

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

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

WAS DOT PROPERTY INVOLVED IN THIS CRASH?

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

CRASH DATE 01/15/2020	TIME OF CRASH 7:26 AM	DATE OF REPORT 01/15/2020	REPORTING AGENCY CASE NUMBER 2020000113	HSMV CRASH REPORT NUMBER 89293723
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CRASH IDENTIFIERS						
COUNTY CODE 32	CITY CODE 52	COUNTY OF CRASH INDIAN RIVER	PLACE OR CITY OF CRASH VERO BEACH	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 7:28 AM	TIME DISPATCHED 7:29 AM

TIME ON SCENE 7:31 AM	TIME CLEARED SCENE 8:44 AM	CHECK IF COMPLETED <input type="checkbox"/>	REASON (If Investigation NOT Complete) THI INVESTAGTION	Notified By: 1 Motorist 2 Law Enforcement <u>2</u>
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ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)			
CRASH OCCURRED ON STREET, ROAD, HIGHWAY INDIAN RIVER BLVD	1 AT STREET ADDRESS # 1	2 AT LATITUDE 27.651736	AND LONGITUDE -80.383620

AT FEET	MILES	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	3 AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY MERRIL P BARBER BRG	4 OR FROM MILEPOST #
Road System Identifier		Type of Shoulder		Type of Intersection
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	3 1 Paved 2 Unpaved 3 Curb	3 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection

CRASH INFORMATION (CHECK IF PICTURES TAKEN)

1 Light Condition 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown 77 Other, Explain in Narrative 88 Unknown	1 Weather Condition 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	1 Roadway Surface Condition 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown	1 School Bus Related 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	3 Manner of Collision/Impact 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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14 First Harmful Event	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 int 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	30 Concrete 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Ohter Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)	1 First Harmful Event Location 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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2 First Harmful Event Relation to Junction 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	1 Contributing Circumstances: Road 1 None 4 Work Zone (construction/maintenance/utility 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps	9 Worn, Travel-Polished Surface 10 Raod 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 Contributing Circumstances: Environment 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown
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1 Work Zone Related 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	1 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	1 Law Enforcement in Work Zone 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present
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WITNESSES

NAME ROBERT ANTHONY GRECO	ADDRESS 2156 80TH AVE	CITY & STATE VERO BEACH FL	ZIP CODE 32966
NAME STEPHANIE A RICKER	ADDRESS 30 SHREWSBURY GREEN DR APT G	CITY & STATE SHREWSBURY MA	ZIP CODE 01545
NAME ERIK JAMES JORDAN	ADDRESS 165 CHALOUPPE TER	CITY & STATE SEBASTIAN FL	ZIP CODE 32958

NON VEHICLE PROPERTY DAMAGE

VEH. #	PER #	PROPERTY DAMAGE - OTHER THAN VEH.	EST. AMT.	OWNER'S NAME <input type="checkbox"/> (CHECK IF BUSINESS)	ADDRESS	CITY & STATE	ZIP CODE
VEH. #	PER #	PROPERTY DAMAGE - OTHER THAN VEH.	EST. AMT.	OWNER'S NAME <input type="checkbox"/> (CHECK IF BUSINESS)	ADDRESS	CITY & STATE	ZIP CODE

CONFIDENTIAL
 FOR 60 DAYS FROM
 DATE OF CRASH

VEHICLE # 1 Check if Commercial Reporting Agency Case Number 2020000113 HSMV Crash Report Number 89293723

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle 1 VEHICLE LICENSE NUMBER AEYH25 STATE FL REGISTRATION EXPIRES 12/31/2020 Check if Permanent Registration VIN 1FBAX2Y82LKA10080

Hit and Run 1 No 2 Yes 88 Unknown 1 YEAR 2020 MAKE FORD MODEL VN STYLE VAN INCLUDES OPEN OR CLOSE COLOR SILVER, ALUMINUM - SIL DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown 1 EST. AMOUNT \$20,000.00

INSURANCE COMPANY (DRIVER) UNK INSURANCE POLICY NUMBER UNK Towed due to Damage: 1 No 2 Yes 2 VEHICLE REMOVED BY COLLISIONS 1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative 1

NAME OF VEHICLE OWNER (CHECK IF BUSINESS) PV HOLDING CORP CURRENT ADDRESS 8600 HANGAR BLVD CITY & STATE ORLANDO FL ZIP 32827

Trailer One: LICENSE NUMBER STATE REGISTRATION EXPIRES Check if Permanent Registration VIN YEAR MAKE LENGTH AXLES

Trailer Two: LICENSE NUMBER STATE REGISTRATION EXPIRES Check if Permanent Registration VIN YEAR MAKE LENGTH AXLES

VEHICLE TRAVELING N S E W Off-Road Unknown ON STREET, ROAD, HIGHWAY INDIAN RIVER BLVD AT EST. SPEED POSTED SPEED 45 TOTAL LANES 4

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown NUMBER CLASS Area of Initial Impact 03 Most Damaged Area 04

MOTOR CARRIER NAME US DOT NUMBER MOTOR CARRIER ADDRESS CITY STATE ZIP CODE PHONE NUMBER

Vehicle Body Type 2 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 axes) 4 Truck Pulling Trailer(s) 5 Boat Trailer 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

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

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

Trailer 1 Trailer 2 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

Most Harmful Event 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

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

Sequence of Events 1st 14 2nd 24 [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

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 3 1 Straight Ahead 2 Turning Left 3 Backing 4 Turning Right 5 Changing Lanes 6 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 5 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.) 77 Other, Explain in Narrative 88 Unknown

Vehicle Defects 88 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 17 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

EMERGENCY VEHICLE USE 1 1 No 2 Yes 88 Unknown

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER



PERSON # 1

Reporting Agency Case Number
2020000113

HSMV Crash Report Number
89293723

1 Driver 2 Non-Motorist 3 Passenger	1	VEHICLE # 1	NAME PATRICK JOSEPH DIGGINS	PHONE NUMBER (774) 696-1865	Check if Recommended Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 26 BRITNNEY DR			CITY & STATE HOLDEN MA	ZIP CODE 01520	
DATE OF BIRTH 03/11/1964	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER S33953692	STATE MA	EXPIRES 03/11/2022	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating
			4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality		4

DL Type 1A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	Required Endorsements 1 Yes 2 No 3 No Req. Endorsement	1st 3	Drivers Actions at Time of Crash 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	3rd 1	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 Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	2nd 1	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	4th 1	
DRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		9 Smoke 10 Glare 77 All Other, Explain in Narrative	

DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Second 3 Other Enclosed Cargo Area 77 Other 3 Third 4 Unenclosed Cargo Area (explain in narrative) 4 Fourth 5 Trailing Unit 88 Unknown 77 Other Row 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown		LOCATION: (LOC) SEAT ROW OTHER 1 1 1	Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) 1 Yes 2 No 3 Not 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
NON-MOTORIST 1 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 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside		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.)		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	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 INDIAN RIVER COUNTY FIRE EMS		EMS RUN NUMBER 2020-1255		MEDICAL FACILITY TRANSPORTED TO LAWNWOOD		

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							

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							

CONFIDENTIAL
FOR 60 DAYS FROM
DATE OF CRASH

NARRATIVE

On 01/15/2020 at 0729 hours, I responded to the 3200 block of Indian River Boulevard in reference to a traffic crash.

Upon arrival I observed a red Dodge truck (V2) to be in middle of the intersection in north bound lanes with heavy front end damage. I observed a silver Ford van (V1) in the north bound lanes and facing the west bound travel lanes for vehicles coming over the bridge. The van had heavy damage to the front right passenger side door and fender area. I observed there to be a number of passengers to be still trapped inside the van. Indian river county Fire rescue and EMS personnel responded to the scene and began extracting passengers from the van.

I was unable to get a statement from the driver of V1 Patrick Diggins at the time of the crash but Diggins made multiple spontaneous utterances in my presence stating (please let me have had a green light. did I have a green arrow? God please let me have had a green arrow.) Driver of V1 was transported to Lawnwood Regional Medical Center due to his injuries.

Driver of V2 Ronald Wolf stated that he was traveling north on Indian River Blvd as he approached the intersection with the Barber bridge, he observed the silver van in the south bound turn lane to head east over the bridge. Wolf advised that he observed the driver of V1 to appear to be looking down and not looking at the roadway as he pulled out in front of his vehicle. Wolf stated that he had the green light heading north at the time of the crash. Wolf was transported to Lawnwood Regional Medical Center due to his injuries.

I then made contact with witness, Bob Greco who, was at the west side base of the Barber Bridge stopped in the center lane. Greco advised that traffic was flowing north and south on Indian River Blvd. Greco stated that as V2 entered in to the intersection V1 started to make his turn and pulled out in front of V2. Greco advised that V2 had nowhere to go to avoid a collision with V1.

I then spoke with Stephanie Ricker who advised she was in the second van behind V1. Ricker advised that she was the assistant coach for the rowing team who were in both vehicles. Ricker stated that as she followed behind V1, approaching the light, she observed the light to be green. Ricker stated that even though the light was green she did not observe a green arrow for them to make a left and proceed on to the bridge.

I then spoke with Erik Jordan who, stated that he did not observe the accident but was traveling south on Indian River Blvd. and verified what Ricker had previously stated that the lights were green but there was no green turn arrow.

I spoke with the passengers of V1 but none of them were able to give me any further information about the events prior to the accident. The injured parties from the crash were transported to Cleveland Clinic of Indian River and Lawnwood Regional Medical center. While on scene I was informed the front right seat passenger of V1 had been pronounced deceased.

The scene was turned over to traffic homicide investigators for the continuing investigation.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
3	1	GRACE M RETT	1/14/2000	5	2	3	1	1	1			6	3
CURRENT ADDRESS (Number and Street) 78 HECLA STREET			CITY UXBRIDGE			STATE MA			ZIP CODE 01569				
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			INDIAN RIVER COUNTY EMS			2020-1255			CLEVELAND CLINIC				
4	1	MARGARET K OLEARY	9/5/2001	4	2	1	2	1	1			6	
CURRENT ADDRESS (Number and Street) 58 DALTONWOOD DR			CITY WATERBURY			STATE CT			ZIP CODE 06708				
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			INDIAN RIVER EMS			2020-1255			LAWNWOOD				

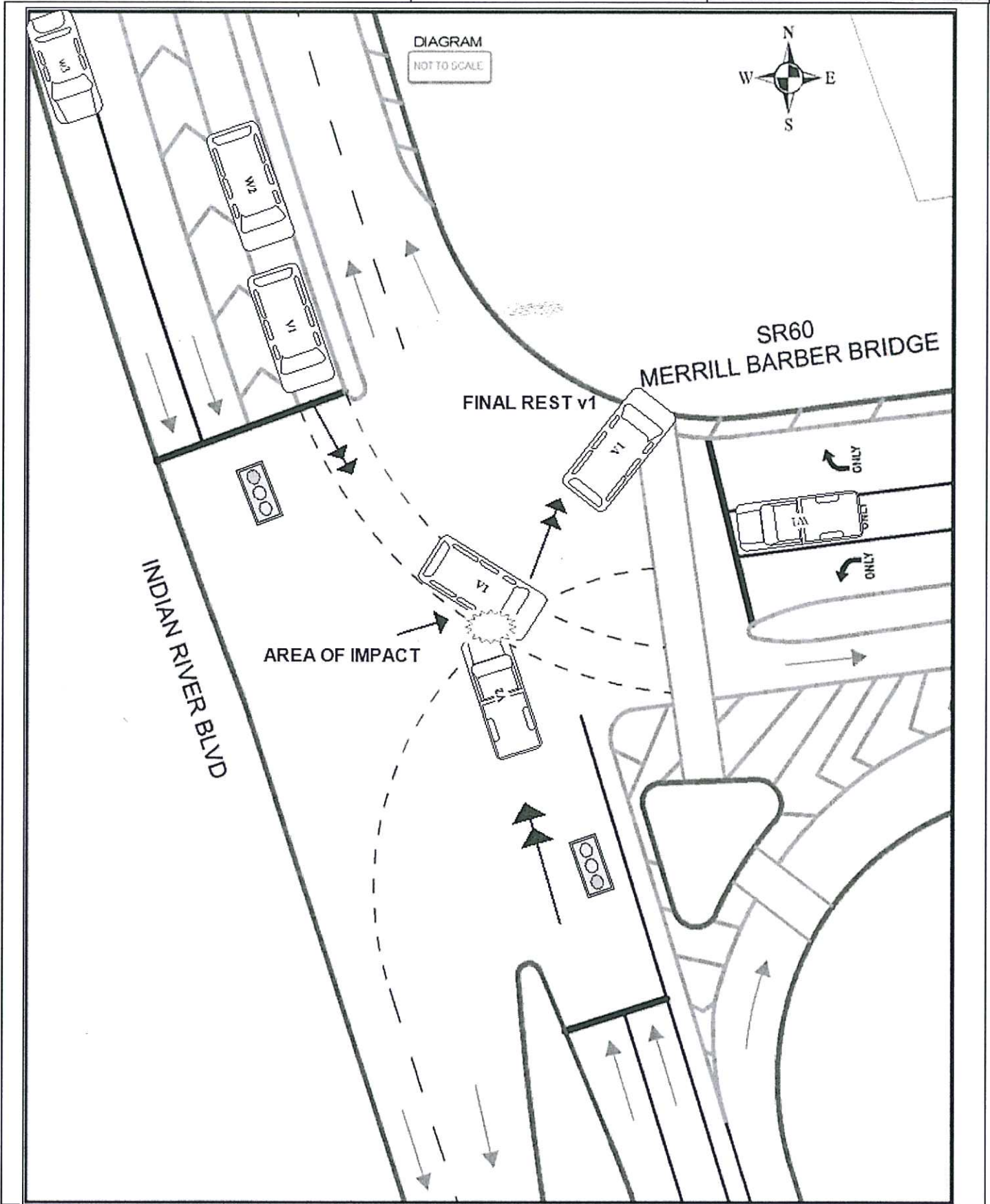
ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE # 483	RANK OFC	OFFICER NAME J SCROGGIN	DEPARTMENT VERO BEACH POLICE DEPARTME	TYPE OF DEPT. POLICE DEPARTMENT (PD)
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CONFIDENTIAL
FOR 30 DAYS FROM
DATE OF CRASH



VEHICLE # 2

Check if Commercial

Reporting Agency Case Number 2020000113

HSMV Crash Report Number 89293723

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		1	VEHICLE LICENSE NUMBER WS30I	STATE FL	REGISTRATION EXPIRES 12/31/2020	Check if Permanent Registration <input type="checkbox"/>	VIN 1D7KS28D75J635097				
Hill and Run 1 No 2 Yes 88 Unknown	1	YEAR 2005	MAKE DODG	MODEL TK	STYLE TK	COLOR RED - RED	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	1 EST. AMOUNT \$15,000.00			
INSURANCE COMPANY (DRIVER) GEICO			INSURANCE POLICY NUMBER UNK		Towed due to Damage: 1 No 2 Yes	2	VEHICLE REMOVED BY COLLISONS	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative			
NAME OF VEHICLE OWNER (CHECK IF BUSINESS) <input type="checkbox"/>			CURRENT ADDRESS RONALD EDWARD WOLF 305 ST LUCIE LN			CITY & STATE FT PIERCE FL		ZIP 34946			
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			ON STREET, ROAD, HIGHWAY			AT EST. SPEED	POSTED SPEED	TOTAL LANES			
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown			HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown			Area of Initial Impact		Most Damaged Area			
MOTOR CARRIER NAME			US DOT NUMBER			18 Undercarriage 19 Overturn 20 Windshield 21 Trailer		14 15 16 17 18 19 20 21			
MOTOR CARRIER ADDRESS			CITY			STATE		ZIP CODE		PHONE NUMBER	
Vehicle Body Type			Trafficway			Commercial Motor Vehicle Configuration					
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)			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			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			Trailer Type			Cargo Body Type			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		
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck			1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer			1 No Cargo 2 Bus			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		
Most Harmful Event			Comm GVWR/GCWR			Collision with Non-Fixed Object			Collision Fixed Object		
14			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			10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object			19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		
Sequence of Events			Emergency Vehicle Use			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.)			1 1 No 2 Yes 88 Unknown		
1st 14			[40-46 Sequence of Events only] 40 equipment Failure (blow 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			Collision Fixed Object			Emergency Vehicle Use		
2nd			Roadway Grade			Collision Fixed Object			Emergency Vehicle Use		
3rd			1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)			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			1 1 No 2 Yes 88 Unknown		
4th			Roadway Alignment			Collision Fixed Object			Emergency Vehicle Use		
1			1 Straight 2 Curve Right 3 Curve Left			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.)			1 1 No 2 Yes 88 Unknown		
Special Function of Motor Vehicle			Vehicle Maneuver Action			Traffic Control Device For This Vehicle			Vehicle Defects		
1			1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing			1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign			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		
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			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			8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 77 Other, Explain in Narrative 88 Unknown		
14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown			88 Unknown			13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling Trailer Hitch/ Safety Chains 77 Other, Explain in Narrative 88 Unknown			88 Unknown		

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

CONFIDENTIAL
DO NOT DISSEMINATE
DATE OF CRASH

(This area is intentionally left blank for the narrative report.)

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
5	1	ANNE C COMCOWICH	6/13/2000	4	2	2	2	1	1			6	
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
9 PIKE ST			HOPKINTON			MA			01748				
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			INDIAN RIVER COUNTY EMS			2020-1255			LAWNWOOD				
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
6	1	HANNAH O STROM	7/13/2000	4	2	3	2	1	1			6	
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
12 PITCHER ST			MARION			MA			02738				
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			INDIAN RIVER COUNTY EMS			2020-1255			LAWNWOOD				

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE #	RANK	OFFICER NAME	DEPARTMENT	TYPE OF DEPT.
483	OFC	J SCROGGIN	VERO BEACH POLICE DEPARTME	POLICE DEPARTMENT (PD)

CONFIDENTIAL
 THIS REPORT IS THE PROPERTY OF THE FLORIDA DEPARTMENT OF TRANSPORTATION
 DATE OF CRASH

NARRATIVE

Reporting Agency Case Number
2020000113

HSMV Crash Report Number
89293723

[Empty Narrative Section]

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
7	1	SIDNEY S KIRBY	5/5/2000	3	2	1	3	1	1			6	
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
1868 PHEASANT RD			LONG GROVE			IL			60047				
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			INDIAN RIVER COUNTY EMS			2020-1255			CLEVELAND CLINIC				
8	1	PAIGE M COHEN	3/18/1999	4	2	2	3	1	1			6	
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
4894 LEEDS CT			DUNWOODY			GA			30338				
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			INDIAN RIVER COUNTY EMS			2020-1255			LAWNWOOD				

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE #	RANK	OFFICER NAME	DEPARTMENT	TYPE OF DEPT. (PD)
483	OFC	J SCROGGIN	VERO BEACH POLICE DEPARTME	POLICE DEPARTMENT (PD)

CONFIDENTIAL
POLICE DEPARTMENT
DATE OF CRASH

NARRATIVE

Reporting Agency Case Number
2020000113

HSMV Crash Report Number
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ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
9	1	BIANCA W MCLVER	3/27/2001	4	2	3	3	1	1			6	
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
111 LEE RD			SCARSDALE			NY			10583				
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			INDIAN RIVER COUNTY EMS			2020-1255			LAWNWOOD				
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
10	1	MAEGAN A MORIARTY	7/17/1997	3	2	1	4	1	1			6	
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
53 BROWNS LN			OLD LYME			CT			06371				
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			INDIAN RIVER COUNTY EMS			2020-1255			LAWNWOOD				

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE #	RANK	OFFICER NAME	DEPARTMENT	TYPE OF DEPT.
483	OFC	J SCROGGIN	VERO BEACH POLICE DEPARTME	POLICE DEPARTMENT (PD)

CONFIDENTIAL
POLICE DEPARTMENT
DATE OF CRASH

NARRATIVE

Reporting Agency Case Number
2020000113

HSMV Crash Report Number
89293723

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ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
11	1	LAUREN E COLBY	8/2/2001	3	2	2	4	1	1			6	
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
7 EDGAR WALKER CT			HINGHAM			MA			02043				
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			INDIAN RIVER COUNTY EMS			2020-1255			CELEVLAND CLINIC				
12	1	OLIVIA G EVENS	3/9/2001	3	2	2	4	1	1			6	
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
111 ALDEN ST			DUXBURY			MA			02332				
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			INDIAN RIVER COUNTY EMS			2020-1255			CELEVLAND CLINIC				

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE #	RANK	OFFICER NAME	DEPARTMENT	TYPE OF DEPT.
483	OFC	J SCROGGIN	VERO BEACH POLICE DEPARTME	POLICE DEPARTMENT (PD)

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DATE OF CREATION

NARRATIVE

Reporting Agency Case Number
2020000113

HSMV Crash Report Number
89293723

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
13	1	JOSIE E ASCIONE	5/15/2001	3	2	3	4	1	1			6	
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
4655 SIGNATURE DR			MIDDLETON			WI			53562				
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			INDIAN RIVER COUNTY EMS			2020-1255			CELEVLAND CLINIC				
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.
483	OFC	J SCROGGIN	VERO BEACH POLICE DEPARTME	POLICE DEPARTMENT (PD)

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FOR 60 DAYS FROM
DATE OF CRASH

PERSON # 2

Reporting Agency Case Number

2020000113

HSMV Crash Report Number

89293723

1 Driver 2 Non-Motorist 3 Passenger	1	VEHICLE # 2	NAME RONALD EDWARD WOLF	PHONE NUMBER (772) 643-3202	Check if Recommended Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 305 ST LUCIE LN			CITY & STATE FT PIERCE FL	ZIP CODE 34946	
DATE OF BIRTH 03/25/1964	SEX: 1 Male 2 Female 88 Unknown	1	DRIVERS LICENSE NUMBER W410725641050	STATE FL	EXPIRES 03/25/2025
			INJURY SEVERITY (INJ)	4 Incapacitating 5 Fatal (within 30 days) 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 Drivers Actions 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	1	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 2 Asleep or Fatigued 3 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown	1
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	1	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, Reckless 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					

DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 2 Middle 2 Second 3 Right 3 Third 77 Other 4 Fourth (explain in narrative) 77 Other Row 88 Unknown 88 Unknown	LOCATION: (LOC) SEAT ROW OTHER 1 1 1	Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) 1 Yes 2 No 3 Not 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
Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	1	Air Bag Deployed 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side	3	5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	

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 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 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 1 No 2 Yes 88 Unknown	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	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	88 Unknown	2	EMS AGENCY NAME OR ID INDIAN RIVER COUNTY EMS	EMS RUN NUMBER 2020-1255	MEDICAL FACILITY TRANSPORTED TO LAWNWOOD
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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				

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