

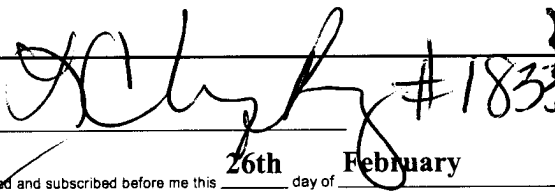
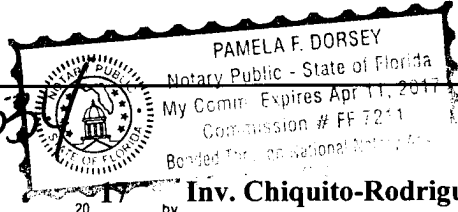
J #0405189

17 CT 3763

P# 3635

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1 Juvenile	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17044871</b>					
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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) <b>Shanendoah Drive and Military Trail West Palm Beach, FL 33409</b>				Location of Offense (Business Name, Address) <b>Shanendoah Drive and Military Trail West Palm Beach, FL 33409</b>					
Date of Arrest <b>02/26/2017</b>		Time of Arrest <b>2004</b>		Booking Date		Booking Time		Jail Date	
								Location of Vehicle <b>Sheehan's Towing</b>	
Name (Last, First, Middle) <b>Garcia-Bango, Laura Raquel</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>06/15/1964</b>		Height <b>5'05"</b>		Weight <b>165</b>	
						Eye Color <b>Brown</b>		Hair Color <b>Blonde</b>	
						Complexion <b>Light</b>		Build <b>Heavy</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status		Religion <b>NONE</b>		Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>3636 Alder Drive Unit3B West Palm Beach, Florida 33417</b>				Phone <b>(561) 317-4522</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>Same</b>				Phone <b>( )</b>		Address Source <b>FL DL</b>			
Business Address (Name, Street) (City) (State) (Zip) <b>( )</b>				Phone <b>( )</b>		Occupation <b>School Counselor</b>			
D/L Number, State <b>G-621-536-64-715-0/FL</b>		Soc. Sec. Number <b>( )</b>		INS Number <b>( )</b>		Place of Birth (City, State) <b>Havana, Cuba</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
Parent Legal Custodian Other: Name (Last) (First) (Middle)				Residence Phone <b>( )</b>					
Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone <b>( )</b>					
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 N. N/A P. Possess				S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
Charge Description <b>DUI w/Property Damage</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193 (3)(c)(1)</b>	
Drug Activity <b>N</b>				Drug Type <b>N</b>		Amount / Unit <b>N/A</b>		Offense # <b>17044871</b>	
								Warrant / Capias Number	
								Bond	
Charge Description <b>Refusal to Submit to Test</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.1939(1)</b>	
Drug Activity <b>N</b>				Drug Type <b>N</b>		Amount / Unit <b>N/A</b>		Offense # <b>17044871</b>	
								Warrant / Capias Number	
								Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity				Drug Type		Amount / Unit		Offense #	
								Warrant / Capias Number	
								Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity				Drug Type		Amount / Unit		Offense #	
								Warrant / Capias Number	
								Bond	
Location (Court, Room Number, Address) <b>CRIMINAL JUSTICE COMPLEX 3228 Gun Club Road WPB, FL</b>									
Court Date and Time Month <b>March</b> Day <b>23rd</b> Year <b>2017</b> Time <b>8:30</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>									
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	
HOLD for other Agency Name:				Signature of Arresting Officer				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>Inv. CHIQUITO-RODRIGUEZ #18334</b>				I.D. # <b>18334</b>	
Intake Deputy <b>Thomas</b>				Transporting Officer <b>Same</b>				Agency <b>PSO</b>	
Pouch #				ID #				PAGE <b>1 OF 1</b>	

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		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
ADMIN	OBTS Number			Agency ORI Number		Agency Name		Agency Report Number	
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE		06-		17044871			
CHARGES	Charge Type:	<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		Special Notes:					
	Name (Last, First, Middle)	Garcia-Bango, Laura Raquel		Alias		Race		Sex	
DEF	Charge Description	DUI w/Property Damage		316.193 (3)(c)(1)		Charge Description		Refusal to Submit to Test	
	Charge Description					Charge Description		316.1939(1)	
VICTIM	Victim's Name (Last, First, Middle)	STATE OF FLORIDA		Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)	(City)		(State) (zip)		Phone		Address Source	
	Business Address (Name, Street)	(City)		(State) (zip)		Phone		Occupation	
<p>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.</p> <p>The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 26th day of February 20 17 at 1830 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>									
<p><b>Upon completing the roadsides, I advised the defendant that I concluded my DUI investigation and, based on the observational clues on the SFST's, the crash, the strong odor of an unknown alcoholic beverage emanating from her breath, and the defendant's admission of consuming alcohol, determined that she was too impaired to operate a motor vehicle and placed the defendant under arrest for DUI. The defendant argued but verbally stated that she understood. I placed the defendant in handcuffs that were checked for proper fit and tightness and double locked and placed defendant in the rear of my PBSO marked patrol vehicle and transported the defendant to the B.A.T. (Breath Alcohol Testing) facility. Once at the B.A.T. the defendant was observed for a period of twenty minutes, during which time the defendant did not ingest anything, place anything in her mouth regurgitate or vomit. After the twenty minute observation period the defendant was placed on camera and she began passing gas very loudly. I then asked if she would submit a breath sample for the purpose of determining its alcohol content and the defendant verbally refused. After replying "NO" when asked if she would submit to the breath test I read the defendant Florida Implied Consent and the defendant verbally stated that I did not ask her for a breath sample and started talking loudly over me. I continued to read Implied Consent until she verbally stated that she understood. I then asked the defendant again if she would submit a breath sample after being informed of implied consent and the defendant refused. The refusal was noted and documented at 2055 hours. I read the defendant her Constitutional warnings on camera and the defendant verbally stated that she understood her rights. The defendant refused to answer any questions during Q&amp;A.</b></p> <p><b>Based on the above set of facts and circumstances, probable cause exists to find the defendant in violation of FSS 316.193 (3)(c)(1) Driving while under the Influence contributing to crash and FSS 316.1939 (1) Refusal to submit to Test.</b></p> <p><b>I issued the defendant a citation for DUI and refusal to submit to test and transported the defendant to the main detention center, without incident, for booking and processing.</b></p> <p><b>This case is cleared by arrest.</b></p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		Inv. Chiquito-Rodriguez						
	The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of February 20 17 by Inv. Chiquito-Rodriguez		(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		KNOWN		MAR 01 2017		PAGE 1 OF 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26th DAY OF February 20 17, AT 1830 AM PM ✓

SUBJECT: Garcia-Bango, Laura Raquel CASE NUMBER: 17044871

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Chiquito-Rodriguez

## PERSONAL CONTACT

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

On 2/26/2017, at approximately 1920 hours, I responded to the intersection of Shanendoah Drive and Military Trail in West Palm Beach, located in Palm Beach County, Florida reference a vehicle crash. On arrival I made contact with D/S George #9656 who was the first to arrive on scene. I observed a red vehicle facing north in the center southbound lanes of Military Trail with extensive damage to the passenger side. I saw a white two door BMW, bearing Florida specialty tag DTP3S, in the inside northbound through lane of Military Trail with extensive front end damage with all the airbags deployed. I was advised by D/S George that the third vehicle involved, a black four door Honda Civic bearing Florida tag Y07MRV, sustained minimal damage and the vehicle's owner left the scene in the vehicle prior to my arrival. I made an independent evaluation of the crash and the damage to the vehicles on scene. I assisted D/S George with the crash investigation. Through the crash investigation it was discovered that the driver and sole occupant of the white BMW, a female identified as Laura Raquel Garcia-Bango (defendant) DOB: 06/15/1964 by her Florida issued driver's license, was traveling north on Military Trail and failed to stop at a red traffic signal striking two vehicles and pushing them through the intersection. The crash report was completed by D/S George under PBSO case # 17-044848.

## OBSERVATION OF DRIVER:

When I arrived on scene I observed the defendant sitting on the center median. I made contact with the defendant and asked her to stand up so that I could speak with her. I noticed a strong odor of an unknown alcoholic beverage emanating from her breath and on her person and the smell became stronger as she continued to speak with me. The defendant's speech was slow, heavy and slurred, she swayed while in a standing resting position and her eyes were glassy, red and bloodshot. The defendant stumbled on her feet and staggered as she walked towards the front of my patrol vehicle. The defendant was wearing wedged heels, and because she was so unsteady on her feet, I had her sit on the front push bumper of my vehicle. I noticed that the defendant spoke with an accent and asked if she preferred I speak with her in Spanish and she advised that "English is fine". All my interaction with the defendant from that point was in English. The defendant provided pertinent information to complete the crash investigation. I read the defendant her Constitutional warnings from a PBSO issued Miranda card and advised her that the crash investigation was completed and that I was initiating a separate DUI investigation to determine if she was too impaired to operate a motor vehicle. The defendant verbally stated she understood. Post Miranda the defendant stated that she was on her way home from an establishment called "Over Easy", a club in downtown West Palm Beach, and stopped to pick up some food at Kentucky Fried Chicken when the crash occurred. She stated that while at "Over Easy" she did consume one margarita and it was approximately two hours prior.

## DRIVER'S STATEMENTS:

I asked the defendant if she would submit to voluntary SFST's and she verbally consented. I performed the pen light task while she was seated on my front push bumper and observed all six clues of impairment and vertical nystagmus was present and observed in both eyes. I gave the defendant the option to remove her heels and she did perform the tasks without her shoes. I used a painted line on the roadway that was away from traffic, clear of debris and where the surface was dry and level. When I asked if she had any medical problems the defendant replied, "I very healthy. Zero medications".

SEE Probable Cause PAGE 2 for further.....

## ODORS:

Strong odor of an unknown alcoholic beverage emanating from defendant's breath that became stronger as the defendant spoke to me

## GENERAL OBSERVATIONS

SPEECH: Slow, slurred, mumbled,

ATTITUDE: Mood swings, yelling, crying, laughing, uncooperative, combative

CLOTHING: (Disheveled) Blue tank top, white blouse, blue leggings, white wedged heels

MEDICAL/OTHER: Defendant denied having any medical conditions, injuries or physical impairments. Defendant denied being on any medications or taking any medications.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

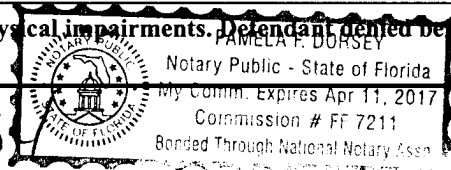
Inv. Chiquito-Rodriguez

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of February 20 17 by Inv. Chiquito-Rodriguez #18334

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

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



SCANNED

MAR 01 2017

SUBJECT: Garcia-Bango, Laura Raquel

CASE NUMBER 17044871

### 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:

Bloodshot, glassy eyes. Staggered, stumbled and overlapped her feet as she walked. Vertical nystagmus present and observed in both eyes.

#### WALK & TURN:

Instructed and demonstrated. Defendant verbally stated she understood the instructions. The defendant started task multiple times before being instructed to do so. Had to be repositioned while explaining task. She did not walk heel to toe. She progressively took bigger and wider steps and then began marching "like a soldier" bringing her knees high up to her chest and swinging her arms. She pivoted on the balls of her feet and completed an improper turn. She did not count in order, skipped and repeated numbers resulting in an improper number of steps. She continued to "march" back and forth on the line, swinging her arms and yelling out numbers.

#### ONE LEG STAND:

Instructed and demonstrated. Defendant verbally stated she understood the instructions. The defendant started task before being instructed to do so. Had to be repositioned while explaining task. She completed the task by outstretching her arms to the side, at shoulder height, like an "airplane". She lifted her leg up high, higher than six inches off the ground, with her toes point straight up. She began counting by one-thousands from "1001" to "1007" and then just counted "8", "9", "10", "11", "12" and "13". She then dropped her foot to the ground and crossed her hands at her lower back. She stopped the task before being instructed to do so.

#### FINGER TO NOSE:

Instructed and demonstrated. Defendant verbally stated she understood the instructions. The defendant demonstrated proficiency with identifying her left from her right hand. I had to instruct her multiple times to maintain her eyes closed and her head back. She completed most of the task with her eyes open. On the first instruction I told her "Left" and she brought her left hand up and missed the tip of her finger to the tip of her nose, returned her hand to her side and without being instructed to then brought her right hand up and missed the tip of her nose with that hand. She missed the tip of her nose on most of her attempts even with her eyes open.

#### ROMBERG ALPHABET:

Instructed and demonstrated. Defendant verbally stated she understood the instructions. She stated that she was proficient at reciting the alphabet in both English and Spanish. She began the task reciting the alphabet in English. She skipped and repeated letters and started from the beginning again. After the third attempt she recited the alphabet in Spanish. After making a few mistakes she stopped the task and began crying and saying that I was "embarrassing" her.

BREATH TEST RESULTS: 1) REFUSED 2) REFUSED 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

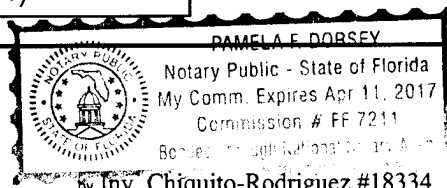
Inv. Chiquito-Rodriguez

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of February, 2017

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

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



SCANNED

MAR 01 2017

SCANNED  
MAR 01 2017

<b>VEHICLE #</b> 1		<b>Check if Commercial</b> <input type="checkbox"/>	
1 Vehicle in Transport <input type="checkbox"/> 2 Parked Motor Vehicle <input type="checkbox"/> 3 Working Vehicle <input type="checkbox"/>		<b>REGISTRATION EXPIRES</b> 06/15/2018 <b>Check if Permanent Registration</b> <input type="checkbox"/>	
<b>Hit and Run</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		<b>COLOR</b> WHI <b>DAMAGE:</b> 1 Disabling <input type="checkbox"/> 4 Minor <input type="checkbox"/> 2 Functional <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 3 None <input type="checkbox"/>	
		<b>EST. AMOUNT</b> 10000	
<b>Towed due to Damage:</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/>		<b>VEHICLE REMOVED BY</b> SHEEHANS TOWING 1. Rotation <input type="checkbox"/> 2. Owner Request <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Other, Explain in Narrative <input type="checkbox"/>	

<b>REGISTRATION EXPIRES</b>		<b>Check if Permanent Registration</b> <input type="checkbox"/>		<b>YEAR</b>		<b>MAKE</b>		<b>LENGTH</b>		<b>AXLES</b>	
<b>REGISTRATION EXPIRES</b>		<b>Check if Permanent Registration</b> <input type="checkbox"/>		<b>YEAR</b>		<b>MAKE</b>		<b>LENGTH</b>		<b>AXLES</b>	

<b>VEHICLE TRAVELING</b>		<b>ON STREET, ROAD, HIGHWAY</b>		<b>AT EST. SPEED</b>		<b>POSTED SPEED</b>		<b>TOTAL LANES</b>	
N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/> <b>N MILITARY TRAIL</b>				45		45		6	

<b>HAZ. MAT. RELEASED</b>		<b>HAZ. MAT. PLACARD</b>		<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>		<b>Area of Initial Impact</b> 	
1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>							
<b>MOTOR CARRIER NAME</b>				<b>US DOT NUMBER</b>				<b>Most Damaged Area</b>	
<b>MOTOR CARRIER ADDRESS</b>				<b>CITY &amp; STATE</b>				<b>ZIP CODE</b>	
<b>PHONE NUMBER</b>									

<b>Vehicle Body Type</b>		<b>Trafficway</b>		<b>Commercial Motor Vehicle Configuration</b>	
1 Passenger Car <input type="checkbox"/> 2 Passenger Van <input type="checkbox"/> 3 Pickup <input type="checkbox"/> 7 Motor Home <input type="checkbox"/> 8 Bus <input type="checkbox"/> 11 Motorcycle <input type="checkbox"/> 12 Moped <input type="checkbox"/> 13 All Terrain Vehicle (ATV) <input type="checkbox"/> 15 Low Speed Vehicle (Sport) Utility Vehicle <input type="checkbox"/> 17 Cargo Van (10,000 lbs (4,536 kg) or less) <input type="checkbox"/> 18 Motor Coach <input type="checkbox"/> 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) <input type="checkbox"/> 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 21 Farm Labor Vehicle <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		1 Two-Way, Not Divided <input type="checkbox"/> 2 Two-Way, Not Divided, with a Continuous Left Turn Lane <input type="checkbox"/> 3 Two-Way, Divided, Unprotected (painted >4 feet) Median <input type="checkbox"/> 4 Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 One-Way Trafficway <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials <input type="checkbox"/> 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 3 Single-Unit Truck (3 or more axles) <input type="checkbox"/> 4 Truck Pulling Trailer(s) <input type="checkbox"/> 5 Truck Tractor (bobtail) <input type="checkbox"/> 6 Truck Tractor/Semi-Trailer <input type="checkbox"/> 7 Truck Tractor/Double Truck <input type="checkbox"/> 8 Tractor/Triples <input type="checkbox"/> 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify <input type="checkbox"/> 10 Bus/Large Van (seats for 9-15 occupants, including driver) <input type="checkbox"/> 11 Bus (seats for more than 15 occupants, including driver) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	
<b>Comm/Non-Commercial</b>		<b>Trailer Type</b>		<b>Cargo Body Type</b>	
1 Interstate Carrier <input type="checkbox"/> 2 Intrastate Carrier <input type="checkbox"/> 3 Not in Commerce/Government <input type="checkbox"/> 4 Not in Commerce/Other Truck <input type="checkbox"/>		1 Single Semi Trailer <input type="checkbox"/> 2 Tandem Semi Trailer <input type="checkbox"/> 3 Tank Trailer <input type="checkbox"/> 4 Saddle Mount Trailer <input type="checkbox"/> 5 Boat Trailer <input type="checkbox"/> 6 Utility Trailer <input type="checkbox"/> 7 House Trailer <input type="checkbox"/> 8 Pole Trailer <input type="checkbox"/> 9 Towed Vehicle <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		1 No Cargo <input type="checkbox"/> 2 Bus <input type="checkbox"/> 3 Van/Enclosed Box <input type="checkbox"/> 4 Hopper <input type="checkbox"/> 5 Pole Trailer <input type="checkbox"/> 6 Cargo Tank <input type="checkbox"/> 7 Flatbed <input type="checkbox"/> 8 Dump <input type="checkbox"/> 9 Concrete Mixer <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Log <input type="checkbox"/> 13 Intermodal Container Chassis <input type="checkbox"/> 14 Vehicle Towing Another Vehicle <input type="checkbox"/> 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	
<b>Most Harmful Event</b>		<b>Collision with Non-Fixed Object</b>		<b>Collision Fixed Object</b>	
14 <input type="checkbox"/> 1 Overtake/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 <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 or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> 18 Other Non-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.) <input type="checkbox"/>	
<b>Sequence of Events</b>		<b>Vehicle Maneuver Action</b>		<b>Traffic Control Device For This Vehicle</b>	
1st 14 <input type="checkbox"/> 2nd 14 <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> (40-46 Sequence of Events only) 40 Equipment Failure (blown tire, brake failure, etc.) <input type="checkbox"/> 41 Separation of Units <input type="checkbox"/> 42 Ran Off Roadway, Right <input type="checkbox"/> 43 Ran Off Roadway, Left <input type="checkbox"/> 44 Cross Median <input type="checkbox"/> 45 Cross Centerline <input type="checkbox"/> 46 Downhill Runaway <input type="checkbox"/>		1 Straight Ahead <input type="checkbox"/> 3 Turning Left <input type="checkbox"/> 4 Backing <input type="checkbox"/> 5 Turning Right <input type="checkbox"/> 6 Changing Lanes <input type="checkbox"/> 8 Parked <input type="checkbox"/> 10 Making U-Turn <input type="checkbox"/> 11 Overtaking/ Passing <input type="checkbox"/> 13 Stopped in Traffic <input type="checkbox"/> 14 Slowing <input type="checkbox"/> 15 Negotiating a Curve <input type="checkbox"/> 16 Leaving Traffic Lane <input type="checkbox"/> 17 Entering Traffic Lane <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		1 No Controls <input type="checkbox"/> 4 School Zone Sign/ Device <input type="checkbox"/> 5 Traffic Control Signal <input type="checkbox"/> 6 Stop Sign <input type="checkbox"/> 7 Yield Sign <input type="checkbox"/> 8 Flashing Signal <input type="checkbox"/> 9 Railway Crossing Device <input type="checkbox"/> 10 Person (including Flagman, Officer, Guard, etc.) <input type="checkbox"/> 13 Warning Sign <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	
<b>Roadway Grade</b>		<b>Vehicle Defects</b>			
1 Level <input type="checkbox"/> 2 Hillcrest <input type="checkbox"/> 3 Uphill <input type="checkbox"/> 4 Downhill <input type="checkbox"/> 5 Sag (bottom) <input type="checkbox"/>		1 None <input type="checkbox"/> 2 Brakes <input type="checkbox"/> 3 Tires <input type="checkbox"/> 4 Lights (head, signal, tail) <input type="checkbox"/> 5 Steering <input type="checkbox"/> 7 Wipers <input type="checkbox"/> 9 Exhaust System <input type="checkbox"/> 10 Body, Doors <input type="checkbox"/> 11 Power Train <input type="checkbox"/> 12 Suspension <input type="checkbox"/> 13 Wheels <input type="checkbox"/> 14 Windows/ Windshield <input type="checkbox"/> 15 Mirrors <input type="checkbox"/> 16 Truck Coupling/ Trailer Hitch/ Safety Chains <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/>			
<b>Special Function of Motor Vehicle</b>		<b>Emergency Vehicle Use</b>			
1 No Special Function <input type="checkbox"/> 2 Farm Vehicle <input type="checkbox"/> 3 Police <input type="checkbox"/> 7 Taxi <input type="checkbox"/> 8 Military <input type="checkbox"/> 9 Ambulance <input type="checkbox"/> 10 Fire Truck <input type="checkbox"/> 11 Farm Labor Transport <input type="checkbox"/> 12 School Bus <input type="checkbox"/> 13 Transit/Commuter Bus <input type="checkbox"/> 14 Intercity Bus <input type="checkbox"/> 15 Charter/Tour Bus <input type="checkbox"/> 16 Shuttle Bus <input type="checkbox"/> 17 Farm Labor Bus <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>			

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

561-317-4522

Check if

Recommend  
Driver Re-exam

SEX  
1 Male  
2 Female  
88 Unknown

2

EXPIRES  
06/15/2022

INJURY SEVERITY (INJ)  
1 None  
2 Possible  
3 Non-Incapacitating

4 Incapacitating  
5 Fatal (within 30 days)  
6 Non-Traffic Fatality

1

## DRIVER

## DL Type

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

## Required Endorsements

1 Yes  
2 No  
3 No Req. Endorsement

1st

2

2nd

3rd

4th

1 No Contributing Action  
2 Operated MV in Careless or Negligent Manner  
3 Failed to Yield Right-of-Way  
4 Improper Backing  
5 Improper Turn  
6 Followed too Closely  
7 Ran Red Light  
8 Drove too Fast for Conditions  
9 Ran Stop Sign  
10 Improper Passing  
11 Exceeded Posted Speed  
12 Wrong Side or Wrong Way  
13 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

1 Apparently Normal  
2 Asleep or Fatigued  
3 Ill (sick) or Fainted  
4 Seizure, Epilepsy, Blackout  
5 Physically Impaired  
6 Emotional (depression, angry, disturbed, etc.)  
7 Under the influence of Medications/Drugs/Alcohol  
87 Other, Explain in Narrative  
88 Unknown

9

## Driver Distracted By

1 Not Distracted  
2 Electronic Communication Devices (cell phone, etc.)  
3 Other Electronic Device (navigation device, DVD player)

4 Other Inside the Vehicle (explain in narrative)  
5 External Distraction (outside the vehicle, explain in narrative)  
6 Texting  
7 Inattentive  
88 Unknown

## Driver Vision Obstructions

1 Vision Not Obscured  
2 Inclement Weather  
3 Parked/Stopped Vehicle  
4 Trees/Crops/Bushes

5 Load on Vehicle  
6 Building/Fixed Object  
7 Signs/Billboards  
8 Fog  
9 Smoke  
10 Glare  
77 All Other, Explain in Narrative

## DRIVER OR PASSENGER

## Helmet Use (HU)

1 DOT-Compliant Motorcycle Helmet  
2 Other Helmet  
3 No Helmet

## Eye Protection (EP)

1 Yes  
2 No  
3 Not Applicable

## Restraint Systems (RS)

1 Not Applicable  
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  
88 Unknown

## DRIVER OR PASSENGER

## Motor Vehicle Seating Position:

LOCATION: SEAT ROW OTHER  
(LOC)

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 4 Fourth 4 Unenclosed Cargo Area  
(explain in narrative) 77 Other Row  
88 Unknown 88 Unknown 88 Unknown  
88 Unknown 88 Unknown 88 Unknown

## Ejection (EJECT)

1 Not Ejected  
2 Ejected, Totally  
3 Ejected, Partially  
4 Not Applicable  
88 Unknown

## Air Bag Deployed (ABD)

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

## Non-Motorist Actions/Circumstances

1 No Improper Action  
2 Dart/Dash  
3 Failure to Yield Right-of-Way  
4 Failure to Obey Traffic Signs, Signals, or Officer  
5 In Roadway Improperly (standing, lying, working, playing)  
6 Disabled Vehicle Related (working on, pushing, leaving/approaching)  
7 Entering/Exiting Parked/Standing Vehicle  
8 Inattentive (talking, eating, etc.)  
9 Not Visible (dark clothing, no lighting, etc.)  
10 Improper Turn/Merge  
11 Improper Passing  
12 Wrong-Way Riding or Walking  
77 Other, Explain in Narrative  
88 Unknown

## 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

## ALCOHOL/DRUG/EMS

SUSPECTED ALCOHOL USE:  
1 No  
2 Yes  
88 Unknown

ALCOHOL TESTED:  
1 Test Not Given  
2 Test Refused  
3 Test Given  
88 Unknown, if Tested

ALCOHOL TEST TYPE:  
1 Blood  
2 Breath  
3 Urine  
77 Other, Explain in Narrative

ALCOHOL TEST RESULT:  
1 Pending  
2 Completed  
88 Unknown

BAC  
1 No  
2 Yes  
88 Unknown

SUSPECTED DRUG USE:  
1 No  
2 Yes  
88 Unknown

DRUG TESTED:  
1 Test Not Given  
2 Test Refused  
3 Test Given  
88 Unknown, if Tested

DRUG TEST TYPE:  
1 Blood  
3 Urine  
77 Other, Explain in Narrative

DRUG TEST RESULT:  
1 Positive  
2 Negative  
3 Pending  
88 Unknown

SOURCE OF TRANSPORT TO MEDICAL FACILITY  
1 Not Transported  
2 EMS 3 Law Enforcement  
77 Other, Explain in Narrative

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

## ADDITIONAL PASSENGERS

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

CITY & STATE ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY  
1 Not Transported  
2 EMS 3 Law Enforcement  
77 Other, Explain in Narrative

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

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

CITY & STATE ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY  
1 Not Transported  
2 EMS 3 Law Enforcement  
77 Other, Explain in Narrative

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

<b>VEHICLE #</b> 2		<b>Check if Commercial</b> <input type="checkbox"/>	
1 Vehicle in Transport <input type="checkbox"/> 2 Parked Motor Vehicle <input type="checkbox"/> 3 Working Vehicle <input type="checkbox"/>		<b>REGISTRATION EXPIRES</b> 09/07/2018 <b>Check if Permanent Registration</b> <input type="checkbox"/>	
<b>Hit and Run</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>		<b>COLOR</b> BLK <b>DAMAGE:</b> 1 Disabling <input type="checkbox"/> 4 Minor <input type="checkbox"/> 2 Functional <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 3 None <input type="checkbox"/>	
		<b>EST. AMOUNT</b> 2000	
<b>Towed due to Damage:</b> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/>		<b>VEHICLE REMOVED BY</b> DRIVER	
		1. Rotation <input type="checkbox"/> 2. Owner Request <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Other, Explain in Narrative <input type="checkbox"/>	
<b>REGISTRATION EXPIRES</b>		<b>Check if Permanent Registration</b> <input type="checkbox"/>	
<b>REGISTRATION EXPIRES</b>		<b>Check if Permanent Registration</b> <input type="checkbox"/>	
<b>YEAR</b>		<b>MAKE</b>	
<b>LENGTH</b>		<b>AXLES</b>	
<b>VEHICLE</b> N S E W Off-Road Unknown		<b>ON STREET, ROAD, HIGHWAY</b>	
<b>TRAVELING</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>N MILITARY TRAIL</b>	
<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>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>Area of Initial Impact</b>		<b>Most Damaged Area</b>	
1 15 16 17 18 19 20 21 2 3 4 5 6 7 8 9 10 11 12 13 14		18 Undercarriage 18 19 Overturn 19 20 Windshield 20 21 Trailer 21	
<b>Vehicle Body Type</b>		<b>Commercial Motor Vehicle Configuration</b>	
1 Passenger Car <input type="checkbox"/> 2 Passenger Van <input type="checkbox"/> 3 Pickup <input type="checkbox"/> 7 Motor Home <input type="checkbox"/> 8 Bus <input type="checkbox"/> 11 Motorcycle <input type="checkbox"/> 12 Moped <input type="checkbox"/> 13 All Terrain Vehicle (ATV) <input type="checkbox"/>		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials <input type="checkbox"/> 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 3 Single-Unit Truck (3 or more axles) <input type="checkbox"/> 4 Truck Pulling Trailer(s) <input type="checkbox"/> 5 Truck Tractor (bobtail) <input type="checkbox"/> 6 Truck Tractor/Semi-Trailer <input type="checkbox"/> 7 Truck Tractor/Double Truck <input type="checkbox"/>	
<b>Comm/Non-Commercial</b>		<b>Cargo Body Type</b>	
1 Interstate Carrier <input type="checkbox"/> 2 Intrastate Carrier <input type="checkbox"/> 3 Not in Commerce/Government <input type="checkbox"/> 4 Not in Commerce/Other Truck <input type="checkbox"/>		3 Van/Enclosed Box <input type="checkbox"/> 4 Hopper <input type="checkbox"/> 5 Pole-Trailer <input type="checkbox"/> 6 Cargo Tank <input type="checkbox"/> 7 Flatbed <input type="checkbox"/> 8 Dump <input type="checkbox"/> 9 Concrete Mixer <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Log <input type="checkbox"/>	
<b>Most Harmful Event</b>		<b>Emergency Vehicle Use</b>	
14 <input type="checkbox"/>		1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown <input type="checkbox"/>	
<b>Sequence of Events</b>		<b>Vehicle Defects</b>	
1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		1 None <input type="checkbox"/> 2 Brakes <input type="checkbox"/> 3 Tires <input type="checkbox"/> 4 Lights (head, signal, tail) <input type="checkbox"/> 5 Steering <input type="checkbox"/> 6 Wipers <input type="checkbox"/> 7 Exhaust System <input type="checkbox"/> 8 Body, Doors <input type="checkbox"/> 9 Power Train <input type="checkbox"/>	
<b>Roadway Grade</b>		<b>Traffic Control Device For This Vehicle</b>	
1 Level <input type="checkbox"/> 2 Hillcrest <input type="checkbox"/> 3 Uphill <input type="checkbox"/> 4 Downhill <input type="checkbox"/> 5 Sag (bottom) <input type="checkbox"/>		5 <input type="checkbox"/>	
<b>Roadway Alignment</b>		<b>Vehicle Maneuver Action</b>	
1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left <input type="checkbox"/>		13 Stopped in Traffic <input type="checkbox"/> 14 Slowing <input type="checkbox"/> 15 Negotiating a Curve <input type="checkbox"/> 16 Leaving Traffic Lane <input type="checkbox"/> 17 Entering Traffic Lane <input type="checkbox"/> 18 Other, Explain in Narrative <input type="checkbox"/>	
<b>Special Function of Motor Vehicle</b>		<b>Traffic Control Device For This Vehicle</b>	
1 No Special Function <input type="checkbox"/> 2 Farm Vehicle <input type="checkbox"/> 3 Police <input type="checkbox"/> 7 Taxi <input type="checkbox"/> 8 Military <input type="checkbox"/>		8 Flashing Signal <input type="checkbox"/> 9 Railway Crossing Device <input type="checkbox"/> 10 Person (including Flagman, Officer, Guard, etc.) <input type="checkbox"/> 11 Warning Sign <input type="checkbox"/> 12 Other, Explain in Narrative <input type="checkbox"/>	
<b>VIOLATIONS</b>		<b>VIOLATIONS</b>	
<b>PERSON #</b>		<b>NAME OF VIOLATOR</b>	
<b>FL STATUTE NUMBER</b>		<b>CHARGE</b>	
<b>CITATION NUMBER</b>		<b>CITATION NUMBER</b>	



PERSON #

2

1 Driver  
2 Non-Motorist  
3 Passenger

1

PHONE NUMBER

561-541-8616

Check if  
Recommend  
Driver Re-examSEX  
1 Male  
2 Female  
88 Unknown

2

EXPIRES

09/07/2024

INJURY SEVERITY (INU)

1 None  
2 Possible  
3 Non-Incapacitating4 Incapacitating  
5 Fatal (within 30 days)  
6 Non-Traffic Fatality

2

## DRIVER

## DL Type

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

## Required Endorsements

1 Yes  
2 No  
3 No Req. Endorsement

## Driver's Actions at Time of Crash

1st  
1 Not Contributing Action  
2 Operated MV in Careless or  
Negligent Manner  
3 Failed to Yield Right-of-Way  
4 Improper Backing  
5 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 Lane26 Ran off Roadway  
27 Disregarded other Traffic  
Sign  
28 Disregarded Other Road  
Markings  
29 Over-Correcting/Over-  
Steering  
30 Swerved or Avoided : Due  
to Wind, Slippery Surface,  
MV, Object, Non-Motorist in  
Roadway, etc.  
31 Operated MV in Erratic,  
Reckless or Aggressive Manner  
77 Other Contributing Action

3rd

1

Condition At  
Time of Crash1 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

1

## Driver Distracted By

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

2nd

1

4th

1

## Driver Vision Obstructions

1 Vision Not Obscured  
2 Inclement Weather  
3 Parked/Stopped Vehicle  
4 Trees/Crops/Bushes5 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)

1 DOT-Compliant  
Motorcycle Helmet  
2 Other Helmet  
3 No Helmet

## Eye Protection (EP)

1 Yes  
2 No  
3 Not ApplicableRestraint Systems  
(RS)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:

Seat  
1 Left  
2 Middle  
3 Right  
77 Other  
88 UnknownRow  
1 Front  
2 Second  
3 Third  
4 Fourth  
77 Other Row  
88 UnknownOther  
1 Not Applicable  
2 Sleeper Section of Truck Cab  
3 Other Enclosed Cargo Area  
4 Unenclosed Cargo Area  
5 Trailing Unit  
6 Riding on Motor Vehicle Exterior (non-  
trailing unit)  
88 UnknownLOCATION: SEAT ROW OTHER  
(LOC)

1

1

1

## Ejection (EJECT)

1 Not Ejected  
2 Ejected, Totally  
3 Ejected, Partially  
4 Not Applicable  
88 UnknownAir Bag Deployed  
(ABD)1 Not Applicable  
2 Not Deployed  
3 Deployed-Front  
4 Deployed-Side5 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  
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)  
2nd  
17 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:  
1 No  
2 Yes  
88 UnknownALCOHOL TESTED:  
1 Test Not Given  
2 Test Refused  
3 Test Given  
88 Unknown, if TestedALCOHOL TEST TYPE:  
1 Blood  
2 Breath  
3 Urine  
77 Other, Explain in  
NarrativeALCOHOL  
TEST RESULT:  
1 Pending  
2 Completed  
88 Unknown

BAC

SUSPECTED  
DRUG USE:  
1 No  
2 Yes  
88 UnknownDRUG TESTED:  
1 Test Not Given  
2 Test Refused  
3 Test Given  
88 Unknown, if TestedDRUG TEST TYPE:  
1 Blood  
3 Urine  
77 Other,  
Explain in NarrativeDRUG TEST RESULT:  
1 Positive  
2 Negative  
3 Pending  
88 UnknownSOURCE 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

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

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

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<b>VEHICLE #</b> <span style="border: 1px solid black; padding: 2px;">3</span>		<b>Check if Commercial</b> <input type="checkbox"/>	
1 Vehicle in Transport <input type="checkbox"/> 2 Parked Motor Vehicle <input type="checkbox"/> 3 Working Vehicle <span style="border: 1px solid black; padding: 2px;">1</span>		<b>REGISTRATION EXPIRES</b> 10/28/2018	
<b>Hit and Run</b> 1 No <input type="checkbox"/> 2 Yes <span style="border: 1px solid black; padding: 2px;">1</span> 88 Unknown		<b>COLOR</b> RED	
<b>DAMAGE:</b> 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None		<b>EST. AMOUNT</b> 5000	
<b>Towed due to Damage:</b> 1 No 2 Yes <span style="border: 1px solid black; padding: 2px;">2</span>		<b>VEHICLE REMOVED BY</b> SHEEHANS TOWING	
<b>1. Rotation</b> 2 Owner Request <span style="border: 1px solid black; padding: 2px;">1</span> 3 Driver 4 Other, Explain in Narrative			

<b>REGISTRATION EXPIRES</b>		<b>Check if Permanent Registration</b> <input type="checkbox"/>		<b>YEAR</b>		<b>MAKE</b>		<b>LENGTH</b>		<b>AXLES</b>	
<b>REGISTRATION EXPIRES</b>		<b>Check if Permanent Registration</b> <input type="checkbox"/>		<b>YEAR</b>		<b>MAKE</b>		<b>LENGTH</b>		<b>AXLES</b>	

<b>VEHICLE TRAVELING</b>		<b>ON STREET, ROAD, HIGHWAY</b>		<b>AT EST. SPEED</b>		<b>POSTED SPEED</b>		<b>TOTAL LANES</b>	
N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/> N MILITARY TRAIL				0		45		6	

<b>HAZ. MAT. RELEASED</b>		<b>HAZ. MAT. PLACARD</b>		<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>	
1 No <span style="border: 1px solid black; padding: 2px;">1</span> 2 Yes 88 Unknown		1 No <span style="border: 1px solid black; padding: 2px;">1</span> 2 Yes 88 Unknown					

<b>MOTOR CARRIER NAME</b>		<b>US DOT NUMBER</b>	

<b>MOTOR CARRIER ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>		<b>PHONE NUMBER</b>	

<b>Vehicle Body Type</b>		<b>Trafficway</b>		<b>Commercial Motor Vehicle Configuration</b>	
1 Passenger Car <span style="border: 1px solid black; padding: 2px;">1</span> 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 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	

<b>Comm/Non-Commercial</b>		<b>Trailer Type</b>		<b>Cargo Body Type</b>	
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log	

<b>Most Harmful Event</b>		<b>Collision with Non-Fixed Object</b>		<b>Collision Fixed Object</b>		<b>Emergency Vehicle Use</b>	
14 <span style="border: 1px solid black; padding: 2px;">14</span> Sequence of Events 1st <span style="border: 1px solid black; padding: 2px;">14</span> 2nd <span style="border: 1px solid black; padding: 2px;"></span> 3rd <span style="border: 1px solid black; padding: 2px;"></span> 4th <span style="border: 1px solid black; padding: 2px;"></span>		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>Roadway Grade</b>		<b>Roadway Alignment</b>		<b>Vehicle Maneuver Action</b>		<b>Traffic Control Device For This Vehicle</b>		<b>Vehicle Defects</b>	
1 Level <span style="border: 1px solid black; padding: 2px;">1</span> 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight <span style="border: 1px solid black; padding: 2px;">1</span> 2 Curve Right 3 Curve Left		13 <span style="border: 1px solid black; padding: 2px;">13</span> 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing		5 <span style="border: 1px solid black; padding: 2px;">5</span> 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		1 <span style="border: 1px solid black; padding: 2px;">1</span> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train	

<b>Special Function of Motor Vehicle</b>		<b>Vehicle Defects</b>	
1 No Special Function <span style="border: 1px solid black; padding: 2px;">1</span> 2 Farm Vehicle 3 Police 7 Taxi 8 Military		12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 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>

PERSON #

3

1 Driver  
2 Non-Motorist  
3 Passenger

1

PHONE NUMBER

561-602-0210

Check if  
Recommend  
Driver Re-examSEX  
1 Male  
2 Female  
88 Unknown

1

EXPIRES

10/28/2023

INJURY SEVERITY (INJ)

1 None  
2 Possible  
3 Non-Incapacitating  
4 Incapacitating  
5 Fatal (within 30 days)  
6 Non-Traffic Fatality

1

## DRIVER

## DL Type

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

## Required Endorsements

1 Yes  
2 No  
3 No Req. Endorsement

## Driver's Actions at Time of Crash

1st

1 No Contributing Action  
2 Operated MV in Careless or  
Negligent Manner  
3 Failed to Yield Right-of-Way  
4 Improper Backing  
5 Improper Turn  
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

2nd

3rd

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

4th

Condition At  
Time of Crash1 Apparently Normal  
3 Asleep or Fatigued  
5 Ill (sick) or Fainted  
6 Seizure, Epilepsy, Blackout  
7 Physically Impaired  
8 Emotional (depression,  
angry, disturbed, etc.)  
9 Under the Influence of  
Medications/Drugs/Alcohol  
77 Other, Explain in Narrative  
88 Unknown

## Driver Distracted By

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

## Driver Vision Obstructions

1 Vision Not Obscured  
2 Inclement Weather  
3 Parked/Stopped Vehicle  
4 Trees/Crops/Bushes  
5 Load on Vehicle  
6 Building/Fixed Object  
7 Signs/Billboards  
8 Fog  
9 Smoke  
10 Glare  
77 All Other, Explain  
in Narrative

## DRIVER OR PASSENGER

## Motor Vehicle Seating Position:

Seat	Row	Other
1 Left	1 Front	1 Not Applicable
2 Middle	2 Second	2 Sleeper Section of Truck Cab
3 Right	3 Third	3 Other Enclosed Cargo Area
77 Other	4 Fourth	4 Unenclosed Cargo Area
(explain in narrative)	77 Other Row	5 Trailing Unit
88 Unknown	88 Unknown	6 Riding on Motor Vehicle Exterior (non-trailing unit)
		88 Unknown

LOCATION: SEAT ROW OTHER  
(LOC) 1 1 1

## Helmet Use (HU)

1 DOT-Compliant  
Motorcycle Helmet  
2 Other Helmet  
3 No Helmet

## Eye Protection (EP)

1 Yes  
2 No  
3 Not ApplicableRestraint Systems  
(RS)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 NarrativeAir Bag Deployed  
(ABD)1 Not Applicable  
2 Not Deployed  
3 Deployed-Front  
4 Deployed-Side

## Ejection (EJECT)

1 Not Ejected  
2 Ejected, Totally  
3 Ejected, Partially  
4 Not Applicable  
88 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

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:  
1 No  
2 Yes  
88 UnknownALCOHOL TESTED:  
1 Test Not Given  
2 Test Refused  
3 Test Given  
88 Unknown, if TestedALCOHOL TEST TYPE:  
1 Blood  
2 Breath  
3 Urine  
77 Other, Explain in  
NarrativeALCOHOL  
TEST RESULT:  
1 Pending  
2 Completed  
88 Unknown

BAC

SUSPECTED  
DRUG USE:  
1 No  
2 Yes  
88 UnknownDRUG TESTED:  
1 Test Not Given  
2 Test Refused  
3 Test Given  
88 Unknown, if TestedDRUG TEST TYPE:  
1 Blood  
2 Urine  
77 Other,  
Explain in NarrativeDRUG TEST RESULT:  
1 Positive  
2 Negative  
3 Pending  
88 UnknownSOURCE OF TRANSPORT TO MEDICAL FACILITY  
1 Not Transported  
2 EMS 3 Law Enforcement  
77 Other, Explain in Narrative

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

## ADDITIONAL PASSENGERS

NAME	DOB	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

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

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

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SOURCE OF TRANSPORT TO MEDICAL FACILITY  
1 Not Transported  
2 EMS 3 Law Enforcement  
77 Other, Explain in Narrative

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

# NARRATIVE

V2 AND V3 WERE STOPPED AT THE RED LIGHT TRAVELING NORTH ON NORTH MILITARY TRAIL. V1 DID NOT STOP AT THE RED LIGHT AND STRUCK V2 AND V3, PUSHING V3 THROUGH THE INTERSECTION. PBCFR ENGINE 223 RESPONDED ON SCENE BUT DID NOT TRANSPORT ANYONE. V3 HAD FAMILY REMOVE HER VEHICLE AND DRIVE HER TO THE HOSPITAL FOR MINOR INJURIES. V3 AND V1 WERE REMOVED BY SHEEHANS TOWING AND TAKEN TO THEIR TOW YARD. NO FURTHER INJURIES WERE REPORTED.

CERTIFIED COPY

## ADDITIONAL PASSENGERS

NAME OF PASSENGER (Last, First, Middle Initial)	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
---	---------------	-----	-----	--------	---	---	-------	----	----	-----	----

CITY & STATE	ZIP CODE
--------------	----------

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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NAME OF PASSENGER (Last, First, Middle Initial)	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
---	---------------	-----	-----	--------	---	---	-------	----	----	-----	----

CITY & STATE	ZIP CODE
--------------	----------

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

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

## REPORTING OFFICER

OFFICER NAME	OFFICER ID	OFFICER TITLE	REPORTING AGENCY	REPORTING DATE	REPORTING TIME	REPORTING LOCATION	REPORTING OFFICER SIGNATURE
GEORGE	09 E		PALM BEACH COUNTY				

DIAGRAM



NOT TO SCALE

COPY

SHENANDOAH DR

V3

NOT  
N MILITARY TRAIL

V2

POINT OF IMPACT

V1

SCANNED

# WITNESS LIST

CASE NUMBER: **17044871**

ARRESTING OFFICER: **Inv. Chiquito-Rodriguez**

ADDRESS: **3228 Gun Club Rd WPB, FL 33406**

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) **561-688-3000**

CAN TESTIFY TO: **Facts of case**

NAME: **D/S Ernest George # 9656**

ADDRESS: **3228 Gun Club Rd WPB, FL 33406**

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) **561-688-3000**

CAN TESTIFY TO: **Facts of the case. Completed crash report.**

NAME: **D/S Michael Kelly #7386**

ADDRESS **3228 Gun Club Rd WPB, FL 33406**

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) **561-688-3000**

CAN TESTIFY TO: **Facts of the case. Back-up deputy on scene while roadsides were conducted.**

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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

**SCANNED**

**MAR 01 2017**



# TESTING FACILITY TASK REPORT

AGENCY: 185  
SUBJECT: Garcia, Rino, Juan CASE NUMBER: 17-041171  
DATE: 2/20/17 VIDEO TAPE NUMBER: 62202  
BEGINNING TIME: 2052 ENDING TIME: 2057  
BREATH TESTS RESULTS: 1) R TIME 2050 A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
BREATH OPERATOR: P. Lopez  
MAINTENANCE TECHNICIAN: J.R. (6467)

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred  
ATTITUDE: Subject is cooperative  
CLOTHING: Blue jeans Blue shirt  
MEDICAL CONDITIONS: N  
MEDICATIONS: N  
OTHER: Dependent on D.H. on  
Unknown odor of 10 min. Reverse

COMMENTS: All tests passed. All observations  
are in compliance with the rules. I refused NO  
read implied consent (subject see video) D  
continue passing implied consent D  
passing gas on video (see video). D refused  
by NTC D refused to answer. A/O  
on breath test. All tests passed.

SCANNED

MAR 01 2017

SUBJECT: Carroll, David CASE NUMBER: 17-04471

## 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 Inv 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:**

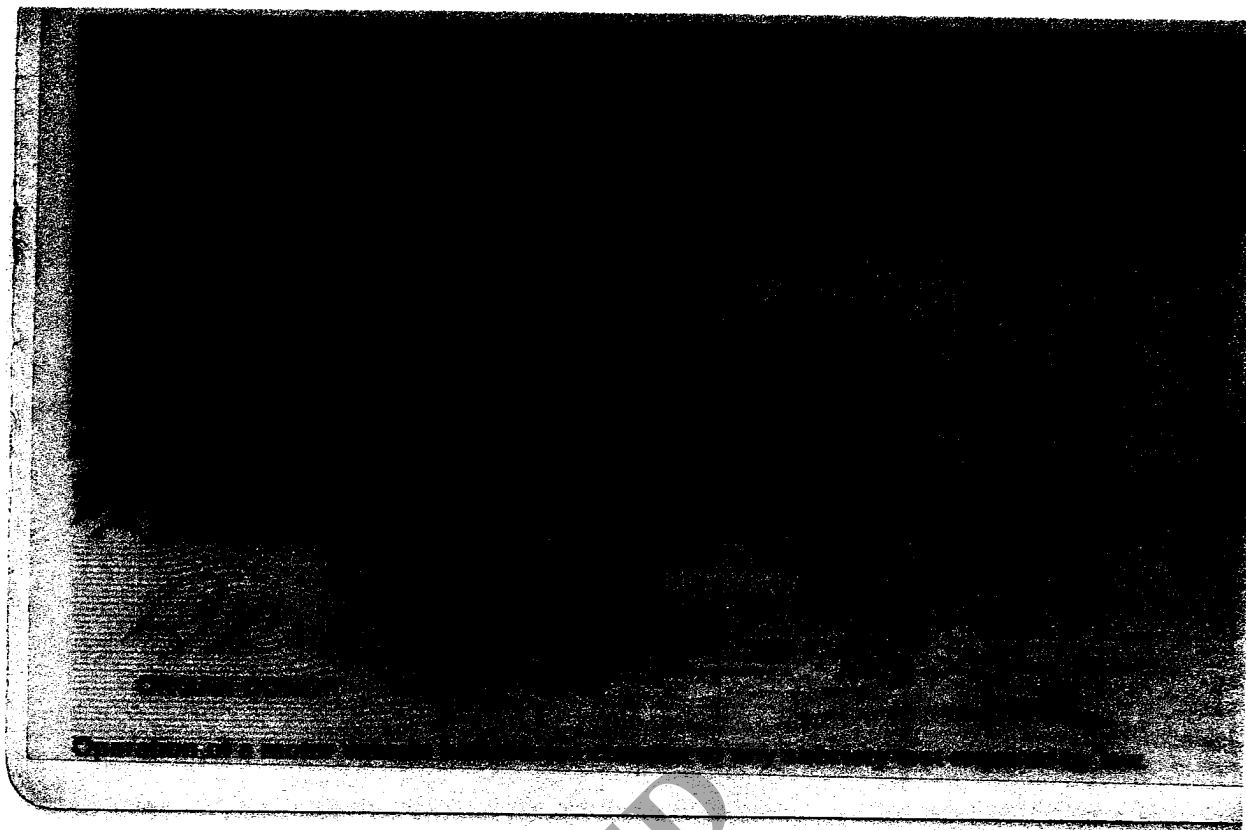
1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to 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.

**SCANNED**

**MAR 01 2017**

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

PBSO #0129C REV. 9/93



NOT A CERTIFIED

SCANNED

MAR 01 2017