

17CT22072A XXXNF

*[Handwritten mark]*

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A		3. Request for Warrant 4. Request for Capias		1	JUVENILE	
	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5 4 17-005864</b>								
D E F E N D A N T	Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <b>NONE</b>		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) <b>DONALD ROSS RD/INTERSTATE 95</b>				Location of Offense (Business Name, Address) <b>5948 DONALD ROSS RD/INTERSTATE 95, PBSO, FL 33418</b>								
D E F E N D A N T	Date of Arrest <b>12/08/2017</b>	Time of Arrest <b>21:54</b>	Booking Date <b>12/08/2017</b>	Booking Time <b>22:38</b>	Jail Date	Jail Time	Location of Vehicle						
	Name (Last, First, Middle) <b>DIAZ, BRITTANY LYNNE</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)								
D E F E N D A N T	Race W - White P - Black	Sex <b>F</b>	Date of Birth <b>09/05/1986</b>	Height <b>5'07</b>	Weight <b>125</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>M</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>				
D E F E N D A N T	Local Address (Street, Apt. Number) <b>700 FLORIDA ST, ORLANDO, FL 32806</b>		(City)	(State)	(Zip)	Phone <b>(407) 595-3560</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		3			
	Permanent Address (Street, Apt. Number) <b>700 FLORIDA ST, ORLANDO, FL 32806</b>		(City)	(State)	(Zip)	Phone <b>(407) 595-3560</b>		Address Source <b>SPOKEN</b>					
D E F E N D A N T	Business Address (Name, Street) <b>SEAGATE,</b>		(City)	(State)	(Zip)	Phone		Occupation <b>Sales Manager</b>					
	DL Number, State <b>D200072868250 / FL</b>		Soc. Sec. Number	ID# Number		Place of Birth (City, State) <b>ORLANDO, FL</b>		Citizenship <b>US</b>					
C O D E F	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile		
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile		
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)				Residence Phone						
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone			
J U V E N I L E	Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated								
	Released To (Name)		Relationship	Date	Time								
C O D E	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended								
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No		Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property <b>DEEP SCRATCH DAMAGE TO V2</b>		Value of Property <b>\$500</b>							
C O D E	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv	P. Paracetamol/ Equipment	Q. Unknown R. Other		
	Charge Description <b>ACCIDENT - W/ PROPERTY DAMAGE, LEAVING THE SCENE</b>						Statute Violation Number <b>316.061(1)</b>	Violation of ORD #					
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond				
	<b>N</b>	<b>/</b>	<b>/</b>	<b>17-005864</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
C H A R G E	Charge Description						Statute Violation Number	Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond				
C H A R G E	Charge Description						Statute Violation Number	Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond				
I N T A K E	Health / Apparent Physical Condition of Defendant				Any knowledge of the following Explain				<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries				
	Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> In County Jail		PROPERTY - Received By		Released By		Released To		
N O T I C E T O A P P E A R	Transported By				Date Transported	Time Transported	Other						
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>01/10/2018 08:30:00</b>		No Photo Available				
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					
A D M I N	HOLD for Other Agency		Signature of Agency Representative		Name Verification (Printed by Arrestee)								
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>CONNOR, CHRISTOPHER</b>		I.D. # <b>1173</b>		(PRINT)		PAGE		
Intake Deputy		I.D. #	Pouch #	Transporting Officer <b>C. CONNOR</b>		I.D. # <b>350</b>	Agency <b>JUPITE</b>	Witness here if subject signed with an "X".		1 OF 1			

STATEMENT

JUPITER POLICE DEPARTMENT

210 MILITARY TRAIL  
JUPITER, FL 33458

CASE NO. 17-005884
DATE: 12/8/17
TIME: 2200

I Matthew Benz (name) 2/13/84 (date of birth) 352-359-4797 (home phone)  (work/cell phone)

reside at 155 Greenwich Circle (address) Jupiter (city) FL (state) 33458 (zip)

do hereby make the following voluntary statement to Ofc. Connor (law enforcement official) who has been identified

to me as a Jupiter Police Officer. I make this statement without having received any reward, nor have I been made an offer of reward for making this statement. No threats, force or promises have been made to induce me to make this statement.

<input checked="" type="checkbox"/> 1. Witness Statement <input type="checkbox"/> 2. Suspect/Defendant Statement <input type="checkbox"/> 3. Intelligence Report <input type="checkbox"/> 4. Continuation	<ol style="list-style-type: none"> <li>I have the right to remain silent and not answer any questions.</li> <li>Any statement that I make must be freely and voluntarily given.</li> <li>I have the right to the presence of a lawyer of my choice before I make any statement during my questioning.</li> <li>If I cannot afford a lawyer, I am entitled to the presence of a court appointed lawyer before I make any statement and during my questioning.</li> <li>If at any time during the interview I do not wish to answer any questions, I am privileged to remain silent.</li> <li>No threats or promises will be made to induce me to make a statement. This statement must be of my own free will.</li> <li>Any statement can be and will be used against me in a court of law.</li> </ol> <p>I have read and understand the aforementioned Constitutional Rights</p> <p>Signature: _____</p>
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At 7:25pm this evening, Friday December 8<sup>th</sup>, I witnessed a white female driving a dark grey Jeep Grand Cherokee back into a black Ford F-150 Platinum truck. She had dark brown/black hair and was the only person I could see in the car and was the driver. When I was walking I witnessed her back into the right rear corner of the truck, and paused after hitting the truck for at least 30 seconds, before pulling her SUV away from being against the back of the truck. She then paused again, as I believe she noticed me staring towards what had happened and saw her hit the truck. I waited to see if she would get out of her SUV and she did not. I got into my car to see if she would drive past so that I could get her tag, and she waited longer until I backed away. I made a loop through the parking lot in front of Publix, and got her license plate of GYM-E18. Officer Connor called me after I had left a note on the truck asking me to come back and provide my statement. In addition he drove me to another crash down the road, and saw it was the same Jeep. I was able to identify the lady as the same lady I saw pulling away from the hit & run.

I certify that to the best of my knowledge and belief, all of the statements contained herein are true, correct and made in good faith. Signature: Matthew Benz

Sworn before me on this date: 12/8/17 Officer: C. Connor I.D. 30 Notary Ofc. Page  of

17CT 2022 AXXXNF

### RECEIPT FOR PRISONER'S PERSONAL PROPERTY PALM BEACH COUNTY

**JAIL** Jacket # 0493993 Cell # \_\_\_\_\_ Pouch # 199

Arrest Agency Jupia PD Arrest Date 12/17 Arrest Time 2:52 Tamper-Proof Bag # 0648811

Print Prisoner's Doy LAST NAME Billings FIRST NAME L MI

Prisoner's 9/5/86 DATE OF BIRTH 574 70 4611 SOCIAL SECURITY NUMBER  MALE  FEMALE  WHITE  BLACK  HISPANIC  OTHER

1's	5's	10's	20's	50's	100's	Other	U.S. Bills Total	U.S. Coin Total	Check/M.O. Total
0	0	0	0	0	0	0	\$ 6.00	\$ 0.00	\$ 6.00

Total Amount of Money in Writing: Zero Dollars + Zero Cents Total Amount of Money Numerical: \$ 0.00

**ARRESTING AGENCY**

DESCRIPTION OF PERSONAL PROPERTY	BAG 1 OF 1 - BULK PROPERTY - BAG 2 OF
1. <u>Green jacket</u>	1.
2. <u>white ring</u>	2.
3. <u>yellow necktie w/ blue emblem</u>	3.
4. <u>PC ID</u>	4.
5. <u>white cell phone</u>	5.
6. <u>yellow baseball w/ blue emblem</u>	6.
7.	7.
8.	
9.	
10.	
11.	

**PRISONER IS WEARING**

- orange t-shirt
- blue jean pants
- spiked shoes (toe caps)

By my signature, I acknowledge that the above-described property is all the property, other than that held as evidence, in my possession at the time of my arrest.

SIGNATURE OF PRISONER: [Signature] PRINT NAME OF OFFICIAL TAKING PROPERTY: C. C. [Signature] ID #: \_\_\_\_\_ SIGNATURE: [Signature]

**TRANSPORT**

#### CHAIN OF CUSTODY

I certify the above inventory is correct and I have received all items listed above.

Name	ID Number	Agency	Date
1. <u>C. W. [Signature]</u>	<u>6052</u>	<u>PRSO</u>	<u>12-17</u>
2.			
3.			

**INTAKE**

Shower/Uniform Issuance. D/S Print Name and ID #:

Items retained by inmate	Additional property/clothing placed into Property

**RELEASE**

By my signature, I acknowledge receipt of all my listed property and money in the amount of:

Check Total \$ \_\_\_\_\_ Cash Total \$ \_\_\_\_\_

SIGNATURE OF PRISONER: \_\_\_\_\_ SIGNATURE ID # OF WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_



# Incident Report Additional Name List

Jupiter Police Department

OCA: 17-005864

## Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) WI 1	BENZ, MATTHEW		02/13/1984	33	W	M
	Address 155 Greenwich Cir , Jupiter, FL 33458-					
	Empl/Addr					
			H: 352-359-4797			
			B: - -			
			Mobile #: - -			

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# INCIDENT/INVESTIGATION REPORT

Jupiter Police Department

Case # 17-005864

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found

	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity
D R U G S						

Assisting Officers  
 TURNER, J. (1098), YOCHUM, C. (1185)

Suspect Hate / Bias Motivated: *None (No bias)*

NARRATIVE

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## REPORTING OFFICER NARRATIVE

Jupiter Police Department

		OCA 17-005864
Victim <i>FLORIDA, STATE OF</i>	Offense <i>ACCIDENT - W/ PROPERTY DAMAGE,</i>	Date / Time Reported <i>Fri 12/08/2017 20:57</i>

On Friday 12/9/17 at approximately 2035 hours, I was dispatched to a crash with possible injuries at Donald Ross Rd and Heights Blvd. I responded to the area and located this crash at Donald Ross Rd and I95. Ofc. C. Yochum arrived on scene and he began conducting a traffic crash investigation (JPD case #17-005863). I assisted Ofc. C. Yochum on scene by providing the vehicle registrations to Northcom, and while doing so I saw a Sal's pizza box in the back seat of the at fault vehicle (gray Jeep Grand Cherokee bearing FL #GYME18).

At approximately 2057 hours, Northcom requested that I clear Ofc. C. Yochum's crash scene and respond to Sal's Pizza (5500 Military Trail) in reference to a hit and run crash. While preparing to leave Ofc. C. Yochum's crash, in the notes of the hit and run, I was notified a witness saw the hit and run occur. This witness stated the suspect vehicle was a gray sport utility vehicle bearing FL #GYME18. Prior to leaving the first crash scene I ran the FL registration #GYME18 into NCIC/FCIC. After looking at the registration information, I looked over at the at fault vehicle in Ofc. C. Yochum's crash and verified it was the same vehicle. At this time I told Ofc. C. Yochum over the radio that the at fault vehicle in his crash, may be the suspect vehicle in my hit and run crash.

While en-route to Sal's Pizza, I called the witness "Matt" via phone. I asked "Matt" if he saw the driver of the vehicle that did the hit and run. "Matt" then described the driver as a white female, with dark brown hair and a slim build. This description matched the at fault driver in Ofc. C. Yochum's crash investigation. I asked "Matt" to meet me at Sal's pizza to fill out a witness statement and he agreed to do so.

Upon my arrival to Sal's Pizza, I made contact with the registered owner of a black Ford F-150 bearing FL #435QNR, W/F Megan Morrissey (5/3/90). Morrissey directed me to fresh deep scratches on the back right portion of her pick up truck. It should be noted there was gray transfer paint within these scratches. At this time I also located a Chrysler reflector, lying on the ground where the hit and run occurred. Over the radio I asked Ofc. C. Yochum to check the back left bumper of the gray Jeep Grand Cherokee he had on scene, and look for damage and a missing reflector. Ofc. C. Yochum verified there was a missing reflector, and paint damage. It should be noted the Jeep Grand Cherokee had extensive front end damage from the crash Ofc. C. Yochum was investigating, but the back left bumper damage did not appear to be related to that crash.

The witness then arrived at Sal's Pizza and he was identified by name as W/M Matthew Benz (2/13/84). Benz was provided a witness statement and in it he stated the following: Benz stated at approximately 1925 hours he witnessed a gray Jeep Grand Cherokee back into the black Ford F-150, moving the F-150. Benz continued by stating the driver of the Jeep then paused for around 30 seconds, pulled her vehicle away from the F-150, and then paused again. Benz also advised he was unable to initially see the registration of the suspect vehicle so he did a loop in the parking lot and was able to get behind the suspect vehicle, writing down the registration. I asked Benz if he would be able to identify the driver of the suspect vehicle and he stated he could. I drove Benz to Ofc. C. Yochum's crash scene and conducted a show up. While approaching the scene Benz saw the suspect vehicle being loaded onto a tow truck and stated "yep, that's the car". The at fault driver of Ofc. C. Yochum's crash was then escorted in front of my police car and prior to me asking Benz anything he stated "that's definitely her". I escorted Benz back to his vehicle at Sal's Pizza where he completed his witness statement.

REPORTING OFFICER NARRATIVE

Jupiter Police Department

OCA
17-005864
Date / Time Reported
Fri 12/08/2017 20:57

Victim	Offense	Date / Time Reported
FLORIDA, STATE OF	ACCIDENT - W/ PROPERTY DAMAGE,	Fri 12/08/2017 20:57

After Benz positively identified the suspect, Ofc. C. Yochum placed her in handcuffs and transported her to the Jupiter Police Department. I then made contact with the suspect, identified by her Florida Driver's License as W/F Brittany Diaz (9/5/86). I read Diaz her Miranda Warnings and she verified she understood them. Diaz was crying and denied any involvement in the hit and run crash, only admitting to being at fault in Ofc. C. Yochum's crash. It should be noted while speaking with Diaz I detected the odor of an unknown alcoholic beverage emitting from her person which became stronger as she spoke. Based on Benz's statement and positive identification, the physical evidence (Chrysler reflector), and the damage on Diaz's back left bumper I believe probable cause exists to charge Diaz with leaving the scene of an accident with property damage in violation of FSS 316.061(1). Diaz was later transported to Palm Beach County Jail without incident. See also, JPD crash reports 17-005684 & 17-005683.

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## Incident Report Suspect List

Jupiter Police Department

OCA: 17-005864

<b>1</b>	Name (Last, First, Middle) <i>DIAZ, BRITTANY LYNNE</i>						Also Known As				Home Address <i>700 FLORIDA ST ORLANDO, FL 32806 407-595-3560</i>	
	Business Address <i>SEAGATE, SALES MANAGER</i>											
DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.		
<i>09/05/1986</i>	<i>31</i>	<i>W</i>	<i>F</i>	<i>N</i>	<i>507</i>	<i>125</i>	<i>BRO</i>	<i>BRO</i>	<i>LGT</i>	<i>D200072868250 FL</i>		
Scars, Marks, Tattoos, or other distinguishing features												
<i>Reported Suspect Detail</i>		Suspect Age		Race	Sex	Eth	Height	Weight		SSN		
Weapon, Type	Feature	Make		Model		Color	Caliber	Dir of Travel		Mode of Travel		
Veh Yr/Make/Model		Drs	Style		Color	Lic/St		VIN				

Notes	Physical Char <i>Build, Medium</i>
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## Incident Report Related Vehicle List

Jupiter Police Department

OCA: 17-005864

<b>1</b>	VehYr/Make/Model <i>2015 JEEP</i>	Style <i>UT</i>	Color <i>GRY</i>	Lic/Lis /Decal <i>GYME18 FL 2017</i>	VIN <i>1C4RJEAGXFC654069</i>
	IBR Status <i>Suspect</i>	Date <i>12/08/2017</i>	Location <i>5500 MILITARY TRL, JUPITER FL</i>		
	Condition	Value <i>\$0.00</i>	Offense Code <i>4010</i>	Jurisdiction <i>Locally</i>	State # NIC #
	Name (Last, First, Middle) <i>* No name *</i>		Also Known As		Home Address
	Business Address				
	DOB	Age	Race	Sex	Hgt
					Wgt
	Scars, Marks, Tattoos, or other distinguishing features				

Notes

<b>2</b>	VehYr/Make/Model <i>2013 FORD</i>	Style <i>TK</i>	Color <i>BLK</i>	Lic/Lis /Decal <i>435QNR FL 2018</i>	VIN <i>1FTFWICT8DFD76968</i>
	IBR Status <i>Other</i>	Date <i>12/08/2017</i>	Location <i>5500 MILITARY TRL, JUPITER FL</i>		
	Condition	Value <i>\$0.00</i>	Offense Code <i>4010</i>	Jurisdiction <i>Locally</i>	State # NIC #
	Name (Last, First, Middle) <i>* No name *</i>		Also Known As		Home Address
	Business Address				
	DOB	Age	Race	Sex	Hgt
					Wgt
	Scars, Marks, Tattoos, or other distinguishing features				

Notes

# FLORIDA TRAFFIC CRASH REPORT

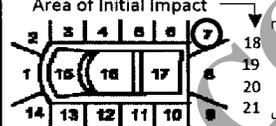
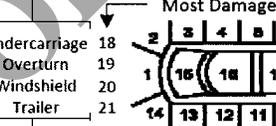
LONG FORM  SHORT FORM  UPDATE   
(Shaded Areas)

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

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

CRASH DATE <b>12/08/2017</b>		TIME OF CRASH <b>7:24 PM</b>		DATE OF REPORT <b>12/08/2017</b>		REPORTING AGENCY CASE NUMBER <b>17-005864</b>		HSMV CRASH REPORT NUMBER <b>87415566</b>		
<b>CRASH IDENTIFIERS</b>										
COUNTY CODE <b>JU</b>	CITY CODE <b>PI</b>	COUNTY OF CRASH <b>PALM BEACH</b>			PLACE OR CITY OF CRASH <b>JUPITER</b>			CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED <b>8:57 PM</b>	TIME DISPATCHED <b>8:57 PM</b>
TIME ON SCENE <b>9:01 PM</b>		TIME CLEARED SCENE <b>9:52 PM</b>		CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (if Investigation NOT Complete)				Notified By: 1 Motorist 2 Law Enforcement <input checked="" type="checkbox"/>	
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>										
CRASH OCCURRED ON STREET, ROAD, HIGHWAY <b>5500 MILITARY TRL</b>					AT STREET ADDRESS # <b>1</b>		AT LATITUDE AND LONGITUDE <b>2</b>			
AT FEET		MILES		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>3</b>			OR FROM MILEPOST # <b>4</b>			
<b>Road System Identifier</b>			<b>Type of Shoulder</b>			<b>Type of Intersection</b>				
<b>9</b> 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			<b>3</b> 1 Paved 2 Unpaved 3 Curb			<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>										
<b>Light Condition</b>		<b>Weather Condition</b>		<b>Roadway Surface Condition</b>		<b>School Bus Related</b>		<b>Manner of Collision/Impact</b>		
<b>4</b> 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown 7 Lighting 77 Other, Explain in Narrative 88 Unknown		<b>1</b> 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		<b>1</b> 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		<b>1</b> 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		<b>7</b> 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		
<b>First Harmful Event</b>		<b>Non-Collision</b>		<b>Collision Non-Fixed Object</b>		<b>Collision with Fixed Object</b>		<b>First Harmful Event Location</b>		
<b>14</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		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		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>8</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		
<b>First Harmful Event Relation to Junction</b>			<b>Contributing Circumstances: Road</b>			<b>Contributing Circumstances: Environment</b>				
<b>1</b> 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			<b>1</b> 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			<b>1</b> 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown				
<b>Work Zone Related</b>		<b>Crash in Work Zone</b>		<b>Type of Work Zone</b>		<b>Workers in Work Zone</b>		<b>Law Enforcement in Work Zone</b>		
<b>1</b> 1 No 2 Yes 88 Unknown		<input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		<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		<input type="checkbox"/> 1 No 2 Yes 88 Unknown		<input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present		
<b>WITNESSES</b>										
NAME <b>MATTHEW BENZ</b>		ADDRESS <b>155 GREENWICH CIR</b>			CITY & STATE <b>JUPITER, FL</b>			ZIP CODE <b>33458</b>		
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			

<b>VEHICLE #</b> 1		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b> 17-005864		<b>HSMV CRASH REPORT NUMBER</b> 87415566		
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		<b>VEHICLE LICENSE NUMBER</b> GYME18		<b>STATE</b> FL	<b>REGISTRATION EXPIRES</b> 05/22/2017	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b> 1C4RJEAGXFC654069	
<b>Hit and Run</b> 1 No 2 Yes 88 Unknown	<b>YEAR</b> 2015	<b>MAKE</b> JEEP	<b>MODEL</b> CHEROKEE	<b>STYLE</b> SUV	<b>COLOR</b> GRY	<b>DAMAGE:</b> 1 Disabling 2 Functional 3 None	<b>EST. AMOUNT</b> 4 500	
<b>INSURANCE COMPANY</b> MAPFRE INSURANCE COMPANY			<b>INSURANCE POLICY NUMBER</b> 4101120015089		<b>Towed due to Damage:</b> 1 No 2 Yes	<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>ZIP CODE</b>	
BRITTANY L. DIAZ		700 FLORIDA ST			ORLANDO, FL		32806	
<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 checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road Unknown <input type="checkbox"/>		<b>ON STREET, ROAD, HIGHWAY</b> 5500 MILITARY TRAIL				<b>AT EST. SPEED</b> 4	<b>POSTED SPEED</b> 10	<b>TOTAL LANES</b> 1
<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>Area of Initial Impact</b>		<b>Most Damaged Area</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> 16		<b>Trafficway</b> 5		<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				
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		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				
<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>Trailer 1</b>		<b>Trailer 2</b>		
<b>Most Harmful Event</b> 14		<b>Non-Collision</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 Pédalcycle 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>Sequence of Events</b> 1st 14 2nd 3rd 4th		<b>140-46 Sequence of Events only</b> 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		<b>Emergency Vehicle Use</b> 1 No 2 Yes 88 Unknown				
<b>Roadway Grade</b> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> 1 Straight 2 Curve Right 3 Curve Left		<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> 1 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		
<b>Special Function of Motor Vehicle</b> 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		12 Suspension 13 Wheels 14 Windshields 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown		
14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown								
<b>VIOLATIONS</b>								
<b>PERSON #</b> 1	<b>NAME OF VIOLATOR</b> BRITTANY L. DIAZ	<b>FL STATUTE NUMBER</b> 316.061(1)	<b>CHARGE</b> ACCIDENT - W/ PROPERTY DAMAGE, LEAVING THE SCENE		<b>CITATION NUMBER</b> A9872LE			
<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>VEHICLE #</b> 2		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b> 17-005864		<b>HSMV CRASH REPORT NUMBER</b> 87415566			
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		<b>VEHICLE LICENSE NUMBER</b> 435QNR		<b>STATE</b> FL	<b>REGISTRATION EXPIRES</b> 12/31/2018	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b> 1FTFW1CT8DFD76968		
<b>Hit and Run</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		<b>YEAR</b> 2013	<b>MAKE</b> FORD	<b>MODEL</b> F-150	<b>STYLE</b>	<b>COLOR</b> BLK	<b>DAMAGE:</b> 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	<b>EST. AMOUNT</b> 4 500	
<b>INSURANCE COMPANY</b> ALLSTATE FIRE AND CASUALTY			<b>INSURANCE POLICY NUMBER</b> 9816087900303		<b>Towed due to Damage:</b> 1 No 2 Yes	<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> MEGAN R. MORRISSEY 225 POE DR			<b>CITY &amp; STATE</b> PALM SPRINGS, FL		<b>ZIP CODE</b> 33461	
<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>LENGTH</b>	<b>AXLES</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>LENGTH</b>	<b>AXLES</b>
<b>VEHICLE TRAVELING</b> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road Unknown <input type="checkbox"/>		<b>ON STREET, ROAD, HIGHWAY</b> 5500 MILITARY TRAIL				<b>AT EST. SPEED</b>	<b>POSTED SPEED</b> 10	<b>TOTAL LANES</b> 1	
<b>HAZ. MAT. RELEASED</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	<b>HAZ. MAT. PLACARD</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	<b>HAZ. MAT. NUMBER</b>	<b>HAZ. MAT. CLASS</b>	<b>Area of Initial Impact</b> 		<b>Most Damaged Area</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> 3		<b>Trafficway</b> 5		<b>Commercial Motor Vehicle Configuration</b>					
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 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		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/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					
<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>		<b>Cargo Body Type</b>		<b>Emergency Vehicle Use</b> 1			
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		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		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying NM placard) 17 Other, Explain in Narrative 88 Unknown			
<b>Most Harmful Event</b> 14		<b>Non-Collision</b>		<b>Collision with Non-Fixed Object</b>		<b>Collision with a Fixed Object</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		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> 1st 14 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		<b>140-46 Sequence of Events only</b> 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		<b>Vehicle Maneuver Action</b> 8		<b>Traffic Control Device For This Vehicle</b> 1		<b>Vehicle Defects</b> 1	
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		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		8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		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>Special Function of Motor Vehicle</b> 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			
<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>	



**NARRATIVE**

REPORTING AGENCY CASE NUMBER

**17-005864**

HSMV CRASH REPORT NUMBER

**87415566**

V1 (gray Jeep Grand Cherokee) was backing from a parking space to travel north through Abacoa Plaza towards Sal's Pizza. V2 (black Ford F-150) was unoccupied and parked facing northwest in the parking lot. D1 was inattentive while backing. Subsequently the back left portion of V1's bumper made contact with the back right portion of V2's bumper causing minor damage to both vehicle bumpers.

A witness on scene watched V1 hit V2 and leave the scene. The witness was able to get V1's registration, and later identify D1. D1 initially left the scene and shortly after this hit and run occurred got into a separate crash (JPD 17-005683). D1 was subsequently arrested for leaving the scene of an accident with property damage. No injuries were reported due to this crash, and neither vehicle needed a tow truck from the damage that occurred.

Contact was made with the registered owner of V2 who was provided the crash report case number. Nothing further to add at this time.

**\*\* 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			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						
ADDITIONAL VIOLATIONS													
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER	CHARGE		CITATION NUMBER							
REPORTING OFFICER													
ID/BADGE NUMBER	RANK & NAME		DEPARTMENT						FHP	SO	PD	OTHER	
<b>1173</b>	<b>OFC CHRISTOPHER CONNOR</b>		<b>JUPITER POLICE DEPARTMENT</b>						<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	