER THAN	VEH. EST. AMT.	OWNER'S I	NAME	(CHECK IF BL	JSINESS)	ADDRESS		CITY &	SIAIE	Z	ZIP CODE	
	HSM\/ C	0010.0						_								

HSMV 90010 S

VEHICLE # 1	(	Check if Co	mmercia		202100182		umber			24122	asn Report N <b>284</b>	lumber		
1 Vehicle in Transport 2 Parked Motor Vehicle	1 VEHICLI	E LICENSE NUMB	ER	STATE	REGISTRATION	ON EXPIRE	S Chec	ck if Perma	nent '	VIN				
3 Working Vehicle				FL	04/29/2022		Regi	istration						
11 No   2	EAR	MAKE	MODE			STYLE		COLOR		DAMAGE: 1 Disabling	4 Minor	1		AMOUNT
88 Unknown	011	CHEV		/ERADO		PICKUP	Labora	GRAY - 0		2 Functional 3 None	88 Unkno		\$6,0	00.00
INSURANCE COMPANY (DE PROGRESSIVE SELECT INS	•		ISURANCE F 16631731	POLICY NU	MBER	to Da		2		REMOVED BY  YS WRECKE	. <b>p</b> 2	. Rotation . Owner Re . Driver . Other, Exp		rrative 1
NAME OF VEHICLE OWNER	(CHECK IF BU	JSINESS)	CURR	ENT ADDR	ESS				CITY &	STATE		. Other, EX	ZIP	nauve ——
LIGHT NOT AN ADDED	07.175	DEGICEDATION	EVENES	Icha	ak if Darmananan					Lygue		1.5		144.50
Trailer LICENSE NUMBER One:	STATE	REGISTRATION	EXPIRES		ck if Permanent istration	VIN				YEAR	MAKE	LEN	IGTH	AXLES
Trailer LICENSE NUMBER Two:	STATE	REGISTRATION	EXPIRES		ck if Permanent istration	VIN				YEAR	MAKE	LEN	IGTH	AXLES
VEHICLE N S TRAVELING	E W O	Off-Road Unkno	_	STREET, R <b>'H PL</b>	OAD, HIGHWA	Y				AT EST. SPEE 40	D POST 30	ED SPEED	<b>2</b>	TAL LANES
HAZ. MAT. RELEASED 1 No	HAZ. MAT. PL 1 No	ACARD N	UMBER	CLA	SS	Are	a of Initial I	mpact	14			14	Most Dama	aged Area
2 Yes 88 Unknown	2 Yes 88 Unknown					2	3 4 5	6 7	1 14		ge ' <sub>18</sub> L 19	<u>'</u>	3 4	5 6 7
MOTOR CARRIER NAME	00 011111111111	U	S DOT NUMI	BER		14	15 ((16	17 8	2	0 Windshield		1	1 (15 ((1	6 17 8
MOTOR CARRIER ADDRES				CITY		ا	13  12  11	10     et		IP CODE		DHONE	13  12 NUMBER	11  10
MOTOR CARRIER ADDRES	5			CITY				51	ATE Z	P CODE		PHONE	NUMBER	
Vehicle Body Type	15 Low Spee		<u> </u>	Traffic	-		1	Com	mercial I	Motor Vehicle	Configurat 8 Tra	tion actor/Triple		
3		an (10,000 lbs	2 T		ot Divided, with a	ı	f	or Hazardo	ous Materia		9 Tru	ck more that		lbs (4,536
1 Passenger Car	(4,536 kg) or 18 Motor Co				ft Turn Lane vided, Unprotect	ed	r	more than	10,000 lbs	(4,536 kg))	10 B	us/Large va pants, inclu	n (seats fo	
2 Passenger Van 3 Pickup	19 Other Lig (4,536 kg) or	ht Trucks (10,000 l		inted >4 fee wo-Way Di	et) Median vided, Positive		4	1 Truck Pu	lling Trailer			us (seats fo	•	•
7 Motor Home	20 Medium/l	Heavy Trucks (mor	e Me	dian Barrier					ictor (bobta ictor/Semi-		occu	pants, inclu	ding driver	·)
8 Bus 11 Motorcycle	21 Farm Lab	lbs (4,536 kg)) bor Vehicle		One-Way Tr Unknown	·		7	7 Truck Tra	ctor/Doubl	e Truck		ther, Explai nknown	n in inarrai	ive
12 Moped 13 All Terrain Vehicle (ATV)	77 Other, Ex 88 Unknown	xplain in Narrative			1 S	<b>ler Type</b> ingle Semi		B Pole Trail		6-	D. d 7	<b>-</b>		
Comm/I	Non-Commer	rcial	TRA	NLER 1		andem Ser ank Trailer	ni Trailer 9 1	7 Towed Ve 10 Auto Tra		Ca	rgo Body T		13 Intern	
1 Interst	ate Carrier					addle Moui oat Trailer	nt/Trailer 7	77 Other, E Narrative			3 Van/Enclo 4 Hopper	sed Box		r Chassis le Towing
	ate Carrier Commerce/Gov	vernment			L 6 L	tility Trailer		88 Unknow	'n		5 Pole-Traile 6 Cargo Tan		Another 15 Not A	
	Commerce/Oth		_		7 ⊦	louse Traile		len) on loos		1 No Cargo 2 Bus	7 Flatbed		(vehicle	10,000 lbs
Most Harmful Event	Non-Collis 1 Overturn/Ro		Con	nm VR/GCWF	, 4	2 10,001	lbs (4,536 -26,000 lbs	(4,536-11	,793kg)		8 Dump 9 Concrete I	Mixer	displayin	g) or less not g HM placard
	2 Fire/Explosi		"	W.OCW	` Ш	3 More t 4 Not Ap	han 26,000 plicable	lbs (11,79	3kg)		10 Auto Trai 11 Garbage		77 Other Narrative	, Explain in
	<ul><li>3 Immersion</li><li>4 Jackknife</li></ul>			lision with	Non-Fixed Obj	ect		Collision	Fixed Obj		12 Log		88 Unkno	
14		pment Loss or Shift d From Motor Vehic		I0 Pedestria I1 Pedalcyc						rash Cushion	!9 Cable Barr i0 Concrete 1		er	Emergency Vehicle Use
	7 Thrown or F	alling Object	1	12 Railway \	/ehicle (train, er	gine)			erhead Str er or Suppo	ructure ort	1 Other Traf	fic Barrier	,	
Sequence of Events	8 Ran into Wa 9 Other Non-0			I3 Animal I4 Motor Ve	hicle in Transpo	rt		2 Bridge Ra 3 Culvert	ail	3	32 Tree (stand 33 Utility Pole	/Light Supp	ort	1
1st 2nd	[40-46 Seque	ence of Events on			Notor Vehicle ne/Maintenance			Curb			4 Traffic Sigi 5 Traffic Sigi			
14     18		Failure (blown tire	,   E	Equipment			25	Ditch		3	6 Other Post		upport	1 No 2 Yes
2rd 40	brake failure, 41 Separation				/ Falling, Shifting t in Motion by M			6 Embankn 7 Guardrail			7 Fence 8 Mailbox			88 Unknown
3rd 4th	42 Ran Off Ro 43 Ran Off Ro	oadway, Right oadway Left		/ehicle I8 Other No	n-Fixed Object		28	3 Guardrail	End		9 Other Fixe building, tunn		all,	
	44 Cross Med	dian	V	ehicle Ma	neuver Actio		fi a	Traffic	Control	Device For			ehicle D	efects
Roadway Grade	45 Cross Cen 46 Downhill R			traight Ahea urning Left	14 Slow				,	This Vehic		Γ.	1	
1 Level 2 Hillcrest	Deedwey Al	i amama mat		acking urning Right		otiating a C ring Traffic		7		8 Flashing Si 9 Railway Cr	neeina   1	None L		
1 3 Uphill 4 Downhill	Roadway Ali	-	6 C	hanging Lar arked	nes 17 Ente	ring Traffic r, Explain i	Lane		ontrols ol Zone Si	Device	-   2	Brakes Tires		Wheels Windows/
5 Sag (bottom)	1 2 Curv	e Right	10 M	Making U-T	urn 88 Unkı		Tivalialive	Device 5 Traff	ic Control	Flagman, Off	icer 4	Lights (head gnal, tail)		ndshield Mirrors
	3 Curv			Overtaking/I				Signal		Guard, etc.) 77 Other, Exp	olain in 6	Steering	16	Truck Coupling
Special Function 1 No Special Function 9 Amb 2 Farm Vehicle 10 Fir					14 Intercity 15 Charter	/Tour Bus		6 Stop 7 Yield		Narrative 9 Ext			stem Saf	iller Hitch/ ety Chains
1 of Motor Vehicle	1 Farm Labo 2 School Bus		16 Shuttle 17 Farm L					55 GHAHOWH		) Body, Dod I Power Tra		Other, Explain in rrative		
VIOLATIONS	8 Military 13 Transit/Commuter Bus 88 Unknown 12 Suspension 88 Unknown													
VIOLATIONS PERSON # NAME OF	VIOLATOR			FL ST	ATUTE NUMBE	R			CH	ARGE		С	I NOITATI	NUMBER
1			316	.088(2)			DRIVING II	N WRONG	DIRECTION	ON ON ONE-WA	Y ROADWAY	AE.	JK86E	
	VIOLATOR				ATUTE NUMBE		D 111 - 55	IVING III		ARGE	DEMEANOS		ITATION	NUMBER
PERSON# NAME OF	VIOLATOR		316	5.193(1) FL ST	ATUTE NUMBE	R			CH	ARGE			JK87E ITATION I	NUMBER
CRASH - LEAVING SCENE ON PUBLIC OR PRIVATE PROPERTY WITHOUT						JK85E								

PERSON#	1		Reporting Agency Case No. 2021001823	umber		ISMV Crash Report Nur 24122284	nber		
1 Driver 2 Non-Motorist 3 Passenger	1 1 1	IAME				PHONE NUMBER	Check if Recommend Driver Re-exam		
CURRENT ADDRESS	(Number and Street)				CITY & STATE		ZIP CODE		
DATE OF BIRTH	SEX:	DRIVERS LICENSE N	NUMBER	STATE	EXPIRES	INJURY SEVERITY (IN. 1 None	J) 4 Incongnitating		
	1 Male 2 Female 88 Unknown	1	I	FL	I I	1 None 2 Possible 3 Non-Incapacitating	5 Fatal (within 30 days) 6 Non-Traffic Fatality		
DL Type	Required	d Endorsements		vers Actions at		3rd	Condition At		
5 1 A 2 B 3 C 4 D/Chauffeu 5 E/Operator	3 1 Yes 2 No		21 1 No Contribution Active 2 Operated MV in Call Negligent Manner	relss or 2	26 Ran off Roadway 27 Disregarded other Tra Bign		Time of Crash  1 Apparently Normal		
6 E/Oper-Res 7 None	t 3 No Req	q. Endorsement	3 Failed to Yield Righ 4 Improper Backing 6 Improper Turn	, ,	28 Disregarded Other Ro Markings 29 Over-Correcting/Over		3 Asleep or Fatigued 5 III (sick) or Fainted		
Driver Distract	(ex	Other Inside the Vehicle  xplain in narrative)  External Distraction	2nd 10 Followed too Clos 11 Ran Red Light	ely	Steering 30 Swerved or Avoided :		6 Seizure, Epilespsy, Blackout 7 Physically Impaired 8 Emotional (depression,		
	Communication (ou phone, etc. in r	utside the vehicle, explain narrative)	12 Drove too Fast for 13 Ran Stop Sign	r Conditions t <sub>i</sub>	o Wind, Slippery Surface Object, Non-Motorist in		angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol		
	evice, DVD player) 7 Ir	Texting nattentive Unknown	15 Improper Passing 17 Exceeded Posted 21 Wrong Side of Wr	Speed 3	Roadway, etc. 31 Operated MV in Errati Reckless or Agreessive I	ratic, 77 Other, Explain in Narrativ			
	ot Obscured 5 Load or	on Vehicle 9 Smoke	25 Failed to Keep in		7 Other Contributing Ac				
3 Parked/		ng/Fixed Object 10 Glare Billboards 77 All Other, Explair in Narrative	n Helmet Us	se (HU)		R PASSENGER ection (EP)	Restraint Systems		
	DRIVER OR P	PASSENGER	1 DC	OT-Compliant prcycle Helmet	1 Yes 2 No		(RS)		
Motor Vehicle Seat Seat Row	ing Position: Other	LOCATION: SEAT ROW (LOC) 1 1		her Helmet Helmet	3 Not A	2 None l	plicable (non-motorist) Jsed - Motor Vehicle Occupant ler and Lap Belt Used		
1 Left 2 Midde 3 Right 1 Front 2 Second		ction of Truck Cab	Ejection (EJECT)	Air Bag De	5 Deploy	4 Should 5 Lap Be	ler Belt Only Used elt Only Used int Used - Type Unknown		
77 Other 3 Third (explain in 4 Fourt	3 Other Enclosed 4 Unenclosed 5 Trailing Unit		1 Not Ejected 2 Ejected, Totally	2 No	ot Applicable 6 Deploy ot Deployed Combinat	red- tion 7 Child F 8 Child F	Restraint System - Forward Facing Restraint System - Rear Facing		
narrative) 77 Othe 88 Unknown 88 Unk	R Riding on M	Notor Vehicle Exterior (non-	Partially 4 Not Applicable		eployed-Front 7 Deploye eployed-Side 88 Deploy Unknown	77 Other	er Seat Restraint Type Unknown ; Explain in Narrative		
Non Meteric	88 Unknown	Non Materiat Las	88 Unknown NON-MOTORIS cation At Time of Crash			Action Prior to Crash			
	an (wheelchari, person in a pedestrian conveyance, etc	1 Intersection - Marked 2 Intersection - Unmar	d Crosswalk rked Crosswalk	8 Sidewalk 9 Median/Cros 10 Driveway A	ccess		5 Walking/Cycling on Sidewalk 6 In Roadway Other (working,		
3 Bicyclist 4 Other Cyclist	otor Vehicle Not in Transpo	4 Midblock - Marked C 5 Travel Lane - Other I		12 Non-Traffic	way Area 2 Waiti	ng to Cross Roadway	olaying, etc.) 7 Adjacent to Raodway (e.g., shoulder, median)		
(parked, etc.) 6 Occupant of a	Non-Motor Vehicle	7 shoulder/Roadside		88 Unknown	Roadw adjacei	Ilway with Traffic (in or sent to travel lane)  Within (Cycling Along (incident response)			
Transportation D 7 Unknown Type		1st 1No Impro			Roadw	ay Against Traffic (in	10 None 77 Other, Explain in Narrative 88 Unknown		
2 Helmet	5 Lighting 6 Not Applicable	4 Failure t	to Yield Right-of-Way to Obey Traffic Signs or Officer			0 Improper Turn/Merge	20 GIIMIGWII		
3 Protective Pads Used (elbows, knees, shins, e 4 Reflective Clothing (jac	77 Other, Explain	lying, work	dway Improperly (standing, king, playing) d Vehicle Related (working	9 Not Visible (d	lking, eating, etc)  1 ark clothing, no  7	1 Improper Passing 2 Wrong-Way Riding or 7 Other, Explain in Narr			
backpack, etc.)	oo onknown	on, pushin	ng, leaving/approaching) ALCOHOL/DRUG		_	38 Unknown			
SUSPECTED ALCOHOL USE: 1 No 1	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused	ALCOHOL TEST TYPE:  1 Blood 2 Breath 3 Urine	TEST RESULT: 1 PENDING	BAC SUSPECT DRUG US 1 No	SE: 1 Test Not	Given 1 Blood	EST TYPE: DRUG TEST RESULT: 1 Positive 2 Negative 2		
2 Yes 88 Unknown	3 Test Given 88 Unknown, if Tester		2 COMPLETED 88 UNKNOWN	2 Yes 88 Unkno	wn 2 3 Test Give 88 Unknow	n, if Tested Explain i	n Narrative 88 Unknown		
SOURCE OF TRANSPO 1 Not Transported 2 EMS 3 Law Enforce	RT TO MEDICAL FACILIT	EMS AGENCY NAME OR I	IDE 5140	UN NUMBER			ITY TRANSPORTED TO		
77 Other, Explain in Na	<u> </u>	INDIN RIVER COUNTY FI	ADDITIONAL PASSEN						
PERSON # VEHICLE #	NAME		DATE OF BIRT	ΓΗ INJ SE	X LOC: S R	O EJECT H	HU EP ABD RS		
CURRENT ADDRESS	Number and Street)		CITY		STATE		ZIP CODE		
SOURCE OF TRANSPO	RT TO MEDICAL FACILIT	TY EMS AGENCY NAME	ORID	EMS RUI	N NUMBER	MEDICAL FACIL	ITY TRANSPORTED TO		
1 Not Transported 2 EMS 3 Law Er Narrative 88 Unknown	forcement 77 Other, Explain in								
PERSON # VEHICLE #	NAME		DATE OF BIRT	ΓΗ INJ SE	X LOC: S R	O EJECT H	HU EP ABD RS		
CURRENT ADDRESS	(Number and Street)		CITY		STATE		ZIP CODE		
SOURCE OF TRANSPO 1 Not Transported 2 EMS 3 Law En Narrative 88 Unknown	RT TO MEDICAL FACILIT	EMS AGENCY NAME	OR ID	EMS RUI	N NUMBER	MEDICAL FACIL	ITY TRANSPORTED TO		
		<u> </u>							

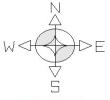
CURRENT ADDRESS (Number and Street) CITY STATE ZIP CODE SOURCE OF TRANSPORT TO MEDICAL FACILITY EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO 1 Not Transported 2 EMS 3 Law El Narrative 88 Unknown

## ADDITIONAL VIOLATIONS

PERSON#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

## REPORTING OFFICER

ID/BADGE #	RANK	OFFICER NAME	DEPARTMENT	TYPE OF DEPT.
425	OFFICER	DESTINY GONZALEZ	VERO BEACH POLICE DEPARTME	POLICE DEPARTMENT (PD)



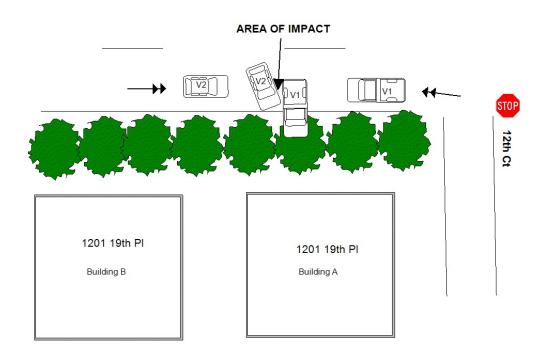
NOT TO SCALE

19th PI

ONE WAY



12th Ct



HSMV 90010 S

VEHICLE # 2	Check if Comm		Reporting Agency C <b>2021001823</b>	ase Number		HSMV Cra <b>24122</b>	ash Report Numb <b>284</b>	er	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	VEHICLE LICENSE NUMBER	STATE FL	REGISTRATION EX		eck if Permanent	VIN			
Hit and Run 1 No	MAKE	MODEL	STYL	<b>I</b>	COLOR	DAMAGE: 1 Disabling	4 Minor	1 1 11	. AMOUNT
2 Yes 88 Unknown 2003 INSURANCE COMPANY (DRIVER)	HYUN	SONATA  ANCE POLICY NU		owed due	GOLD - GLD	2 Functional 3 None	88 Unknown 1. Rot	<b>  \$6,</b> 0	000.00
GEICO INDEMNITY COMPANY	603554	1975		o Damage: No 2 Yes	2 JE	RRYS WRECKE	R 3. Driv	er, Explain in N	arrative 1
NAME OF VEHICLE OWNER (CHEC	K IF BUSINESS)	CURRENT ADDR	ESS		CIT	TY & STATE		ZIP	
Trailer LICENSE NUMBER ST One:	FATE REGISTRATION EXP		ck if Permanent VIN			YEAR	MAKE	LENGTH	AXLES
Trailer LICENSE NUMBER ST	FATE REGISTRATION EXP		ck if Permanent VIN			YEAR	MAKE	LENGTH	AXLES
VEHICLE N S E TRAVELING	W Off-Road Unknown	ON STREET, R	OAD, HIGHWAY			AT EST. SPEED	POSTED S	SPEED TO	OTAL LANES
1 No 1 No	MAT. PLACARD NUMB		ASS	Area of Initia	I Impact	3	13	Most Dam	naged Area
2 Yes 88 Unknown 2 Yes 88 Unl		T NUMBER		1 (15) (16	17 8	<ul><li>18 Undercarriag</li><li>19 Overturn</li><li>20 Windshield</li></ul>	18 19 20	1 (15)	7 16 17 8
MOTOR CARRIER ADDRESS		CITY		13 12 1	1 10 9	21 Trailer ZIP CODE	21	14   13   12	11 10 9
		CITY		1	STATE			HONE NUMBER	<b>`</b>
16 (\$	ow Speed Vehicle Sport) Utility Vehicle	Traffic	ot Divided			cial Motor Vehicle ( ) lbs or less Placarded laterials	8 Tractor/	Triple ore than 10,000	lbs (4,536
(4,53	Cargo Van (10,000 lbs 36 kg) or less) Motor Coach	Continuous Le	ot Divided, with a ft Turn Lane vided, Unprotected		more than 10,00	uck (2-axle and GVWR 00 lbs (4,536 kg))	10 Bus/La	ot Classify irge van (seats f , including drive	
	other Light Trucks (10,000 lbs 36 kg) or less)	(painted >4 fee 4 Two-Way, Di	vided, Positive		4 Truck Pulling T 5 Truck Tractor (			eats for more that	,
	fledium/Heavy Trucks (more 10,000 lbs (4,536 kg))	Median Barrier 5 One-Way Tr			6 Truck Tractor/s 7 Truck Tractor/s	Semi-Trailer		s, including drive Explain in Narra	
12 Moped 77 C	arm Labor Vehicle Other, Explain in Narrative	88 Unknown	Trailer T	/pe Semi Trailer	8 Pole Trailer	Double Truck	88 Unkno	wn	
13 All Terrain Vehicle (ATV) 88 U	ommercial	TRAILER 1		Semi Trailer	9 Towed Vehicle 10 Auto Transpo	ort	go Body Type	13 Inter	
1 Interstate Carr				Mount/Trailer		n in	3 Van/Enclosed E 4 Hopper	14 Vehi	er Chassis cle Towing
2 Intrastate Carr 3 Not in Comme 4 Not in Comme	erce/Government		6 Utility T 7 House		88 Unknown	1 No Cargo	5 Pole-Trailer 6 Cargo Tank 7 Flatbed		Applicable 10,000 lbs
Most Harmful Event No	n-Collision	Comm	<b>  a</b>   21	0,000 lbs (4,53	6 kg) or less bs (4,536-11,793k	2 Bus	7 Flatbed 8 Dump 9 Concrete Mixer	(4,536 k	g) or less not ng HM placard
2 Fire	rturn/Rollover /Explosion	GVWR/GCWF	3 N		00 lbs (11,793kg)	,	10 Auto Transpor 11 Garbage/Refu	t 77 Othe	r, Explain in
4 Jack			Non-Fixed Object		Collision Fixe	d Object	12 Log	88 Unkr	nown
6 Fell	go/Equipment Loss or Shift /Jumped From Motor Vehicle own or Falling Object	10 Pedestria	le		19 Impact Attenua 20 Bridge Overhe	ator/Crash Cushion ad Structure	9 Cable Barrier 0 Concrete Traffic		Emergency Vehicle Use
Sequence of Events 8 Ran	own or Falling Object into Water/Canal er Non-Collision	13 Animal	/ehicle (train, engine) hicle in Transport		21 Bridge Pier or : 22 Bridge Rail	Support 32	1 Other Traffic Ba 2 Tree (standing) 3 Utility Pole/Ligh		
1st 2nd	6 Sequence of Events only]	15 Parked M	Motor Vehicle ne/Maintenance		23 Culvert 24 Curb	34	4 Traffic Sign Sup 5 Traffic Signal S	port	
	uipment Failure (blown tire, failure, etc.)	Equipment	/ Falling, Shifting Care	:	25 Ditch 26 Embankment	36	6 Other Post, Pol 7 Fence		1 No 2 Yes
3rd 4th 41 Se	paration of Units In Off Roadway, Right		t in Motion by Motor	;	27 Guardrail Face 28 Guardrail End	38	8 Mailbox 9 Other Fixed Ob	iect (wall	88 Unknown
43 Ra	in Off Roadway, Left	18 Other No	n-Fixed Object				uilding, tunnel, etc		Defects
45 Cro	oss Centerline	1 Straight Ahea 3 Turning Left		Traffic		This Vehicle	e		
1 Level		4 Backing 5 Turning Right	15 Negotiatin		1 1	8 Flashing Sig	secina   I None		L
1 3 Uphill 4 Downhill	way Alignment  1 Straight	6 Changing Lar 8 Parked	nes 17 Entering T		1 No Contro 4 School Zo	Device	2 Brake 3 Tires	14	Wheels Windows/
5 Sag (bottom) 1	2 Curve Right 3 Curve Left	10 Making U-To 11 Overtaking/I	urn 88 Unknown		5 Traffic Co	Flagman Offi	cer, 4 Light signal,	tail) 15	indshield Mirrors
		ulance Truck	14 Intercity Bus 15 Charter/Tour	Rue	Signal 6 Stop Sign 7 Yield Sign	Narrative	/ Wipe	rs Tr	Truck Coupling ailer Hitch/ afety Chains
1 of Motor Vehicle 3	Police 11 Far	е тrucк m Labor Transport nool Bus			, rieu sign	88 Unknown	10 Bod	y, Doors 77	Other, Explain in
		nsit/Commuter Bus							Unknown
PERSON # NAME OF VIOLA	ATOR	FL ST	ATUTE NUMBER			CHARGE		CITATION	NUMBER
PERSON # NAME OF VIOLA	ATOR	FL ST	ATUTE NUMBER			CHARGE		CITATION	NUMBER
PERSON # NAME OF VIOLA	ATOR	FL ST	ATUTE NUMBER			CHARGE		CITATION	NUMBER

PERSON # 2	Reporting Agency Case Number 2021001823	HSMV Crash Report Number 24122284
1 Driver 2 Non-Motorist 3 Passenger  VEHICLE # NAME 2		PHONE NUMBER  Check if Recommend Driver Re-exam
CURRENT ADDRESS (Number and Street)	CITY & STATI	E ZIP CODE
DATE OF BIRTH  SEX: 1 Male 2 Female 88 Unknown	MBER STATE EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 6 Non-Traffic Fatality
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None  Driver Distracted By  1 Not Distracted 2 Electronic Communication Devices (cell phone, etc. 3 Other Electronic Device (navigation device, DVD player)  1 Vision Not Obscured 2 Inclement Weather 4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	The contribution of the co	1 Apparently Normal 3 Asleep or Fatigued 5 III (sick) or Fainted 6 Seizure, Epilespsy, 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
1 3 Parked/Stopped Vehicle 7 Signs/Billboards 77 All Other, Explain 4 Trees/Crops/Bushes 8 Fog in Narrative		rotection (EP) Restraint Systems
DRIVER OR PASSENGER  Motor Vehicle Seating Position: Seat Row Other  1 Left 1 Front 2 Sileeper Section of Truck Cab 3 Right 2 Second 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (nontrailing unit)	Bjection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 4 Not Applicable  3 No Helmet  Air Bag Deployed 5 Deployed 6 Deployed 2 Not Deployed Compt 7 Deployed-Side 88 Deployed-Sid	lo lot Applicable 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 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 7 Child Restraint Type Unknown 8 Child Restraint Type Unknown 7 Child Restraint Type Unknown 8 Child Restraint 8 Child Restraint 8 Child Restraint 8 Chi
88 Unknown	NON-MOTORIST	
1 Pedestrian 2 Other Pedestrian (wheelchari, 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  1 Intersection - Other A land Intersection - Marked of Intersection - Other A land Intersection - Marked of Intersection - Other A land Intersection - Marked of Intersection - Marked of Intersection - Other A land Intersection	d Crosswalk  d Crosswalk  10 Driveway Access lidblock - Marked Crosswalk  11 Shared-Use Path or Trail  22 Non-Trafficway Area  77 Other, Explain in Narrative  88 Unknown  80 adje  st Actions/Circumstances  ar Action  Yield Right-of-Way	Action Prior to Crash  5 Walking/Cycling on Sidewalk 6 In Roadway Other (working, playing, etc.) 7 Adjacent to Raodway (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
2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)  2 Ind 5 In Roadw. 5 In Roadw. 5 In Roadw. 6 Disabled on, pushing	y Improperly (standing, g, playing) g, playing) (ehicle Related (working leaving/approaching) ALCOHOL/DRUG/EMS  Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)	11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown
ALCOHOL USE: 1 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown 1 Tested 1 1 Blood 2 Breath 3 Urine 1 Blood 3 Breath 3 Urine 1 Blood 3 Urine 1 Blood 3 Urine 1 Blood 3 Urin	DRUG USE: 1 PENDING 2 COMPLETED 2 COMPLETED 38 UNKNOWN  DRUG USE: 1 No 2 Yes 88 Unknown 1 Test N 3 Test G 88 Unknown	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS RUN NUMBER  2021-21691	CLEVELAND CLINIC INDIAN RIVR
PERSON # VEHICLE # NAME	ADDITIONAL PASSENGERS  DATE OF BIRTH INJ SEX LOC: S R	O EJECT HU EP ABD RS
PERSON# VEHICLE# NAME	DATE OF BIRTH INJ SEX LOC: 5 R	O EJECI NO EP ADD KS
CURRENT ADDRESS (Number and Street)	CITY STAT	E ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY  1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	R 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	TE ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY  1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	R ID EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO