

0147214

18CT9345

1228

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1  
N

OBTS Number	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>06-18-079108</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 01	
Location of Arrest (Including Name of Business) 22900 block of South State Road 7, Boca Raton, FL			Location of Offense (Business Name, Address) 22900 block of South State Road 7, Boca Raton, FL			
Date of Arrest 05/27/2018	Time of Arrest 19:53	Booking Date 05/27/2018	Booking Time	Jail Date	Jail Time	Location of Vehicle 22900 block of South State Road 7, Boca Raton, FL
Name (Last, First, Middle) <b>Weiner, Mark, Steven</b>			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 12/4/1964	Height 5'11	Weight 180	Eye Color blue	Hair Color blonde
Complexion light			Build medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) 0000	
Local Address (Street, Apt. Number) <b>7564 Regency Lake Dr Apt 202, Boca Raton, FL 33433</b>		(City)	(State)	(Zip)	Phone <b>(215) 5100 8497</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source DL
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation salesman
DL Number, State <b>W568557644440, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) Philadelphia, PA
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
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"/> 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	
<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. Distribute/ Distribute	M. Manufacture/ Production/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
Charge Description <b>Driving Under the Influence w/property damage</b>		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(3)(c)1</b>		Violation of ORD #
Drug Activity N	Drug Type	Amount / Unit	Offense # <b>18-079108</b>	Warrant / Capias Number		Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #
Drug Activity N	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		Violation of ORD #
Drug Activity N	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		Violation of ORD #
Drug Activity N	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
Location (Court, Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>						
Court Date and Time Month: <b>June</b> Day: <b>25th</b> Year: <b>2018</b> Time: <b>08:30</b> AM <input checked="" type="checkbox"/> PM						
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed <b>05/27/2018</b>		
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"/> Reassured Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>D/S POINTU P.</b> I.D.# <b>16032</b> Transporting Officer <b>D/S POINTU P.</b> ID# <b>16032</b> Agency <b>PBSO</b>		
Intake Deputy <b>D/S B. SHATARA #7623</b>		Witness here if subject signed with an "X"		PAGE 1 of 1		

SCANNED

MAY 30 2018

MAY 27 04:11:00

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF May 20 18 AT 18:50 AM  PM

SUBJECT: Weiner, Mark, Steven CASE NUMBER: 18-079108

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)

**Was seen by both victims as the driver and only occupant of the vehicle that improperly changed lane, hitting a second vehicle in the 22900 block of South State Road 7, Boca Raton, Palm Beach County, Florida.**

## OBSERVATION OF DRIVER:

**Was unable to follow direction. Hyperactive. Was walking around, stepping on and off the curb, standing around without any sign of discomfort. Was however unsteady on his feet.**

## DRIVER'S STATEMENTS:

**Post Miranda, said that he had two beers the night before but nothing since. Told me that it was too early to have some drink as it was only 7:30 AM. When asked if it was AM he looked at his watch and confirmed AM.**

## ODORS:

**slight odor of unknown alcohol beverage becoming stronger when he talked.**

## GENERAL OBSERVATIONS

**SPEECH: Talkative**

**ATTITUDE: Cooperative**

**CLOTHING: black polo shirt, blue shorts, white sneaker shoes**

**MEDICAL/OTHER: left damaged knee. No other medical conditions reported.**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S POINTU P.

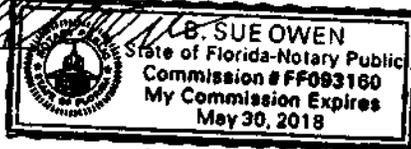
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of May 20 18 by D/S POINTU P.

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

**Sue Owen (#3184)**

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



SCANNED

MAY 30 2018

SUBJECT: Weiner, Mark, Steven

CASE NUMBER 18-079108

**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:**

Unable to follow direction. Did not moved his eyes. Then moved his head. Swayed. Complained about his knee. Offered him to complete the task seating.

**WALK & TURN:**

Unable to maintain the instructional stance. Started before being told. Did not walk heel to toe. Used his arms to balance. Made an improper turn. Walked off the line.

**ONE LEG STAND:**

Lowered his leg. Used his arms to balance. Swayed. Started before being told.

**FINGER TO NOSE:**

Swayed. Opened his eyes.

**ROMBERG ALPHABET:**

Swayed

Modified Romberg: swayed. Stopped the 30s count at 40s.

**BREATH TEST RESULTS:**      0.110                      0.112

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S POINTU P.

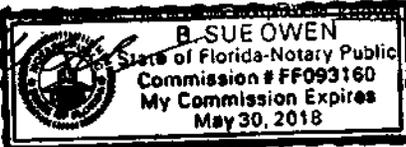
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of May 2018 by D/S POINTU P.

(Print name of Arresting/Investigative Officer, who is personally known to me and to the Notary Public)

Sue Owen (#3184)

Notary Public, Clerk of Court, Officer (F.S. § 119.10)



**SCANNED**

**MAY 30 2018**

# WITNESS LIST

CASE NUMBER: 18-079108

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: De Oliveira, Alancardec, Alves

ADDRESS: 10239 Boca Bnd W Apt 5, Boca Raton, FL 33428

PHONE NUMBERS (HOME) (954) 274 2522 (WORK) ()

CAN TESTIFY TO: driving pattern, wheel witness

NAME: Colacito, Joseph.

ADDRESS 5732 Nw 51st PL, Coral Springs, FL 33067

PHONE NUMBERS (HOME) (954) 821 8880 (WORK) 0

CAN TESTIFY TO: driving pattern, wheel witness

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

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

MAY 30 2018



SUBJECT: Weiner, Mark Steven CASE NUMBER: 18-079108

**IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE**

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

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

-OR-

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

-OR-

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

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

I am \_\_\_\_\_ of the \_\_\_\_\_

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

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

**CONSTITUTIONAL WARNINGS**

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

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

SUSPECT'S SIGNATURE: (X) Read on Camera

**SCANNED**

**MAY 30 2018**

SUBJECT: Weiner, Mark Steven CASE NUMBER: 18-079108

### 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? no

WHERE WERE YOU GOING? Going to a friend's home, I was not operating a motor vehicle

WHAT STREET OR HIGHWAY WERE YOU ON? 441

DIRECTION OF TRAVEL? S WHERE DID YOU START? Friends Home

WHAT TIME DID YOU START? 5:30 WHAT TIME IS IT NOW? 8:30

WHAT IS TODAY'S DATE? 28-27 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? WPB

WHEN DID YOU LAST EAT? couple of hours ago WHAT DID YOU EAT? Eggs, bacon, hash browns

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? watching TV

HOW MUCH DO YOU WEIGH? 180 HAVE YOU BEEN DRINKING? no 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? no ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH?

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? Sales WHEN DID YOU LAST WORK? 11:00am

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? knee

ARE YOU SICK OR INJURED? knee WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? no

WERE YOU IN AN ACCIDENT TODAY? yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? no WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

- DO YOU HAVE:
- EPILEPSY? no
  - GLASS EYE? no
  - FALSE TEETH? no
  - EAR INFECTION? no
  - INNER EAR TROUBLE? no
  - DIABETES? no

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? no

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

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

INTERVIEWER: DJ Poinin 16232

SCANNED

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE

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

TOTAL # OF VEHICLE SECTION(S) 3  
TOTAL # OF PERSON SECTION(S) 3  
TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 05/27/2018	TIME OF CRASH 6:50 PM	DATE OF REPORT 05/27/2018	REPORTING AGENCY CASE NUMBER 18079100	HSMV CRASH REPORT NUMBER 81508745
--------------------------	--------------------------	------------------------------	--	--------------------------------------

CRASH IDENTIFIERS						
COUNTY CODE 06	CITY CODE 00	COUNTY OF CRASH PALM BEACH	PLACE OR CITY OF CRASH UNINCORPORATED	CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED 6:51 PM	TIME DISPATCHED 6:52 PM
TIME ON SCENE 7:00 PM	TIME CLEARED SCENE 8:00 PM	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (IF Investigation NOT Complete)			Notified By: 1 Motorist 2 Law Enforcement <input checked="" type="checkbox"/>

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)					
CRASH OCCURRED ON STREET, ROAD, HIGHWAY US HIGHWAY 441 (SOUTH STATE ROAD 7)			AT STREET ADDRESS #	AT LATITUDE	AND LONGITUDE
FEET 200.00	MILES	N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY SANDALFOOT BLVD		OR FROM MILEPOST #

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

CRASH INFORMATION (CHECK IF PICTURES TAKEN: <input type="checkbox"/> )				
<b>Light Condition</b> 1 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown 77 Other, Explain in Narrative 88 Unknown	<b>Weather Condition</b> 2 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative	<b>Roadway Surface Condition</b> 2 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown	<b>School Bus Related</b> 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	<b>Manner of Collision/Impact</b> 4 1 Front to Rear 2 Front to Front 3 Angle 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown

<b>First Harmful Event</b> 14 1 No 2 Yes 88 Unknown	<b>Non-Collision</b> 1 Overturn/Rollover 2 Fire/Explosion 3 Jackknifing 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision	<b>Collision Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object	<b>Collision with Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier	<b>30 Concrete Traffic Barrier</b> <b>31 Other Traffic Barrier</b> 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>First Harmful Event Location</b> 1 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown
---	---	---	--	--	--

<b>First Harmful Event Relation to Junction</b> 1 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown	<b>Contributing Circumstances: Road</b> 1 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown	<b>Contributing Circumstances: Environment</b> 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown
--	---	---

<b>Work Zone Related</b> 1 1 No 2 Yes 88 Unknown	<b>Crash in Work Zone</b> 1 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	<b>Type of Work Zone</b> 1 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	<b>Workers in Work Zone</b> 1 1 No 2 Yes 88 Unknown	<b>Law Enforcement in Work Zone</b> 1 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present
--	---	--	---	---

WITNESSES			
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE

NON VEHICLE PROPERTY DAMAGE							
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE

VEHICLE # <b>1</b>		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER <b>18079100</b>		HSMV CRASH REPORT NUMBER <b>81508745</b>			
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER <b>IATC72</b>	STATE <b>FL</b>	REGISTRATION EXPIRES <b>12/04/2018</b>	Check if Permanent Registration <input type="checkbox"/>	VIN <b>1G1185SL1FF127129</b>			
Hit and Run 1 No 2 Yes 88 Unknown	YEAR <b>2015</b>	MAKE <b>CHEV</b>	MODEL <b>MALIBU</b>	STYLE <b>4D</b>	COLOR <b>BLU</b>	DAMAGE: 1 Disabling 2 Functional 3 None	4 Minor 88 Unknown EST. AMOUNT <b>1000</b>		
INSURANCE COMPANY <b>SECURITY NATIONAL INSURANCE COMPANY</b>		INSURANCE POLICY NUMBER <b>3000G008773317</b>		Yowed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY <b>DRIVER</b>		1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative		
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/> <b>MARK STEVEN WEINER</b>		CURRENT ADDRESS <b>7564 REGENCY LAKE DR APT 202</b>		CITY & STATE <b>BOCA RATON FL</b>		ZIP CODE <b>33433</b>			
Trailer # <b>1</b>	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR MAKE LENGTH AXLES		
Trailer # <b>2</b>	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		YEAR MAKE LENGTH AXLES		
VEHICLE TRAVELING		ON STREET, ROAD, HIGHWAY <b>US HIGHWAY 441 (SOUTH STATE ROAD 7)</b>		AT EST SPEED <b>20</b>	POSTED SPEED <b>45</b>	TOTAL LANES <b>8</b>			
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of Initial Impact		Most Damaged Area			
MOTOR CARRIER NAME		US DOT NUMBER							
MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE		PHONE NUMBER			
<b>Vehicle Body Type</b> <input type="checkbox"/> 1 Passenger Car <input type="checkbox"/> 2 Passenger Van <input type="checkbox"/> 3 Truck <input type="checkbox"/> 4 Motor Home <input type="checkbox"/> 5 Bus <input type="checkbox"/> 6 Motorcycle <input type="checkbox"/> 7 Moped <input type="checkbox"/> 8 All Terrain Vehicle (ATV)		<b>Trafficway</b> <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		<b>Commercial Motor Vehicle Configuration</b> <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 (overhaul) <input type="checkbox"/> 6 Truck Tractor/Semi-Trailer <input type="checkbox"/> 7 Truck Tractor/Double Truck		<b>Trailer Type</b> <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 Lowed vehicle <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<b>Cargo Body Type</b> <input type="checkbox"/> 1 No Cargo <input type="checkbox"/> 2 Bus <input type="checkbox"/> 3 Vary 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	
<b>Comm/Non-Commercial</b> <input type="checkbox"/> 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		<b>Comm GVWR/GCWR</b> <input type="checkbox"/> 1 10,000 lbs (4,536 kg) or less <input type="checkbox"/> 2 10,001-26,000 lbs (4,536-11,793 kg) <input type="checkbox"/> 3 More than 26,000 lbs (11,793 kg) <input type="checkbox"/> 4 Not Applicable		<b>Collision with Non-Fixed Object</b> <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		<b>Collision Fixed Object</b> <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		<b>Emergency Vehicle Use</b> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	
<b>Most Harmful Event</b> <input type="checkbox"/> 14		<b>Non-Collision</b> <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		<b>Collision Fixed Object</b> <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 Signal Support <input type="checkbox"/> 35 Traffic Sign 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.)		<b>Sequence of Events</b> <input type="checkbox"/> 14		<b>(40-46 Sequence of Events only)</b> <input type="checkbox"/> 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	
<b>Roadway Grade</b> <input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Hillcrest <input type="checkbox"/> 3 Uphill <input type="checkbox"/> 4 Downhill <input type="checkbox"/> 5 Sag (bottom)		<b>Roadway Alignment</b> <input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left		<b>Vehicle Maneuver Action</b> <input type="checkbox"/> 6		<b>Traffic Control Device For This Vehicle</b> <input type="checkbox"/> 1		<b>Vehicle Defects</b> <input type="checkbox"/> 1	
<b>Special Function of Motor Vehicle</b> <input type="checkbox"/> 1		<input type="checkbox"/> 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"/> 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	
VIOLATIONS									
PERSON # <b>1</b>	NAME OF VIOLATOR <b>MARK STEVEN WEINER</b>	FL STATUTE NUMBER <b>316.085(2)</b>	CHARGE <b>IMPROPER LANE CHANGE</b>	CITATION NUMBER <b>A9WRZSE</b>					
PERSON # <b>1</b>	NAME OF VIOLATOR <b>MARK STEVEN WEINER</b>	FL STATUTE NUMBER <b>316.193(3)(C)(1)</b>	CHARGE <b>DUI W/PROPERTY DAMAGE</b>	CITATION NUMBER <b>A2FUJFP</b>					
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER					

<b>PERSON #</b> 1	<b>REPORTING AGENCY CASE NUMBER</b> 18079100	<b>HSMV CRASH REPORT NUMBER</b> 81508745
-------------------	---	---

1 Driver 2 Non-Motorist 3 Passenger	<b>VEHICLE #</b> 1	<b>NAME</b> MARK STEVEN WEINER	<b>PHONE NUMBER</b> 954 274 2522	Check if Recommend Driver Re-exam <input type="checkbox"/>
---	-----------------------	-----------------------------------	-------------------------------------	--

<b>CURRENT ADDRESS (Number and Street)</b> 7564 REGENCY LAKE DR APT 202	<b>CITY &amp; STATE</b> BOCA RATON FL	<b>ZIP CODE</b> 33433
--	--	--------------------------

<b>DATE OF BIRTH</b> 12/04/1964	<b>SEX</b> 1 Male 2 Female 88 Unknown	<b>DRIVER LICENSE NUMBER</b> W560557644440	<b>STATE</b> FL	<b>EXPIRES</b> 12/04/2023	<b>INJURY SEVERITY (HUI)</b> 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	1
------------------------------------	--	---	--------------------	------------------------------	--	---

<b>DL Type</b> 5	<b>Required Endorsements</b> 3	<b>Driver's Actions at Time of Crash</b>	<b>Condition At Time of Crash</b> 1
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	1 Yes 2 No 3 No Req. Endorsement	1st 2 2nd 25	1 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
<b>Driver Distracted By</b> 1 Not Distracted 2 Electronic Communication (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	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 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	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.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown

<b>Driver Vision Obstructions</b> 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	<b>Helmet Use (HU)</b> 3	<b>Eye Protection (EP)</b> 3	<b>Restraint Systems (RS)</b> 3
---	---	---	-----------------------------	---------------------------------	------------------------------------

<b>Motor Vehicle Seating Position:</b>	<b>LOCATION: SEAT ROW OTHER (LOC)</b> 1 1 1	<b>Ejection (EJECT)</b> 1	<b>Air Bag Deployed (ABD)</b> 2	<b>Non-Motorist Description</b> 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, stroller, 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	<b>Non-Motorist Location At Time of Crash</b> 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	<b>Action Prior to Crash</b> 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
--	--	------------------------------	------------------------------------	---	--	---

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

<b>SUSPECTED ALCOHOL USE:</b> 1 No 2 Yes 88 Unknown	<b>ALCOHOL TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<b>ALCOHOL TEST TYPE:</b> 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	<b>ALCOHOL TEST RESULT:</b> 1 Pending 2 Completed 88 Unknown	<b>BAC</b> 0.112	<b>SUSPECTED DRUG USE:</b> 1 No 2 Yes 88 Unknown	<b>DRUG TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<b>DRUG TEST TYPE:</b> 1 Blood 3 Urine 77 Other, Explain in Narrative	<b>DRUG TEST RESULT:</b> 1 Positive 2 Negative 3 Pending 88 Unknown
--	---	---	---	---------------------	---	--	--	---

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

<b>PERSON #</b>   <b>VEHICLE #</b>   <b>NAME</b>	<b>DATE OF BIRTH</b>   <b>INJ</b>   <b>SEX</b>   <b>LOC:</b> S   R   O   <b>EJECT</b>   <b>HU</b>   <b>EP</b>   <b>ABD</b>   <b>RS</b>
--	--

<b>CURRENT ADDRESS (Number and Street)</b>	<b>CITY &amp; STATE</b>	<b>ZIP CODE</b>
--	-------------------------	-----------------

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

<b>PERSON #</b>   <b>VEHICLE #</b>   <b>NAME</b>	<b>DATE OF BIRTH</b>   <b>INJ</b>   <b>SEX</b>   <b>LOC:</b> S   R   O   <b>EJECT</b>   <b>HU</b>   <b>EP</b>   <b>ABD</b>   <b>RS</b>
--	--

<b>CURRENT ADDRESS (Number and Street)</b>	<b>CITY &amp; STATE</b>	<b>ZIP CODE</b>
--	-------------------------	-----------------

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

<b>VEHICLE #</b> 2	Check if Commercial <input type="checkbox"/>	<b>REPORTING AGENCY CASE NUMBER</b> 18079100	<b>HSMV CRASH REPORT NUMBER</b> 81508745
--------------------	--	---	---

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	1	<b>VEHICLE LICENSE NUMBER</b> GYXJ34	<b>STATE</b> FL	<b>REGISTRATION EXPIRES</b> 11/15/2018	Check if Permanent Registration <input type="checkbox"/>	<b>VIN</b> 1HCGG5657WA244399
---	---	---	--------------------	---	--	---------------------------------

Hit and Run 1 No 2 Yes 88 Unknown	1	<b>YEAR</b> 1998	<b>MAKE</b> HOND	<b>MODEL</b> ACCORD	<b>STYLE</b> 4D	<b>COLOR</b> GRN	<b>DAMAGE</b> 1 Disabling 2 Functional 3 None	4 Minor 88 Unknown	2	<b>EST. AMOUNT</b> 5000
--	---	---------------------	---------------------	------------------------	--------------------	---------------------	--	-----------------------	---	----------------------------

<b>INSURANCE COMPANY</b> SECURITY NATIONAL INSURANCE COMPANY	<b>INSURANCE POLICY NUMBER</b> 3000G008124557	Towed due to Damage: 1 No 2 Yes	1	<b>VEHICLE REMOVED BY</b> DRIVER	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative	3
---	--	------------------------------------	---	-------------------------------------	--	---

<b>NAME OF VEHICLE OWNER</b> (Check if Business) <input type="checkbox"/> ALANCARDEC	<b>ALVES DE OLIVEIRA</b>	<b>CURRENT ADDRESS</b> 10239 BOCA BND W APT 5	<b>CITY &amp; STATE</b> BOCA RATON FL	<b>ZIP CODE</b> 33428
---	--------------------------	--	--	--------------------------

<b>Trailer #</b> 1	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	Check if Permanent Registration <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>	<b>LENGTH</b>	<b>AXLES</b>
<b>Trailer #</b> 2	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	Check if Permanent Registration <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>	<b>LENGTH</b>	<b>AXLES</b>

<b>VEHICLE TRAVELING</b> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>	<b>ON STREET, ROAD, HIGHWAY</b> US HIGHWAY 441 (SOUTH STATE ROAD 7)	<b>AT EST SPEED</b> 25	<b>POSTED SPEED</b> 45	<b>TOTAL LANES</b> 8
---	--	---------------------------	---------------------------	-------------------------

<b>HAZ. MAT. RELEASED</b> 1 No 2 Yes 88 Unknown	1	<b>HAZ. MAT. PLACARD</b> 1 No 2 Yes 88 Unknown	1	<b>HAZ. MAT. NUMBER</b>	<b>HAZ. MAT. CLASS</b>	<b>Area of Initial Impact</b>	<b>Most Damaged Area</b>
--	---	---	---	-------------------------	------------------------	-------------------------------	--------------------------

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

<b>Vehicle Body Type</b> 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)	1	<b>Commercial Motor Vehicle Configuration</b> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (boom) <input type="checkbox"/> 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck	4	<b>Trailer Type</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer	<b>Cargo Body Type</b> 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
--	---	--	---	---	--

<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck	<b>Most Harmful Event</b> 14	<b>Sequence of Events</b> 1st 14 2nd 14 3rd 4th	<b>Collision with Non-Fixed Object</b> 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	<b>Collision Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End	<b>Emergency Vehicle Use</b> 1 1 No 2 Yes 88 Unknown
---	---------------------------------	--	---	---	--

<b>Comm GVWR/GCWR</b> 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	<b>Vehicle Maneuver Action</b> 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing	<b>Traffic Control Device For This Vehicle</b> 1 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign	<b>Vehicle Defects</b> 1 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 5 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train
---	---	--	---

<b>Non-Collision</b> 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision	<b>40-46 Sequence of Events only</b> 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway	<b>Roadway Grade</b> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	<b>Roadway Alignment</b> 1 Straight 2 Curve Right 3 Curve Left
--	--	--	---

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

<b>VIOLATIONS</b>	<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>
-------------------	-----------------	-------------------------	--------------------------	---------------	------------------------

<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>
-----------------	-------------------------	--------------------------	---------------	------------------------

<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>
-----------------	-------------------------	--------------------------	---------------	------------------------

PERSON # <b>2</b>		REPORTING AGENCY CASE NUMBER <b>18079100</b>			HSMV CRASH REPORT NUMBER <b>81508745</b>		
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # <b>1</b>	NAME <b>ALANCARDEC ALVES DE OLIVEIRA</b>		PHONE NUMBER <b>954 274 2522</b>	Check if Recommend Driver Re-exam <input type="checkbox"/>	
CURRENT ADDRESS (Number and Street) <b>10239 BOCA BND W APT 5</b>				CITY & STATE <b>BOCA RATON FL</b>		ZIP CODE <b>33428</b>	
DATE OF BIRTH <b>11/15/1964</b>	SEX 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER <b>D416001644150</b>	STATE <b>FL</b>	EXPIRES <b>04/30/2019</b>	INJURY SEVERITY (INI) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality		
DL Type <b>5</b>		Required Endorsements <b>3</b>		Driver's Actions at Time of Crash			
1st <b>1</b>		2nd <b>1</b>		3rd <b>1</b>		4th <b>1</b>	
Driver Distracted By <b>1</b>		Driver Vision Obstructions <b>1</b>		Helmet Use (HU) <b>3</b>		Eye Protection (EP) <b>3</b>	
Motor Vehicle Seating Position: Seat Row Other <b>1 Left Front 1 Not Applicable</b>		Ejection (EJECT) <b>1</b>		Air Bag Deployed (ABD) <b>2</b>		Restraint Systems (RS) <b>3</b>	
Non-Motorist Description <b>1</b>		Non-Motorist Location At Time of Crash <b>1</b>		Action Prior to Crash <b>1</b>			
Safety Equipment <b>1</b>		Non-Motorist Actions/Circumstances 1st <b>1</b>		7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)			
SUSPECTED ALCOHOL USE: <b>1</b>		ALCOHOL TESTED: <b>1</b>		SUSPECTED DRUG USE: <b>1</b>		DRUG TESTED: <b>1</b>	
SOURCE OF TRANSPORT TO MEDICAL FACILITY <b>1</b>		EMS AGENCY NAME OR ID <b>PALM BEACH COUNTY FIRE RESCUE 51</b>		EMS RUN NUMBER <b>18-057433</b>		MEDICAL FACILITY TRANSPORTED TO	
PERSON # VEHICLE # NAME		DATE OF BIRTH INJ SEX		LOC: S R O EJECT HU EP ABD RS		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY <b>1</b>		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO	
PERSON # VEHICLE # NAME		DATE OF BIRTH INJ SEX		LOC: S R O EJECT HU EP ABD RS		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY <b>1</b>		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO	

VEHICLE # <b>3</b>		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER <b>18079100</b>		HSMV CRASH REPORT NUMBER <b>81508745</b>					
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER <b>HWPQ18</b>	STATE <b>FL</b>	REGISTRATION EXPIRES <b>03/28/2019</b>	Check if Permanent Registration <input type="checkbox"/>	VIN <b>1YVFP80D635M17941</b>					
HIT and Run 1 No 2 Yes 88 Unknown	YEAR <b>2003</b>	MAKE <b>MAZD</b>	MODEL <b>6</b>	STYLE <b>4D</b>	COLOR <b>YEL</b>	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	EST. AMOUNT <b>5000</b>				
INSURANCE COMPANY <b>PROGRESSIVE AMERICAN INSURANCE COMPAN</b>		INSURANCE POLICY NUMBER <b>921189651</b>		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY <b>DRIVER</b>		1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative				
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>		CURRENT ADDRESS		CITY & STATE		ZIP CODE					
<b>JOSEPH</b>		<b>COLACITO</b>		<b>5732 NW 51ST PL</b>		<b>CORAL SPRINGS FL 33067</b>					
Trailer #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES		
<b>1</b>				<input type="checkbox"/>							
<b>2</b>				<input type="checkbox"/>							
VEHICLE TRAVELING		ON STREET, ROAD, HIGHWAY		AT EST SPEED		POSTED SPEED		TOTAL LANES			
<input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road Unknown		<b>US HIGHWAY 441 (SOUTH STATE ROAD 7)</b>		<b>25</b>		<b>45</b>		<b>8</b>			
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of Initial Impact		Most Damaged Area					
<b>1</b>	<b>1</b>										
MOTOR CARRIER NAME		US DOT NUMBER		CITY & STATE		ZIP CODE		PHONE NUMBER			
<b>Vehicle Body Type</b>		<b>Trafficway</b>		<b>Trailer Type</b>		<b>Commercial Motor Vehicle Configuration</b>		<b>Cargo Body Type</b>			
<b>1</b> 1 Passenger Car 2 7-Seater (8+ Pass) 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<b>4</b> 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		<b>1</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		<b>1</b> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck		<b>1</b> 8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown		<b>1</b> 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Hatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log	
<b>Comm/Non-Commercial</b>		<b>Comm GVWR/GCWR</b>		<b>Collision with Non-Fixed Object</b>		<b>Collision Fixed Object</b>		<b>Emergency Vehicle Use</b>			
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		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		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 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)			
<b>Most Harmful Event</b>		<b>Sequence of Events</b>		<b>Vehicle Maneuver Action</b>		<b>Traffic Control Device For This Vehicle</b>		<b>Vehicle Defects</b>			
<b>14</b> 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		<b>14</b> [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		<b>1</b> 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Mating 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		<b>1</b> 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		<b>1</b> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown			
<b>Special Function of Motor Vehicle</b>		<b>Roadway Alignment</b>		<b>Violations</b>							
1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		1 Straight 2 Curve Right 3 Curve Left		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							

SCANNED

MAY 30 2018

PERSON # <b>3</b>	REPORTING AGENCY CASE NUMBER <b>18079100</b>	HSMV CRASH REPORT NUMBER <b>B1508745</b>
-------------------	---	---

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # <b>1</b>	NAME <b>JOSEPH COLACITO</b>	PHONE NUMBER <b>954 821 8880</b>	Check if Recommend Driver Re-exam <input type="checkbox"/>
---	--------------------	--------------------------------	-------------------------------------	--

CURRENT ADDRESS (Number and Street) <b>5732 NW 51ST PL</b>	CITY & STATE <b>CORAL SPRINGS FL</b>	ZIP CODE <b>33067</b>
---	---	--------------------------

DATE OF BIRTH <b>03/28/1957</b>	SEX 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER <b>C423480571080</b>	STATE <b>FL</b>	EXPIRES <b>03/28/2019</b>	INJURY SEVERITY (INI) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	<b>1</b>
------------------------------------	---	---	--------------------	------------------------------	---	----------

DL Type <b>5</b>	Required Endorsements <b>3</b>	Driver's Actions at Time of Crash	Condition At Time of Crash <b>1</b>
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	1 Yes 2 No 3 No Req. Endorsement	1st <b>1</b> 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 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	1 Apparently Normal 2 Asleep or Fatigued 3 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 <b>1</b>	4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Tasting 7 Inattentive 88 Unknown	2nd <b>1</b> 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	
Driver Vision Obstructions <b>1</b>	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	3rd <b>1</b> 32 No Contributing Action 33 Failed to Yield Right-of-Way	
1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	9 Smoke 10 Glare 77 All Other, Explain in Narrative	4th <b>1</b> 34 No Contributing Action	

DRIVER OR PASSENGER <b>3</b>	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) <b>3</b> 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
---------------------------------	---	--	--

Motor Vehicle Seating Position:	LOCATION: SEAT ROW OTHER (LOC) <b>1 1 1</b>	Air Bag Deployed (ABD) <b>2</b> 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side	Ejection (EJECT) <b>1</b> 1 Not Ejected 2 Ejected - Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown
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 77 Other Row narrative) 88 Unknown 5 Trailing Unit 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	

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

SUSPECTED ALCOHOL USE 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC	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 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
--	-----------------------	----------------	---------------------------------

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INI	SEX	LOC.	S	R	O	EJECT	HU	EP	ABD	RS
----------	-----------	------	---------------	-----	-----	------	---	---	---	-------	----	----	-----	----

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
-------------------------------------	--------------	----------

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

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INI	SEX	LOC.	S	R	O	EJECT	HU	EP	ABD	RS
----------	-----------	------	---------------	-----	-----	------	---	---	---	-------	----	----	-----	----

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
-------------------------------------	--------------	----------

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

<b>NARRATIVE</b>		REPORTING AGENCY CASE NUMBER <b>18079100</b>	HSMV CRASH REPORT NUMBER <b>81508745</b>
<p>V3 WAS DRIVING SOUTHBOUND ON LANE 3 OF US HIGHWAY 441 (SOUTH STATE ROAD 7), APPROXIMATELY 300 FEET NORTH OF THE INTERSECTION WITH SANDALFOOT BLVD, IN UNINCORPORATED BOCA RATON, PALM BEACH COUNTY, FLORIDA</p> <p>V2 WAS DRIVING SOUTHBOUND ON THE RIGHT TURNING LANE OF US HIGHWAY 441 (SOUTH STATE ROAD 7), APPROXIMATELY 300 FEET NORTH OF THE INTERSECTION WITH SANDALFOOT BLVD.</p> <p>V1 WAS DRIVING SOUTHBOUND ON LANE 3 OF US HIGHWAY 441 (SOUTH STATE ROAD 7), BEHIND V3.</p> <p>V1 CHANGED LANE TOWARDS THE RIGHT TURNING LANE, HIT THE REAR LEFT OF V2. V2 SPUN AROUND, ENTERING INTO LANE 3, HITTING THE REAR RIGHT OF V3. V2 CONTINUED TO SLIDE SIDEWAYS BACK TO THE WEST SWALE WHERE ITS FINISHED ITS COURSE.</p> <p>DRIVER OF V1 WAS ARRESTED FOR DUI.</p>			
<b>ADDITIONAL PASSENGERS</b>			
PERSON #	VEHICLE #	NAME	DATE OF BIRTH INJ SEX LOC: S R O EJECT HU EP ABD RS
CURRENT ADDRESS (Number and Street)		CITY & STATE	ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		EMS AGENCY NAME OR ID	EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO
PERSON #	VEHICLE #	NAME	DATE OF BIRTH INJ SEX LOC: S R O EJECT HU EP ABD RS
CURRENT ADDRESS (Number and Street)		CITY & STATE	ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		EMS AGENCY NAME OR ID	EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO
<b>ADDITIONAL VIOLATIONS</b>			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE CITATION NUMBER
<b>REPORTING OFFICER</b>			
ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP SD PD OTHER
16032	D/S P. POINTU	PALM BEACH COUNTY	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

NOT A CERTIFIED COPY

DIAGRAM

REPORTING AGENCY CASE NUMBER  
18079100

HSMV CRASH REPORT NUMBER  
81508745

1st Impact

2nd Impact

State Rd 7 (US 441)



Not to scale

Sandalfoot

Sandalfoot Blvd

HSMV 90010 S (N/D) (rev 06/13)

State

9 9

SCANNED

MAY 30 2018



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization, deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.42U (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(vi) 741.30(2)(h)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018017743	Date: 05/28/2018
	Specialist Name/ID: howardt/7185

**SCANNED**  
 MAY 30 2018