

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE   
(Shaded Areas)

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

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

CRASH DATE <b>06 04 13</b>			TIME OF CRASH <b>5:08 PM</b>			DATE OF REPORT <b>06/04/13</b>			REPORTING AGENCY CASE NUMBER <b>2013-034300</b>			HSMV CRASH REPORT NUMBER <b>83518914</b>											
<b>CRASH IDENTIFIERS</b>																							
COUNTY CODE <b>04</b>		CITY CODE <b>64</b>		COUNTY OF CRASH <b>PINELLAS</b>				PLACE OR CITY OF CRASH <b>ST PETERSBURG</b>				CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED <b>5:08 PM</b>	TIME DISPATCHED <b>5:08 PM</b>									
TIME ON SCENE <b>5:10 PM</b>		TIME CLEARED SCENE <b>6:00 PM</b>		CHECK IF COMPLETED <input checked="" type="checkbox"/>		REASON (If Investigation NOT complete)						Notified By: 1 Motorist 2 Law Enforcement <input type="checkbox"/> <b>2</b>											
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>																							
CRASH OCCURRED ON STREET, ROAD, HIGHWAY <b>34 ST S</b>								AT STREET ADDRESS # <b>1</b>		AT LATITUDE <b>2</b>		AND		LONGITUDE									
AT FEET		MILES		N S E W * * * *		FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>3 22 AV S</b>						OR FROM MILEPOST# <b>4</b>											
<b>Road System Identifier</b>				<b>Type of Shoulder</b>				<b>Type of Intersection</b>															
<input type="checkbox"/> 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				<input type="checkbox"/> 1 1 Paved 2 Unpaved 3 Curb				<input type="checkbox"/> 2 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															
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/></b>																							
<b>Light Condition</b>			<b>Weather Condition</b>			<b>Roadway Surface Condition</b>			<b>School Bus Related</b>			<b>Manner of Collision/Impact</b>											
<input type="checkbox"/> 1 1 Daylight 2 Dusk 3 Dawn 4 Dark - Lighted			<input type="checkbox"/> 1 5 Dark - Not Lighted 6 Dark - Unknown Lighting 77 Other, Explain in Narrative 88 Unknown			<input type="checkbox"/> 1 4 Fog, Smog, Smoke 5 Sleet/Hail/Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative			<input type="checkbox"/> 1 1 Dry 2 Wet 4 Ice/Frost			<input type="checkbox"/> 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved			<input type="checkbox"/> 5 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in narrative 88 unknown								
<b>First Harmful Event</b>			<b>Non-Collision</b>			<b>Collision Non - Fixed Object</b>			<b>Collision with fixed object</b>			<b>First Harmful Event Location</b>											
<input type="checkbox"/> 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.)			<input type="checkbox"/> 1 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown								
<b>First Harmful Event within Interchange</b>			<b>First Harmful Event Relation to Junction</b>			<b>Contributing Circumstances: Road</b>						<b>Contributing Circumstances: Environment</b>											
<input type="checkbox"/> 1 1 No 2 yes 88 Unknown			<input type="checkbox"/> 2 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			<input type="checkbox"/> 1 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 77 Rut, Holes, Bumps						<input type="checkbox"/> 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						<input type="checkbox"/> 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown					
<b>Work Zone Related</b>			<b>Crash in work Zone</b>			<b>Type of Work Zone</b>			<b>Workers in Work Zone</b>			<b>Law Enforcement in Work Zone</b>											
<input type="checkbox"/> 1 1 No 2 Yes 88 Unknown			<input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area			<input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving work 77 Other, Explain in Narrative			<input type="checkbox"/> 1 No 2 Yes 88 Unknown			<input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present											
<b>WITNESSES</b>																							
NAME				ADDRESS				CITY & STATE				ZIP CODE											
NAME				ADDRESS				CITY & STATE				ZIP CODE											
NAME				ADDRESS				CITY & STATE				ZIP CODE											
<b>NON VEHICLE PROPERTY DAMAGE</b>																							
VEHICLE #	PERSON#	PROPERTY DAMAGE - OTHER THAN VEHICLE				EST. AMOUNT	OWNER'S NAME ** (Check if Business)				ADDRESS	CITY & STATE	ZIP CODE										
VEHICLE #	PERSON#	PROPERTY DAMAGE - OTHER THAN VEHICLE				EST. AMOUNT	OWNER'S NAME ** (Check if Business)				ADDRESS	CITY & STATE	ZIP CODE										

<b>VEHICLE #</b> 1		<b>Check if Commercial</b> <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 2013-034300		HSMV CRASH REPORT NUMBER 83518914			
1 Vehicle in Transport 2 Parked Motor vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER 803PPT		STATE FL	REGISTRATION EXPIRES 12/04/2013	Check if Permanent Registration **	VIN 3B7HC13Y1YG131091		
Hit and Run 1 No 2 Yes 88 Unknown	YEAR 2000	MAKE DODG	MODEL R15	STYLE PK	COLOR BLU	DAMAGE: 1 Disabling 2 Functional 3 None	4 Minor 88 Unknown	EST.AMOUNT 1 \$3,000	
INSURANCE COMPANY (DRIVER) GEICO			INSURANCE POLICY NUMBER 4283-31-50-85		Towed due to damage: 1 No 2 Yes	VEHICLE REMOVED BY ELVIS TOWING		1.Rotation 2.Owner Request 3.Driver 4.Other, Explain in Narrative	
NAME OF VEHICLE OWNER (Check if Business) ** MORRIS, JOSEPH DAVID				CURRENT ADDRESS 4850 9 ST N, ZEPHYRHILLS, FL 33542				CITY & STATE	ZIP CODE
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration **	VIN	YEAR	MAKE	LENGTH	AXLES
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration **	VIN	YEAR	MAKE	LENGTH	AXLES
VEHICLE TRAVELLING ..		N S E W Off-Road Unknown		ON STREET, ROAD, HIGHWAY 34 ST S			AT EST.SPEED 20	POSTED SPEED 35	TOTAL LANES 6
HAZ.MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ.MAT PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of initial Impact		Most Damaged Area			
MOTOR CARRIER NAME	US DOT NUMBER								
MOTOR CARRIER ADDRESS				CITY & STATE		ZIP CODE		PHONE NUMBER	

<b>Vehicle Body Type</b> 3		<b>Trafficway</b> 2		<b>Commercial Motor Vehicle Configuration</b>	
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) or less) 21 Farm labor Vehicle 77 Other, Explain in Narrative 88 Unknown		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	
<b>Comm/Non-Commercial</b>		<b>Trailer Type</b>		<b>Cargo Body Type</b>	
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 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log	
<b>Most Harmful Event</b> 14		<b>Collision Non - Fixed Object</b>		<b>Collision Fixed object</b>	
1 Overtum/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling 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 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	
<b>Sequence of Events</b>		<b>Vehicle Maneuver Action</b>		<b>Traffic Control Device For This Vehicle</b>	
1st 14 2nd  3rd  4th [40-46 Sequence of Events only] 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		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 77 Other, Explain in Narrative 88 Unknown		1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown	
<b>Roadway Grade</b> 1		<b>Roadway Alignment</b> 1		<b>Vehicle Defects</b> 1	
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown	
<b>Special Function of Motor Vehicle</b> 1		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown	

VIOLATIONS				
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
1	MORRIS, JOSEPH DAVID	316.1925	CARELESS DRIVING	4534-HBH
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

<b>VEHICLE #</b> 2		<b>Check if Commercial</b> <input type="checkbox"/>			REPORTING AGENCY CASE NUMBER 2013-034300			HSMV CRASH REPORT NUMBER 83518914			
1 Vehicle in Transport 2 Parked Motor vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER G478WH		STATE FL	REGISTRATION EXPIRES 01/04/2014	Check if Permanent Registration ••	VIN JHLRD1848WC062183				
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 1998	MAKE HOND	MODEL CRV	STYLE LL	COLOR SIL	DAMAGE: 1 Disabling 2 Functional 3 None		4 Minor 88 Unknown	EST.AMOUNT 1 \$3,000	
INSURANCE COMPANY (DRIVER) MERCURY INSURANCE			INSURANCE POLICY NUMBER 09010510012335103527			Towed due to damage: 1 No 2 Yes	VEHICLE REMOVED BY AAA		1.Rotation 2.Owner Request 3.Driver 4.Other, Explain in Narrative		
NAME OF VEHICLE OWNER (Check if Business) •• LUKAT, KAREN STELLJES				CURRENT ADDRESS 9750 PARWOOD CT, SEMINOLE, FL 33777				CITY & STATE		ZIP CODE	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration ••	VIN	YEAR	MAKE	LENGTH	AXLES		
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration ••	VIN	YEAR	MAKE	LENGTH	AXLES		
VEHICLE TRAVELLING N S E W Off-Road Unknown •• •• •• ••		ON STREET, ROAD, HIGHWAY 34 ST S				AT EST.SPEED 35	POSTED SPEED 35	TOTAL LANES 6			
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 2 3 4 5 6 7 18 Undercarriage 18 19 Overtum 19 8 20 Windshield 20 1 15 16 17 15 16 17 14 13 12 11 10 9 21 Trailer 21 14 13 12 11 10 9			
MOTOR CARRIER NAME				US DOT NUMBER				MOTOR CARRIER ADDRESS		CITY & STATE	ZIP CODE
MOTOR CARRIER ADDRESS				CITY & STATE				ZIP CODE		PHONE NUMBER	

<b>Vehicle Body Type</b> 16 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<b>Trafficway</b> 2 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected painted >4 feet) Median 4 Two-Way, Divided, positive Median Barrier 5 One-Way Trafficway 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck		<b>Trailer Type</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		<b>Cargo Body Type</b> 1 No Cargo 2 Bus		<b>Emergency Vehicle Use</b> 1 1 No 2 Yes 88 Unknown	
<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> 8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> 8 Tractor/Triple Container Chassis 9 Truck more than 10,000 lbs (4,536 Kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (Seats for more than 15) occupants including driver 77 Other, Explain in Narrative 88 Unknown		<b>Trailer Type</b> 11 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (Vehicle 10,000 lbs (4,536Kg) or less not displaying HM placard) 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log		<b>Emergency Vehicle Use</b> 1 1 No 2 Yes 88 Unknown		<b>Emergency Vehicle Use</b> 1 1 No 2 Yes 88 Unknown	
<b>Most Harmful Event</b> 14 1 Overtum/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling 8 Ran into Water/Canal 9 Other Non-Collision		<b>Collision Non - Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		<b>Collision Fixed object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		<b>Emergency Vehicle Use</b> 1 1 No 2 Yes 88 Unknown		<b>Emergency Vehicle Use</b> 1 1 No 2 Yes 88 Unknown		<b>Emergency Vehicle Use</b> 1 1 No 2 Yes 88 Unknown	
<b>Sequence of Events</b> 1st 14 2nd 3rd 4th		<b>Vehicle Maneuver Action</b> 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing		<b>Traffic Control Device For This Vehicle</b> 5 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		<b>Vehicle Defects</b> 1 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train		<b>Emergency Vehicle Use</b> 1 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown		<b>Emergency Vehicle Use</b> 1 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown	
<b>Roadway Grade</b> 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> 1 1 Straight 2 Curve Right 3 Curve Left		<b>Special Function of Motor Vehicle</b> 1 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		<b>Vehicle Maneuver Action</b> 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 77 Other, Explain in Narrative 88 Unknown		<b>Vehicle Defects</b> 1 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown		<b>Vehicle Defects</b> 1 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 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

<b>PERSON #</b> <span style="border: 1px solid black; padding: 2px;">1</span>	<b>REPORTING AGENCY CASE NUMBER</b> 2013-034300	<b>HSMV CRASH REPORT NUMBER</b> 83518914
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1 Driver 2 Non-Motorist 3 Passenger	<span style="border: 1px solid black; padding: 2px;">1</span>	VEHICLE # <b>1</b>	NAME <b>MORRIS, JOSEPH DAVID</b>	PHONE NUMBER <b>(727) 312-3925</b>	Check if Recommend Driver Re-exam
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CURRENT ADDRESS (Number and Street) <b>4850 9 ST N</b>	CITY & STATE <b>ZEPHYRHILLS, FL</b>	ZIP CODE <b>33542</b>
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DATE OF BIRTH <b>12/04/1993</b>	SEX: 1 Male 2 Female 88 Unknown <span style="border: 1px solid black; padding: 2px;">1</span>	DRIVER LICENSE NUMBER <b>M620484934440</b>	STATE <b>FL</b>	EXPIRES <b>12/04/2019</b>	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality <span style="border: 1px solid black; padding: 2px;">1</span>
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DRIVER			
<b>DL Type</b> <span style="border: 1px solid black; padding: 2px;">5</span> 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	<b>Required Endorsements</b> <span style="border: 1px solid black; padding: 2px;">3</span> 1 Yes 2 No 3 No Req. Endorsement	<b>Drivers Actions at Time of Crash</b>	
<b>Driver Distracted By</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	<b>4 Other Inside the Vehicle</b> (explain in narrative) 5 External Distraction (outside the Vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	<b>1st</b> <span style="border: 1px solid black; padding: 2px;">2</span> 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceed Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	<b>3rd</b> <span style="border: 1px solid black; padding: 2px;"></span> 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over- Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action
		<b>2nd</b> <span style="border: 1px solid black; padding: 2px;"></span>	<b>4th</b> <span style="border: 1px solid black; padding: 2px;"></span> Condition At Time of Crash <span style="border: 1px solid black; padding: 2px;">1</span> 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
<b>Driver Vision Obstructions</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		<b>5 Load on Vehicle</b> 6 Building /Fixed Object 7 Signs/Billboards 8 Fog	
		<b>9 Smoke</b> 10 Glare 77 All Other, Explain in Narrative	

DRIVER OR PASSENGER			
<b>Motor Vehicle Seating Position:</b>	LOCATION: SEAT ROW OTHER (LOC) <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">1</span>	<b>Helmet Use (HU)</b> <span style="border: 1px solid black; padding: 2px;">3</span> 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	<b>Eye Protection (EP)</b> <span style="border: 1px solid black; padding: 2px;">2</span> 1 Yes 2 No 3 Not Applicable
<b>Restraint Systems (RS)</b> <span style="border: 1px solid black; padding: 2px;">1</span> 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		<b>Air Bag Deployed (ABD)</b> <span style="border: 1px solid black; padding: 2px;">3</span> 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	
<b>Ejection (EJECT)</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown			

NON-MOTORIST		
<b>Non-Motorist Description</b> <span style="border: 1px solid black; padding: 2px;"></span> 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	<b>Non-Motorist Location At Time of Crash</b> <span style="border: 1px solid black; padding: 2px;"></span> 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	<b>Action Prior to Crash</b> <span style="border: 1px solid black; padding: 2px;"></span> 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
<b>Non-Motorist Actions/Circumstances</b>		
<b>Safety Equipment</b>		
<span style="border: 1px solid black; padding: 2px;"></span> 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	<span style="border: 1px solid black; padding: 2px;"></span> 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	<b>1st</b> <span style="border: 1px solid black; padding: 2px;"></span> <b>2nd</b> <span style="border: 1px solid black; padding: 2px;"></span> 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 <span style="border: 1px solid black; padding: 2px;">1</span>	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 <span style="border: 1px solid black; padding: 2px;"></span>	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown <span style="border: 1px solid black; padding: 2px;">1</span>	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown <span style="border: 1px solid black; padding: 2px;">1</span>	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 <span style="border: 1px solid black; padding: 2px;"></span>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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<b>PERSON #</b> <span style="border: 1px solid black; padding: 2px;">2</span>	<b>REPORTING AGENCY CASE NUMBER</b> 2013-034300	<b>HSMV CRASH REPORT NUMBER</b> 83518914
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1 Driver 2 Non-Motorist 3 Passenger	<span style="border: 1px solid black; padding: 2px;">1</span>	VEHICLE # <span style="border: 1px solid black; padding: 2px;">2</span>	NAME <b>LUKAT, KAREN STELLJES</b>	PHONE NUMBER <b>(727) 415-2543</b>	Check if Recommend Driver Re-exam
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CURRENT ADDRESS (Number and Street) <b>9750 PARWOOD CT</b>	CITY & STATE <b>SEMINOLE, FL</b>	ZIP CODE <b>33777</b>
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DATE OF BIRTH <b>01/04/1954</b>	SEX: 1 Male 2 Female 88 Unknown <span style="border: 1px solid black; padding: 2px;">2</span>	DRIVER LICENSE NUMBER <b>L230517545040</b>	STATE <b>FL</b>	EXPIRES <b>01/04/2018</b>	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality <span style="border: 1px solid black; padding: 2px;">1</span>
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DRIVER			
<b>DL Type</b> <span style="border: 1px solid black; padding: 2px;">5</span> 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	<b>Required Endorsements</b> <span style="border: 1px solid black; padding: 2px;">3</span> 1 Yes 2 No 3 No Req. Endorsement	<b>Drivers Actions at Time of Crash</b>	
<b>Driver Distracted By</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	<b>4 Other Inside the Vehicle (explain in narrative)</b> 5 External Distraction (outside the Vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	<b>1st</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceed Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	<b>3rd</b> <span style="border: 1px solid black; padding: 2px;"></span> 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action
		<b>2nd</b> <span style="border: 1px solid black; padding: 2px;"></span>	<b>4th</b> <span style="border: 1px solid black; padding: 2px;"></span>
<b>Driver Vision Obstructions</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		<b>5 Load on Vehicle</b> 6 Building /Fixed Object 7 Signs/Billboards 8 Fog	
		<b>9 Smoke</b> 10 Glare 77 All Other, Explain in Narrative	

DRIVER OR PASSENGER			
<b>Helmet Use (HU)</b> <span style="border: 1px solid black; padding: 2px;">3</span> 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	<b>Eye Protection (EP)</b> <span style="border: 1px solid black; padding: 2px;">2</span> 1 Yes 2 No 3 Not Applicable	<b>Restraint Systems (RS)</b> <span style="border: 1px solid black; padding: 2px;">3</span> 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	
<b>Motor Vehicle Seating Position:</b>		<b>Air Bag Deployed (ABD)</b> <span style="border: 1px solid black; padding: 2px;">3</span> 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side	
<b>Seat</b> 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown		<b>5 Deployed-Other (knee, air belt, etc.)</b> 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	
<b>Row</b> 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown		<b>Ejection (EJECT)</b> <span style="border: 1px solid black; padding: 2px;">1</span> 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	
<b>Other</b> 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		
<b>Non-Motorist Description</b> <span style="border: 1px solid black; padding: 2px;"></span> 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	<b>Non-Motorist Location At Time of Crash</b> <span style="border: 1px solid black; padding: 2px;"></span> 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	<b>Action Prior to Crash</b> <span style="border: 1px solid black; padding: 2px;"></span> 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
<b>Non-Motorist Actions/Circumstances</b>		
<b>Safety Equipment</b>		
<span style="border: 1px solid black; padding: 2px;"></span> 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	<span style="border: 1px solid black; padding: 2px;"></span> 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	<b>1st</b> <span style="border: 1px solid black; padding: 2px;"></span> <b>2nd</b> <span style="border: 1px solid black; padding: 2px;"></span> 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.)

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**NARRATIVE**

REPORTING AGENCY CASE NUMBER

2013-034300

HSMV CRASH REPORT NUMBER

83518914

V-1 was traveling South Bound on 34 St S. V-2 was traveling North Bound on 34 st S. V-1 was turning East onto 22 Av S when it crashed into V-2 in the intersection of 22 Av S and 34 St S.

**ADDITIONAL PASSENGERS**

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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CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

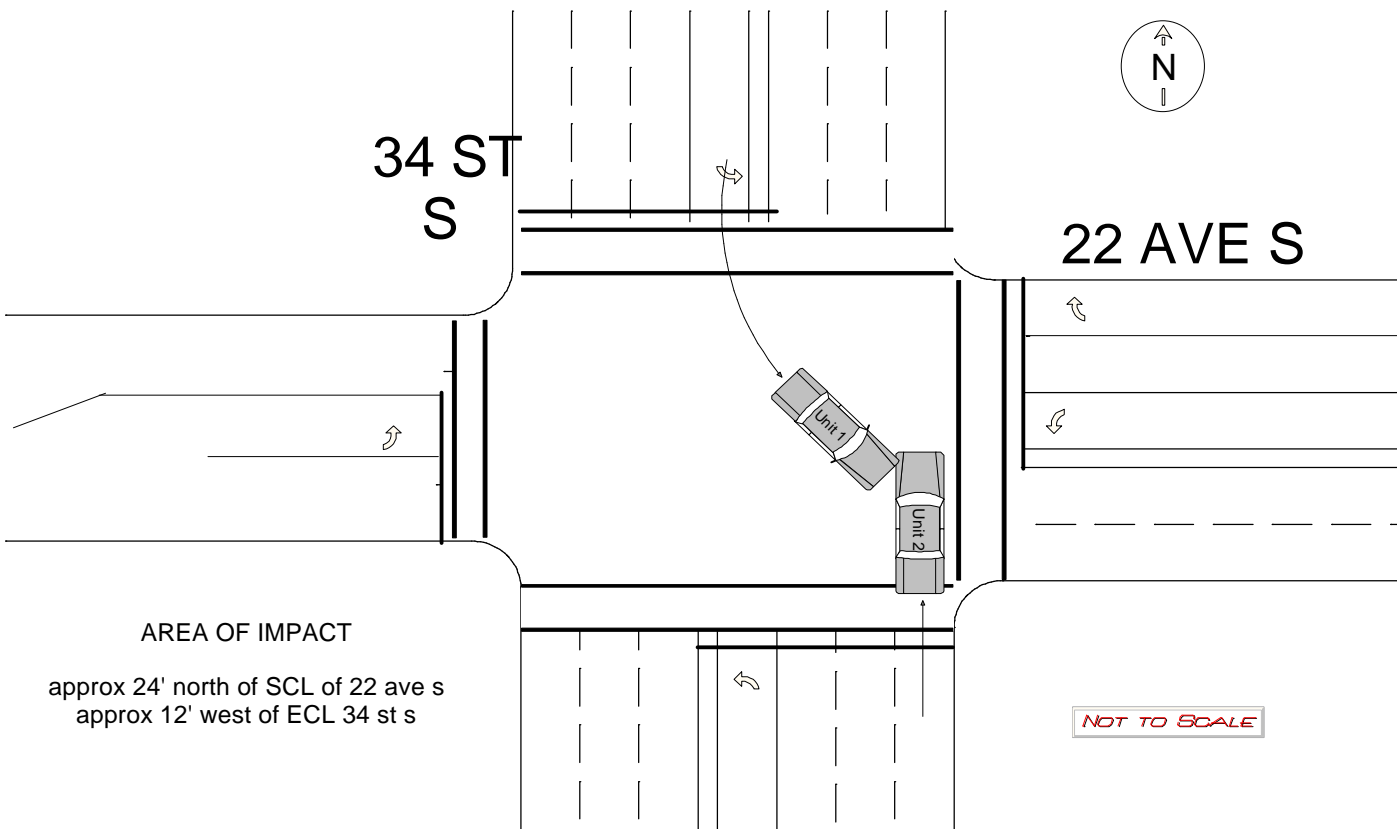
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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**ADDITIONAL VIOLATIONS**

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

**REPORTING OFFICER**

ID/BADGE NUMBER <b>42186</b>	RANK & NAME <b>OFFICER JOSHUA T LINDER</b>	DEPARTMENT <b>ST. PETERSBURG POLICE DEPARTMENT</b>	FHP SO PD OTHER .. .. <b>y</b> ..
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AREA OF IMPACT  
approx 24' north of SCL of 22 ave s  
approx 12' west of ECL 34 st s

NOT TO SCALE