0503798 1495

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number		Juvenile	
		1	N

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18155760

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

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
4700 Hypoluxo RD, Boynton Beach, FL 33463	4700 Hypoluxo RD, Boynton Beach, FL 33463

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/14/2018	2351					4700 Hypoluxo RD, Boynton Beach, FL 33463

DEFENDANT

Name (Last, First, Middle): **Frazier, Tracy, Lynn** — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	4/27/1970	5'04	130	blue	blonde	light	thin

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): **tattoos (arm and foot)**

Marital Status: Married | Religion: CHRISTIAN | Indication of: Alcohol Influence (Y ☒ N ☐ Unk. ☐) Drug Influence (Y ☐ N ☐ Unk. ☒)

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
9200 Cove Point Cir, Lake Worth, FL 33472	(561) 420-3218	2

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
9200 Cove Point Cir, Lake Worth, FL 33472	( )	Verbal/ Driver's License

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
F626812706470, FL	[redacted]		Hingman, MA	USA

CO-DEF

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

JUVENILE

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

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

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

Released To: (Name)	Relationship	Date	Time

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

School Attended | Grade

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

CODE

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

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence (DUI Crash)	1	☐Y ☒N	316.193(3)(C)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
U	U	n/a	18155760		CK

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

FILED
DEC 17 2018
SHARON R. BOCK
Clerk & Comptroller

NOTICE TO APPEAR

Location (Court, Room Number, Address): **Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600**

Court Date and Time: Month Jan Day 10 Year 2019 Time 0830 AM X PM

Received WB DEC 20 2018

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: 12/14/2018

ADMIN

HOLD for other Agency Name: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): INV. Jacob Frey I.D. #: 9658

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X-

Intake Deputy: DS Collins I.D. # 7697 Pouch #

Transporting Officer: INV. Jacob Frey ID #: 9658 Agency: PBSO

PAGE 1 OF 1

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

PBSO #148 REV. 8/97

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF Dec 20 19, AT 2255 AM ✓ PM

SUBJECT: Frazier, Tracy, Lynn CASE NUMBER: 18155760

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. Jacob Frey

PERSONAL CONTACT

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

On 14Dec18 at approximately 2321hrs I arrived at the intersection of Hypoluxo Rd and Adonis Dr (4700 Blk Hypoluxo Rd), Boynton Beach, in unincorporated Palm Beach County in reference to a Driving Under The Influence (DUI) investigation (crash).

Upon arrival I spoke to D/S R. Dalton (32421). He told me he was conducting a traffic crash investigation. During the crash investigation he made contact with the driver of a maroon Nissan (FL tag IVKE74). He identified her as Tracy Frazier by her Florida Driver's License. He told me there was a witness to the crash, BENIGNO SANTIAGO, and pointed him out to me at the scene. D/S Dalton completed the crash investigation (18155752).

I then made contact with Benigno. He told me he had arrived on scene to assist his family member with a vehicle crash (18155750). He told me there was two vehicles involved the crash, one belonging to his family member. He stated all the vehicles were stopped in the outside lane of westbound Hypoluxo Rd just east of the intersection with Adonis Dr. He told me he heard a crash and immediately looked up and saw a red Nissan SUV had crashed into the rear of his vehicle and had pushed his vehicle into the other two crashed vehicle (18155752). He told me he went to the Nissan and saw a white female (Tracy) in the vehicle. He stated he assisted her from the vehicle. He told me she appeared to be impaired. He pointed her out at the scene. He completed on signed sworn statement.

OBSERVATION OF DRIVER:

I then made contact with Tracy. She was standing on the shoulder. I observed and injury to her right leg that Palm Beach County Fire Rescue had placed a bandage on prior to my arrival. I also observed an injury to her nose. Her hair was disorderly and she was wearing a black dress with black high heels. Her eyes were watery and bloodshot. I could smell the odor of an unknown alcoholic beverage coming from her breath. She had difficulty standing still and was very fidgety. I had her walk to the front of my patrol vehicle to perform Standard Field Sobriety Task (SFST).

DRIVER'S STATEMENTS:

She stated she had a couple glasses of wine at a Christmas party with friends at Canyon Estates.

ODORS:

Odor of an unknown alcoholic beverage coming from her breath.

GENERAL OBSERVATIONS

SPEECH: **Slurred, fast**

ATTITUDE: **cooperative, relaxed, joking**

CLOTHING: **black dress, black high heels**

MEDICAL/OTHER: **stated she had knee surgery approximately 2 to 4 yrs ago.**

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STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. Jacob Frey
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of Dec 20 18 by INV. Jacob Frey

(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)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 935824
My Comm. Expires Dec 26, 2020
Bonded through National Notary Assn.

SUBJECT: Frazier, Tracy, Lynn CASE NUMBER 18155760

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Her body swayed during the task. Her eyes were watery and bloodshot. I had to remind her to follow the stylus with her eyes. She had equal tracking and equal pupil size. She did not have Vertical Gaze Nystagmus (VGN) or Lack of Convergence (LOC).

WALK & TURN:

I instructed and demonstrated the walk and turn; she acknowledged she understood. She could not stand as instructed and had to step off the line to maintain balance. She walked 9 steps forward. She failed to maintain heel to toe and stepped off the line several times. She counted from 9 to 1 and raised her arms from her side for balance. She turned incorrectly. She walk 9 steps back. Again she failed to maintain heel to toe and stepped off the line several times. The task was completed bare foot on a dry and level surface using a yellow tape line.

ONE LEG STAND:

I instructed and demonstrated the one leg stand; she acknowledged she understood. She lifted her right leg. She wobbled and bounced on her left leg. She placed her right foot down several times. She had to raise her arms from her side for balance. The task was completed bare foot on a dry and level surface.

FINGER TO NOSE:

I instructed and demonstrated the finger to nose; she acknowledged she understood. He body swayed during the task. She had her eyes slightly open. She touched her nose on the bottom using the side of her finger several times. On one command she did not touch her nose. The task was completed bare foot on a dry and level surface.

ROMBERG ALPHABET:

She told me she had an Associate's Degree and English was her primary language. She did not tilt her head back and had her eyes wide open. Her body swayed. She was fidgety and could not keep her hands at her side. She began the task before instructed to do so. She recited the alphabet and ended it with "now I know my ABCs". The task was completed bare foot on a dry and level surface.

I instructed the Modified Rhomberg. She acknowledged she could estimate 30 seconds was approximately 30 seconds. Her body swayed. She was fidgety and could not keep her hands at her side. the task was completed bare foot on a dry and level surface.

BREATH TEST RESULTS: .142 .140

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. Jacob Frey
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of Dec 20 18 by INV. Jacob Frey

(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)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 968654
My Comm. Expires Jun 25, 202
Bonded through National Notary

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 18155760

ARRESTING OFFICER: INV. Jacob Frey

ADDRESS: 3228 Gun Club Road, WPB

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

CAN TESTIFY TO: Personal contact, SFST

NAME: D/S R. Dalton

ADDRESS: 3228 Gun Club Road, WPB

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

CAN TESTIFY TO: Crash investigation, personal contact

NAME: Santiago, Benigno,

ADDRESS 5381 Rivermill Ln, Lake Worth, FL 33463

PHONE NUMBERS (HOME) (561) 308-1008 (WORK) 0

CAN TESTIFY TO: Wheel Witness, personal contact

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: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: PBSO Juv. Fac #465

SUBJECT: Fuller, Tony L. CASE NUMBER: 18-175760

DATE: 12-17-18 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0120hrs ENDING TIME: 0155hrs

BREATH TESTS RESULTS: 1) .192 TIME 0135 A.M./P.M. 2) .190 TIME 0152 A.M./P.M.

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

BREATH OPERATOR: T. O'Neal #6212

MAINTENANCE TECHNICIAN: Cpl. Wallace #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cal. Cooperative

CLOTHING: Juv. Issued No Shoes

MEDICAL CONDITIONS: No

MEDICATIONS: No

OTHER: Eyes: Very red, Glassy Lounge on right leg. Face: Cut on the Nose/lip, mild Odor of vomit when the Lounge.

COMMENTS: 20 min observation done by PBSO Fac #465 A/O explained the time test. I submitted to the breath test. I completed the test correctly. C/W read out copies. Was cooled

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

SUBJECT: Frazier, Tracy L. CASE NUMBER: 18-155760

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

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SUBJECT: Frazier, Tony L. CASE NUMBER: 13-[illegible]760

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? I-10 Bayview Exit Exit

DIRECTION OF TRAVEL? W WHERE DID YOU START? The Canyon Condos

WHAT TIME DID YOU START? 11 PM WHAT TIME IS IT NOW? 12 Midnight

WHAT IS TODAY'S DATE? 12-12 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Baymon County

WHEN DID YOU LAST EAT? 1 hr ago WHAT DID YOU EAT? Chicken, meatballs

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? at a Christmas Party

HOW MUCH DO YOU WEIGH? 155 HAVE YOU BEEN DRINKING? Yes WHAT? Glass of wine

HOW MUCH? 4 Glasses WHERE? Friend house WITH WHOM? w/ Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:30 PM AND YOUR LAST DRINK? 9:30 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sip

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? I guess 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? Personal Trainer WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT?

ARE YOU SICK OR INJURED? No WHAT'S WRONG?

DO YOU LIMP? No 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? No WHERE?

INTERVIEWER: Inv. T. Frey 9658

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

PBSO #0129C REV. 9/93

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 12/15/2018

Date of Last Agency Inspection: 12/14/2018
Observation Period Began: 00:45
Subject's Name: TRACY L FRAZIER DOB: 04/27/1970 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:23
Air Blank	0.000	01:23
Control Test	0.080	01:23
Air Blank	0.000	01:24
Subject Sample #1	0.142	01:25
Air Blank	0.000	01:25
Air Blank	0.000	01:27
Subject Sample #2	0.140	01:28
Air Blank	0.000	01:28
Control Test	0.079	01:29
Air Blank	0.000	01:29
Diagnostics Check	OK	01:29

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I SHARI L O'NEAL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: S O'Neal Date: 12-15-18
Signature

Sworn to (or affirmed) before me this 15 day of December, 2018

Signature of Notary Public-State of Florida

Jay Frey #9658
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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FLORIDA TRAFFIC CRASH REPORT

LONG FORM [X] SHORT FORM [ ] UPDATE [ ]

TOTAL # OF VEHICLE SECTION(S) 4

TOTAL # OF PERSON SECTION(S) 1

TOTAL # OF NARRATIVE SECTION(S) 1

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

CRASH DATE	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
12/14/2018	10:55 PM	12/14/2018	18155752	88737370

CRASH IDENTIFIERS

COUNTY CODE	CITY CODE	COUNTY OF CRASH	PLACE OR CITY OF CRASH	CHECK IF WITHIN CITY LIMITS	TIME REPORTED	TIME DISPATCHED
06	00	PALM BEACH	UNINCORPORATED	[ ]	10:58 PM	11:05 PM

TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED	REASON (If Investigation NOT Complete)	Notified By: 1 Motorist 2 Law Enforcement
11:15 PM	1:30 AM	[X]		2

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY	AT STREET ADDRESS # (1)	AT LATITUDE (2)	AND LONGITUDE
HYPOLUXO RD			

FEET	MILES	N	S	E	W	(AT) FROM INTERSECTION WITH STREET, ROAD, HIGHWAY	OR FROM MILEPOST # (3)
100.00		[ ]	[ ]	[X]	[ ]	ADONIS DR	

Road System Identifier: 5 — 1 Interstate, 2 U.S., 3 State, 4 County, 5 Local, 6 Turnpike/Toll, 7 Forest Road, 8 Private Roadway, 9 Parking Lot, 77 Other, Explain in Narrative

Type of Shoulder: 1 — 1 Paved, 2 Unpaved, 3 Curb

Type of Intersection: 1 — 1 Not at Intersection, 2 Four-Way Intersection, 3 T-Intersection, 4 Y-Intersection, 5 Traffic Circle, 6 Roundabout, 7 Five-Point, or More, 77 Other, Explain in Narrative

CRASH INFORMATION (CHECK IF PICTURES TAKEN) [ ]

Light Condition: 4 — 1 Daylight, 2 Dusk, 3 Dawn, 4 Dark-Lighted, 5 Dark-Not Lighted, 6 Dark-Unknown Lighting, 77 Other, Explain in Narrative, 88 Unknown

Weather Condition: 1 — 1 Clear, 2 Cloudy, 3 Rain, 4 Fog, Smog, Smoke, 5 Sleet/Hail/Freezing Rain, 6 Blowing Sand, Soil, Dirt, 7 Severe Crosswinds, 77 Other, Explain in Narrative

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

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

Manner of Collision/Impact: 1 — 1 Front to Rear, 2 Front to Front, 3 Angle, 4 Sideswipe, Same Direction, 5 Sideswipe, Opposite Direction, 6 Rear to Side, 7 Rear to Rear, 77 Other, Explain in Narrative, 88 Unknown

First Harmful Event: 15

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

Collision Non-Fixed Object: 10 Pedestrian, 11 Pedalcycle, 12 Railway Vehicle (train, engine), 13 Animal, 14 Motor Vehicle in Transport, 15 Parked Motor Vehicle, 16 Work Zone/Maintenance Equipment, 17 Struck By Falling, Shifting Cargo, 18 Other Non-Fixed Object

Collision with Fixed Object: 19 Impact Attenuator/Crash Cushion, 20 Bridge Overhead Structure, 21 Bridge Pier or Support, 22 Bridge Rail, 23 Culvert, 24 Curb, 25 Ditch, 26 Embankment, 27 Guardrail Face, 28 Guardrail End, 29 Cable Barrier, 30 Concrete Traffic Barrier, 31 Other Traffic Barrier, 32 Tree (standing), 33 Utility Pole/Light Support, 34 Traffic Sign Support, 35 Traffic Signal Support, 36 Other Post, Pole or Support, 37 Fence, 38 Mailbox, 39 Other Fixed Object (wall, building, tunnel, etc.)

First Harmful Event Location: 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

First Harmful Event within Interchange: 1 — 1 No, 2 Yes, 88 Unknown

First Harmful Event Relation to Junction: 1 — 1 Non-Junction, 2 Intersection, 3 Intersection-Related, 4 Driveway/Alley Access Related, 5 Railway Grade Crossing, 14 Entrance/Exit Ramp, 15 Crossover - Related, 16 Shared-Use Path or Trail, 17 Acceleration/Deceleration Lane, 18 Through Roadway, 77 Other, Explain in Narrative, 88 Unknown

Contributing Circumstances: Road: 77 — 1 None, 4 Work Zone (construction/maintenance/utility), 6 Shoulders (none, low, soft, high), 7 Rut, Holes, Bumps, 9 Worn, Travel-Polished Surface, 10 Road Surface Condition (wet, icy, snow, slush, etc.), 11 Obstruction in Roadway, 12 Debris, 13 Traffic Control Device Inoperative, Missing or Obscured, 14 Non-Highway Work, 77 Other, Explain in Narrative, 88 Unknown

Contributing Circumstances: Environment: 1 — 1 None, 2 Weather Conditions, 3 Physical Obstruction(s), 4 Glare, 5 Animal(s) in Roadway, 77 Other, Explain in Narrative, 88 Unknown

Work Zone Related: 1 — 1 No, 2 Yes, 88 Unknown

Crash in Work Zone: 1 Before the First Work Zone Warning Sign, 2 Advance Warning Area, 3 Transition Area, 4 Activity Area, 5 Termination Area

Type of Work Zone: 1 Lane Closure, 2 Lane Shift/Crossover, 3 Work on Shoulder or Median, 4 Intermittent or Moving Work, 77 Other, Explain in Narrative

Workers in Work Zone: 1 No, 2 Yes, 88 Unknown

Law Enforcement in Work Zone: 1 No, 2 Officer Present, 3 Law Enforcement Vehicle Only Present

WITNESSES

NAME			ADDRESS	CITY & STATE		ZIP CODE
BENIGNO		SANTIAGO	5381 RIVERMILL LN	LAKE WORTH	FL	33463
JAIMARA	MARIA	GONZALEZ SANTIAGO	5381 RIVERMILL LN	LAKE WORTH	FL	33463
THOMAS		BROOKS	909 LAKE SHORE DR APT 215	LAKE PARK	FL	33403

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

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VEHICLE # 1	Check if Commercial	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
		18155752	88737370

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN
1	IVKE74	FL	10/29/2018		5N1AN08U18C535065

Hit and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	EST. AMOUNT
1	2008	NISSA	XTERRA	UT	MAR	1	10000

INSURANCE COMPANY	INSURANCE POLICY NUMBER	Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative
STATE FARM MUTUAL AUTOMOBILE	C837735594	2	CAMEL TOWING	1

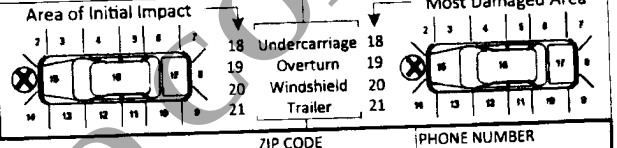
NAME OF VEHICLE OWNER (Check if Business) ☐	CURRENT ADDRESS	CITY & STATE	ZIP CODE
SHAWN M FRAZIER	9200 COVE POINT CIR	BOYNTON BEACH FL	33472

Trailer #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
1									
2									

VEHICLE TRAVELING N S E W Off-Road Unknown	ON STREET, ROAD, HIGHWAY	AT EST. SPEED	POSTED SPEED	TOTAL LANES
E	HYPOLUXO RD	45	45	3

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



18 Undercarriage 19 Overturn 20 Windshield 21 Trailer

MOTOR CARRIER NAME	US DOT NUMBER

MOTOR CARRIER ADDRESS	CITY & STATE	ZIP CODE	PHONE NUMBER

Vehicle Body Type — 16
1 Passenger Car, 2 Passenger Van, 3 Pickup, 7 Motor Home, 8 Bus, 11 Motorcycle, 12 Moped, 13 All Terrain Vehicle (ATV), 15 Low Speed Vehicle, 16 (Sport) Utility Vehicle, 17 Cargo Van (10,000 lbs (4,536 kg) or less), 18 Motor Coach, 19 Other Light Trucks (10,000 lbs (4,536 kg) or less), 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)), 21 Farm Labor Vehicle, 77 Other, Explain in Narrative, 88 Unknown

Trafficway — 4
1 Two-Way, Not Divided; 2 Two-Way, Not Divided, with a Continuous Left Turn Lane; 3 Two-Way, Divided, Unprotected (painted >4 feet) Median; 4 Two-Way, Divided, Positive Median Barrier; 5 One-Way Trafficway; 88 Unknown

Commercial Motor Vehicle Configuration
1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials; 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)); 3 Single-Unit Truck (3 or more axles); 4 Truck Pulling Trailer(s); 5 Truck Tractor (bobtail); 6 Truck Tractor/Semi-Trailer; 7 Truck Tractor/Double Truck; 8 Tractor/Triple; 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify; 10 Bus/Large Van (seats for 9-15 occupants, including driver); 11 Bus (seats for more than 15 occupants, including driver); 77 Other, Explain in Narrative; 88 Unknown

Comm/Non-Commercial
1 Interstate Carrier; 2 Intrastate Carrier; 3 Not in Commerce/Government; 4 Not in Commerce/Other Truck

Trailer Type — TRAILER 1 TRAILER 2
1 Single Semi Trailer; 2 Tandem Semi Trailer; 3 Tank Trailer; 4 Saddle Mount/Trailer; 5 Boat Trailer; 6 Utility Trailer; 7 House Trailer; 8 Pole Trailer; 9 Towed Vehicle; 10 Auto Transport; 77 Other, Explain in Narrative; 88 Unknown

Cargo Body Type
1 No Cargo; 2 Bus; 3 Van/Enclosed Box; 4 Hopper; 5 Pole-Trailer; 6 Cargo Tank; 7 Flatbed; 8 Dump; 9 Concrete Mixer; 10 Auto Transport; 11 Garbage/Refuse; 12 Log; 13 Intermodal Container Chassis; 14 Vehicle Towing Another Vehicle; 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard); 77 Other, Explain in Narrative; 88 Unknown

Comm GVWR/GCWR
1 10,000 lbs (4,536 kg) or less; 2 10,001-26,000 lbs (4,536-11,793 kg); 3 More than 26,000 lbs (11,793 kg); 4 Not Applicable

Most Harmful Event — 15

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

Collision with Non-Fixed Object
10 Pedestrian; 11 Pedalcycle; 12 Railway Vehicle (train, engine); 13 Animal; 14 Motor Vehicle in Transport; 15 Parked Motor Vehicle; 16 Work Zone/Maintenance Equipment; 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle; 18 Other Non-Fixed Object

Collision Fixed Object
19 Impact Attenuator/Crash Cushion; 20 Bridge Overhead Structure; 21 Bridge Pier or Support; 22 Bridge Rail; 23 Culvert; 24 Curb; 25 Ditch; 26 Embankment; 27 Guardrail Face; 28 Guardrail End; 29 Cable Barrier; 30 Concrete Traffic Barrier; 31 Other Traffic Barrier; 32 Tree (standing); 33 Utility Pole/Light Support; 34 Traffic Sign Support; 35 Traffic Signal Support; 36 Other Post, Pole, or Support; 37 Fence; 38 Mailbox; 39 Other Fixed Object (wall, building, tunnel, etc.)

Emergency Vehicle Use — 1
1 No; 2 Yes; 88 Unknown

Sequence of Events
1st: 15; 2nd: ; 3rd: ; 4th:

[40-46 Sequence of Events only]
40 Equipment Failure (blown tire, brake failure, etc.); 41 Separation of Units; 42 Ran Off Roadway, Right; 43 Ran Off Roadway, Left; 44 Cross Median; 45 Cross Centerline; 46 Downhill Runaway

Vehicle Maneuver Action — 1
1 Straight Ahead; 3 Turning Left; 4 Backing; 5 Turning Right; 6 Changing Lanes; 8 Parked; 10 Making U-Turn; 11 Overtaking/ Passing; 13 Stopped in Traffic; 14 Slowing; 15 Negotiating a Curve; 16 Leaving Traffic Lane; 17 Entering Traffic Lane; 77 Other, Explain in Narrative; 88 Unknown

Traffic Control Device For This Vehicle — 1
1 No Controls; 4 School Zone Sign/ Device; 5 Traffic Control Signal; 6 Stop Sign; 7 Yield Sign; 8 Flashing Signal; 9 Railway Crossing Device; 10 Person (including Flagman, Officer, Guard, etc.); 13 Warning Sign; 77 Other, Explain in Narrative; 88 Unknown

Vehicle Defects — 1
1 None; 2 Brakes; 3 Tires; 4 Lights (head, signal, tail); 6 Steering; 7 Wipers; 9 Exhaust System; 10 Body, Doors; 11 Power Train; 12 Suspension; 13 Wheels; 14 Windows/ Windshield; 15 Mirrors; 16 Truck Coupling/ Trailer Hitch/ Safety Chains; 77 Other, Explain in Narrative; 88 Unknown

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

Roadway Alignment — 1
1 Straight; 2 Curve Right; 3 Curve Left

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

VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

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PERSON # 1	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
	18155752	88737370

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE #	NAME	PHONE NUMBER	Check if Recommend Driver Re-exam
1	1	TRACY LYNN FRAZIER	561-420-3210	

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
7237 VIA LURIA	LAKE WORTH	FL 33467

DATE OF BIRTH	SEX 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER	STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
04/27/1970	2	F626812706470	FL	04/27/2019	3

DRIVER

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

Required Endorsements: 3 (1 Yes 2 No 3 No Req. Endorsement)

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

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

Driver's Actions at Time of Crash

1st	2nd	3rd	4th
2			

1 No Contributing Action; 2 Operated MV in Careless or Negligent Manner; 3 Failed to Yield Right-of- Way; 4 Improper Backing; 6 Improper Turn; 10 Followed too Closely; 11 Ran Red Light; 12 Drove too Fast for Conditions; 13 Ran Stop Sign; 15 Improper Passing; 17 Exceeded Posted Speed; 21 Wrong Side or Wrong Way; 25 Failed to Keep in Proper Lane; 26 Ran off Roadway; 27 Disregarded other Traffic Sign; 28 Disregarded Other Road Markings; 29 Over-Correcting/Over-Steering; 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc.; 31 Operated MV in Erratic, Reckless or Aggressive Manner; 77 Other Contributing Action

Condition At Time of Crash: 9 (1 Apparently Normal; 3 Asleep or Fatigued; 5 Ill (sick) or Fainted; 6 Seizure, Epilepsy, Blackout; 7 Physically Impaired; 8 Emotional (depression, angry, disturbed, etc.); 9 Under the Influence of Medications/Drugs/Alcohol; 77 Other, Explain in Narrative; 88 Unknown)

DRIVER OR PASSENGER

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

- Seat: 1 Left; 2 Middle; 3 Right; 77 Other (explain in narrative); 88 Unknown
- Row: 1 Front; 2 Second; 3 Third; 4 Fourth; 77 Other Row; 88 Unknown
- Other: 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 Unknown

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

Air Bag Deployed (ABD): 3 (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)

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): 3 (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)

NON-MOTORIST

Non-Motorist Description: (1 Pedestrian; 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.); 3 Bicyclist; 4 Other Cyclist; 5 Occupant of Motor Vehicle Not in Transport (parked, etc.); 6 Occupant of a Non-Motor Vehicle Transportation Device; 7 Unknown Type of Non-Motorist)

Non-Motorist Location At Time of Crash: (1 Intersection - Marked Crosswalk; 2 Intersection - Unmarked Crosswalk; 3 Intersection – Other; 4 Midblock - Marked Crosswalk; 5 Travel Lane - Other Location; 6 Bicycle Lane; 7 Shoulder/Roadside; 8 Sidewalk; 9 Median/Crossing Island; 10 Driveway Access; 11 Shared-Use Path or Trail; 12 Non-Trafficway Area; 77 Other, Explain in Narrative; 88 Unknown)

Action Prior to Crash: (1 Crossing Roadway; 2 Waiting to Cross Roadway; 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane); 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane); 5 Walking/Cycling on Sidewalk; 6 In Roadway -- Other (working, playing, etc.); 7 Adjacent to Roadway (e.g., shoulder, median); 8 Going to or from School (K-12); 9 Working in Trafficway (incident response); 10 None; 77 Other, Explain in Narrative; 88 Unknown)

Safety Equipment: (1 None; 2 Helmet; 3 Protective Pads Used (elbows, knees, shins, etc.); 4 Reflective Clothing (jacket, backpack, etc.); 5 Lighting; 6 Not Applicable; 77 Other, Explain in Narrative; 88 Unknown)

Non-Motorist Actions/Circumstances: 1st, 2nd

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

ALCOHOL/DRUG/EMS

SUSPECTED ALCOHOL USE: 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
2	3	2	2	.142	1			

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
3	D/S FREY		WELLINGTON REGIONAL MEDICAL CENTER

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

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

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

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

NOT A CERTIFIED COPY

VEHICLE # 2	Check if Commercial	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
		18155752	88737370

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN
2	MAY335	FL	12/28/2018		2FMGK5CC2CBD12136

Hit and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	EST. AMOUNT
1	2012	FORD	OTHER	UT	BLU	1	15000

INSURANCE COMPANY	INSURANCE POLICY NUMBER	Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative
GEICO GENERAL INSURANCE COMPANY	4510185509	1	CAMEL TOWING	1

NAME OF VEHICLE OWNER (Check if Business) ☐	CURRENT ADDRESS	CITY & STATE	ZIP CODE
BENIGNO SANTIAGO	5381 RIVERMILL LN	LAKE WORTH FL	33463

Trailer #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
1									
2									

VEHICLE TRAVELING	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY	AT EST. SPEED	POSTED SPEED	TOTAL LANES
			X				PARKED ON HYPOLUXO RD	0	45	3

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

Vehicle Body Type — 1
1 Passenger Car, 2 Passenger Van, 3 Pickup, 7 Motor Home, 8 Bus, 11 Motorcycle, 12 Moped, 13 All Terrain Vehicle (ATV), 15 Low Speed Vehicle, 16 (Sport) Utility Vehicle, 17 Cargo Van (10,000 lbs (4,536 kg) or less), 18 Motor Coach, 19 Other Light Trucks (10,000 lbs (4,536 kg) or less), 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)), 21 Farm Labor Vehicle, 77 Other, Explain in Narrative, 88 Unknown

Trafficway — 4
1 Two-Way, Not Divided; 2 Two-Way, Not Divided, with a Continuous Left Turn Lane; 3 Two-Way, Divided, Unprotected (painted >4 feet) Median; 4 Two-Way, Divided, Positive Median Barrier; 5 One-Way Trafficway; 88 Unknown

Commercial Motor Vehicle Configuration
1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials; 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)); 3 Single-Unit Truck (3 or more axles); 4 Truck Pulling Trailer(s); 5 Truck Tractor (bobtail); 6 Truck Tractor/Semi-Trailer; 7 Truck Tractor/Double Truck; 8 Tractor/Triple; 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify; 10 Bus/Large Van (seats for 9-15 occupants, including driver); 11 Bus (seats for more than 15 occupants, including driver); 77 Other, Explain in Narrative; 88 Unknown

Comm/Non-Commercial
1 Interstate Carrier; 2 Intrastate Carrier; 3 Not in Commerce/Government; 4 Not in Commerce/Other Truck

Trailer Type — TRAILER 1 / TRAILER 2
1 Single Semi Trailer; 2 Tandem Semi Trailer; 3 Tank Trailer; 4 Saddle Mount/Trailer; 5 Boat Trailer; 6 Utility Trailer; 7 House Trailer; 8 Pole Trailer; 9 Towed Vehicle; 10 Auto Transport; 77 Other, Explain in Narrative; 88 Unknown

Cargo Body Type
1 No Cargo; 2 Bus; 3 Van/Enclosed Box; 4 Hopper; 5 Pole-Trailer; 6 Cargo Tank; 7 Flatbed; 8 Dump; 9 Concrete Mixer; 10 Auto Transport; 11 Garbage/Refuse; 12 Log; 13 Intermodal Container Chassis; 14 Vehicle Towing Another Vehicle; 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard); 77 Other, Explain in Narrative; 88 Unknown

Comm GVWR/GCWR
1 10,000 lbs (4,536 kg) or less; 2 10,001-26,000 lbs (4,536-11,793 kg); 3 More than 26,000 lbs (11,793 kg); 4 Not Applicable

Most Harmful Event — 15

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

Collision with Non-Fixed Object
10 Pedestrian; 11 Pedalcycle; 12 Railway Vehicle (train, engine); 13 Animal; 14 Motor Vehicle in Transport; 15 Parked Motor Vehicle; 16 Work Zone/Maintenance Equipment; 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle; 18 Other Non-Fixed Object

Collision Fixed Object
19 Impact Attenuator/Crash Cushion; 20 Bridge Overhead Structure; 21 Bridge Pier or Support; 22 Bridge Rail; 23 Culvert; 24 Curb; 25 Ditch; 26 Embankment; 27 Guardrail Face; 28 Guardrail End; 29 Cable Barrier; 30 Concrete Traffic Barrier; 31 Other Traffic Barrier; 32 Tree (standing); 33 Utility Pole/Light Support; 34 Traffic Sign Support; 35 Traffic Signal Support; 36 Other Post, Pole, or Support; 37 Fence; 38 Mailbox; 39 Other Fixed Object (wall, building, tunnel, etc.)

Emergency Vehicle Use — 1
1 No; 2 Yes; 88 Unknown

Sequence of Events

1st	2nd	3rd	4th
15	15		

(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

Vehicle Maneuver Action — 77
1 Straight Ahead; 3 Turning Left; 4 Backing; 5 Turning Right; 6 Changing Lanes; 8 Parked; 10 Making U-Turn; 11 Overtaking/ Passing; 13 Stopped in Traffic; 14 Slowing; 15 Negotiating a Curve; 16 Leaving Traffic Lane; 17 Entering Traffic Lane; 77 Other, Explain in Narrative; 88 Unknown

Traffic Control Device For This Vehicle — 1
1 No Controls; 4 School Zone Sign/ Device; 5 Traffic Control Signal; 6 Stop Sign; 7 Yield Sign; 8 Flashing Signal; 9 Railway Crossing Device; 10 Person (including Flagman, Officer, Guard, etc.); 13 Warning Sign; 77 Other, Explain in Narrative; 88 Unknown

Vehicle Defects — 1
1 None; 2 Brakes; 3 Tires; 4 Lights (head, signal, tail); 6 Steering; 7 Wipers; 9 Exhaust System; 10 Body, Doors; 11 Power Train; 12 Suspension; 13 Wheels; 14 Windows/ Windshield; 15 Mirrors; 16 Truck Coupling/ Trailer Hitch/ Safety Chains; 77 Other, Explain in Narrative; 88 Unknown

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

Roadway Alignment — 1
1 Straight; 2 Curve Right; 3 Curve Left

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

VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

NOT A CERTIFIED COPY

VEHICLE # 3	Check if Commercial	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
		18155752	88737370

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN
2	Y16MYM	FL	11/10/2018		2T3BFADV1AW056370

Hit and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	EST. AMOUNT
1	2010	TOYT	RAV 4	UT	SIL	1	10000

INSURANCE COMPANY	INSURANCE POLICY NUMBER	Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative
GEICO	4543-88-49-61/01288	1	OWNER	

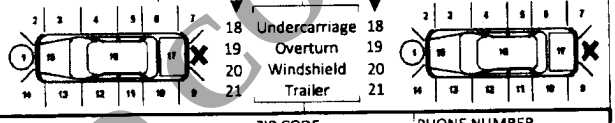
NAME OF VEHICLE OWNER (Check if Business) ☐		CURRENT ADDRESS	CITY & STATE	ZIP CODE
THOMAS	BROOKS	909 LAKE SHORE DR APT 215	LAKE PARK FL	33403

Trailer #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
1									
2									

VEHICLE TRAVELING N S E W Off-Road Unknown	ON STREET, ROAD, HIGHWAY	AT EST. SPEED	POSTED SPEED	TOTAL LANES
E	PARKED ON HYPOLUXO RD	0	45	3

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



18 Undercarriage
19 Overturn
20 Windshield
21 Trailer

MOTOR CARRIER NAME	US DOT NUMBER

MOTOR CARRIER ADDRESS	CITY & STATE	ZIP CODE	PHONE NUMBER

Vehicle Body Type — 16
1 Passenger Car, 2 Passenger Van, 3 Pickup, 7 Motor Home, 8 Bus, 11 Motorcycle, 12 Moped, 13 All Terrain Vehicle (ATV), 15 Low Speed Vehicle, 16 (Sport) Utility Vehicle, 17 Cargo Van (10,000 lbs (4,536 kg) or less), 18 Motor Coach, 19 Other Light Trucks (10,000 lbs (4,536 kg) or less), 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)), 21 Farm Labor Vehicle, 77 Other, Explain in Narrative, 88 Unknown

Trafficway — 4
1 Two-Way, Not Divided; 2 Two-Way, Not Divided, with a Continuous Left Turn Lane; 3 Two-Way, Divided, Unprotected (painted >4 feet) Median; 4 Two-Way, Divided, Positive Median Barrier; 5 One-Way Trafficway; 88 Unknown

Commercial Motor Vehicle Configuration
1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials; 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)); 3 Single-Unit Truck (3 or more axles); 4 Truck Pulling Trailer(s); 5 Truck Tractor (bobtail); 6 Truck Tractor/Semi-Trailer; 7 Truck Tractor/Double Truck; 8 Tractor/Triple; 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify; 10 Bus/Large Van (seats for 9-15 occupants, including driver); 11 Bus (seats for more than 15 occupants, including driver); 77 Other, Explain in Narrative; 88 Unknown

Comm/Non-Commercial
1 Interstate Carrier, 2 Intrastate Carrier, 3 Not in Commerce/Government, 4 Not in Commerce/Other Truck

Trailer Type — TRAILER 1 / TRAILER 2
1 Single Semi Trailer, 2 Tandem Semi Trailer, 3 Tank Trailer, 4 Saddle Mount/Trailer, 5 Boat Trailer, 6 Utility Trailer, 7 House Trailer, 8 Pole Trailer, 9 Towed Vehicle, 10 Auto Transport, 77 Other, Explain in Narrative, 88 Unknown

Cargo Body Type
1 No Cargo, 2 Bus, 3 Van/Enclosed Box, 4 Hopper, 5 Pole-Trailer, 6 Cargo Tank, 7 Flatbed, 8 Dump, 9 Concrete Mixer, 10 Auto Transport, 11 Garbage/Refuse, 12 Log, 13 Intermodal Container Chassis, 14 Vehicle Towing Another Vehicle, 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard), 77 Other, Explain in Narrative, 88 Unknown

Comm GVWR/GCWR
1 10,000 lbs (4,536 kg) or less; 2 10,001-26,000 lbs (4,536-11,793 kg); 3 More than 26,000 lbs (11,793 kg); 4 Not Applicable

Most Harmful Event — 15
Non-Collision: 1 Overturn/Rollover, 2 Fire/Explosion, 3 Immersion, 4 Jackknife, 5 Cargo/Equipment Loss or Shift, 6 Fell/Jumped From Motor Vehicle, 7 Thrown or Falling Object, 8 Ran into Water/ Canal, 9 Other Non-Collision
[40-46 Sequence of Events only]: 40 Equipment Failure (blown tire, brake failure, etc.), 41 Separation of Units, 42 Ran Off Roadway, Right, 43 Ran Off Roadway, Left, 44 Cross Median, 45 Cross Centerline, 46 Downhill Runaway

Sequence of Events

1st	2nd	3rd	4th
15	15		

Collision with Non-Fixed Object: 10 Pedestrian, 11 Pedalcycle, 12 Railway Vehicle (train, engine), 13 Animal, 14 Motor Vehicle in Transport, 15 Parked Motor Vehicle, 16 Work Zone/Maintenance Equipment, 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle, 18 Other Non-Fixed Object

Collision Fixed Object: 19 Impact Attenuator/Crash Cushion, 20 Bridge Overhead Structure, 21 Bridge Pier or Support, 22 Bridge Rail, 23 Culvert, 24 Curb, 25 Ditch, 26 Embankment, 27 Guardrail Face, 28 Guardrail End, 29 Cable Barrier, 30 Concrete Traffic Barrier, 31 Other Traffic Barrier, 32 Tree (standing), 33 Utility Pole/Light Support, 34 Traffic Sign Support, 35 Traffic Signal Support, 36 Other Post, Pole, or Support, 37 Fence, 38 Mailbox, 39 Other Fixed Object (wall, building, tunnel, etc.)

Emergency Vehicle Use — 1
1 No, 2 Yes, 88 Unknown

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

Roadway Alignment — 1
1 Straight, 2 Curve Right, 3 Curve Left

Vehicle Maneuver Action — 77
1 Straight Ahead, 3 Turning Left, 4 Backing, 5 Turning Right, 6 Changing Lanes, 8 Parked, 10 Making U-Turn, 11 Overtaking/ Passing, 13 Stopped in Traffic, 14 Slowing, 15 Negotiating a Curve, 16 Leaving Traffic Lane, 17 Entering Traffic Lane, 77 Other, Explain in Narrative, 88 Unknown

Traffic Control Device For This Vehicle — 1
1 No Controls, 4 School Zone Sign/ Device, 5 Traffic Control Signal, 6 Stop Sign, 7 Yield Sign, 8 Flashing Signal, 9 Railway Crossing Device, 10 Person (including Flagman, Officer, Guard, etc.), 13 Warning Sign, 77 Other, Explain in Narrative, 88 Unknown

Vehicle Defects — 1
1 None, 2 Brakes, 3 Tires, 4 Lights (head, signal, tail), 6 Steering, 7 Wipers, 9 Exhaust System, 10 Body, Doors, 11 Power Train, 12 Suspension, 13 Wheels, 14 Windows/ Windshield, 15 Mirrors, 16 Truck Coupling/ Trailer Hitch/ Safety Chains, 77 Other, Explain in Narrative, 88 Unknown

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

VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

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VEHICLE # 4	Check if Commercial	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
		18155752	88737370

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN
2	Y39SEU	FL	01/25/2019		1C4NJPCB5CD605654

Hit and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	EST. AMOUNT
1	2012	JEEP	CHEROKEE	UT	WHI	2	4000

INSURANCE COMPANY	INSURANCE POLICY NUMBER	Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative
PROGRESSIVE SELECT INSURANCE COMPANY	925899592	1	OWNER	

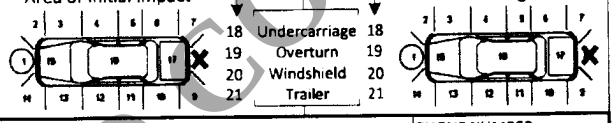
NAME OF VEHICLE OWNER (Check if Business) ☐	CURRENT ADDRESS	CITY & STATE	ZIP CODE
JAIMARA GONZALEZ SANTIAGO	5381 RIVERMILL LN	LAKE WORTH FL	33463

Trailer #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
1									
2									

VEHICLE TRAVELING	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY	AT EST. SPEED	POSTED SPEED	TOTAL LANES
			X				PARKED ON HYPOLUXO RD	0	45	3

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



18 Undercarriage
19 Overturn
20 Windshield
21 Trailer

MOTOR CARRIER NAME	US DOT NUMBER

MOTOR CARRIER ADDRESS	CITY & STATE	ZIP CODE	PHONE NUMBER

Vehicle Body Type — 16
1 Passenger Car, 2 Passenger Van, 3 Pickup, 7 Motor Home, 8 Bus, 11 Motorcycle, 12 Moped, 13 All Terrain Vehicle (ATV), 15 Low Speed Vehicle, 16 (Sport) Utility Vehicle, 17 Cargo Van (10,000 lbs (4,536 kg) or less), 18 Motor Coach, 19 Other Light Trucks (10,000 lbs (4,536 kg) or less), 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)), 21 Farm Labor Vehicle, 77 Other, Explain in Narrative, 88 Unknown

Trafficway — 4
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

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Most Harmful Event — 15

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

Sequence of Events
1st: 15; 2nd: ; 3rd: ; 4th:

[*40-46 Sequence of Events only*]
40 Equipment Failure (blown tire, brake failure, etc.), 41 Separation of Units, 42 Ran Off Roadway, Right, 43 Ran Off Roadway, Left, 44 Cross Median, 45 Cross Centerline, 46 Downhill Runaway

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Vehicle Defects — 1
1 None, 2 Brakes, 3 Tires, 4 Lights (head, signal, tail), 6 Steering, 7 Wipers, 9 Exhaust System, 10 Body, Doors, 11 Power Train, 12 Suspension, 13 Wheels, 14 Windows/ Windshield, 15 Mirrors, 16 Truck Coupling/ Trailer Hitch/ Safety Chains, 77 Other, Explain in Narrative, 88 Unknown

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VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

NOT A CERTIFIED COPY

NARRATIVE

REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
18155752	88737370

VEHICLE 1 (V01) WAS TRAVELING EASTBOUND ON HYPOLUXO RD, JUST NORTH OF ADONIS DR, IN THE FAR RIGHT LANE. VEHICLES 2 (V02), 3 (V03), AND 4 (V04) WERE ALL STOPPED IN THE FAR RIGHT LANE (EASTBOUND) OF HYPOLUXO RD, JUST NORTH OF ADONIS DR. WITH THEIR HAZARD LIGHTS ON.

VEHICLES 3 AND 4 HAD BEEN IN A SEPARATE CRASH AND HAD PULLED OVER TOWARDS THE SHOULDER (PARTIALLY BLOCKING TRAVEL LANES), AWAITING LAW ENFORCEMENT. V02 HAD ARRIVED ON SCENE TO ASSIST. V02 WAS BEHIND V03, WHICH WAS BEHIND V04; ALL WITH THEIR HAZARDS ON IN THE FAR RIGHT LANE OF HYPOLUXO RD. ALL PARTIES/DRIVERS OF VEHICLES 2, 3, AND 4 WERE OUTSIDE OF THEIR VEHICLES AND IN THE GRASS AREA ON THE SOUTH SIDE OF HYPOLUXO RD.

DRIVER OF V01 WAS TRAVELING EASTBOUND AND FAILED TO SLOW DOWN/MOVE OVER FOR THE STOPPED VEHICLES AHEAD, IN THE FAR RIGHT LANE WITH THEIR HAZARDS ON. SUBSEQUENTLY, THE FRONT OF V01 COLLIDED WITH THE REAR OF PARKED V02. THE FRONT OF V02 WAS THEN PUSHED INTO THE REAR OF PARKED V03; WHICH PUSHED THE FRONT OF V03 INTO THE REAR OF PARKED V04. ALL VEHICLES CAME TO FINAL REST NEAR THE AREA OF COLLISION, FACING EAST, IN THE FAR RIGHT LANE.

THERE WERE NO SKID MARKS FROM V01 IN THE ROADWAY, LEADING UP TO THE CRASH, INDICATING THAT DRIVER OF V01 DID NOT BRAKE PRIOR TO THE COLLISION. DRIVER OF V01 STATED THAT THE VEHICLES "STOPPED SHORT" IN FRONT OF HER. HOWEVER, ALL THREE WITNESSES STATED THAT VEHICLES 2, 3, AND 4 HAD BEEN STOPPED WITH THEIR HAZARDS ON FOR A FEW MINUTES PRIOR TO THIS COLLISION.

THERE WAS DAMAGE TO THE LEFT REAR OF V01, HOWEVER IT DID NOT APPEAR THAT THE DAMAGE WAS NEW. THE WITNESSES ALSO STATED THAT THEY HAD NOT SEEN ANY OTHER VEHICLES STRIKE V01 PRIOR TO OR AFTER THE COLLISION. DRIVER OF V01 HAD INDICATORS OF IMPAIRMENT AND WAS SUBSEQUENTLY ARRESTED ON SCENE (PBSO CASE #18-155760).

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ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

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

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

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

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

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

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
1	TRACY LYNN FRAZIER	316.193(3)(C)(1)	DUI PROPERTY DAMAGE	A2G3U0P
1	TRACY LYNN FRAZIER	316.1925(1)	CARELESS DRIVING	AAGCQNE

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
32421	D/S R. DALTON	PALM BEACH COUNTY	☐	☒	☐	☐

DIAGRAM	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
	18155752	88737370



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PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 18155760 PBSO ZONE 6-21

AGENCY CASE # 18155760 CRASH CASE # 18155752/18155750

TIME OF STOP/CRASH 2255 DATE 12/14/2018 DAY Friday

SUBJECT'S NAME Frazier, Tracy, Lynn RACE W SEX F

HGT 5'04 WGT 130 DOB 4/27/1970

LOCATION 4700 Hypoluxo RD, Boynton Beach, FL 33463

ARRESTING OFFICER'S NAME & ID INV. Jacob Frey () AGENCY Palm Beach County Sheriff's Office

DIVISION: DUI

NOTIFIED BY COMMO ✓

ARRIVAL AT FACILITY 0045hrs

ARREST TIME 2351

BREATH RESULTS: .142/.140

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TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

PALM BEACH COUNTY
SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	539.001 FS	Other: All records relating to pawnbroker transactions.	
	☐	119.0712(2)	Other: Personal information contained within a motor vehicle record	

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REVIEW COMPLETED BY

Booking Number: 2018041445	**Date:** 12/15/2018
	Specialist Name/ID: howardt/7185