

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 17-133573		
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multiple Clearance Indicator 01				
Location of Arrest (Including Name of Business) US 441 (S SR 7) / South of SR 808 (Glades Rd), Boca Raton, FL 33498				Location of Offense (Business Name, Address) US 441 (S SR 7) / South of SR 808 (Glades Rd), Boca Raton, FL 33498					
Date of Arrest 09/30/2017		Time of Arrest 00:57		Booking Date 09/20/2017		Booking Time			
Jail Date		Jail Time		Location of Vehicle Access Towing, 2511 N.W. 1st Ave., Boca Raton, FL 33431, (561) 367-3358					
Name (Last, First, Middle) Powers, Holly, Jeanne						Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White i - American Indian		Sex F		Date of Birth 01/18/1989		Height 5'04			
Weight 140		Eye Color BRO		Hair Color black		Complexion light			
Build small		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) side, left shoulder, left arm, right wrist		Marital Status Single		Religion			
Local Address (Street, Apt. Number) 3859 Coral tree Circle, Coconut Creek, FL 33703		(City)		(State)		(Zip)			
Phone (406) 865 0432		Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		<input type="checkbox"/> 3 <input type="checkbox"/>			
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)			
Business Address (Name, Street)		(City)		(State)		(Zip)			
D/L Number, State 0102119894118, MT		Soc. Sec. Number		INS Number		Place of Birth (City, State) Colorado Springs, Colorado			
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex			
Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		<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		<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			
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property					
Drug Activity S. Sell 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/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other					
Charge Description Driving Under the Influence with property damage		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)(c)1			
Violation of ORD #		Warrant / Capias Number		Bond					
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17-133573			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number			
Violation of ORD #		Warrant / Capias Number		Bond					
Drug Activity		Drug Type		Amount / Unit		Offense #			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number			
Violation of ORD #		Warrant / Capias Number		Bond					
Drug Activity		Drug Type		Amount / Unit		Offense #			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number			
Violation of ORD #		Warrant / Capias Number		Bond					
Drug Activity		Drug Type		Amount / Unit		Offense #			
Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996		Court Date and Time Month October Day 30 Year 2017 Time 08:30 AM X 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) <i>Holly Powers</i>		Date Signed 09/30/2017		2017 SEP 30 11:29 AM SHERIFF'S OFFICE P.A. CUPP NOT					
HOLD for other Agency Name:		Signature of Arresting Officer <i>Holly Powers</i>		Name Verification (Printed by Arrestee) Holly Powers					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S POINTU P.		I.D. # 16032		PAGE 1 OF 1			
Intake Deputy		I.D. #		Pouch #		Transporting Officer D/S POINTU P.			
I.D. #		ID # 16032		Agency PBSO		Witness here if subject signed with an "X"			

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30th DAY OF September 20 17, AT 00:15 AM PM

SUBJECT: Powers, Holly, Jeanne CASE NUMBER: 17-133573

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

PERSONAL CONTACT

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

Crashed into a vehicle stopped at a red light south of Glades Rd on US 441 (S SR7), unincorporated Boca Raton, Palm Beach County, Florida. Was witnessed as being the driver by Sgt Ugalde (#7669) and D/S Smith (#4038).

OBSERVATION OF DRIVER:

Glassy eyes, talkative, slight sway

DRIVER'S STATEMENTS:

Denied having been drinking

ODORS:

slight odor of an unknown alcohol, becoming stronger when she talked

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: cooperative

CLOTHING: black top, black pants

MEDICAL/OTHER: no medical conditions, denying taking any prescribed or over the counter drugs

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

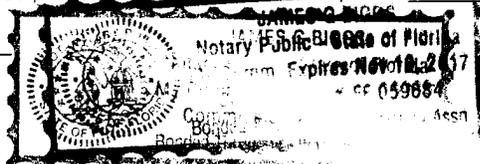
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of September 20 17 by D/S POINTU P.

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

James Biggs (#7607)

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



SUBJECT: Powers, Holly, Jeanne

CASE NUMBER 17-133573

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:

Strong circular sway during the task; had trouble maintaining the instruction stance; slight VGN; no LOC. Equal tracking.

WALK & TURN:

Unable to maintain the instruction stance. Started too early. Walked off the line. Improper turn.

ONE LEG STAND:

Lower her leg to the ground multiple times. Had to side step to maintain her balance.

FINGER TO NOSE:

Touched the bottom of her nose twice. Opened her eyes. Swayed.

ROMBERG ALPHABET:

Opened her eyes. Slight sway. Recited: "A B C D E F G H I J K L M N O P Q R S T U V L M N O P Q K S Z"
Modified Romberg: Stopped at 35s. Swayed. Opened her eyes.

BREATH TEST RESULTS: 0.210 0.210

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

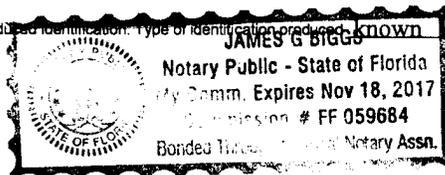
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of September 20 17 by D/S POINTU P.

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

James Biggs (#7607)

Notary Public, Clerk of Court, Officer (F.S.S. 117.11)



WITNESS LIST

CASE NUMBER: 17-133573

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688 3000

CAN TESTIFY TO: see report

NAME: Wells, John, Patrick

ADDRESS: 222 Sw 1st St Apt 3, Pompano Beach, FL 33060

PHONE NUMBERS (HOME) (614) 216 1654 (WORK) 0

CAN TESTIFY TO: wheel witness

NAME: Capcha, Esther, Julia

ADDRESS 222 Sw 1st St Apt 3, Pompano Beach, FL 33060

PHONE NUMBERS (HOME) 0 (WORK) (614) 216 1654

CAN TESTIFY TO: wheel witness

NAME: D/S Smith (#4038)

ADDRESS Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: wheel witness

NAME: Sgt Ugalde (#7669)

ADDRESS Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: wheel witness

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) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO-POINTU

SUBJECT: POWERS, HOLLY J

CASE NUMBER: 17-133573

DATE: Sep 30, 2017

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0205

ENDING TIME: 0215

BREATH TESTS RESULTS: 1) .210 TIME 0210 A.M. P.M. 2) .210 TIME 0213 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, TALKATIVE

ATTITUDE: COOPERATIVE

CLOTHING: BLACK SHIRT, BLACK JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0145
SUBJECT REFUSED THE TEST INITIALLY
IMPLIED CONSENT WAS READ AND EXPLAINED
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN TO THE SUBJECT
MIRANDA WAS NOT READ AND QUESTIONS WERE NOT ASKED

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 DIS Party of the PBSO

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) Reed on Camery

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) _____

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: _____

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

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

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

CRASH IDENTIFIERS		TIME REPORTED	TIME DISPATCHED
		12:15 AM	12:15 AM

TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)	Notified By: 1 Motorist 2 Law Enforcement <input type="checkbox"/>
12:20 AM	1:50 AM			2

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

Road System Identifier <input type="checkbox"/> 1 Interstate <input type="checkbox"/> 2 U.S. <input type="checkbox"/> 3 State <input type="checkbox"/> 4 County <input type="checkbox"/> 5 Local <input type="checkbox"/> 6 Turnpike/Toll <input type="checkbox"/> 7 Forest Road <input type="checkbox"/> 8 Private Roadway <input type="checkbox"/> 9 Parking Lot <input type="checkbox"/> 77 Other, Explain in Narrative	Type of Shoulder <input type="checkbox"/> 1 Paved <input type="checkbox"/> 2 Unpaved <input type="checkbox"/> 3 Curb	Type of Intersection <input type="checkbox"/> 1 Not at Intersection <input type="checkbox"/> 2 Four-Way Intersection <input type="checkbox"/> 3 T-Intersection <input type="checkbox"/> 4 Y-Intersection <input type="checkbox"/> 5 Traffic Circle <input type="checkbox"/> 6 Roundabout <input type="checkbox"/> 7 Five-Point, or More <input type="checkbox"/> 77 Other, Explain in Narrative
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CRASH INFORMATION (CHECK IF PICTURES TAKEN)

Light Condition <input type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dusk <input type="checkbox"/> 3 Dawn <input type="checkbox"/> 4 Dark-Lighted <input type="checkbox"/> 5 Dark-Not Lighted <input type="checkbox"/> 6 Dark-Unknown <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Weather Condition <input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain <input type="checkbox"/> 4 Fog, Smog, Smoke <input type="checkbox"/> 5 Sleet/Hail/Freezing Rain <input type="checkbox"/> 6 Blowing Sand, Soil, Dirt <input type="checkbox"/> 7 Severe Crosswinds <input type="checkbox"/> 77 Other, Explain in Narrative	Roadway Surface Condition <input type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 4 Ice/Frost <input type="checkbox"/> 5 Oil <input type="checkbox"/> 6 Mud, Dirt, Gravel <input type="checkbox"/> 7 Sand <input type="checkbox"/> 8 Water (standing/moving) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	School Bus Related <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, School Bus Directly Involved <input type="checkbox"/> 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact <input type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle <input type="checkbox"/> 4 Sideswipe, Same Direction <input type="checkbox"/> 5 Sideswipe, Opposite Direction <input type="checkbox"/> 6 Rear to Side <input type="checkbox"/> 7 Rear to Rear <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
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First Harmful Event <input type="checkbox"/> 14	Non-Collision <input type="checkbox"/> 1 Overturn/Rollover <input type="checkbox"/> 2 Fire/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision	Collision Non-Fixed Object <input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone/Maintenance Equipment <input type="checkbox"/> 17 Struck By Falling, Shifting Cargo <input type="checkbox"/> 18 Other Non-Fixed Object	Collision with Fixed Object <input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End <input type="checkbox"/> 29 Cable Barrier <input type="checkbox"/> 30 Concrete Traffic Barrier <input type="checkbox"/> 31 Other Traffic Barrier <input type="checkbox"/> 32 Tree (standing) <input type="checkbox"/> 33 Utility Pole/Light Support <input type="checkbox"/> 34 Traffic Sign Support <input type="checkbox"/> 35 Traffic Signal Support <input type="checkbox"/> 36 Other Post, Pole or Support <input type="checkbox"/> 37 Fence <input type="checkbox"/> 38 Mailbox <input type="checkbox"/> 39 Other Fixed Object (wall, building, tunnel, etc.)	First Harmful Event Location <input type="checkbox"/> 1 On Roadway <input type="checkbox"/> 2 Off Roadway <input type="checkbox"/> 3 Shoulder <input type="checkbox"/> 4 Median <input type="checkbox"/> 6 Gore <input type="checkbox"/> 7 Separator <input type="checkbox"/> 8 In Parking Lane or Zone <input type="checkbox"/> 9 Outside Right-of-way <input type="checkbox"/> 10 Roadside <input type="checkbox"/> 88 Unknown
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First Harmful Event Relation to Junction <input type="checkbox"/> 1 Non-Junction <input type="checkbox"/> 2 Intersection <input type="checkbox"/> 3 Intersection-Related <input type="checkbox"/> 4 Driveway/Alley Access Related <input type="checkbox"/> 5 Railway Grade Crossing <input type="checkbox"/> 14 Entrance/Exit Ramp <input type="checkbox"/> 15 Crossover - Related <input type="checkbox"/> 16 Shared-Use Path or Trail <input type="checkbox"/> 17 Acceleration/Deceleration Lane <input type="checkbox"/> 18 Through Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Contributing Circumstances: Road <input type="checkbox"/> 1 None <input type="checkbox"/> 4 Work Zone (construction/maintenance/utility) <input type="checkbox"/> 6 Shoulders (none, low, soft, high) <input type="checkbox"/> 7 Rut, Holes, Bumps <input type="checkbox"/> 9 Worn, Travel-Polished Surface <input type="checkbox"/> 10 Road Surface Condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 11 Obstruction in Roadway <input type="checkbox"/> 12 Debris <input type="checkbox"/> 13 Traffic Control Device Inoperative, Missing or Obscured <input type="checkbox"/> 14 Non-Highway Work <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	Contributing Circumstances: Environment <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Weather Conditions <input type="checkbox"/> 3 Physical Obstruction(s) <input type="checkbox"/> 4 Glare <input type="checkbox"/> 5 Animal(s) in Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
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Work Zone Related <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area	Type of Work Zone <input type="checkbox"/> 1 Lane Closure <input type="checkbox"/> 2 Lane Shift/Crossover <input type="checkbox"/> 3 Work on Shoulder or Median <input type="checkbox"/> 4 Intermittent or Moving Work <input type="checkbox"/> 77 Other, Explain in Narrative	Workers in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	Law Enforcement in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle Only Present
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WITNESSES

NON VEHICLE PROPERTY DAMAGE

VEHICLE # 1 **Check if Commercial**

1 Vehicle in Transport
 2 Parked Motor Vehicle
 3 Working Vehicle

REGISTRATION EXPIRES 10/15/2017 **Check if Permanent Registration**

HIT AND RUN
 1 No
 2 Yes
 88 Unknown

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

EST. AMOUNT 1000

WHI **VEHICLE REMOVED BY**
 1. Rotation
 2. Owner Request
 3. Driver
 4. Other, Explain in Narrative

Towed due to Damage: 1 No 2 Yes **ACCESS TOWING**

REGISTRATION EXPIRES **Check if Permanent Registration**

REGISTRATION EXPIRES **Check if Permanent Registration**

YEAR **MAKE** **LENGTH** **AXLES**

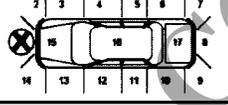
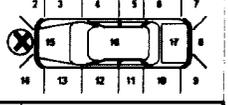
YEAR **MAKE** **LENGTH** **AXLES**

VEHICLE N S E W Off-Road Unknown **ON STREET, ROAD, HIGHWAY**

TRAVELING **S STATE ROAD 7**

AT EST. SPEED 30 **POSTED SPEED** 45 **TOTAL LANES** 6

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown **HAZ. MAT. PLACARD** 1 No 2 Yes 88 Unknown **HAZ. MAT. NUMBER** NA **HAZ. MAT. CLASS** N

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 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 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

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 (4,536kg) or less not displaying HM placard) 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

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

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.)

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

Sequence of Events 1st 2nd 3rd 4th

Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)

Roadway Alignment 1 Straight 2 Curve Right 3 Curve Left

Vehicle Maneuver Action 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 5 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 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

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 # 1

1 Driver
2 Non-Motorist
3 Passenger
1

PHONE NUMBER 406-965-0432
Check if Recommend Driver Re-exam

SEX 1 Male 2 Female 88 Unknown 2

EXPIRES 01/18/2018
INJURY SEVERITY (INU) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality 1

DRIVER

DL Type 5
Required Endorsements 2
Driver's Actions at Time of Crash
1st 10
2nd
3rd
4th
Condition At Time of Crash 9

DRIVER OR PASSENGER
Helmet Use (HU) 3
Eye Protection (EP) 3
Restraint Systems (RS) 3

DRIVER OR PASSENGER
Motor Vehicle Seating Position:
Seat Row Other
Ejection (EJECT) 1
Air Bag Deployed (ABD) 1

NON-MOTORIST
Non-Motorist Description
Non-Motorist Location At Time of Crash
Action Prior to Crash
Non-Motorist Actions/Circumstances
Safety Equipment

ALCOHOL/DRUG/EMS
SUSPECTED ALCOHOL USE: 2
ALCOHOL TESTED: 3
ALCOHOL TEST TYPE: 2
ALCOHOL TEST RESULT: 1
BAC
SUSPECTED DRUG USE: 88
DRUG TESTED: 88
DRUG TEST TYPE:
DRUG TEST RESULT: 88

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1
EMS AGENCY NAME OR ID NA
EMS RUN NUMBER NA
MEDICAL FACILITY TRANSPORTED TO NA

Table with columns: 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

Table with columns: 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

VEHICLE #

2

Check if Commercial

1 Vehicle in Transport
2 Parked Motor Vehicle
3 Working Vehicle

1

REGISTRATION EXPIRES

05/31/2018

Check if Permanent

Registration

Hit and Run
1 No
2 Yes
88 Unknown

1

COLOR

GRY

DAMAGE:

1 Disabling 4 Minor
2 Functional 88 Unknown

EST. AMOUNT

4 500

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

REGISTRATION EXPIRES Check if Permanent Registration
REGISTRATION EXPIRES Check if Permanent Registration

YEAR MAKE LENGTH AXLES
YEAR MAKE LENGTH AXLES

VEHICLE N S E W Off-Road Unknown

ON STREET, ROAD, HIGHWAY

AT EST. SPEED

POSTED SPEED

TOTAL LANES

TRAVELING

X

S STATE ROAD 7

0

45

6

HAZ. MAT. RELEASED

1 No
2 Yes
88 Unknown

1

HAZ. MAT. PLACARD

1 No
2 Yes
88 Unknown

1

HAZ. MAT. NUMBER

NA

HAZ. MAT. CLASS

N

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

- 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

1

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

4

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/Triples
9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify
10 Bus/Large Van (seats for 9-15 occupants, including driver)
11 Bus (seats for more than 15 occupants, including driver)
77 Other, Explain in Narrative
88 Unknown

Comm/Non-Commercial

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

4

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

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

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

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

14

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.)

Sequence of Events

- 1st 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

14

Vehicle Maneuver Action

- 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 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 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)

1

Roadway Alignment

- 1 Straight
2 Curve Right
3 Curve Left

1

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

1

VIOLATIONS

Table with 5 columns: PERSON #, NAME OF VIOLATOR, FL STATUTE NUMBER, CHARGE, CITATION NUMBER. Contains three empty rows for reporting violations.

PERSON # 2

1 Driver
2 Non-Motorist
3 Passenger
1

PHONE NUMBER 614-216-1654
Check if Recommend Driver Re-exam

SEX 1 Male 2 Female 88 Unknown 1

EXPIRES 09/19/2020
INJURY SEVERITY (INU) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality 1

DRIVER

DL Type 5, Required Endorsements 2, Driver's Actions at Time of Crash (1st, 2nd, 3rd, 4th), Condition At Time of Crash 1

Driver Vision Obstructions 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Motor Vehicle Seating Position: Seat 1, Row 1, Other 1, LOCATION: SEAT ROW OTHER (LOC) 1 1, Ejection (EJECT) 1, Air Bag Deployed (ABD) 2, Eye Protection (EP) 3, Restraint Systems (RS) 1

NON-MOTORIST

Non-Motorist Description 1, Non-Motorist Location At Time of Crash 1, Action Prior to Crash 1, Safety Equipment 1, Non-Motorist Actions/Circumstances 1

ALCOHOL/DRUG/EMS

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown 1, 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 1, 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 88 Unknown 1, EMS AGENCY NAME OR ID NA, EMS RUN NUMBER NA, MEDICAL FACILITY TRANSPORTED TO NA

ADDITIONAL PASSENGERS

Table with columns: INJ, SEX, LOC: S, R, O, EJECT, HU, EP, ABD, RS. Row 1: 2, 2, 3, 1, 1, 1, 3, 3, 2, 3

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

Table with columns: INJ, SEX, LOC: S, R, O, EJECT, HU, EP, ABD, RS. Row 1: Empty

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

NARRATIVE

V2 WAS STOPPED IN LANE 1 AT THE ENTERANCE / EXIT TRAFFIC LIGHT ON S STATE ROAD 7 FOR THE WEST WINDS OF BOCA PLAZA WAITING FOR THE LIGHT TO CHANGE FROM RED TO GREEN AND CONTINUE SOUTH ON S STATE ROAD 7. V1 WAS TRAVELING SOUTH BOUND ON S STATE ROAD 7 IN LANE 1 BEHIND V2. THE FRONT BUMPER OF V1 STRUCK THE REAR BUMBER OF V2 CAUSING DAMAGE TO BOTH VEHICLES.. THE DAMAGE WAS MINOR AND BOTH VEHICLES WERE REMOVED FROM THE ROADWAY UNDER THEIR OWN POWER. DRIVERS FOR V1 AND V2 REPORTED NO INJURIES FROM THE CRASH, V2 PASSENGER REPORTED MINOR BACK / NECK PAIN BUT REFUSED EMS ON SCENE.

CERTIFIED COPY

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

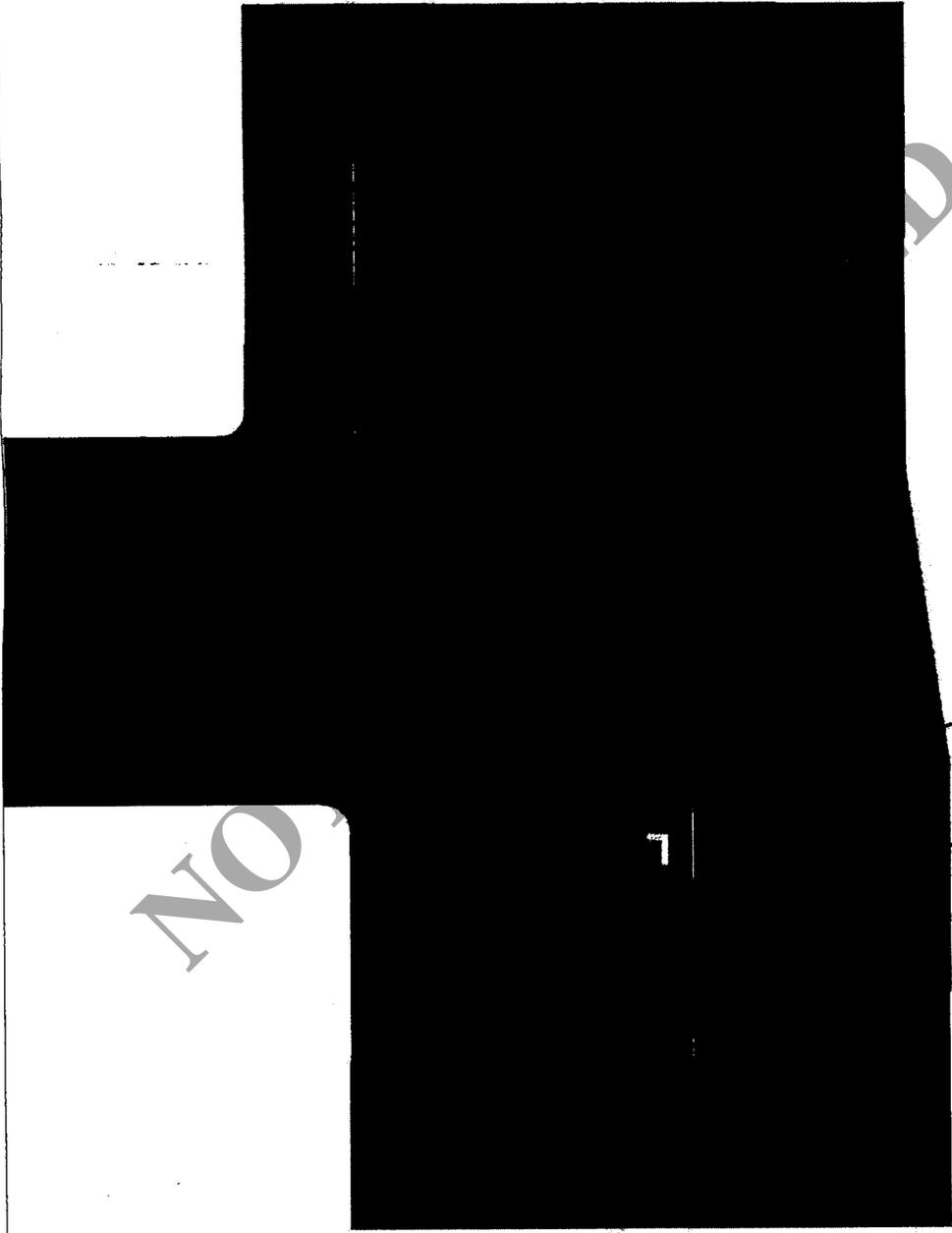
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER





D COPY



V2 Stopped for traffic light

Area of Impact

NOT TO SCALE
ALL LANES APPROX 12 FT WIDE

NO



NOT A CERTIFIED