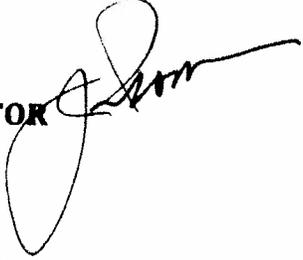




MEMORANDUM

TO: SYLVIA EDWARDS, FINANCE DIRECTOR

FROM: JIM ISOM, ADMINISTRATIVE SERVICES DIRECTOR 

DATE: APRIL 19, 2012

SUBJECT: BUDGET AMENDMENT-RESERVE FOR INSURANCE
DEDUCTIBLES

Attached is a City of Sanibel Police Report detailing an automobile accident involving a City vehicle. The City employee was considered at fault for the accident.

The City's insurance deductible is \$50,000 for a claim of this nature, therefore, it is requested that a budget amendment be prepared for the May 1, 2012 agenda.

The owner of the damaged vehicle has provided two estimates (attached) to repair the damage to the vehicle. The lowest estimate is \$2,451.23. Request a budget amendment in the amount of \$2,451.23 be prepared for payment from the City's Reserves for Insurance Deductibles.

RESOLUTION 12-048

**APPROVING BUDGET AMENDMENT/TRANSFER NO. 2012-032 AND
PROVIDING AN EFFECTIVE DATE**

NOW, THEREFORE, BE IT RESOLVED by City Council of the City of Sanibel, Florida:

SECTION 1. The revised Sewer Fund for fiscal year 2011-2012, Budget Amendment/Transfer BA 2012-032 true copy of which is attached hereto as Exhibit A and incorporated herein by this reference, is hereby approved and accepted.

SECTION 2. Effective date.

This resolution shall take effect immediately upon adoption.

DULY PASSED AND ENACTED by the Council of the City of Sanibel, Florida this 1st day of May 2012.

AUTHENTICATION:

Kevin Ruane, Mayor

Pamela Smith, City Clerk

APPROVED AS TO FORM:

Kenneth B. Cuyler

Kenneth B. Cuyler, City Attorney

4/24/12

Date

Vote of Councilmembers:

Ruane _____
Denham _____
Congress _____
Harrity _____
Jennings _____

Date filed with City Clerk: _____

BERNIE'S BODY SHOP
 1829 E GARY RD, LAKELAND, FL 33801
 Phone: (863) 683-2954
 FAX: (863) 683-2835

Workfile ID: 8ec89e5a
 Federal ID: 202392506
 License Number: MV-54767

Preliminary Estimate

Customer: DEMCO SPECIALTIES

Written By: JOSH NOEL

Insured: DEMCO SPECIALTIES Policy #: Claim #:
 Type of Loss: Date of Loss: Days to Repair: 0
 Point of Impact:

Owner: DEMCO SPECIALTIES Inspection Location: BERNIE'S BODY SHOP Insurance Company:
 1829 E GARY RD
 LAKELAND, FL 33801
 Repair Facility
 (863) 683-2954 Business

VEHICLE

Year: 2011 Body Style: 4D LONG VIN: 1FT8W3BT0BEC80115 Mileage In:
 Make: FORD Engine: 8-6.7L-TD License: Mileage Out:
 Model: F350 4X4 CREW XL Production Date: State: Vehicle Out:
 Color: Int: Condition: Job #:

4 Wheel Disc Brakes	Dual Mirrors	Passenger Air Bag	Styled Steel Wheels
4 Wheel Drive	FM Radio	Power Brakes	Telescopic Wheel
Air Conditioning	Front Side Impact Air Bags	Power Steering	Tilt Wheel
AM Radio	Head/Curtain Air Bags	Rear Step Bumper	Tinted Glass
Anti-Lock Brakes (4)	Intermittent Wipers	Search/Seek	Traction Control
Automatic Transmission	Message Center	Stability Control	Traffering Package
Clear Coat Paint	Overdrive	Steering Wheel Controls	
Driver Air Bag	Overhead Console	Stereo	

Preliminary Estimate

Customer: DEMCO SPECIALTIES

Vehicle: 2011 FORD F350 4X4 CREW XL 4D LONG 8-6.7L-TD

Line	Operation	Description	Qty	Extended Price \$	Labor	Paint
1		PICK UP BOX				
2	Repl	RT Side panel w/single wheel	1	829.77	14.0	3.5
3		Add for Clear Coat				1.4
4	Repl	RT Decal "4X4" adobe	1	40.17	0.4	
5	Blnd	Front panel				1.0
6	Blnd	Rear sill				0.5
7	R&I	R&I box assy			2.5	
8	Repl	RT Upper molding adobe	1	123.15	0.6	
9	Repl	RT Stone guard w/o dual rear wheels	1	27.18	0.1	
10		REAR BUMPER				
11	R&I	R&I bumper assy			1.1	
12 #	Repl	Panel bond	1	28.00		
13 #	Repl	Corrosion protection	1		0.2	
14 #	Repl	Car cover	1			0.2
SUBTOTALS				1,048.27	18.9	6.6

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,048.27
Body Labor	18.9 hrs @	\$ 42.00 /hr	793.80
Paint Labor	6.6 hrs @	\$ 42.00 /hr	277.20
Paint Supplies	6.6 hrs @	\$ 26.00 /hr	171.60
Subtotal			2,290.87
Sales Tax	Tier 1	\$ 2,290.87 @ 7.0000 %	160.36
Grand Total			2,451.23
INSURANCE PAY			2,451.23

STEWART AUTO REPAIR INC

Workfile ID:

ed8d0b09

1990 42ND ST NW, WINTER HAVEN, FL 33881

Phone: (863) 965-2030

FAX: (863) 965-0075

Estimate

RO Number:

Customer:
DEMCO SPECIALTIES

Insurance:

Adjuster:

Phone:

Claim:

Loss Date:

Deductible:

Estimator: Jenna Werner

Create Date: 4/18/2012

Year:	2011	Style:	4D LONG	VIN:	1FT8W3BT0BEC80115	Mileage In:
Make:	FORD	Color:				Mileage Out:
Model:	F350 4X4 CREW XL	License:		Job Number:		Vehicle Out:

Line	Ver	Operation	Description	Qty	Extended Price \$	Type	Labor Type	Paint
1	E01		COURTESY ESTIMATE					
2	ED1		PICK UP BOX					
3	E01	Repair	Rear 3rd				1.0T Body	1.0T
4	E01		Add for Clear Coat					0.2T
5	E01	Repair	Front panel				1.0T Body	2.0T
6	E01		Add for Clear Coat					0.8T
7	E01	Remove/Replace	RT Side panel w/single wheel	1	829.77T	OEM	14.0T Body	3.5T
8	E01		Overlap Major Adj. Panel					(0.4)T
9	E01		Add for Clear Coat					0.6T
10	E01	Remove/Install	R&I box assy				2.5T Body	
11	E01	Remove/Install	R&I tailgate assy				0.0T Body	
12	E01	Remove/Replace	RT Stone guard w/o dual rear wheels	1	27.18T	OEM	0.1T Body	
13	E01	Remove/Replace	RT Upper molding adobe	1	123.15T	OEM	0.6T Body	
14	E01	Remove/Replace	RT Decal "4X4" adobe	1	40.17T	OEM	0.4T Body	
15	E01		REAR BUMPER					
16	E01	Remove/Install	R&I bumper assy				1.1T Body	
17	E01	Remove/Replace	PANEL BOND ADHESIVE	1	48.00T	Other		
18	E01	Remove/Replace	RIVETS	1	20.00T	Other		
19	E01	Remove/Replace	FOAM	1	12.00T	Other		
20	E01		CAR COVER	1	10.00T	Other	0.2T Body	
21	E01		HAZARDOUS WASTE	1	3.00T	Other		
22	E01		DENIB					1.2T

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					1,113.27
Labor, Body			42.00	20.9	877.80
Labor, Refinish			42.00	8.9	373.80
Material, Paint					231.40

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, LIQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

4/18/2012 10:57:51 AM

Page :

T O - d

HP LASERJET FAX

04/18/12 10:47PM

Estimate

RO Number:

Vehicle: 2011 FORD F350 4X4 CREW XL 4D LONG 8-6.7L-TD

Subtotal	2,596.27
Bottomline Discount	0.00
Sales Tax	181.74
Grand Total	2,778.01
Net Total	2,778.01

Estimate Version	Total \$
Original	2,778.01

Insurance Total \$:	0.00
Received from Insurance \$:	0.00
Balance due from Insurance \$:	0.00
Customer Total \$:	2,778.01
Received from Customer \$:	0.00
Balance due from Customer \$:	2,778.01

T = Taxable Item, RPV = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rchr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-core, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 2

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

TOTAL # OF PERSON SECTION(S) 2

TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
04/09/2012	12:13 PM	04/09/2012	2012003502	71293893

CRASH IDENTIFIERS							
COUNTY CODE	CITY CODE	COUNTY OF CRASH	PLACE OR CITY OF CRASH	CHECK IF WITHIN CITY LIMITS	TIME REPORTED	TIME DISPATCHED	
18	50	LEE	SANIBEL	<input checked="" type="checkbox"/>	12:13 PM	12:15 PM	
TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED	REASON (If Investigation NOT Complete)			Notified By: 1 Motorist 2 Law Enforcement	
12:37 PM	1:04 PM	<input checked="" type="checkbox"/>				1	

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)							
CRASH OCCURRED ON STREET, ROAD, HIGHWAY				AT STREET ADDRESS #	AT LATITUDE	AND	LONGITUDE
DONAX STREET				1 930	2		
FEET	MILES	N	S	E	W	AT / (FROM) INTERSECTION WITH STREET, ROAD, HIGHWAY	
300.00		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 DONAX STREET	
Road System Identifier		Type of Shoulder		Type of Intersection			
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		1 Paved 2 Unpaved 3 Curb		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			
9		2		1			

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

First Harmful Event	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object	First Harmful Event Location
14	1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision	10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object	19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier	30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)
First Harmful Event within Interchange 1 1 No 2 Yes 88 Unknown				8

First Harmful Event Relation to Junction	Contributing Circumstances: Road		Contributing Circumstances: Environment
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	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		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	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone
1	1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	1 1 No 2 Yes 88 Unknown	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 <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE

NARRATIVE

REPORTING AGENCY CASE NUMBER

2012003502

HSMV CRASH REPORT NUMBER

71293893

V2 WAS DRIVING FROM WEST TO EAST THROUGH THE TRAVEL LANE IN THE PARKING LOT .
 V1 WAS PARKED FACING SOUTH IN A PROPER PARKING SPACE.
 AS V2 PASSED BY THE REAR OF V1, V1 BACKED OUT OF IT'S PARKING SPACE.
 THIS CAUSED THE RIGHT REAR OF V1 TO CRASH INTO THE RIGHT REAR OF V2.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
3	2	KILEY STRANGE	09/10/1971	1	1	88	88	1	1	3	3	2	3

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
428 EMERALD COVE LOOP	LAKELAND FL	33813

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

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

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
1073	OFFICER JAKUBOWSKI	SANIBEL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DIAGRAM

REPORTING AGENCY CASE NUMBER
2012003502

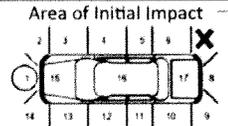
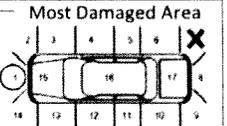
HSMV CRASH REPORT NUMBER
71293893



NOT TO SCALE

930 DONAX STREET PARKING LOT
P.O.I.



VEHICLE # 1		Check if Commercial		REPORTING AGENCY CASE NUMBER 2012003502			HSMV CRASH REPORT NUMBER 71293893			
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER CITY081639		STATE FL	REGISTRATION EXPIRES UK	Check if Permanent Registration <input type="checkbox"/>	VIN 1FTNF20545EC87462			
Hit and Run 1 No 2 Yes 88 Unknown	YEAR 2005	MAKE FORD	MODEL F250	STYLE PK	COLOR WHI	DAMAGE: 1 Disabling 2 Functional 3 None		4 Minor 88 Unknown	EST. AMOUNT 1000	
INSURANCE COMPANY FLORIDA MUNICIPAL TRUST			INSURANCE POLICY NUMBER 0531		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY MATTHEW PALFI		1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative		
NAME OF VEHICLE OWNER <input checked="" type="checkbox"/> (Check if Business)			CURRENT ADDRESS CITY OF SANIBEL 800 DUNLOP ROAD			CITY & STATE SANIBEL FL		ZIP CODE 33957		
Trailer # 1	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES	
Trailer # 2	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES	
VEHICLE TRAVELING <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown	ON STREET, ROAD, HIGHWAY 930 DONAX STREET					AT EST. SPEED 5	POSTED SPEED	TOTAL LANES		
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		CITY & STATE		ZIP CODE	PHONE NUMBER	

Vehicle Body Type 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		Trafficway 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		Commercial Motor Vehicle Configuration 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck		8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown	
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		Cargo Body Type 1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown	
Most Harmful Event 14		Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision		Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		Collision Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		Emergency Vehicle Use 1 2 Yes 88 Unknown	
Sequence of Events 1st 2nd 14 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 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		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 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		8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown			

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

PERSON # 1	REPORTING AGENCY CASE NUMBER 2012003502	HSMV CRASH REPORT NUMBER 71293893
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1 NAME MATTHEW	PHONE NUMBER (217)304-1198
CURRENT ADDRESS (Number and Street)		CITY & STATE

15676 IONA LAKES DRIVE	FORT MYERS	FL 33908
------------------------	------------	----------

DATE OF BIRTH 08/02/1984	SEX 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER P410559842820	STATE FL	EXPIRES 08/02/2013	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
-----------------------------	-----------------------------------------	----------------------------------------	-------------	-----------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

DRIVER			
DL Type 5	Required Endorsements 2	Driver's Actions at Time of Crash 1st: 4 2nd: 3rd: 4th: 31 Operated MV in Erratic, Reckless or Aggressive Manner	Condition At Time of Crash 1
Driver Distracted By 7		Driver Vision Obstructions 1	

DRIVER OR PASSENGER			
Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area 88 Unknown 77 Other Row narrative 88 Unknown 5 Trailing Unit 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	LOCATION: SEAT ROW OTHER (LOC) 1 1 1	Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) 3 1 Yes 2 No 3 Not Applicable
Air Bag Deployed (ABD) 2		Restraint Systems (RS) 3	

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) (incident response) 9 Working in Trafficway 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

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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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	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	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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VEHICLE #	2	Check if Commercial		REPORTING AGENCY CASE NUMBER	2012003502	HSMV CRASH REPORT NUMBER	71293893
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1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	1	VEHICLE LICENSE NUMBER	J715NS	STATE	FL	REGISTRATION EXPIRES	12/31/2012	Check if Permanent Registration		VIN	1FT8W3BT0BEC80115		
Hit and Run 1 No 2 Yes 88 Unknown	1	YEAR	2011	MAKE	FORD	MODEL	F250	STYLE	PK	COLOR	WHI		
		DAMAGE:				EST. AMOUNT							
										1 Disabling 4 Minor 2 Functional 88 Unknown 3 None		2	1000

INSURANCE COMPANY	PROGRESSIVE	INSURANCE POLICY NUMBER	08321630	Towed due to Damage:	1 No 2 Yes	VEHICLE REMOVED BY	JUSTIN DEMING	1. Rotation		2. Owner Request	3	3. Driver		4. Other, Explain in Narrative	
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NAME OF VEHICLE OWNER (Check if Business)	DEMCO SPECIALTIES INC.	CURRENT ADDRESS	607 PRAIRIE MINE ROAD	CITY & STATE	MULBERRY FL	ZIP CODE	33860
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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	
				<input checked="" type="checkbox"/>								930 DONAX STREET		5					

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	
	1										

MOTOR CARRIER NAME	US DOT NUMBER	MOTOR CARRIER ADDRESS	CITY & STATE	ZIP CODE	PHONE NUMBER
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Vehicle Body Type	Trafficway	Commercial Motor Vehicle Configuration
<input type="checkbox"/> 1 Passenger Car <input type="checkbox"/> 2 Passenger Van <input type="checkbox"/> 3 Pickup <input type="checkbox"/> 7 Motor Home <input type="checkbox"/> 8 Bus <input type="checkbox"/> 11 Motorcycle <input type="checkbox"/> 12 Moped <input type="checkbox"/> 13 All Terrain Vehicle (ATV)	<input type="checkbox"/> 1 Two-Way, Not Divided <input type="checkbox"/> 2 Two-Way, Not Divided, with a Continuous Left Turn Lane <input type="checkbox"/> 3 Two-Way, Divided, Unprotected (painted >4 feet) Median <input type="checkbox"/> 4 Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 One-Way Trafficway <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials <input type="checkbox"/> 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 3 Single-Unit Truck (3 or more axles) <input type="checkbox"/> 4 Truck Pulling Trailer(s) <input type="checkbox"/> 5 Truck Tractor (bobtail) <input type="checkbox"/> 6 Truck Tractor/Semi-Trailer <input type="checkbox"/> 7 Truck Tractor/Double Truck
Comm/Non-Commercial	Trailer Type	Cargo Body Type
<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	<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"/> 1 No Cargo <input type="checkbox"/> 2 Bus <input type="checkbox"/> 3 Van/Enclosed Box <input type="checkbox"/> 4 Hopper <input type="checkbox"/> 5 Pole-Trailer <input type="checkbox"/> 6 Cargo Tank <input type="checkbox"/> 7 Flatbed <input type="checkbox"/> 8 Dump <input type="checkbox"/> 9 Concrete Mixer <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Log
Most Harmful Event	Collision with Non-Fixed Object	Collision Fixed Object
<input type="checkbox"/> 14 <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	<input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone/Maintenance Equipment <input type="checkbox"/> 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> 18 Other Non-Fixed Object	<input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End
Sequence of Events	Vehicle Maneuver Action	Traffic Control Device For This Vehicle
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 14 <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	<input type="checkbox"/> 1 <input type="checkbox"/> 1 Straight Ahead <input type="checkbox"/> 3 Turning Left <input type="checkbox"/> 4 Backing <input type="checkbox"/> 5 Turning Right <input type="checkbox"/> 6 Changing Lanes <input type="checkbox"/> 8 Parked <input type="checkbox"/> 10 Making U-Turn <input type="checkbox"/> 11 Overtaking/Passing <input type="checkbox"/> 13 Stopped in Traffic <input type="checkbox"/> 14 Slowing <input type="checkbox"/> 15 Negotiating a Curve <input type="checkbox"/> 16 Leaving Traffic Lane <input type="checkbox"/> 17 Entering Traffic Lane <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 8 Flashing Signal <input type="checkbox"/> 9 Railway Crossing Device <input type="checkbox"/> 10 Person (including Flagman, Officer, Guard, etc.) <input type="checkbox"/> 13 Warning Sign <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
Roadway Grade	Roadway Alignment	Vehicle Defects
<input type="checkbox"/> 1 <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)	<input type="checkbox"/> 1 <input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left	<input type="checkbox"/> 1 <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Brakes <input type="checkbox"/> 3 Tires <input type="checkbox"/> 4 Lights (head, signal, tail) <input type="checkbox"/> 6 Steering <input type="checkbox"/> 7 Wipers <input type="checkbox"/> 9 Exhaust System <input type="checkbox"/> 10 Body, Doors <input type="checkbox"/> 11 Power Train <input type="checkbox"/> 12 Suspension <input type="checkbox"/> 13 Wheels <input type="checkbox"/> 14 Windows/Windshield <input type="checkbox"/> 15 Mirrors <input type="checkbox"/> 16 Truck Coupling/Trailer Hitch/Safety Chains <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
Special Function of Motor Vehicle	Emergency Vehicle Use	
<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"/> 1 <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	

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

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON # 2		REPORTING AGENCY CASE NUMBER 2012003502			HSMV CRASH REPORT NUMBER 71293893		
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1	NAME JUSTIN			PHONE NUMBER 8635596088	Check if Recommended Driver Re-exam <input type="checkbox"/>	
CURRENT ADDRESS (Number and Street) 2607 FAIRMONT AVENUE				CITY & STATE LAKELAND FL		ZIP CODE 33803	

DATE OF BIRTH 09/16/1980	SEX 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER D552426803360	STATE FL	EXPIRES 09/16/2018	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating		4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
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DRIVER			
DL Type 5	Required Endorsements 2	Driver's Actions at Time of Crash	
		1st 1	3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		2nd 1	4th 1
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		Condition At Time of Crash 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:		Restraint Systems (RS)	
Seat 1 Left 2 Middle 3 Right 77 Other 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	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
Location: SEAT ROW OTHER (LOC) 1 1 1		Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		Eye Protection (EP) 1 Yes 2 No 3 Not Applicable	
Air Bag Deployed (ABD) 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		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			
Non-Motorist Location At Time of Crash		Action Prior to Crash	
1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside		8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	
Non-Motorist Actions/Circumstances		Safety Equipment	
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)		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	
1st 1		2nd 1	

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

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID 1	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL PASSENGERS														
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS	
4	2	DAVID	MCCULLOUGH	04/29/1984	1	1	88	88	1	1	3	3	2	3

CURRENT ADDRESS (Number and Street) 4675 BAILEY ROAD				CITY & STATE MULBERRY FL				ZIP CODE 33860
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID 1	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO				

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS	
5	2	FLAVIO	JACOME TOBAR	07/27/1978	1	1	88	88	1	1	3	3	2	3

CURRENT ADDRESS (Number and Street) 608 PRADO PLACE				CITY & STATE LAKELAND FL				ZIP CODE 33803
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID 1	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO				