

FLORIDA TRAFFIC CRASH REPORT

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| WAS DOT PROPERTY INVOLVED IN THIS CRASH? |
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LONG FORM SHORT FORM UPDATE

(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 1

TOTAL # OF PERSON SECTION(S) 1

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 |
| 01/28/2019 | 6:27 AM | 02/06/2019 | 2019000229 | 88645141 |

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"/> | 6:27 AM | 6:28 AM |
| TIME ON SCENE | | TIME CLEARED SCENE | | CHECK IF COMPLETED | REASON (If Investigation NOT Complete) | |
| 6:28 AM | | 11:00 AM | | <input type="checkbox"/> | TRAFFIC HOMICIDE INVESTIGATION | |
| | | | | | | Notified By: 1 Motorist |
| | | | | | | 2 |

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

| | | | | | | | |
|---|-------|---------|---|-----------------------|---------------|-----|----------------------|
| CRASH OCCURRED ON STREET, ROAD, HIGHWAY | | | | 1 AT STREET ADDRESS # | 2 AT LATITUDE | AND | LONGITUDE |
| 20TH ST | | | | 2000 | 27.638621 | | -80.405671 |
| AT FEET | MILES | N S E W | 3 AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY | | | | 4 OR FROM MILEPOST # |
| | | | | | | | |

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|---|---|---|---|
| Road System Identifier 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 | Type of Shoulder 1 Paved 2 Unpaved 3 Curb | Type of Intersection 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection | 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative |
| 9 | 2 | 1 | |

CRASH INFORMATION (CHECK IF PICTURES TAKEN)

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

| | | | | |
|----------------------------------|--|---|--|---|
| First Harmful Event 25 | 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 int Water/Canal 9 Other Collision | Collision 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 18 Other Non-Fixed Object | Collision with 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 | First Harmful Event Location 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown |
| 25 | | | | 2 |

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| First Harmful Event Relation to Junction 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use of Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown | Contributing Circumstances: Road 88 | Contributing Circumstances: Environment 88 |
| 1 | 88 | 88 |

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

WITNESSES

| | | | |
|------|---------|--------------|----------|
| NAME | ADDRESS | CITY & STATE | ZIP CODE |
| | | | |
| NAME | ADDRESS | CITY & STATE | ZIP CODE |
| | | | |
| NAME | ADDRESS | CITY & STATE | ZIP CODE |
| | | | |

NON VEHICLE PROPERTY DAMAGE

| VEH. # | PER # | PROPERTY DAMAGE - OTHER THAN VEH. | EST. AMT. | OWNER'S NAME | (CHECK IF BUSINESS) | ADDRESS | CITY & STATE | ZIP CODE |
|--------|-------|-----------------------------------|-----------|--------------|--------------------------|---------|--------------|----------|
| | | | | | <input type="checkbox"/> | | | |
| | | | | | <input type="checkbox"/> | | | |

1 Vehicle in Transport 1 VEHICLE LICENSE NUMBER [REDACTED] STATE FL REGISTRATION EXPIRES 01/24/2020 Check if Permanent Registration VIN [REDACTED]

Hit and Run 1 No 2 Yes 88 Unknown YEAR 2005 MAKE TOYT MODEL UT STYLE SUV COLOR GOLD - GLD DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown 1 EST. AMOUNT \$2,000.00

INSURANCE COMPANY (DRIVER) PROGRESSIVE SELECT INSURANCE COMPANY INSURANCE POLICY NUMBER 44493150 Towed due to Damage: 1 No 2 Yes 2 VEHICLE REMOVED BY COLLISIONS 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 20TH ST AT EST. SPEED 0 POSTED SPEED 45 TOTAL LANES 3

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 19 Most Damaged Area 19

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 16 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 Other, Explain in Narrative 31 Unknown

Commercial Motor Vehicle Configuration 19 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 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 [REDACTED] 3rd [REDACTED] 4th [REDACTED] [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 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom) Roadway Alignment 3 1 Straight 2 Curve Right 3 Curve Left 88

Vehicle Maneuver Action 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 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.) 77 Other, Explain in Narrative 88 Unknown

Emergency Vehicle Use 1 1 No 2 Yes 88 Unknown Vehicle Defects 88 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

| PERSON # | NAME OF VIOLATOR | FL STATUTE NUMBER | CHARGE | CITATION NUMBER |
|----------|------------------|-------------------|--------|-----------------|
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|---|--|--------------------------------------|--|--|
| 1 Driver 2 Non-Motorist 3 Passenger | VEHICLE # 1 | NAME [REDACTED] | PHONE NUMBER | Check if Recommend Driver Re-exam <input type="checkbox"/> |
| CURRENT ADDRESS (Number and Street) [REDACTED] | | CITY & STATE [REDACTED] | | ZIP CODE [REDACTED] |
| DATE OF BIRTH [REDACTED] | SEX: 1 Male 2 Female 88 Unknown | DRIVERS LICENSE NUMBER [REDACTED] | STATE [REDACTED] | EXPIRES [REDACTED] |
| INJURY SEVERITY (INJ) | | | 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 | 1st Drivers Actions at Time of Crash 26 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 | 3rd [REDACTED] | Condition At Time of Crash 77 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 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 | 2nd [REDACTED] | 4th [REDACTED] | |
| DRIVER VISION OBSTRUCTIONS 77 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 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown | LOCATION: (LOC) SEAT ROW OTHER 88 88 1 | Helmet Use (HU) [REDACTED] 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet | Eye Protection (EP) [REDACTED] 1 Yes 2 No 3 Not Applicable | 6 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 |
| DRIVER OR PASSENGER Ejection (EJECT) 88 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown | Air Bag Deployed 88 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side | 5 Deployed-Other (knee, air bell, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown | | |

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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 [REDACTED] 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 [REDACTED] 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) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 10 None 77 Other, Explain in Narrative 88 Unknown |
| Safety Equipment [REDACTED] 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 [REDACTED] 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 |

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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 [REDACTED] | 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 |
|---|--|---|--|-------------------|--|---|---|--|

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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 [REDACTED] | EMS RUN NUMBER [REDACTED] | MEDICAL FACILITY TRANSPORTED TO [REDACTED] |
|---|-------------------------------------|------------------------------|---|

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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 | | | | |

| | | | | | | | | | | | | | |
|--|-----------|------|-------------------------------------|-----|-----|------------------------------|---|---|---|----|----|-----|----|
| 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 [REDACTED] | | | EMS RUN NUMBER [REDACTED] | | | MEDICAL FACILITY TRANSPORTED TO [REDACTED] | | | | |

CRASH INVESTIGATION PENDING

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 | | | | |
| | | | | | | | | | | | | | |
| 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 |
|----------|------------------|-------------------|--------|-----------------|
| | | | | |
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REPORTING OFFICER

| ID/BADGE # | RANK | OFFICER NAME | DEPARTMENT | TYPE OF DEPT. POLICE DEPARTMENT (PD) |
|------------|------|--------------|----------------------------|---|
| 483 | OFC | SCROGGIN | VERO BEACH POLICE DEPARTME | |

