

# 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) 3  
TOTAL # OF PERSON SECTION(S) 2  
TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE <b>03/12/2017</b>		TIME OF CRASH <b>12:33 AM</b>		DATE OF REPORT <b>3/12/2017</b>		REPORTING AGENCY CASE NUMBER <b>17-001447</b>		HSMV CRASH REPORT NUMBER <b>86986759</b>	
<b>CRASH IDENTIFIERS</b>									
COUNTY CODE <b>42</b>	CITY CODE <b>38</b>	COUNTY OF CRASH <b>MONROE</b>		PLACE OR CITY OF CRASH <b>KEY WEST</b>		CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>		TIME REPORTED <b>12:33 AM</b>	TIME DISPATCHED <b>12:35 AM</b>
TIME ON SCENE <b>12:39 AM</b>		TIME CLEARED SCENE <b>3:00 AM</b>		CHECK IF COMPLETED <input checked="" type="checkbox"/>		REASON (if Investigation NOT Complete)		Notified By: 1 Motorist 2 Law Enforcement <b>2</b>	
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>									
CRASH OCCURRED ON STREET, ROAD, HIGHWAY <b>TRUMAN AVE</b>						AT STREET ADDRESS # <b>1</b>		AT LATITUDE AND LONGITUDE <b>2</b>	
AT FEET <b>75</b>	MILES	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>WONG SONG ALLEY</b>				OR FROM MILEPOST # <b>4</b>		
Road System Identifier <b>2</b> 1 Interstate 2 U.S. 3 State			County <b>3</b> 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative			Type of Shoulder <b>3</b> 1 Paved 2 Unpaved 3 Curb		Type of Intersection <b>1</b> 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									
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/></b>									
Light Condition <b>4</b> 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted		Weather Condition <b>1</b> 5 Dark-Not Lighted 6 Dark-Unknown 77 Other, Explain in Narrative 88 Unknown		Weather Condition <b>1</b> 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative		Roadway Surface Condition <b>1</b> 1 Dry 2 Wet 4 Ice/Frost		School Bus Related <b>1</b> 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	
Manner of Collision/Impact <b>88</b> 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown		First Harmful Event <b>11</b> 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							
First Harmful Event Location <b>1</b> 1 No 2 Yes 88 Unknown		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		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 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier		First Harmful Event Location <b>1</b> 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	
First Harmful Event Relation to Junction <b>1</b> 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related		Contributing Circumstances: Road <b>1</b> 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown		Contributing Circumstances: Road <b>1</b> 1 None 4 Work Zone (construction/ maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps		Contributing Circumstances: Road <b>1</b> 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown		Contributing Circumstances: Environment <b>1</b> 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare	
Work Zone Related <b>1</b> 1 No 2 Yes 88 Unknown		Crash in Work Zone <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 1 No 2 Yes 88 Unknown		Law Enforcement in Work Zone <input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present	
<b>WITNESSES</b>									
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
<b>NON VEHICLE PROPERTY DAMAGE</b>									
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME	(Check if Business)	ADDRESS	CITY & STATE	ZIP CODE	
	<b>2</b>	<b>BICYCLE</b>	<b>\$300</b>	<b>ELISKA LATALOVA</b>		<b>47 7TH AVE KEY WEST, FL 33040</b>			
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME	(Check if Business)	ADDRESS	CITY & STATE	ZIP CODE	



<b>VEHICLE #</b> <span style="border: 1px solid black; padding: 2px;">1</span>		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b> <b>17-001447</b>		<b>HSMV CRASH REPORT NUMBER</b> <b>86986759</b>																					
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle <span style="border: 1px solid black; padding: 2px;">1</span>		<b>VEHICLE LICENSE NUMBER</b>		<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>																					
Hit and Run 1 No 2 Yes 88 Unknown <span style="border: 1px solid black; padding: 2px;">2</span>		<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>STYLE</b>	<b>COLOR</b>	<b>DAMAGE:</b> 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None <span style="border: 1px solid black; padding: 2px;">0</span>																				
<b>INSURANCE COMPANY</b>			<b>INSURANCE POLICY NUMBER</b>		Towed due to Damage: 1 No 2 Yes <span style="border: 1px solid black; padding: 2px;">1</span>	<b>VEHICLE REMOVED BY</b> 1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative																					
<b>NAME OF VEHICLE OWNER (Check if Business)</b> <input type="checkbox"/>				<b>CURRENT ADDRESS</b>		<b>CITY &amp; STATE</b>																					
<b>TRAILER #</b>		<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>																				
<b>TRAILER #</b>		<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>																				
<b>VEHICLE TRAVELING</b>		N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		<b>ON STREET, ROAD, HIGHWAY</b> <b>TRUMAN AVE</b>			<b>AT EST. SPEED</b> <b>30</b>																				
<b>HAZ. MAT. RELEASED</b>		<b>HAZ. MAT. PLACARD</b>		<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>																					
1 No 2 Yes 88 Unknown <span style="border: 1px solid black; padding: 2px;">1</span>		1 No 2 Yes 88 Unknown <span style="border: 1px solid black; padding: 2px;">1</span>																									
<b>MOTOR CARRIER NAME</b>				<b>US DOT NUMBER</b>																							
<b>MOTOR CARRIER ADDRESS</b>				<b>CITY &amp; STATE</b>																							
				<b>ZIP CODE</b>																							
				<b>PHONE NUMBER</b>																							
<b>Vehicle Body Type</b>		<b>Trafficway</b>		<b>Commercial Motor Vehicle Configuration</b>																							
<span style="border: 1px solid black; padding: 2px;">88</span> 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<span style="border: 1px solid black; padding: 2px;">1</span> 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 77 Other, Explain in Narrative 88 Unknown		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 Trailer 8 Tractor/Triples 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																							
<b>Comm/Non-Commercial</b>		<b>Trailer Type</b>		<b>Cargo Body Type</b>																							
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 5 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		<span style="border: 1px solid black; padding: 2px;">1</span> 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																							
<b>Most Harmful Event</b>		<b>Collision with Non-Fixed Object</b>		<b>Collision with a Fixed Object</b>		<b>Emergency Vehicle Use</b>																					
<span style="border: 1px solid black; padding: 2px;">11</span> 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		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		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.)																					
<b>Sequence of Events</b>		<b>Vehicle Maneuver Action</b>		<b>Traffic Control Device For This Vehicle</b>		<b>Vehicle Defects</b>																					
1st <span style="border: 1px solid black; padding: 2px;">11</span> 2nd <span style="border: 1px solid black; padding: 2px;">6</span> 3rd 4th		<span style="border: 1px solid black; padding: 2px;">88</span> 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		<span style="border: 1px solid black; padding: 2px;">1</span> 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		<span style="border: 1px solid black; padding: 2px;">1</span> 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																					
<b>Roadway Grade</b>		<b>Roadway Alignment</b>		<b>Special Function of Motor Vehicle</b>		<b>VIOLATIONS</b>																					
<span style="border: 1px solid black; padding: 2px;">1</span> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<span style="border: 1px solid black; padding: 2px;">1</span> 1 Straight 2 Curve Right 3 Curve Left		<span style="border: 1px solid black; padding: 2px;">88</span> 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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>PERSON #</th> <th>NAME OF VIOLATOR</th> <th>FL STATUTE NUMBER</th> <th>CHARGE</th> <th>CITATION NUMBER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER															
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER																							



<b>VEHICLE #</b> <span style="border: 1px solid black; padding: 2px;">2</span>		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b> <b>17-001447</b>		<b>HSMV CRASH REPORT NUMBER</b> <b>86986759</b>	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		<b>VEHICLE LICENSE NUMBER</b> <b>508MNW</b>	<b>STATE</b> <b>FL</b>	<b>REGISTRATION EXPIRES</b> <b>07/09/2018</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b> <b>3N1CN7AP7CL823957</b>	
<b>Hit and Run</b> 1 No 2 Yes 88 Unknown	<b>YEAR</b> <b>2012</b>	<b>MAKE</b> <b>NISS</b>	<b>MODEL</b> <b>SENTRA</b>	<b>STYLE</b> <b>4D</b>	<b>COLOR</b> <b>GRY</b>	<b>DAMAGE:</b> 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	<b>EST. AMOUNT</b> <b>1,000</b>
<b>INSURANCE COMPANY</b> <b>PROGRESSIVE</b>		<b>INSURANCE POLICY NUMBER</b> <b>756294188</b>		<b>Towed due to Damage:</b> 1 No 2 Yes	<b>VEHICLE REMOVED BY</b> <b>PARKED</b>	<b>1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative</b> <b>77</b>	
<b>NAME OF VEHICLE OWNER (Check if Business)</b> <input type="checkbox"/> <b>BRET L. CHRISTIAN</b>				<b>CURRENT ADDRESS</b> <b>904 TRUMAN AVENUE REAR</b>		<b>CITY &amp; STATE</b> <b>KEY WEST, FL</b>	
				<b>ZIP CODE</b> <b>33040</b>			
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>VEHICLE TRAVELING</b> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> Off-Road Unknown <input type="checkbox"/>		<b>ON STREET, ROAD, HIGHWAY</b> <b>TRUMAN AVE</b>				<b>AT EST. SPEED</b>	<b>POSTED SPEED</b>
						<b>25</b>	<b>2</b>
<b>HAZ. MAT. RELEASED</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. PLACARD</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>	
<b>MOTOR CARRIER NAME</b>				<b>US DOT NUMBER</b>			
<b>MOTOR CARRIER ADDRESS</b>				<b>CITY &amp; STATE</b>			
				<b>ZIP CODE</b>			
				<b>PHONE NUMBER</b>			
<b>Vehicle Body Type</b> <b>1</b> 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<b>15 Low Speed Vehicle</b> 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 77 Other, Explain in Narrative 88 Unknown		<b>Trafficway</b> 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		<b>Commercial Motor Vehicle Configuration</b> 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 Trailer	
<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		<b>8 Pole Trailer</b> 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		<b>Cargo Body Type</b> 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	
<b>Most Harmful Event</b> <b>11</b> 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		<b>Collision with Non-Fixed Object</b> 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		<b>Collision with a Fixed Object</b> 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		<b>Emergency Vehicle Use</b> <b>1</b> 1 No 2 Yes 88 Unknown	
<b>Sequence of Events</b> 1st <b>11</b> 2nd 3rd 4th		<b>Vehicle Maneuver Action</b> 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing		<b>Traffic Control Device For This Vehicle</b> <b>1</b> 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		<b>Vehicle Defects</b> <b>1</b> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train	
<b>Roadway Grade</b> <b>1</b> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> <b>1</b> 1 Straight 2 Curve Right 3 Curve Left		<b>Special Function of Motor Vehicle</b> <b>1</b> 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		<b>9 Ambulance</b> 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus	
				<b>14 Intercity Bus</b> 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown			
<b>VIOLATIONS</b>							
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>		<b>FL STATUTE NUMBER</b>		<b>CHARGE</b>		<b>CITATION NUMBER</b>



<b>VEHICLE #</b> <span style="border: 1px solid black; padding: 2px;">3</span>		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b> <b>17-001447</b>		<b>HSMV CRASH REPORT NUMBER</b> <b>86986759</b>	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		<b>VEHICLE LICENSE NUMBER</b> <b>846PXC</b>		<b>STATE</b> <b>FL</b>		<b>REGISTRATION EXPIRES</b> <b>08/19/2017</b>	
<b>Check if Permanent Registration</b> <input type="checkbox"/>		<b>VIN</b> <b>5TFJU4GN8EX058373</b>					
Hit and Run 1 No 2 Yes 88 Unknown		<b>YEAR</b> <b>2014</b>		<b>MAKE</b> <b>TOYT</b>		<b>MODEL</b> <b>TACOMA</b>	
<b>STYLE</b> <b>PK</b>		<b>COLOR</b> <b>GRY</b>		<b>DAMAGE:</b> 1 Disabling 4 Minor 2 Functional 88 Unknown		<b>EST. AMOUNT</b> <b>200</b>	
<b>INSURANCE COMPANY</b> <b>GEICO GENERAL INSURANCE</b>		<b>INSURANCE POLICY NUMBER</b> <b>4458579390</b>		<b>Towed due to Damage:</b> 1 No 2 Yes		<b>VEHICLE REMOVED BY</b> <b>PARKED</b>	
<b>NAME OF VEHICLE OWNER (Check if Business)</b> <input type="checkbox"/>		<b>CURRENT ADDRESS</b> <b>DANIEL PALADINO ARANA</b>		<b>CITY &amp; STATE</b> <b>KEY WEST, FL</b>		<b>ZIP CODE</b> <b>33040</b>	
<b>TRAILER #</b>		<b>LICENSE NUMBER</b>		<b>STATE</b>		<b>REGISTRATION EXPIRES</b>	
<b>TRAILER #</b>		<b>LICENSE NUMBER</b>		<b>STATE</b>		<b>REGISTRATION EXPIRES</b>	
<b>VEHICLE TRAVELING</b> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		<b>ON STREET, ROAD, HIGHWAY</b> <b>TRUMAN AVE</b>				<b>AT EST. SPEED</b> <b>25</b>	
<b>HAZ. MAT. RELEASED</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. PLACARD</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>	
<b>MOTOR CARRIER NAME</b>		<b>US DOT NUMBER</b>		<b>Area of Initial Impact</b>		<b>Most Damaged Area</b>	
<b>MOTOR CARRIER ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>		<b>PHONE NUMBER</b>	
<b>Vehicle Body Type</b> <span style="border: 1px solid black; padding: 2px;">3</span> 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<b>Trafficway</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted 24 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> <span style="border: 1px solid black; padding: 2px;">1</span> 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 Trailer		<b>Cargo Body Type</b> <span style="border: 1px solid black; padding: 2px;">1</span> 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	
<b>Comm/Non-Commercial</b> <input type="checkbox"/> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		<b>Comm GVWR/GCWR</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 10,000 lbs (4,536kg) 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		<b>Emergency Vehicle Use</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 No 2 Yes 88 Unknown	
<b>Most Harmful Event</b> <span style="border: 1px solid black; padding: 2px;">11</span> 1 Overtake/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		<b>Collision with Non-Fixed Object</b> 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		<b>Collision with a Fixed Object</b> 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		<b>Vehicle Defects</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train	
<b>Sequence of Events</b> 1st <span style="border: 1px solid black; padding: 2px;">11</span> 2nd <span style="border: 1px solid black; padding: 2px;">11</span> 3rd <span style="border: 1px solid black; padding: 2px;">11</span> 4th <span style="border: 1px solid black; padding: 2px;">11</span>		<b>Vehicle Maneuver Action</b> <span style="border: 1px solid black; padding: 2px;">8</span> 1 Straight Ahead 3 Turning Left 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		<b>Traffic Control Device For This Vehicle</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		<b>Vehicle Defects</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train	
<b>Roadway Grade</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 Straight 2 Curve Right 3 Curve Left		<b>Special Function of Motor Vehicle</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		<b>Special Function of Motor Vehicle</b> 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	
<b>VIOLATIONS</b>							
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			



<b>PERSON #</b> 1		<b>REPORTING AGENCY CASE NUMBER</b> 17-001447		<b>HSMV CRASH REPORT NUMBER</b> 86986759	
1 Driver 2 Non-Motorist 3 Passenger	<b>VEHICLE #</b> 1	<b>NAME</b> JON OR JANE DOE17001447			<b>PHONE NUMBER</b>
<b>CURRENT ADDRESS (Number and Street)</b>				<b>CITY &amp; STATE</b>	
<b>DATE OF BIRTH</b>				<b>SEX:</b> 1 Male 2 Female 88 Unknown	<b>DRIVER LICENSE NUMBER</b>
<b>STATE</b>		<b>EXPIRES</b>	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality		
<b>DRIVER</b>					
<b>DL Type</b> 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 F/Oper - Rest 7 None		<b>Required Endorsements</b> 1 Yes 2 No 3 No Req. Endorsement		<b>Drivers Actions at Time of Crash</b>	
88		88		1st 2 2nd 3rd 4th	
<b>Driver Distracted By</b> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		<b>Other Inside the Vehicle</b> 4 Other Inside the Vehicle (Explain in Narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		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 Factor	
<b>Driver Vision Obstructions</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		<b>Condition At Time of Crash</b> 88 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fatigued 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	
<b>DRIVER OR PASSENGER</b>					
<b>Motor Vehicle Seating Position:</b>		<b>LOCATION: SEAT ROW OTHER (LOC)</b> 88 88 88		<b>Helmet Use (HU)</b> 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
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 Enclose 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 88 Unknown		<b>Ejection (EJECT)</b> 1 Not Ejected 2 Ejected - Totally 3 Ejected - Partially 4 Not Applicable 88 Unknown		<b>Air Bag Deployed (ABD)</b> 88 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side	
<b>Non-Motorist Description</b> 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		<b>Non-Motorist Location At Time of Crash</b> 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		<b>Action Prior to Crash</b> 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	
<b>Safety Equipment</b> 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		<b>Non-Motorist Actions/Circumstances</b> 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			
<b>ALCOHOL/DRUG/EMS</b>					
<b>SUSPECTED ALCOHOL USE:</b> 1 No 2 Yes 88 Unknown		<b>ALCOHOL TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		<b>ALCOHOL TEST TYPE:</b> 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	
<b>ALCOHOL TEST RESULT:</b> 1 Pending 2 Completed 88 Unknown		<b>BAC</b>		<b>SUSPECTED DRUG USE:</b> 88	
<b>DRUG TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		<b>DRUG TEST TYPE:</b> 1 Blood 3 Urine 77 Other, Explain in Narrative		<b>DRUG TEST RESULT:</b> 1 Positive 2 Negative 3 Pending 88 Unknown	
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		<b>EMS AGENCY NAME OR ID</b> 1		<b>EMS RUN NUMBER</b>	
				<b>MEDICAL FACILITY TRANSPORTED TO</b>	
<b>ADDITIONAL PASSENGERS</b>					
<b>PERSON #</b>	<b>VEHICLE #</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>INJ</b>	<b>SEX</b>
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			<b>EMS AGENCY NAME OR ID</b>		<b>EMS RUN NUMBER</b>
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<b>PERSON #</b>	<b>VEHICLE #</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>INJ</b>	<b>SEX</b>
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>
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					<b>MEDICAL FACILITY TRANSPORTED TO</b>



<b>PERSON #</b> <span style="border: 1px solid black; padding: 2px;">2</span>		<b>REPORTING AGENCY CASE NUMBER</b> <b>17-001447</b>		<b>HSMV CRASH REPORT NUMBER</b> <b>86986759</b>																								
1 Driver 2 Non-Motorist 3 Passenger		<b>VEHICLE #</b> <span style="border: 1px solid black; padding: 2px;">2</span>	<b>NAME</b> <b>ELISKA LATALOVA</b>		<b>PHONE NUMBER</b> <b>(706) 405-0422</b> Check if Recommended Driver Re-exam <input type="checkbox"/>																							
<b>CURRENT ADDRESS (Number and Street)</b> <b>47 7TH AVE</b>			<b>CITY &amp; STATE</b> <b>KEY WEST, FL</b>		<b>ZIP CODE</b> <b>33040</b>																							
<b>DATE OF BIRTH</b> <b>06/03/1988</b>	<b>SEX:</b> 1 Male 2 Female 88 Unknown	<b>DRIVER LICENSE NUMBER</b> <span style="border: 1px solid black; padding: 2px;">2</span>	<b>STATE</b>	<b>EXPIRES</b>	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality																							
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<b>DL Type</b> 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		<b>Required Endorsements</b> 1 Yes 2 No 3 No Req. Endorsement		<b>Drivers Actions At Time of Crash</b> 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane 14 Ran off Roadway 15 Disregarded other Traffic Sign 16 Disregarded Other Road Markings 17 Over-Correcting/Over-Steering 18 Swerved or Avoided: Due to Wind, Slippery Surface, MV Object, Non-Motorist in Roadway, etc. 19 Operated MV in Erratic, Reckless or Aggressive Manner 20 Other Contributing Factor																								
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		<b>Air Bag Deployed (ABD)</b> 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		<b>Restraint Systems (RS)</b> 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																								
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<b>ADDITIONAL PASSENGERS</b>																												
<b>PERSON #</b>	<b>VEHICLE #</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>INJ</b>	<b>SEX</b>																							
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NARRATIVE				REPORTING AGENCY CASE NUMBER <b>17-001447</b>				HSMV CRASH REPORT NUMBER <b>86986759</b>					
<p>NM-1 is a bicyclist riding eastbound on Truman Ave., after passing through the intersection of Margaret Street. NM-1 was riding along with traffic, as far right as possible, in the travel lane, with front and rear lights illuminated. V-1 / D-1 was also driving eastbound on Truman Ave., passing the intersection of Margaret Street. By the damage and debris field I determined the front right of V-1 struck the rear of NM-1, propelling her against the left side of V-2. NM-1 was propelled east and the front of NM-1 struck the rear of V-3. NM-1 overturned forward, partially ejecting NM-1 off of the bicycle. NM-1 came to final rest in the parking space between V-2 and V-3. NM-1 sustained a large laceration to her head along with multiple abrasions to her body. V-1 / D-1 continued eastbound on Truman Ave., leaving NM-1's shoe in the travel lane.</p> <p>NM-1 was treated at the scene by Key West Fire / Rescue, transported to Lower Keys Medical Center for treatment and later flown to Jackson Memorial Hospital for more advanced treatment.</p> <p>At this time there are no suspects involving this case.</p> <p>Key West Police Traffic Homicide Investigators arrived at the scene for a more thorough investigation. The scene was turned over to the Key West Police THI Team.</p> <p>No witnesses to the crash were available.</p>													
** END **													
<b>ADDITIONAL PASSENGERS</b>													
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							
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<b>ADDITIONAL VIOLATIONS</b>													
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER	CHARGE		CITATION NUMBER							
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER	CHARGE		CITATION NUMBER							
<b>REPORTING OFFICER</b>													
ID/BADGE NUMBER	RANK & NAME			DEPARTMENT				FHP	SO	PD	OTHER		
<b>3272</b>	<b>OFC JESSE YOUNG</b>			<b>Key West Police Department</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

HSMV 90010 S (N/D) (rev 10/10)

DIAGRAM

REPORTING AGENCY CASE NUMBER

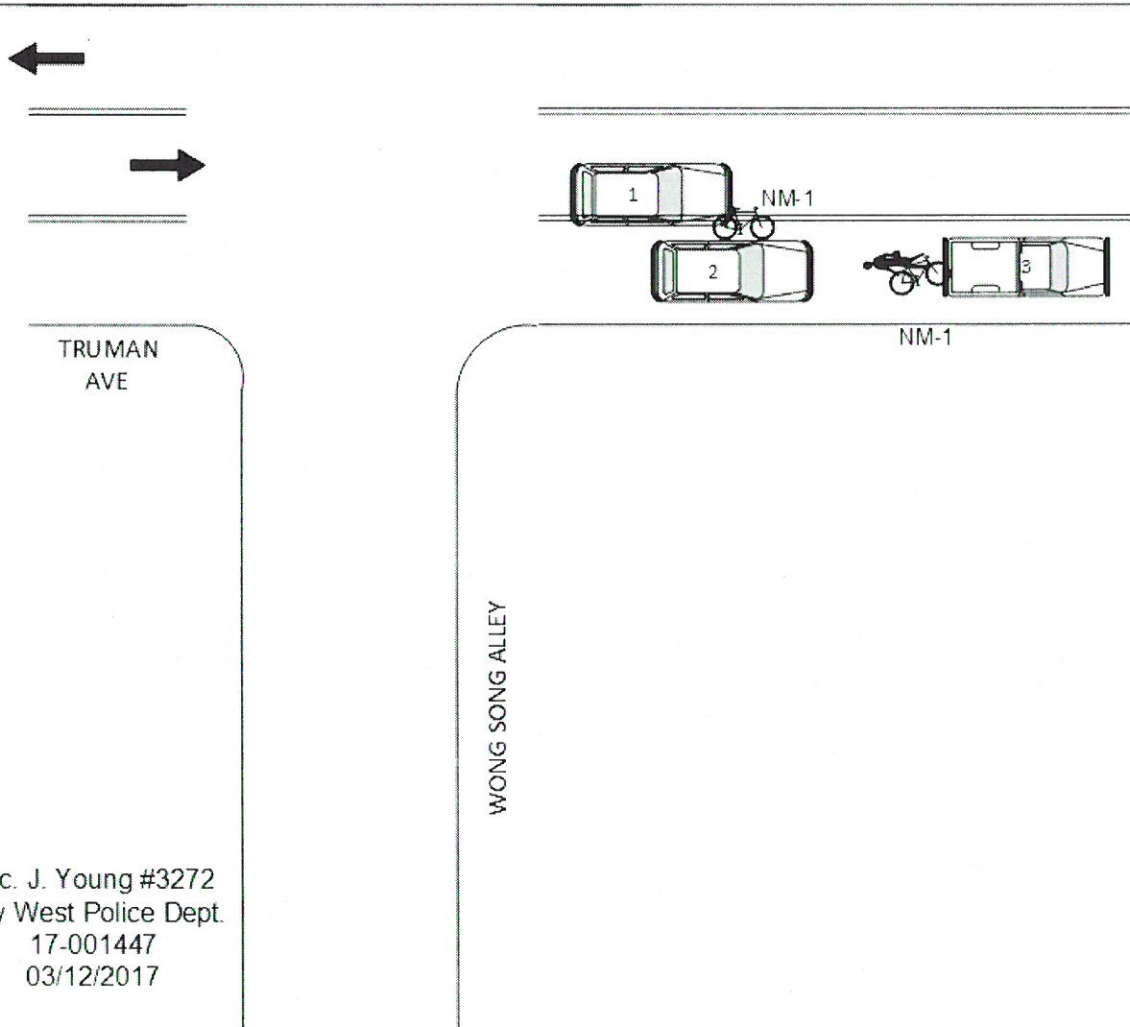
17-001447

HSMV CRASH REPORT NUMBER

86986759



Indicate North



Ofc. J. Young #3272  
Key West Police Dept.  
17-001447  
03/12/2017

Drawing Not To Scale.



# FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☐ SHORT FORM ☐ UPDATE ☒

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

TOTAL # OF VEHICLE SECTION(S) 0  
TOTAL # OF PERSON SECTION(S) 0  
TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE <b>03/12/2017</b>		TIME OF CRASH		DATE OF REPORT <b>05/11/2017</b>		REPORTING AGENCY CASE NUMBER <b>17-001447</b>		HSMV CRASH REPORT NUMBER <b>86986759</b>		
<b>CRASH IDENTIFIERS</b>										
COUNTY CODE <b>42</b>	CITY CODE <b>38</b>	COUNTY OF CRASH			PLACE OR CITY OF CRASH			CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED	TIME DISPATCHED
TIME ON SCENE		TIME CLEARED SCENE		CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (if Investigation NOT Complete)				Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input type="checkbox"/>	
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>										
CRASH OCCURRED ON STREET, ROAD, HIGHWAY						AT STREET ADDRESS # <b>1</b>		AT LATITUDE AND LONGITUDE <b>2</b>		
AT FEET	MILES	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>3</b>					OR FROM MILEPOST # <b>4</b>		
<b>Road System Identifier</b> <input type="checkbox"/> 1 Interstate <input type="checkbox"/> 2 U.S. <input type="checkbox"/> 3 State <input 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			<b>Type of Shoulder</b> <input type="checkbox"/> 1 Paved <input type="checkbox"/> 2 Unpaved <input type="checkbox"/> 3 Curb		<b>Type of Intersection</b> <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					
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/></b>										
<b>Light Condition</b> <input 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 <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<b>Weather Condition</b> <input type="checkbox"/> 4 Fog, Smog, Smoke <input type="checkbox"/> 5 Sleet/Hail <input type="checkbox"/> 6 Freezing Rain <input type="checkbox"/> 6 Blowing Sand, Soil, Dirt <input type="checkbox"/> 7 Severe Crosswinds <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain		<b>Roadway Surface Condition</b> <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 <input type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 4 Ice/Frost		<b>School Bus Related</b> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, School Bus Directly Involved <input type="checkbox"/> 3 Yes, School Bus Indirectly Involved		<b>Manner of Collision/Impact</b> <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 <input type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle		
<b>First Harmful Event</b> <input type="checkbox"/>		<b>Non-Collision</b> <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		<b>Collision Non-Fixed Object</b> <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 Failing, Shifting Cargo <input type="checkbox"/> 18 Other Non-Fixed Object		<b>Collision with Fixed Object</b> <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		<b>First Harmful Event Location</b> <input type="checkbox"/> 1 On Roadway <input type="checkbox"/> 2 Off Roadway <input type="checkbox"/> 3 Shoulder <input type="checkbox"/> 4 Median <input type="checkbox"/> 6 Gore <input type="checkbox"/> 7 Separator <input type="checkbox"/> 8 In Parking Lane or Zone <input type="checkbox"/> 9 Outside Right-of-way <input type="checkbox"/> 10 Roadside <input type="checkbox"/> 88 Unknown		
<b>First Harmful Event within Interchange</b> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<b>First Harmful Event Relation to Junction</b> <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		<b>Contributing Circumstances: Road</b> <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		<b>Contributing Circumstances: Environment</b> <input type="checkbox"/> 1 None <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				
<b>Work Zone Related</b> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<b>Crash in Work Zone</b> <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		<b>Type of Work Zone</b> <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		<b>Workers in Work Zone</b> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<b>Law Enforcement in Work Zone</b> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle Only Present		
<b>WITNESSES</b>										
NAME		ADDRESS		CITY & STATE		ZIP CODE				
NAME		ADDRESS		CITY & STATE		ZIP CODE				
NAME		ADDRESS		CITY & STATE		ZIP CODE				
<b>NON VEHICLE PROPERTY DAMAGE</b>										
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

17-001447

HSMV CRASH REPORT NUMBER

86986759

This investigation is complete. Ofc. Gaufillet and I (Ofc Vazquez) canvassed the surrounding area in an attempt to gain surveillance footage, regarding this crash. We were unsuccessful in gaining footage of the crash, or the suspect vehicle. The victim in this case (Latalova) was struck from behind, and did not see the vehicle that struck her. There are no witnesses in this case. I interviewed the 911 caller, who stated he did not see the crash, he only heard it. The 911 caller was inside his house at the time of impact. I spoke to the victim's significant other, over the following weeks, who kept me informed of the status of Latalova. He also stated that she did not remember the incident. The bicycle the victim was riding was inspected by a number of investigators, including myself. We were unable to find paint transfer on the bicycle. Latalova is expected to make a slow and full recovery.

END OF REPORT.

**\*\*END\*\***

## 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
3467	OFC Billy Vazquez	Key West Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

HSMV 90010 S (N/D) (rev 10/10)





LOCAL

MARCH 12, 2017 11:56 AM

## Key West police seek hit-and-run driver in crash that hurt bicyclist



BY GWEN FILOSA  
[gfilosa@keynoter.com](mailto:gfilosa@keynoter.com)

A hit-and-run driver caused an early morning crash Sunday that sent a 28-year-old bicyclist to the hospital with head injuries, Key West police said. Police on Tuesday were still asking for help in finding the suspect who was driving a white Mazda 3 SUV.

Officers want to speak to a “person of interest” involved in the crash at 12:33 a.m. in the 900 block of Truman Avenue.

The driver struck two parked cars and a bicyclist — Eliška Látalová, of Key West, who by Monday was listed in stable condition and expected to be released from the hospital in the next day or two, said city spokeswoman Alyson Crean.

The white Mazda likely has front-end damage, said Crean, who released a surveillance image of the SUV.

Anyone with information regarding this vehicle and the driver may the Key West Police Department at 305-809-1000 or Crime Stoppers at 1-800-346-TIPS, or visit [www.tipsubmit.com](http://www.tipsubmit.com)

Gwen Filosa: [@KeyWestGwen](https://twitter.com/KeyWestGwen)



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#### COMMENTS

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American  
Red Cross

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