

FLORIDA TRAFFIC CRASH REPORT

WAS DOT PROPERTY INVOLVED IN THIS CRASH?

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S)	1
TOTAL # OF PERSON SECTION(S)	5
TOTAL # OF NARRATIVE SECTION(S)	2

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

CRASH DATE 04/02/2023	TIME OF CRASH 12:41 PM	DATE OF REPORT 05/30/2023	REPORTING AGENCY CASE NUMBER VP230006323	HSMV CRASH REPORT NUMBER 25734361
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CRASH IDENTIFIERS

COUNTY CODE 08	CITY CODE 37	COUNTY OF CRASH VOLUSIA	PLACE OR CITY OF CRASH DELTONA	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 12:41 PM	TIME DISPATCHED 12:44 PM
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TIME ON SCENE 12:47 PM	TIME CLEARED SCENE 6:38 PM	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)	Notified By: 1 Motorist 2 Law Enforcement	2
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ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY E NORMANDY BLVD	AT STREET ADDRESS # 1	AT LATITUDE 28.885065	AND LONGITUDE -81.241684
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AT FEET 149	MILES	N <input type="checkbox"/>	S <input type="checkbox"/>	E <input checked="" type="checkbox"/>	W <input type="checkbox"/>	AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 AARON DR	OR FROM MILEPOST # 4
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Road System Identifier 5 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll	Type of Shoulder 2 1 Paved 2 Unpaved 3 Curb	Type of Intersection 1 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection	7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative	5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative
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CRASH INFORMATION (CHECK IF PICTURES TAKEN)

Light Condition 1 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown 77 Other, Explain in Narrative 88 Unknown	Weather Condition 1 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil Dirt 1 Clear 2 Cloudy 3 Rain 7 Severe Crosswinds 77 Other, Explain in Narrative	Roadway Surface Condition 1 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 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown
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First Harmful Event 34 1 No 2 Yes 88 Unknown	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 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	First Harmful Event Location 10 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
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First Harmful Event Relation to Junction 1 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use of Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown	Contributing Circumstances: Road 1 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps	Contributing Circumstances: Environment 1 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
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Work Zone Related 1 1 No 2 Yes 88 Unknown	Crash 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	Type of Work Zone 1 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 1 No 2 Yes 88 Unknown
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WITNESSES

NAME IVAN FONTANEZ GARCIA	ADDRESS 1048 PIONEER DR	CITY & STATE DELTONA FL	ZIP CODE 32725
NAME GIOVANNA B BORGES	ADDRESS 517 COTTAGE ST	CITY & STATE NEW BEDFORD MA	ZIP CODE 02740

NON VEHICLE PROPERTY DAMAGE

VEH. # 1	PER #	PROPERTY DAMAGE - OTHER THAN VEH. SIGN OR SIGNPOST	EST. AMT. 1000	OWNER'S NAME <input checked="" type="checkbox"/> (CHECK IF BUSINESS) CITY OF DELTONA	ADDRESS 2345 PROVIDENCE BLVD	CITY & STATE DELTONA FL	ZIP CODE 32725
VEH. # 1	PER #	PROPERTY DAMAGE - OTHER THAN VEH. DECORATIVE ROCK/LANDSCAPING	EST. AMT. 1000	OWNER'S NAME <input type="checkbox"/> (CHECK IF BUSINESS) JASON LEE WELLS	ADDRESS 1166 E NORMANDY BLV	CITY & STATE DELTONA FL	ZIP CODE 32725

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	1	VEHICLE LICENSE NUMBER IVTU37	STATE FL	REGISTRATION EXPIRES 06/16/2023	Check if Permanent Registration <input type="checkbox"/>	VIN WBALM7C5XBE383885
Hit and Run 1 No 2 Yes 88 Unknown	1	YEAR 2011	MAKE BMW	MODEL 2D	STYLE CONVERTIBLE	COLOR RED - RED
DAMAGE: 1 Disabling 2 Functional 3 None		4 Minor 88 Unknown	1	EST. AMOUNT \$30,000.00		

INSURANCE COMPANY (DRIVER) GOVERNMENT EMPLOYEES IN	INSURANCE POLICY NUMBER 4520309388	Towed due to Damage: 1 No 2 Yes	2	VEHICLE REMOVED BY PRATTS TOWING	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative	1
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NAME OF VEHICLE OWNER (CHECK IF BUSINESS)	CURRENT ADDRESS	CITY & STATE	ZIP
RALPH AGUILAR	1908 MONTEREY DR	DELTONA FL	32738

Trailer One:	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
Trailer Two:	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES

VEHICLE TRAVELING	N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>	ON STREET, ROAD, HIGHWAY E NORMANDY BLVD	AT EST. SPEED 45	POSTED SPEED 35	TOTAL LANES 2
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HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	NUMBER	CLASS	Area of Initial Impact 	Most Damaged Area
MOTOR CARRIER NAME		US DOT NUMBER			

MOTOR CARRIER ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
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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 axes) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck 8 Tractor/Tripole 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
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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 (4,536 kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown
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Most Harmful Event 10	Comm GVWR/GCWR 4	1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793kg) 3 More than 26,000 lbs (11,793kg) 4 Not Applicable	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
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Sequence of Events 1st 43 2nd 34 3rd 10 4th 39	[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	Vehicle Defects 1
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Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	Roadway Alignment 1	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	Traffic Control Device For This Vehicle 1	Vehicle Defects 1
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Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	Roadway Alignment 1	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	Traffic Control Device For This Vehicle 1	Vehicle Defects 1
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PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
1	RALPH AGUILAR	316.1925(1)	CARELESS DRIVING	A16F6LE
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
VP230006323

HSMV Crash Report Number
25734361

1 Driver 2 Non-Motorist 3 Passenger	1	VEHICLE # 1	NAME RALPH AGUILAR	PHONE NUMBER	Check if Recommended Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 1908 MONTEREY DR			CITY & STATE DELTONA FL	ZIP CODE 32738	
DATE OF BIRTH 06/16/1955	SEX: 1 Male 2 Female 88 Unknown	1	DRIVERS LICENSE NUMBER A-246-720-55-216-0	STATE FL	EXPIRES 06/16/2025
INJURY SEVERITY (INJ)			3		
1 None			4 Incapacitating		
2 Possible			5 Fatal (within 30 days)		
3 Non-Incapacitating			6 Non-Traffic Fatality		

DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	5	Required Endorsements 1 Yes 2 No 3 No Req. Endorsement	3	1st 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn	2	Drivers Actions at Time of Crash 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering	3rd	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	1
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	4	4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		2nd 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 of Wrong Way 25 Failed to Keep in Proper Lane		30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Rckless or Aggressive Manner 77 Other Contributing Action	4th		

DRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	1	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative	Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) 1 Yes 2 No 3 Not Applicable	3	Restraint Systems (RS) 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative
DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat 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 (explain in narrative) 4 Fourth 4 Unenclosed Cargo Area 88 Unknown 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		LOCATION: (LOC) SEAT ROW OTHER 1 1	Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	1	Air Bag Deployed 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	6	

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/ Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 shoulder/Roadside	8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	1	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	1	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative 88 Unknown	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	1	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 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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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
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PERSON # 3

Reporting Agency Case Number
VP230006323

HSMV Crash Report Number
25734361

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 2	NAME EILEEN MARIE FLAHERTY	PHONE NUMBER	Check if Recommended Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 1423 BIRWOOD ST		CITY & STATE DELTONA FL	ZIP CODE 32725	
DATE OF BIRTH 03/02/1955	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER 2	STATE	EXPIRES
INJURY SEVERITY (INJ)		4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality		

DL Type		Required Endorsements		1st		Drivers Actions at Time of Crash		3rd		Condition At Time of Crash	
<input type="checkbox"/> 1 A 2 B 3 C <input type="checkbox"/> 4 D/Chauffeur <input type="checkbox"/> 5 E/Operator <input type="checkbox"/> 6 E/Oper-Rest <input type="checkbox"/> 7 None		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No Req. Endorsement		<input type="checkbox"/> 1 No Contribution Action <input type="checkbox"/> 2 Operated MV in Careless or Negligent Manner <input type="checkbox"/> 3 Failed to Yield Right-of-Way <input type="checkbox"/> 4 Improper Backing <input type="checkbox"/> 6 Improper Turn		<input type="checkbox"/> 26 Ran off Roadway <input type="checkbox"/> 27 Disregarded other Traffic Sign <input type="checkbox"/> 28 Disregarded Other Road Markings <input type="checkbox"/> 29 Over-Correcting/Over Steering		<input type="checkbox"/> 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. <input type="checkbox"/> 31 Operated MV in Erratic, Reckless or Aggressive Manner <input type="checkbox"/> 77 Other Contributing Action		<input type="checkbox"/> 1 Apparently Normal <input type="checkbox"/> 3 Asleep or Fatigued <input type="checkbox"/> 5 Ill (sick) or Fainted <input type="checkbox"/> 6 Seizure, Epilepsy, Blackout <input type="checkbox"/> 7 Physically Impaired <input type="checkbox"/> 8 Emotional (depression, angry, disturbed, etc.) <input type="checkbox"/> 9 Under the Influence of Medications/Drugs/Alcohol <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	
Driver Distracted By		4 Other Inside the Vehicle (explain in narrative)		2nd		10 Followed too Closely		4th			
<input type="checkbox"/> 1 Not Distracted <input type="checkbox"/> 2 Electronic Communication Devices (cell phone, etc.) <input type="checkbox"/> 3 Other Electronic Device (navigation device, DVD player)		<input type="checkbox"/> 5 External Distraction (outside the vehicle, explain in narrative) <input type="checkbox"/> 6 Texting <input type="checkbox"/> 7 Inattentive <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 11 Ran Red Light <input type="checkbox"/> 12 Drove too Fast for Conditions <input type="checkbox"/> 13 Ran Stop Sign <input type="checkbox"/> 15 Improper Passing <input type="checkbox"/> 17 Exceeded Posted Speed <input type="checkbox"/> 21 Wrong Side of Wrong Way <input type="checkbox"/> 25 Failed to Keep in Proper Lane							

DRIVER VISION OBSTRUCTIONS		DRIVER OR PASSENGER		Helmet Use (HU)		Eye Protection (EP)		Restraint Systems (RS)			
<input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inclement Weather <input type="checkbox"/> 3 Parked/Stopped Vehicle <input type="checkbox"/> 4 Trees/Crops/Bushes		<input type="checkbox"/> 5 Load on Vehicle <input type="checkbox"/> 6 Building/Fixed Object <input type="checkbox"/> 7 Signs/Billboards <input type="checkbox"/> 8 Fog		<input type="checkbox"/> 9 Smoke <input type="checkbox"/> 10 Glare <input type="checkbox"/> 77 All Other, Explain in Narrative		<input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet <input type="checkbox"/> 2 Other Helmet <input type="checkbox"/> 3 No Helmet		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not Applicable		<input type="checkbox"/> 1 Not Applicable (non-motorist) <input type="checkbox"/> 2 None Used - Motor Vehicle Occupant <input type="checkbox"/> 3 Shoulder and Lap Belt Used <input type="checkbox"/> 4 Shoulder Belt Only Used <input type="checkbox"/> 5 Lap Belt Only Used <input type="checkbox"/> 6 Restraint Used - Type Unknown <input type="checkbox"/> 7 Child Restraint System - Forward Facing <input type="checkbox"/> 8 Child Restraint System - Rear Facing <input type="checkbox"/> 9 Booster Seat <input type="checkbox"/> 10 Child Restraint Type Unknown <input type="checkbox"/> 77 Other, Explain in Narrative	
DRIVER OR PASSENGER		Motor Vehicle Seating Position:		Ejection (EJECT)		Air Bag Deployed					
LOCATION: SEAT ROW OTHER (LOC)		<input type="checkbox"/> 1 Not Ejected <input type="checkbox"/> 2 Ejected, Totally <input type="checkbox"/> 3 Ejected, Partially <input type="checkbox"/> 4 Not Applicable <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 5 Deployed-Other (knee, air belt, etc.) <input type="checkbox"/> 6 Deployed-Combination <input type="checkbox"/> 7 Deployed-Curtain <input type="checkbox"/> 88 Deployment Unknown							
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							

NON-MOTORIST		Non-Motorist Location At Time of Crash		Action Prior to Crash	
<input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) <input type="checkbox"/> 3 Bicyclist <input type="checkbox"/> 4 Other Cyclist <input type="checkbox"/> 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transportation Device <input type="checkbox"/> 7 Unknown Type of Non-Motorist		<input type="checkbox"/> 8 Intersection - Marked Crosswalk <input type="checkbox"/> 9 Intersection - Unmarked Crosswalk <input type="checkbox"/> 10 Intersection - Other <input type="checkbox"/> 11 Midblock - Marked Crosswalk <input type="checkbox"/> 12 Travel Lane - Other Location <input type="checkbox"/> 13 Bicycle Lane <input type="checkbox"/> 14 Shoulder/Roadside		<input type="checkbox"/> 10 Crossing Roadway <input type="checkbox"/> 11 Waiting to Cross Roadway <input type="checkbox"/> 12 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) <input type="checkbox"/> 13 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) <input type="checkbox"/> 14 Walking/Cycling on Sidewalk <input type="checkbox"/> 15 In Roadway - Other (working, playing, etc.) <input type="checkbox"/> 16 Adjacent to Roadway (e.g., shoulder, median) <input type="checkbox"/> 17 Going to or from School (K-12) <input type="checkbox"/> 18 Working in Trafficway (incident response) <input type="checkbox"/> 19 None <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	
Safety Equipment		Non-Motorist Actions/Circumstances			
<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Helmet <input type="checkbox"/> 3 Protective Pads Used (elbows, knees, shins, etc.) <input type="checkbox"/> 4 Reflective Clothing (jacket, backpack, etc.)		<input type="checkbox"/> 1 No Improper Action <input type="checkbox"/> 2 Dart/Dash <input type="checkbox"/> 3 Failure to Yield Right-of-Way <input type="checkbox"/> 4 Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 5 In Roadway Improperly (standing, lying, working, playing) <input type="checkbox"/> 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)		<input type="checkbox"/> 7 Entering/Exiting Parked/Standing Vehicle <input type="checkbox"/> 8 Inattentive (talking, eating, etc.) <input type="checkbox"/> 9 Not Visible (dark clothing, no lighting, etc.)	

ALCOHOL/DRUG/EMS		ALCOHOL/DRUG/EMS		ALCOHOL/DRUG/EMS	
SUSPECTED ALCOHOL USE: <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		ALCOHOL TESTED: <input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested		ALCOHOL TEST TYPE: <input type="checkbox"/> 1 Blood <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative	
SUSPECTED DRUG USE: <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		DRUG TESTED: <input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested		DRUG TEST TYPE: <input type="checkbox"/> 1 Blood <input type="checkbox"/> 2 Urine <input type="checkbox"/> 77 Other, Explain in Narrative	
DRUG TEST RESULT: <input type="checkbox"/> 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown					

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

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		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO	
<input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 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				

NARRATIVE

Reporting Agency Case Number VP230006323	HSMV Crash Report Number 25734361
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On Sunday April 2nd, 2023, at approximately 1241 hours, deputies responded to 1162 E Normandy Blvd, Deltona in reference to a motor vehicle crash with injuries. Upon arrival, deputies observed a female, later identified as Eileen Flaherty(V1), lying in the roadway unconscious. He brother Robert Flaherty (V2) was a short distance away and also sustained significant injuries. A red BMW sdrive 35i convertible (FL Tag: IVTU37) crashed into a rock in front of 1162 E Normandy Blvd. The driver, Ralph Aguilar (O1), and the passenger Victor Hernandez (V3) were standing near the vehicle. Deltona Fire Department Paramedics arrived on scene and pronounced Eileen Flaherty deceased at 1250 hours. Robert Flaherty was transported to HCA Lake Monroe Hospital and Victor Hernandez was transported to Advent Health Fish Memorial Hospital. At 1252 hours, Sgt Patterson contacted the on-call Volusia Sheriff's Traffic Homicide Investigation Unit. Members of the Traffic Homicide Unit were notified and responded to the scene. Detective Mefford of the Volusia Sheriff's Crime Scene Unit also responded to the scene.

The investigation revealed the following:

Victor Aguilar was the driver of the red BMW sdrive 35i. Victor Aguilar was driving East on E Normandy Blvd. Eileen and Robert Flaherty were walking East on the sidewalk located on the North side of the roadway. The BMW crossed over the centerline and ran off the roadway. The BMW struck a traffic sign located on the grass shoulder before continuing onto the sidewalk. The BMW struck Eileen and Robert. Eileen was thrown 59 feet 5 inches before coming to rest on the apron of 1162 E Normandy Blvd. Robert came to rest a short distance from Eileen (he was transported prior to the arrival of Traffic Homicide Investigators and his exact position was not recorded). The BMW continued through the front yard of 1162 E Normandy before striking a large decorative rock, pushing it a short distance, and coming to final rest. The BMW's front and knee airbags deployed for both the driver and passenger who were both wearing their seat belts.

Victor Aguilar provided a voluntary sample of his blood which was drawn by Paramedic Orozco in the back of the Medic 63 ambulance. The sample was submitted to FDLE for analysis, and did not reveal the presence of any alcohol or chemical or controlled substances. Detective Mefford arrived on scene and obtained digital photographs of the scene, to include roadway evidence, damage by the BMW, and of the body of Eileen Flaherty. Detective Mefford, also completed 3D scans of the entire crime scene utilizing a FARO scanner, to include the entirety of the crash scene, both vehicles, and other evidence observed at the scene.

Traffic Homicide Investigators conducted several measurements while on scene including a base-line measurement, roadway measurements, and drag sled measurements.

Deputy Maletto contacted Robert Flaherty at the hospital and informed him of his sister's death.

Deputy Maletto Contacted the office of the Medical Examiner from District 7 who responded and took possession of the deceased. [REDACTED]

Pratt's Towing responded to the scene and removed the BMW to the Volusia Sheriff's Evidence Facility. The vehicle was secured in a locked outdoor lot.

Witness Statements:

Victor Aguilar was advised of the Miranda Warnings and agreed to speak with Deputy Maletto. He advised that he was traveling East on E Normandy Blvd when he dropped a drawstring bag inside the vehicle. He looked down and reached to retrieve the bag. When he looked up he had departed the roadway and struck Eileen and Robert Flaherty. Aguilar stated that he was going approximately 35 miles per hour.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
2	1	VICTOR M HERNANDEZ	12/24/1945	3	1	3	1		1		3	6	3
CURRENT ADDRESS (Number and Street)			CITY		STATE			ZIP CODE					
1033 RT 32 #28			ROSENDALE		NY			12472					

SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
2	DELTONA FIRE DEPARTMENT	F230920165	ADVENT HEALTH FISH MEMORIA

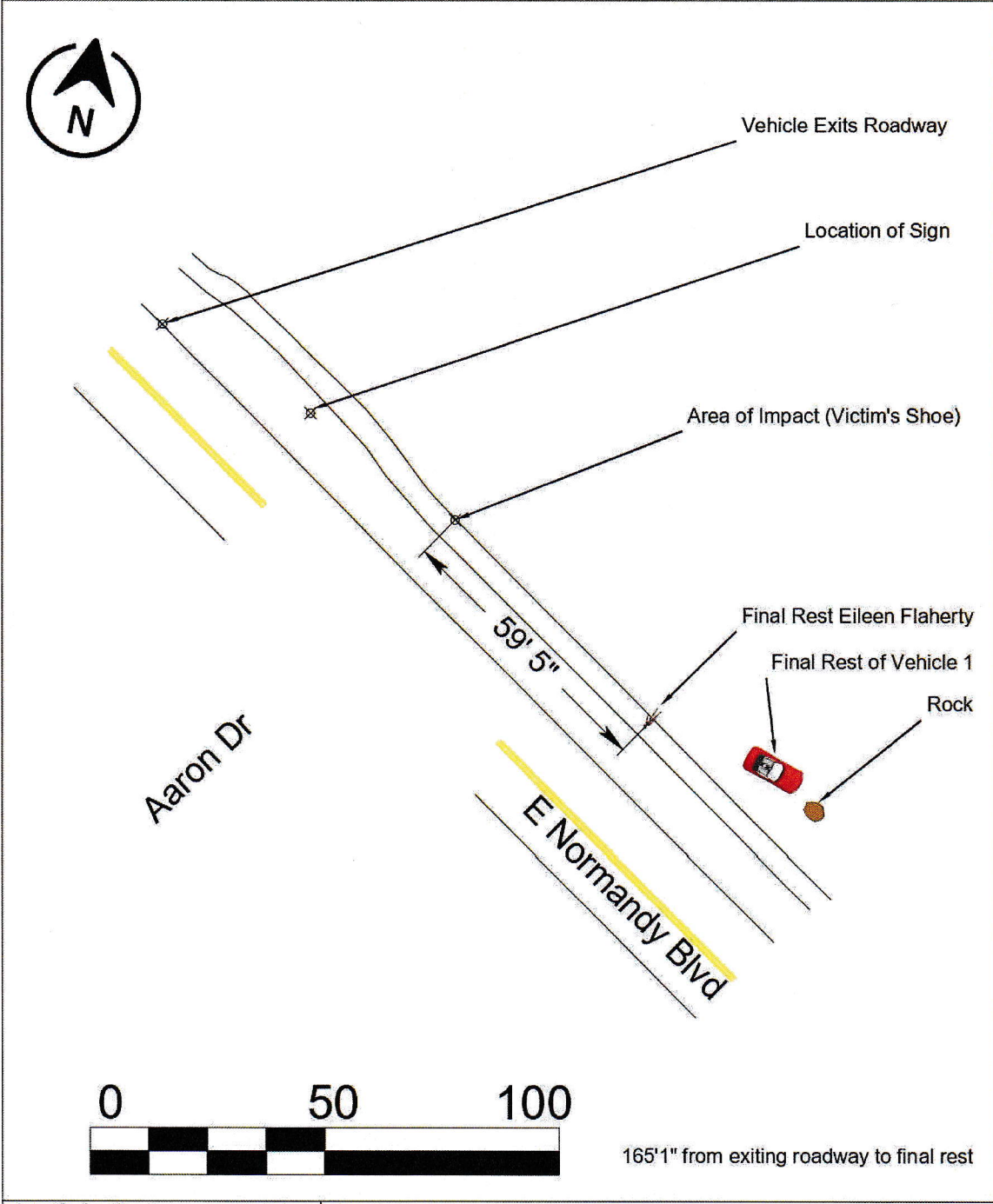
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY		STATE			ZIP CODE					

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

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

REPORTING OFFICER				
ID/BADGE #	RANK	OFFICER NAME	DEPARTMENT	TYPE OF DEPT. SHERIFF'S OFFICE (SO)
9031	DEPUTY	NICHOLAS MALETTO	VOLUSIA SHERIFFS OFFICE	

Reporting Agency Volusia Sheriff's Office	Case No.: 23-6323	Address: 1162 E Normandy Blvd, Deltona, FL 32725	Date of Crash April 2nd, 2023
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Investigating Deputy
Deputy Nicholas Maletto 9031

NARRATIVE

Reporting Agency Case Number
VP230006323

HSMV Crash Report Number
25734361

Victor Aguilar provided a voluntary sample of his blood which was drawn by Paramedic Orozco in the back of the Medic 63 ambulance. The sample was submitted to FDLE for analysis, and did not reveal the presence of any alcohol or chemical or controlled substances.

Detective Mefford arrived on scene and obtained digital photographs of the scene, to include roadway evidence, damage by the BMW, and of the body of Eileen Flaherty. Detective Mefford, also completed 3D scans of the entire crime scene utilizing a FARO scanner, to include the entirety of the crash scene, both vehicles, and other evidence observed at the scene.

Traffic Homicide Investigators conducted several measurements while on scene including a base-line measurement, roadway measurements, and drag sled measurements.

Deputy Maletto contacted Robert Flaherty at the hospital and informed him of his sister's death.

Deputy Maletto Contacted the office of the Medical Examiner from District 7 who responded and took possession of the deceased. [REDACTED]

Pratt's Towing responded to the scene and removed the BMW to the Volusia Sheriff's Evidence Facility. The vehicle was secured in a locked outdoor lot.

Witness Statements:

Victor Aguilar was advised of the Miranda Warnings and agreed to speak with Deputy Maletto. He advised that he was traveling East on E Normandy Blvd when he dropped a drawstring bag inside the vehicle. He looked down and reached to retrieve the bag. When he looked up he had departed the roadway and struck Eileen and Robert Flaherty. Aguilar stated that he was going approximately 35 miles per hour.

Giovanna Borges (W1) and Ivan Fontanez (W2) observed the BMW strike Eileen and Robert. They both completed a sworn written statement.

Investigative Summary:

Deputy Maletto determined an average speed of the BMW by utilizing a simple time and distance formula. Deputy Maletto located a license plate hit at the intersection of Deltona Blvd and E Normandy at 12:38:21. The crash occurred at 12:44:57 according to a time stamp on video surveillance which captured audio of the crash. The distance from the camera to the crash site is approximately 8078 ft. The average speed of vehicle over the entire distance was 13.9 miles per hour. Deputy Werfel attempted to obtain Event Data Recorder Information from the BMW, but the vehicle was not equipped with that equipment. Deputy Maletto attempted to utilize crush analysis to obtain a speed at the time of the collision but obtained unreasonably low answers due to the kinetic energy absorbed by the rock being moved. Deputy Maletto obtained video surveillance which showed the impact with the pedestrians and the rock. The BMW's speed did not appear to be excessive.

Hoang Asam (W3) provided the video from 1175 E Normandy Blvd. Justine Hernandez (W4) provided Ring camera footage from 1126 E Normandy Blvd which captured audio of the crash with an accurate time stamp.

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

ADDITIONAL VIOLATIONS

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

REPORTING OFFICER

ID/BADGE # 9031	RANK DEPUTY	OFFICER NAME NICHOLAS MALETTO	DEPARTMENT VOLUSIA SHERIFFS OFFICE	TYPE OF DEPT. SHERIFF'S OFFICE (SO)
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PERSON # 4

Reporting Agency Case Number
VP230006323

HSMV Crash Report Number
25734361

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 2	NAME ROBERT DENNIS FLAHERTY	PHONE NUMBER	Check if Recommend Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 1423 BIRWOOD ST		CITY & STATE DELTONA FL	ZIP CODE 32725	
DATE OF BIRTH 01/17/1968	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER 1	STATE	EXPIRES
INJURY SEVERITY (INJ.)		4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality		

<input type="checkbox"/> DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	<input type="checkbox"/> Required Endorsements 1 Yes 2 No 3 No Req. Endorsement	1st <input type="checkbox"/> 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn	Drivers Actions at Time of Crash 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering	3rd <input type="checkbox"/>	Condition At Time of Crash <input type="checkbox"/> 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
<input type="checkbox"/> Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	2nd <input type="checkbox"/> 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 of Wrong Way 25 Failed to Keep in Proper Lane	30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	4th <input type="checkbox"/>	

<input type="checkbox"/> DRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative	<input type="checkbox"/> Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	<input type="checkbox"/> Eye Protection (EP) 1 Yes 2 No 3 Not Applicable	<input type="checkbox"/> Restraint Systems (RS) 1 Not Applicable (non-motorist) 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
<input type="checkbox"/> 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 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	LOCATION: SEAT ROW OTHER (LOC)	<input type="checkbox"/> Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	<input type="checkbox"/> Air Bag Deployed 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	

<input type="checkbox"/> 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	<input type="checkbox"/> Non-Motorist Location At Time of Crash 8 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 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	<input type="checkbox"/> Action Prior to Crash 10 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 Walking in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
<input type="checkbox"/> 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	<input type="checkbox"/> Non-Motorist Actions/Circumstances 1st 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID DELTONA FIRE DEPARTMENT	EMS RUN NUMBER F230920165	MEDICAL FACILITY TRANSPORTED TO HCA LAKE MONROE
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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