

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

WAS DOT PROPERTY INVOLVED IN THIS CRASH?

TOTAL # OF VEHICLE SECTION(S) 2
TOTAL # OF PERSON SECTION(S) 2
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 06/26/2016	TIME OF CRASH 6:22 AM	DATE OF REPORT 06/26/2016	REPORTING AGENCY CASE NUMBER 16-401154	HSMV CRASH REPORT NUMBER 86534183
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CRASH IDENTIFIERS

COUNTY CODE 38	CITY CODE 42	COUNTY OF CRASH MONROE	PLACE OR CITY OF CRASH KEY WEST	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 6:23 AM	TIME DISPATCHED 6:25 AM
TIME ON SCENE 6:32 AM	TIME CLEARED SCENE 7:05 AM	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)			Notified By: 1 Motorist 2 Law Enforcement 2

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY DUVAL ST		1 AT STREET ADDRESS # 1		2 AT LATITUDE AND LONGITUDE	
AT FEET 100	MILES	N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	3 AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY EATON ST		4 OR FROM MILEPOST #
Road System Identifier 5 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll		Type of Shoulder 1 1 Paved 2 Unpaved 3 Curb		Type of Intersection 1 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection	
7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative		5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative			

CRASH INFORMATION (CHECK IF PICTURES TAKEN)

Light Condition 3 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 1 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 1 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 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact <input type="checkbox"/> 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
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First Harmful Event 15 1 No 2 Yes 88 Unknown	Non-Collision 1 Overtum/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 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
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First Harmful Event Relation to Junction 1 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 1 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps	Contributing Circumstances: Environment 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 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	5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown
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Work Zone Related 1 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
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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 <input type="checkbox"/> (CHECK IF BUSINESS)	ADDRESS	CITY & STATE	ZIP CODE
VEH. #	PER #	PROPERTY DAMAGE - OTHER THAN VEH.	EST. AMT	OWNER'S NAME <input type="checkbox"/> (CHECK IF BUSINESS)	ADDRESS	CITY & STATE	ZIP CODE

1 Vehicle in Transport 1
 2 Parked Motor Vehicle
 3 Working Vehicle
 VEHICLE LICENSE NUMBER CITY240926 STATE FL
 REGISTRATION EXPIRES Check if Permanent Registration VIN 1FTRF12296NA19717
 Hit and Run 1 No 1
 2 Yes
 88 Unknown
 YEAR 2006 MAKE FORD MODEL PICKUP STYLE COLOR WHITE - WHI
 DAMAGE: 1 Disabling 4 Minor 4
 2 Functional 88 Unknown
 3 None EST. AMOUNT \$500.00

INSURANCE COMPANY (DRIVER) PREFERRED GOVERNMENTAL INSURANCE TRUST INSURANCE POLICY NUMBER PXL1044200112-04
 Towed due to Damage: 1 No 2 Yes 1
 VEHICLE REMOVED BY DRIVER
 1. Rotation
 2. Owner Request
 3. Driver
 4. Other, Explain in Narrative 3

NAME OF VEHICLE OWNER (CHECK IF BUSINESS) CITY OF KEY WEST CURRENT ADDRESS 604 SIMONTON STREET CITY & STATE KEY WEST FL ZIP 33040

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

VEHICLE TRAVELING N S E W Off-Road Unknown ON STREET, ROAD, HIGHWAY DUVAL ST AT EST. SPEED 15 POSTED SPEED 25 TOTAL LANES 2

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown
 HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown
 MOTOR CARRIER NAME US DOT NUMBER
 Area of Initial Impact: 13, 15, 16, 17, 18, 19, 20, 21
 Most Damaged Area: 13, 15, 16, 17, 18, 19, 20, 21

MOTOR CARRIER ADDRESS CITY STATE ZIP CODE PHONE NUMBER

Vehicle Body Type 3
 1 Passenger Car
 2 Passenger Van
 3 Pickup
 7 Motor Home
 8 Bus
 11 Motorcycle
 12 Moped
 13 All Terrain Vehicle (ATV)
 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
 Trafficway 1
 1 Two-Way, Not Divided
 2 Two-Way, Not Divided, with a Continuous Left Turn Lane
 3 Two-Way, Divided, Unprotected (painted >4 feet) Median
 4 Two-Way, Divided, Positive Median Barrier
 5 One-Way Trafficway
 88 Unknown
 Commercial Motor Vehicle Configuration
 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials
 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg))
 3 Single-Unit Truck (3 or more axles)
 4 Truck Pulling Trailer(s)
 5 Truck Tractor (bobtail)
 6 Truck Tractor/Semi-Trailer
 7 Truck Tractor/Double Truck
 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
 Cargo Body Type
 1 No Cargo
 2 Bus
 3 Van/Enclosed Box
 4 Hopper
 5 Pole-Trailer
 6 Cargo Tank
 7 Flatbed
 8 Dump
 9 Concrete Mixer
 10 Auto Transport
 11 Garbage/Refuse
 12 Log
 13 Intermodal Container Chassis
 14 Vehicle Towing Another Vehicle
 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard)
 77 Other, Explain in Narrative
 88 Unknown

Most Harmful Event 15
 Non-Collision
 1 Overturn/Rollover
 2 Fire/Explosion
 3 Immersion
 4 Jackknife
 5 Cargo/Equipment Loss or Shift
 6 Fell/Lumped From Motor Vehicle
 7 Thrown or Falling Object
 8 Ran into Water/Canal
 9 Other Non-Collision
 Sequence of Events
 1st 15
 2nd
 3rd
 4th
 [40-46 Sequence of Events only]
 40 equipment Failure (blown tire, brake failure, etc.)
 41 Separation of Units
 42 Ran Off Roadway, Right
 43 Ran Off Roadway, Left
 44 Cross Median
 45 Cross Centerline
 46 Downhill Runaway
 Collision with Non-Fixed Object
 10 Pedestrian
 11 Pedalcycle
 12 Railway Vehicle (train, engine)
 13 Animal
 14 Motor Vehicle in Transport
 15 Parked Motor Vehicle
 16 Work Zone/Maintenance Equipment
 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
 18 Other Non-Fixed Object
 Collision Fixed Object
 19 Impact Attenuator/Crash Cushion
 20 Bridge Overhead Structure
 21 Bridge Pier or Support
 22 Bridge Rail
 23 Culvert
 24 Curb
 25 Ditch
 26 Embankment
 27 Guardrail Face
 28 Guardrail End
 29 Cable Barrier
 30 Concrete Traffic Barrier
 31 Other Traffic Barrier
 32 Tree (standing)
 33 Utility Pole/Light Support
 34 Traffic Sign Support
 35 Traffic Signal Support
 36 Other Post, Pole, or Support
 37 Fence
 38 Mailbox
 39 Other Fixed Object (wall, building, tunnel, etc.)
 Emergency Vehicle Use 1
 1 No
 2 Yes
 88 Unknown

Roadway Grade 1
 1 Level
 2 Hillcrest
 3 Uphill
 4 Downhill
 5 Sag (bottom)
 Roadway Alignment 1
 1 Straight
 2 Curve Right
 3 Curve Left
 Vehicle Maneuver Action 1
 1 Straight Ahead
 3 Turning Left
 4 Backing
 5 Turning Right
 6 Changing Lanes
 8 Parked
 10 Making U-Turn
 11 Overtaking/Passing
 13 Stopped in Traffic
 14 Slowing
 15 Negotiating a Curve
 16 Leaving Traffic Lane
 17 Entering Traffic Lane
 77 Other, Explain in Narrative
 88 Unknown
 Traffic Control Device For This Vehicle 1
 1 No Controls
 4 School Zone Sign/Device
 5 Traffic Control Signal
 6 Stop Sign
 7 Yield Sign
 8 Flashing Signal
 9 Railway Crossing Device
 10 Person (including Flagman, Officer, Guard, etc.)
 77 Other, Explain in Narrative
 88 Unknown
 Vehicle Defects 6
 1 None
 2 Brakes
 3 Tires
 4 Lights (head, signal, tail)
 6 Steering
 7 Wipers
 9 Exhaust System
 10 Body, Doors
 11 Power Train
 12 Suspension
 13 Wheels
 14 Windows/Windshield
 15 Mirrors
 16 Truck Coupling
 17 Trailer Hitch/Safety Chains
 77 Other, Explain in Narrative
 88 Unknown

Special Function of Motor Vehicle 1
 1 No Special Function
 2 Farm Vehicle
 3 Police
 7 Taxi
 8 Military
 9 Ambulance
 10 Fire Truck
 11 Farm Labor Transport
 12 School Bus
 13 Transit/Commuter Bus
 14 Intercity Bus
 15 Charter/Tour Bus
 16 Shuttle Bus
 17 Farm Labor Bus
 88 Unknown

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

PERSON # 1

Reporting Agency Case Number 16-401154

HSMV Crash Report Number 86534183

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1	NAME ORVILLE DOMINIC GARVEY	PHONE NUMBER (305) 809-3759	Check if Recommended Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 229 AMELIA ST APT 2B		KEY WEST	CITY & STATE FL	ZIP CODE 33040

DATE OF BIRTH 10/11/1995	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER G-610-644-95-371-0	STATE FL	EXPIRES 10/11/2023	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
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DL Type 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	Required Endorsements 3 1 Yes 2 No 3 No Req. Endorsement	1st Drivers Actions 1 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	at Time of Crash 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering	3rd 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	Condition At Time of Crash 1 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
Driver Distracted By 1 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		2nd 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane			

DRIVER VISION OBSTRUCTIONS 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative	Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) 3 1 Yes 2 No 3 Not Applicable	Restraint Systems (RS) 3 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative
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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 77 Other Row 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	LOCATION: (LOC) SEAT ROW OTHER 1 1	Ejection (EJECT) 1 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	Air Bag Deployed 2 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side	5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown
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Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist	Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other/4 Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside	Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) (incident response) 9 Working in Trafficway 10 None 77 Other, Explain in Narrative 88 Unknown
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Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown
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SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 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	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	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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NARRATIVE

Reporting Agency Case Number
16-401154

HSMV Crash Report Number
86534183

V1 was traveling north on the 400 block of Duval St. V2 was legally parked on the west side of the 400 block of Duval Street, outside 406 Duval Street, facing south. D1 stated that the steering locked on V1, causing V1 to swerve into the front left corner of V2. The impact caused V2 to be pushed on to the sidewalk. Extensive damage to V2, including the door, the body, the front left tire and possibly the axle were observed. The steering of V1 appeared to be functioning upon further inspection by officers on scene and it was removed by the driver. V2 was immobile and was towed by Arnolds.

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

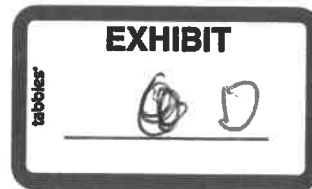
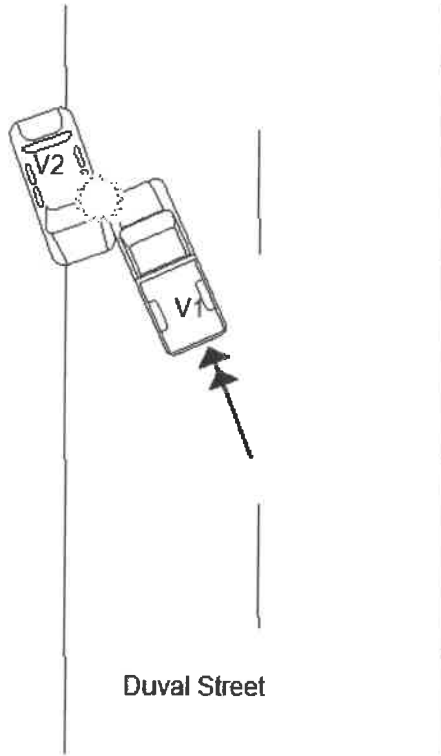
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE # 2609/P28	RANK OFC	OFFICER NAME TODD STEVENS	DEPARTMENT KEY WEST POLICE DEPARTMENT	TYPE OF DEPT. POLICE DEPARTMENT (PD)
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NOT TO SCALE



VEHICLE # 2 Check if Commercial Reporting Agency Case Number 16-401154 HSMV Crash Report Number 86534183

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle 2 VEHICLE LICENSE NUMBER JEFFJA STATE FL REGISTRATION EXPIRES 08/17/2016 Check if Permanent Registration VIN 2B3KA43R58H162268

Hit and Run 1 No 2 Yes 88 Unknown 1 YEAR 2008 MAKE DODG MODEL CHARGER STYLE 4 DOOR SEDAN COLOR GOLD - GLD DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown 1 EST. AMOUNT \$7,000.00

INSURANCE COMPANY (DRIVER) PROGRESSIVE INSURANCE POLICY NUMBER 906592777 Towed due to Damage: 1 No 2 Yes 2 VEHICLE REMOVED BY ARNOLDS TOWING 1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative 1

NAME OF VEHICLE OWNER (CHECK IF BUSINESS) LLOYD VALANDO PECOO CURRENT ADDRESS 4708 11TH AVE S CITY & STATE ST PETERSBURG FL ZIP 33711

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

VEHICLE TRAVELING N S E W Off-Road Unknown ON STREET, ROAD, HIGHWAY DUVAL ST AT EST. SPEED 0 POSTED SPEED 25 TOTAL LANES 2

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown NUMBER CLASS Area of Initial Impact 13 Most Damaged Area 12
MOTOR CARRIER NAME US DOT NUMBER MOTOR CARRIER ADDRESS CITY STATE ZIP CODE PHONE NUMBER

Vehicle Body Type
1 Passenger Car
2 Passenger Van
3 Pickup
7 Motor Home
8 Bus
11 Motorcycle
12 Moped
13 All Terrain Vehicle (ATV)

Trafficway
1 Two-Way, Not Divided
2 Two-Way, Not Divided, with a Continuous Left Turn Lane
3 Two-Way, Divided, Unprotected (painted >4 feet) Median
4 Two-Way, Divided, Positive Median Barrier
5 One-Way Trafficway
88 Unknown

Commercial Motor Vehicle Configuration
1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials
2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg))
3 Single-Unit Truck (3 or more axles)
4 Truck Pulling Trailer(s)
5 Truck Tractor (bobtail)
6 Truck Tractor/Semi-Trailer
7 Truck Tractor/Double Truck
8 Tractor/Triple
9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify
10 Bus/Large van (seats for 9-15 occupants, including driver)
11 Bus (seats for more than 15 occupants, including driver)
77 Other, Explain in Narrative
88 Unknown

Comm/Non-Commercial
1 Interstate Carrier
2 Intrastate Carrier
3 Not in Commerce/Government
4 Not in Commerce/Other Truck

Trailer Type
1 Single Semi Trailer
2 Tandem Semi Trailer
3 Tank Trailer
4 Saddle Mount/Trailer
5 Boat Trailer
6 Utility Trailer
7 House Trailer
8 Pole Trailer
9 Towed Vehicle
10 Auto Transport
77 Other, Explain in Narrative
88 Unknown

Cargo Body Type
1 No Cargo
2 Bus
3 Van/Enclosed Box
4 Hopper
5 Pole-Trailer
6 Cargo Tank
7 Flatbed
8 Dump
9 Concrete Mixer
10 Auto Transport
11 Garbage/Refuse
12 Log
13 Intermodal Container Chassis
14 Vehicle Towing Another Vehicle
15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard)
77 Other, Explain in Narrative
88 Unknown

Most Harmful Event
1 Overturn/Rollover
2 Fire/Explosion
3 Immersion
4 Jackknife
5 Cargo/Equipment Loss or Shift
6 Fell/Jumped From Motor Vehicle
7 Thrown or Falling Object
8 Ran into Water/Canal
9 Other Non-Collision

Comm GVWR/GCWR
1 10,000 lbs (4,536 kg) or less
2 10,001-26,000 lbs (4,536-11,793kg)
3 More than 26,000 lbs (11,793kg)
4 Not Applicable

Collision with Non-Fixed Object
10 Pedestrian
11 Pedalcycle
12 Railway Vehicle (train, engine)
13 Animal
14 Motor Vehicle in Transport
15 Parked Motor Vehicle
16 Work Zone/Maintenance Equipment
17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
18 Other Non-Fixed Object
Collision Fixed Object
19 Impact Attenuator/Crash Cushion
20 Bridge Overhead Structure
21 Bridge Pier or Support
22 Bridge Rail
23 Culvert
24 Curb
25 Ditch
26 Embankment
27 Guardrail Face
28 Guardrail End
Emergency Vehicle Use
1 No
2 Yes
88 Unknown

Sequence of Events
1st 14 2nd 3rd 4th
[40-46 Sequence of Events only]
40 equipment Failure (blown tire, brake failure, etc.)
41 Separation of Units
42 Ran Off Roadway, Right
43 Ran Off Roadway, Left
44 Cross Median
45 Cross Centerline
46 Downhill Runaway

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

Traffic Control Device For This Vehicle
1 No Controls
4 School Zone Sign/Device
5 Traffic Control Signal
6 Stop Sign
7 Yield Sign
8 Flashing Signal
9 Railway Crossing Device
10 Person (including Flagman, Officer, Guard, etc.)
77 Other, Explain in Narrative
88 Unknown
Vehicle Defects
1 None
2 Brakes
3 Tires
4 Lights (head, signal, tail)
6 Steering
7 Wipers
9 Exhaust System
10 Body, Doors
11 Power Train
12 Suspension
13 Wheels
14 Windows/Windshield
15 Mirrors
16 Truck Coupling
Trailer Hitch/Safety Chains
77 Other, Explain in Narrative
88 Unknown

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

Special Function of Motor Vehicle
1 No Special Function
2 Farm Vehicle
3 Police
7 Taxi
8 Military
9 Ambulance
10 Fire Truck
11 Farm Labor Transport
12 School Bus
13 Transit/Commuter Bus
14 Intercity Bus
15 Charter/Tour Bus
16 Shuttle Bus
17 Farm Labor Bus
88 Unknown

VIOLATIONS

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

PERSON # 2

Reporting Agency Case Number 16-401154

HSMV Crash Report Number 86534183

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1 2	NAME LLOYD VALANDO PECOO	PHONE NUMBER (813) 704-7179	Check if Recommended Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 4708 11TH AVE S		CITY & STATE ST PETERSBURG FL	ZIP CODE 33711	
DATE OF BIRTH 08/17/1957	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER P-200-538-57-297-0	STATE FL	EXPIRES 08/17/2017
INJURY SEVERITY (INJ)			4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	

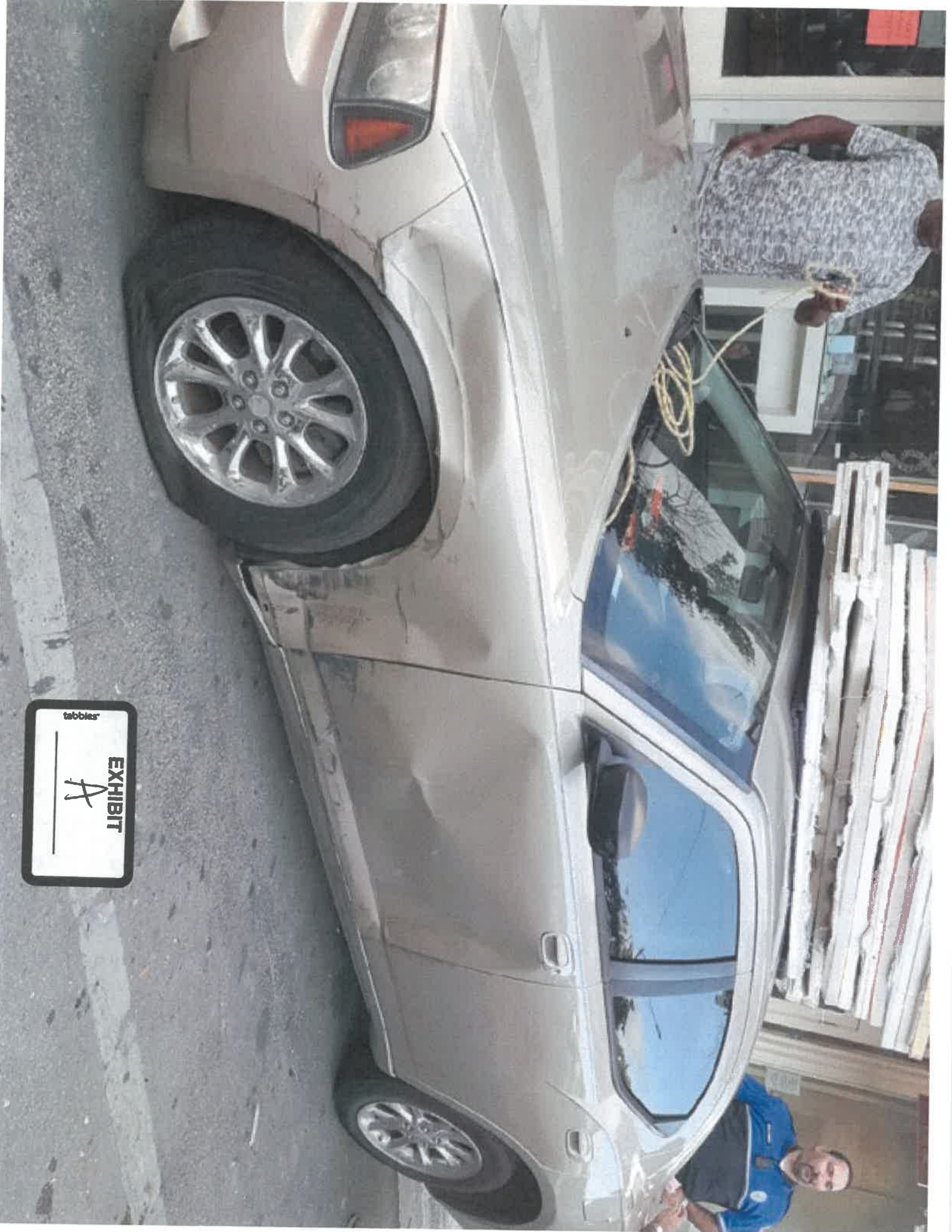
DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	Required Endorsements 1 Yes 2 No 3 No Req. Endorsement	1st 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn	Drivers Actions 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	at Time of Crash 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	3rd Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		4th	

DRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative	Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) 1 Yes 2 No 3 Not Applicable	Restraint Systems (RS) 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 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 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown			Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	Air Bag Deployed 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	

Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist	Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN	BAC 1 No 2 Yes 88 Unknown	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO				

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



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