0310982 17CT18593 3650

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | N

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 17-138659

Charge Type: Check as many as apply — ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☑ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 | 1. Yes 2. No: NONE

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
SOUTH SR7 & ATLANTIC AVENUE DELRAY BEACH, 33446	SOUTH SR7 & ATLANTIC AVENUE DELRAY BEACH, 33446

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/13/17	00:12					BIG CITY TOWING

DEFENDANT

Name (Last, First, Middle): ARAUJO, ALFREDO, ANTONIO — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian, B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	08/21/84	5'7"	170	BRW	BRW	MED	SMALL

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): LEFT ARM: "LOYALTY"

Marital Status: MARRIED — Religion: CHRISTIAN

Indication of: Alcohol Influence ☑ Y ☐ N ☐ Unk. — Drug Influence ☐ Y ☐ N ☑ Unk.

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
130 SEVILLE ROAD	WEST PALM BEACH,	FL	33405	(561) 801-4556	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
				( )	VERBAL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				( )	CONSTRUCTION

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
A620-001-84-301-0; FL	[redacted]		PALM BEACH GARDENS, FL	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth		
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth		
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: — Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

Notified by: (Name)	Date	Time	Juvenile Disposition
			1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name)	Relationship	Date	Time

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/ Distribute, M. Manufacture/ Produce/ Cultivate, Z. Other

Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/ Equipment, S. Synthetics, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI with PROPERTY DAMAGE	1	☐ Y ☑ N	316.193(3)(c)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	NONE	17-138659		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

OCT 13 AM 4:47

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount I Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406

Court Date and Time: Month NOVEMBER Day 9th Year 2017 Time 08:30 AM ✓ PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS **NOTICE TO APPEAR**, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent / Custodian) — Date Signed 10/13/17

ADMIN

HOLD for other Agency Name: — Signature of Arresting Officer: X Inv. Schaefer #8777

Name Verification (Printed by Arrestee): (PRINT) ALFREDO ARAUJO

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: — Name of Arresting Officer (Print): INV. J SCHAEFER — I.D. #: 8777

Intake Deputy: Spann 8101 — I.D. # — Pouch # — Transporting Officer: INV. J. SCHAEFER — ID #: 8777 — Agency: PBSO

Witness here if subject signed with an -"X" — PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - ARRESTING AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias: 1 | Juvenile:

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 17-138659

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Special Notes: Supplemental P/C

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ARAUJO ALFREDO, A		W	M	08/21/1984

CHARGES

Charge Description: DRIVING UNDER THE INFLUENCE

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA			

Local Address (Street, Apt Number) (City) (State) (Zip): | Phone: ( ) | Address Source: VICTIM

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( ) | Occupation: GOVERNMENT

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law
The Person taken into custody

☒ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☒ was observed by D/S V. Rivera who told D/S J. Schaefer that he/she saw the arrested person commit the below acts.
was found to have committed the below acts, resulting from my (described) investigation.

On the 12 day of October 20 17 at 10;55 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

I was dispatched to Delray Market Place located at 14851 Lyons Road, in the unincorporated area of Delray Beach, in reference to two people passed out in a Silver in color, Honda, Truck, bearing Fl. tag 87ENX and the vehicle engine was on. The complainant reported the vehicle was just leave the area as it struck the curb in the parking lot and proceeded to head west bound onto West Atlantic Avenue.

While en route to the location dispatch reported another witness Richard M Berrie who was in the area of W. Atlantic Ave and State Road 07 advised he just witnessed the vehicle stopped just east of State Rd 07 on W. Atlantic Ave. with both the driver and passenger where passed out. Berrie stated he a U turn and at this time the vehicle coasted into the swaile and collided with the guard rail with its right front bumper area. Berrie stated he maintained a visual of the vehicle and observed no movements from the occupants until our arrival.

I approached the vehicle and observed the engine was still on with a white male who was later positively identified as Alfredo A Araujo behind the drivers seat passed out. The car stereo appeared to be at maximum level providing a loud bass while playing its music. Due to the position of the down hill swaile which was saturated with water I was able to open the right front passenger door, reach in turn off the car stereo, turn off the vehicle, and removed the ignition keys from the ignition.

Fire Rescue arrived on scene and awakened Araujo on his own accord. I observed Araujo appeared to be disoriented and was having difficulty maintaining his balance as Fire Rescue assisted Araujo to the gurney and transported them both to to Bethesda Hospital West via Palm Beach County Fire Rescue.

Nothing further

Note ; PBSO Crash report case number 17-138645

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of October 20 17 by D/S Vidal Rivera 8424

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced personally known

Notary Public, Clerk of Court, Officer (P.S.S). 11 7 10)

SCANNED
OCT 13 2017

PAGE ___ OF ___

DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO #0004A REV. 03/10

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF OCTOBER 20 17, AT 22:50 AM ✓ PM

SUBJECT: ARAUJO, ALFREDO, ANTONIO CASE NUMBER: 17-138659

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER #8777

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On the above date at approximately 22:59hrs, I was dispatched to the scene of a motor vehicle crash without injuries near the intersection of South State Road 7 & Atlantic Avenue, which is located in unincorporated Delray Beach, Palm Beach County, Florida.

I arrived at the scene at approximately 23:16hrs. After my independent crash investigation and based on physical evidence, I determined that, at approximately 22:56hrs, the defendant, "ALFREDO ANTONIO ARAUJO's" vehicle, did leave the roadway, continue into the swale, and finally crashed into a guard rail. (See PBSO crash case #17-138645)

D/S Vidal Rivera #8424 relayed to me that "ARAUJO" had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation. D/S Rivera provided me with a written sworn supplemental Probable Cause Affidavit.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida driver license as "ALFREDO ANTONIO ARAUJO", I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to Araujo. Araujo had glassy, glazed, and blood shot eyes. Araujo's speech was slurred, slow, thick, and at times difficult to understand. Araujo's movements were slow, deliberate, and lethargic with poor coordination. Araujo was having difficulties following directions given to him. Araujo was wearing a black t-shirt, gray jeans, and boots. All the clothing appeared neat and clean.

DRIVER'S STATEMENTS:

Pre-Miranda: none

Post Miranda at the hospital: Araujo stated he made a big mistake and this was the worst night of his life. Araujo consented to breath and elected not to participate in the Q&A interview.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and face area which intensified as I spoke to Araujo.

GENERAL OBSERVATIONS

SPEECH: **Araujo 's speech was slurred, slow, and thick, and at times difficult to understand.**

ATTITUDE: **sleepy, polite, cooperative, pleading, emotional**

CLOTHING: **black shirt / gray jeans / boots**

MEDICAL/OTHER: **none stated**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER #8777 Inv. J. Schaefer #8777
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of OCTOBER 20 17 by INV. J SCHAEFER #8777

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN

S. O'Neal
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 95[illegible]
My Comm. Expires Jun[illegible]
Bonded through National [illegible]

SCANNED
OCT 13 2017

SUBJECT: ARAUJO, ALFREDO, ANTONIO **CASE NUMBER** 17-138659

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- ☑ LT EYE-LACK OF SMOOTH PURSUIT
- ☑ RT EYE-LACK OF SMOOTH PURSUIT
- ☑ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☑ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☑ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☑ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

While seated on a hospital gurney , I performed HGN with Araujo. He did not touch the tip of the pen as directed to positively identify the point to be tracked. Araujo was reminded numerous times to track the pen with his eyes only. He failed to keep his head still while tracking the stimulus. Araujo had VGN but did not have LOC.

WALK & TURN:

Once released from Bethesda Hospital West, I asked Araujo to perform the SFST's and he declined to participate.

ONE LEG STAND:

DECLINED TO PARTICIPATE

FINGER TO NOSE:

DECLINED TO PARTICIPATE

ROMBERG ALPHABET:

DECLINED TO PARTICIPATE

BREATH TEST RESULTS: 1) .222 | 2) .228 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER #8777 Inv. J Schaefer #8777
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of OCTOBER 20 17 by INV. J SCHAEFER #8777

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN

S. O'Neal
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 9[illegible]
My Comm. Expires [illegible]
Bonded through National [illegible]

SCANNED
OCT 13 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO I[illegible] Schaefer #8777

SUBJECT: Araujo, Alfredo A.

CASE NUMBER: 17-1[illegible]

DATE: 10-12-17

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0124 hrs

ENDING TIME: 0134 hrs

BREATH TESTS RESULTS: 1) .222 TIME 01[illegible] (A.M.)/P.M. 2) .228 TIME 01[illegible] (A.M.)/P.M.

3) ______ TIME ______ A.M./P.M. 4) ______ TIME ______ A.M./P.M.

BREATH OPERATOR: S. O'Neal #[illegible]

MAINTENANCE TECHNICIAN: [illegible] J. [illegible] #[illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: Calm, Cooperative, Emotional, Upset

CLOTHING: Shirt: Black Lower: Gray Work Jeans

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes: Very Red & Glossy/Watery from crying

Odor of unknown alcoholic beverage. #8777

COMMENTS: 20 min. observation done by A/O Schaefer

A/O requested the breath test.

D submitted to the breath request.

D completed the test correctly.

C/W read on camera.

D refused Q&A.

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Araujo, Nathan A. CASE NUMBER: 17-138659

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) READ ON VIDEO

SUBJECT: Araujo, Alfredo A. CASE NUMBER: 17-132659

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WITNESS LIST

CASE NUMBER: 17-138659

ARRESTING OFFICER: INV. J. SCHAEFER #8777
ADDRESS: 3228 GUN CLUB ROAD WPB, FL 33406
PHONE NUMBERS (HOME): ______ (WORK) (561)681-4500
CAN TESTIFY TO: SEE OFFENSE REPORT

NAME: D/S VIDAL RIVERA #8424 (DISTRICT 4)
ADDRESS: 3228 GUN CLUB ROAD WPB, FL 33406
PHONE NUMBERS (HOME) ______ (WORK) (561) 688-3000
CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CAUSE AFFIDAVIT

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
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NAME: ______
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NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

FLORIDA TRAFFIC CRASH REPORT

LONG FORM [X] SHORT FORM [■] (Shaded Areas) UPDATE [ ]

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

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

CRASH IDENTIFIERS

TIME REPORTED	TIME DISPATCHED
10:58 PM	10:58 PM

TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED	REASON (If Investigation NOT Complete)	Notified By: 1 Motorist 2 Law Enforcement
10:59 PM	12:39 AM	[X]		2

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

[■] [■] [X] [■]

Road System Identifier: 4 — 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 — 1 Paved, 2 Unpaved, 3 Curb

Type of Intersection: 1 — 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

CRASH INFORMATION (CHECK IF PICTURES TAKEN) [ ]

Light Condition: 4 — 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 — 1 Clear, 2 Cloudy, 3 Rain, 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: 2 — 1 Dry, 2 Wet, 4 Ice/Frost, 5 Oil, 6 Mud, Dirt, Gravel, 7 Sand, 8 Water (standing/moving), 77 Other, Explain in Narrative, 88 Unknown

School Bus Related: 1 — 1 No, 2 Yes, School Bus Directly Involved, 3 Yes, School Bus Indirectly Involved

Manner of Collision/Impact: 3 — 1 Front to Rear, 2 Front to Front, 3 Angle, 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: 14

First Harmful Event within Interchange: 1 — 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, 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.)

First Harmful Event Location: 2 — 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: 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 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, 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: 1 — 1 None, 2 Weather Conditions, 3 Physical Obstruction(s), 4 Glare, 5 Animal(s) in Roadway, 77 Other, Explain in Narrative, 88 Unknown

Work Zone Related: 1 — 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

WITNESSES

NON VEHICLE PROPERTY DAMAGE

VEHICLE # 1 | Check if Commercial

1 Vehicle in Transport
2 Parked Motor Vehicle
3 Working Vehicle: 1

REGISTRATION EXPIRES: 08/21/2018 | Check if Permanent Registration:

Hit and Run
1 No
2 Yes
88 Unknown: 1

COLOR: TAN TAN

DAMAGE:
1 Disabling 4 Minor
2 Functional 88 Unknown
3 None: 2

EST. AMOUNT: 2000

Towed due to Damage: 1 No 2 Yes: 2

VEHICLE REMOVED BY: CITY TOWING

1. Rotation
2. Owner Request
3. Driver: 1
4. Other, Explain in Narrative

REGISTRATION EXPIRES	Check if Permanent Registration	YEAR	MAKE	LENGTH	AXLES
REGISTRATION EXPIRES	Check if Permanent Registration	YEAR	MAKE	LENGTH	AXLES

VEHICLE TRAVELING: N ☐ S ☐ E ☒ W ☐ Off-Road ☐ Unknown ☐

ON STREET, ROAD, HIGHWAY: WEST ATLANTIC AVENUE

AT EST. SPEED	POSTED SPEED	TOTAL LANES
05	45	01

HAZ. MAT. RELEASED
1 No
2 Yes
88 Unknown: 1

HAZ. MAT. PLACARD
1 No
2 Yes
88 Unknown:

HAZ. MAT. NUMBER:

HAZ. MAT. CLASS:

Area of Initial Impact / Most Damaged Area

MOTOR CARRIER NAME:

US DOT NUMBER:

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

3

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

TRAILER 1 TRAILER 2

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 (4,536kg) or less not displaying HM placard)
77 Other, Explain in Narrative
88 Unknown

Comm GVWR/GCWR

1 10,000 lbs (4,536 kg) 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

Most Harmful Event

14

Non-Collision

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

[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

Sequence of Events

1st: 2nd: 3rd: 4th:

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

16

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.)
13 Warning Sign
77 Other, Explain in Narrative
88 Unknown

Vehicle Defects

1

1 None
2 Brakes
3 Tires
4 Lights (head, signal, tail)
6 Steering
7 Wipers
9 Exhaust System
10 Body, Doors
11 Power Train
12 Suspension
13 Wheels
14 Windows/ Windshield
15 Mirrors
16 Truck Coupling/ 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

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 # 1

1 Driver
2 Non-Motorist
3 Passenger
[1]

PHONE NUMBER: (561)319-1040

Check if Recommend Driver Re-exam: [ ]

SEX
1 Male
2 Female
88 Unknown
[1]

EXPIRES: 08/21/2020

INJURY SEVERITY (INJ)
1 None
2 Possible
3 Non-Incapacitating
4 Incapacitating
5 Fatal (within 30 days)
6 Non-Traffic Fatality
[ ]

DRIVER

DL Type
[5]
1 A 2 B 3 C
4 D/Chauffeur
5 E/Operator
6 E/Oper - Rest
7 None

Required Endorsements
[2]
1 Yes
2 No
3 No Req. Endorsement

Driver's Actions at Time of Crash
1st: [26]
2nd: [77]
3rd: [ ]
4th: [ ]
1 No Contributing Action
2 Operated MV in Careless or Negligent Manner
3 Failed to Yield Right-of- Way
4 Improper Backing
6 Improper Turn
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 or Wrong Way
25 Failed to Keep in Proper Lane
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

Condition At Time of Crash
[7]
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
[4]
1 Not Distracted
2 Electronic Communication Devices (cell phone, etc.)
3 Other Electronic Device (navigation device, DVD player)
4 Other Inside the Vehicle (explain in narrative)
5 External Distraction (outside the vehicle, explain in narrative)
6 Texting
7 Inattentive
88 Unknown

Driver Vision Obstructions
[1]
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

DRIVER OR PASSENGER

Helmet Use (HU)
[3]
1 DOT-Compliant Motorcycle Helmet
2 Other Helmet
3 No Helmet

Eye Protection (EP)
[2]
1 Yes
2 No
3 Not Applicable

Restraint Systems (RS)
[2]
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

DRIVER OR PASSENGER

Motor Vehicle Seating Position:
LOCATION (LOC): SEAT [1] ROW [1] OTHER [1]

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	6 Riding on Motor Vehicle Exterior (non-trailing unit)
		88 Unknown

Ejection (EJECT)
[1]
1 Not Ejected
2 Ejected, Totally
3 Ejected, Partially
4 Not Applicable
88 Unknown

Air Bag Deployed (ABD)
[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

NON-MOTORIST

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
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
1st: [ ]
2nd: [ ]
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

ALCOHOL/DRUG/EMS

SUSPECTED ALCOHOL USE:	ALCOHOL TESTED:	ALCOHOL TEST TYPE:	ALCOHOL TEST RESULT:	BAC	SUSPECTED DRUG USE:	DRUG TESTED:	DRUG TEST TYPE:	DRUG TEST RESULT:
1 No 2 Yes 88 Unknown [2]	1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested [3]	1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative [2]	1 Pending 2 Completed 88 Unknown [2]	.228	1 No 2 Yes 88 Unknown [88]	1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested [ ]	1 Blood 2 Urine 3 Other, Explain in Narrative [ ]	1 Positive 2 Negative 3 Pending 88 Unknown [ ]

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown [77]	PALM BEACG COUNTY FIRE 245	17110565	BETHESDA HOSPITAL WEST

ADDITIONAL PASSENGERS

INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
1	2	3	1	1	1	3	2	2	2

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown [2]	PLM BEACH FIRE RESCUE 245	170110565	BETHESDA HOSPITAL WEST

INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown [ ]			

NARRATIVE

VEHICLE 01 OF SECTION 01 WAS STATIONARY FACING EAST BOUND ON WEST ATLANTIC AVENUE OCCUPYING THE SINGLE LANE ROADWAY. VEHICLE 01 PROCEEDED EASTBOUND AND COASTED INTO THE SWAILE / DITCH AND COLLIDED WITH THE GUARD RAIL WITH ITS RIGHT FRONT BUMPER AREA.

NOTHING FURTHER

ADDITIONAL PASSENGERS

INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

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

INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

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

ADDITIONAL VIOLATIONS

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

REPORTING OFFICER

DIAGRAM