

INCIDENT/INVESTIGATION REPORT

Agency Name
Key West Police Department

ORI
FL0440100

Case#
17-002011

Date / Time Reported
04/08/2017 01:30 Sat

Last Known Secure
04/08/2017 01:30 Sat

At Found
04/08/2017 01:30 Sat

Location of Incident 1127 Truman Ave/white St, Key West FL 33040-		Premise Type Highway / Street / Road/	Zone/Tract B3, GPB3
#1	Crime Incident(s) Drug Possession Controlled Substance DRA	Weapon / Tools NOT APPLICABLE/NONE	
#2	Crime Incident Driving Under The Influence DUI	Weapon / Tools	
#3	Crime Incident	Weapon / Tools	

INCIDENT DATA

MO

VICTIM

# of Victims	1	Type:	SOCIETY/PUBLIC/STATE			Injury:	Domestic: N			
V1	Victim/Business Name (Last, First, Middle) Society	Victim of Crime #	1,2	DOB	Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
Home Address									Home Phone	
Employer Name/Address							Business Phone		Mobile Phone	
VYR	Make	Model	Style	Color	Lic/Lis	VIN				

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)										
Type: INDIVIDUAL					Injury:					
Code	Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
IO	BROWN, KERBY DEVON		01/06/1974	B	M		Resident			
Home Address									Home Phone	
1213 Nw 18 Ct Ft Lauderdale, FL 33311									754-779-2355	
Employer Name/Address							Business Phone		Mobile Phone	
TOPPINO										
Type: INDIVIDUAL					Injury:					
Code	Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
IO	BRASWELL, CHRISTINE ELYSE		Age 40	W	F		Resident			
Home Address									Home Phone	
Employer Name/Address									Business Phone	

PROPERTY

L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)										
V1 #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number		
1	99	EVID	\$1.00		1	COBAN (CAR) 3272				
1	99	EVID	\$1.00		5	COBAN (BODY) 3272				
1	99	EVID	\$10.00		1	BLOOD KIT				
	34	EVID	\$0.00		1	RADIO STEREO TV VIDEO VCR DVD				
	32	EVID	\$10.00		1	JUMP DRIVE	LEXAR			
	02	TOWE	\$0.00		1	2006 BGE, 686TKI FL	NISS Altima	1N4AL11D76N332005		
	25	TOWE	\$0.00		1	2014 ONG, 4669NT FL	YAMA Zuma	RKRSA43A8EA117496		

Officer/ID# **YOUNG, JESSE (3272)**

Invest ID# **(0)**

Supervisor **CASTILLO, JASON M (2653)**

Status Complainant Signature Case Status **Active** Date **04/08/2017** Case Disposition: Page 1

Incident Report Additional Name List

Key West Police Department

OCA: 17-002011

Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) IO 3	MARC, BERNENDA ELDINE			25	B	F
	Address (Lake Worth, FL 33463-		H: - -			
	Empl/Addr		B: - -			
			Mobile #: - -			
2) WI 1	FLORISTAL, DAVID J		06/06/1983	33	B	M
	Address 1200 1st Street Apt. B1, Key West, FL 33040-		H: 305-747-4182			
	Empl/Addr Wendy's, 3336 N. Roosevelt Blvd.		B: - -			
			Mobile #: - -			
3) WI 2	HARMON, RANDALL TAYLOR		01/12/1960	57	W	M
	Address 7009 Shrimp Rd Apt. 17, Key West, FL 33040-		H: 305-292-6940			
	Empl/Addr Iguana Cafe, 425 B & C Greene St		B: - -			
			Mobile #: - -			

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 17-002011

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found

	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity
D R U G S	E	EVI	1.000	DU	MARIJUANA	Poss

Assisting Officers
ANDRUZZI, M. (3579), ANE, A.A. (3418), ANGLIN, T.H. (2872), CASTILLO, J.M. (2653), CURRUL, R. (1990), OCONNELL, K. (2015), RODRIGUEZ, P.D. (2298), TORRECILLAS, J. (3759), KASYANENKO, I. (3599)

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE

Key West Police Department

OCA
17-002011
Date / Time Reported
Sat 04/08/2017 01:30

Victim	Offense	Date / Time Reported
Society	DRUG POSSESSION CONTROLLED	Sat 04/08/2017 01:30

On Saturday, April 08, 2017, at approximately 0131 hours, I, Officer J. Young, responded to the intersection of Truman Ave. and White St. reference to a traffic crash with injuries. While en-route, Key West Communications Channel #1 advised a witness on scene relayed that a female involved in the crash did not have a pulse.

I arrived on scene and I saw a beige, Nissan, 4 door sedan, bearing Florida tag #686TKI, facing southwest, blocking both east and westbound travel lanes. I parked my patrol vehicle in the roadway, blocking the roadway from any other vehicular traffic from entering the crash scene.

I retrieved my "Red Bag", first responder medical kit from my vehicle and ran to the other side of the Nissan. I saw two females, identified as Christine Braswell and Bernendea Marc by their Florida Driver's Licenses and DAVID picture. Braswell was lying on her right side in the fetal position and Marc was lying next to Braswell, face up. I checked Braswell and Marc's vitals and I determined that they both had a pulse. Braswell's breathing was shallow and agonal and Marc's breathing was shallow, but consistent. I held "C-Spine" on Braswell while Officer Andruzzi held "C-Spine" on Marc until Key West Fire / Rescue arrived on scene.

While providing first aide to Braswell I saw a white female, identified as Lacy Morris, hysterically crying and being consoled by a black male, identified as Kerby Brown, standing on the sidewalk in front of Chevron Gas Station.

I assessed the crash scene and I saw the Nissan had damage to the right front bumper and an orange Yamaha motor scooter, bearing Florida tag #4669NT, lying on it's right side, with extensive front end damage and the headlight and tail light was still illuminated.

Key West Fire / Rescue arrived on scene and the paramedics took over providing care to Braswell and Marc. I assisted while Key West Fire / Rescue stabilized Braswell and placed her on to a backboard. Braswell was placed into the ambulance and departed to the hospital. Marc was next to be placed onto a backboard and placed into another ambulance, then transported to the hospital.

I asked Officer Currul to leave the scene and respond to the hospital and provide updates of Braswell and Marc's condition. When Officer Currul arrived at the hospital he aired Braswell had "Coded" in the back of the ambulance while approximately 2 minutes from the hospital. Officer Currul further advised CPR was currently in progress.

Marc was flown to Ryder Trauma Center minutes after her arrival at the hospital.

Braswell continued to receive life saving procedures by paramedics and the hospital staff. Braswell regained a pulse and stabilized prior to being flown to Kendall Regional Medical Center.

Sgt. Castillo requested the on duty Traffic Homicide Investigator respond to the scene.

I instructed an assisting officer on scene to place crime scene tape around the perimeter of the crash to

REPORTING OFFICER NARRATIVE

Key West Police Department

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Victim Society	Offense DRUG POSSESSION CONTROLLED
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preserve any evidence and to keep non-essential personnel out of the scene.

I interviewed the witnesses to the crash, who later provided written witness statements as to what they told me. I waited to interview Morris, who was identified as the driver of the Nissan at the time of the crash by witnesses, due to her still crying hysterically.

By the witnesses' verbal statements, I determined Morris was driving westbound on Truman Ave. and slowed to make a left turn into the Dion's Quick Mart. Morris made the left turn and crossed into the eastbound travel lane directly in the path of Braswell and Marc. The front of the scooter struck the right front bumper of the Nissan, totally ejecting Braswell and Marc off the scooter. The scooter came to final rest on its side, facing south. Braswell and Marc came to final rest under the front bumper of the Nissan. Brown exited the Nissan through the passenger side door, ran around the rear of the Nissan and yelled at Morris to back the Nissan off of Braswell and Marc. Morris did as she was instructed and backed up approximately 8 feet.

I interviewed Morris and I saw her eyes were extremely, red, glassy and bloodshot. I smelled a faint odor of an alcoholic beverage emanating from her breath and person while she spoke. Morris told me she was driving the Nissan westbound on Truman Ave. and went to turn into the parking lot of the Dion's Quick Mart because she and Brown wanted to get some fried chicken. Morris explained she saw Braswell and Marc on the scooter driving towards her. Morris stated the scooter was traveling at a high rate of speed and when she started the left turn into the Dion's, Braswell and Marc were quite a distance away. Morris expressed that she felt Braswell had plenty of time to stop the scooter and allow her into the parking lot. Instead Braswell crashed into the Nissan.

While assessing the crash scene I saw the "shadow marks" in the roadway left behind from the scooter as Braswell attempted to conduct an emergency stop by locking up one or both of the scooter's tires. This "shadow mark" by my visual estimation was approximately 20 to 30 feet long.

With my training as a Drug Recognition Expert (DRE) and experienced DUI Enforcement Officer I felt Morris may be under the influence of alcohol and / or chemical or controlled substances. By Morris's statements of the speed she thought the scooter was driving and her thinking the scooter was at a greater distance than it was made me believe she was possibly under the influence of Marijuana. The effects of Marijuana can affect an individual's ability to properly judge distance and time.

I had an assisting officer remain with Morris as I returned to my patrol vehicle.

Officer O'Connell was starting his investigation when he called me over to the Nissan. The closer I got to the Nissan, I could smell an odor of burnt and unburnt marijuana emanating from the interior of the Nissan. Officer O'Connell located a fresh, but barely smoked, marijuana cigarette on the driver side floorboard. The contents of the marijuana cigarette Field Tested Positive for marijuana.

With this new discovery, I returned to Morris and I began my criminal DUI investigation. I had Sgt. P. Rodriguez move his patrol car in the parking lot of the Chevron so I may utilize his in car camera system. I

REPORTING OFFICER NARRATIVE

Key West Police Department

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Victim Society	Offense DRUG POSSESSION CONTROLLED	
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told Morris I had concluded my traffic crash investigation and I was now conducting a criminal DUI investigation. Morris said she understood. I read Morris her Miranda Warnings and approximately half way through reading it to her she yelled to Brown that she was being arrested. I explained to Morris that just because I was reading her Miranda warnings to her does not necessarily mean that she was going to jail. Once Morris had calmed down, I was able to read Morris her Miranda Warnings and she told me she understood. Morris invoked her right to council during questioning.

I asked Morris if she would participate in Field Sobriety Exercises do dispel my belief she was operating a motor vehicle while under the influence of alcohol and / or chemical or controlled substances to the extent her normal faculties were impaired.

I asked Morris if she would submit a sample of her blood for chemical testing. Morris declined to submit a sample of her blood.

I contacted ASA Nick Trovato via telephone and advised him about what had happened, my observations and that Morris did not wish to perform Field Sobriety Exercises and refused to submit a sample of her blood. ASA Nick Trovato told me he was leaving his residence and was en route to the crash scene.

When ASA Nick Trovato arrived on scene he provided me an electronic copy of the Affidavit for Search Warrant and the Search Warrant to obtain a blood sample from Moore. Once I had completed the Affidavit for Search Warrant and the Search Warrant he reviewed it and signed off on it. Sgt. P. Rodriguez contacted Key West Communications and obtained who the "on call" Judge was. Judge Jones was the "on call" Judge, he was contacted by phone and was advised ASA Trovato and I were en route to his residence to have him review the paperwork and possibly approve the search warrant. Judge Jones granted the request for the search warrant and signed it.

ASA Nick Trovato and I responded to the Key West Police Department to make the needed copies of the original search warrant. After the copies were made we returned to the crash scene.

I requested Key West Communications contact Key West Fire / Rescue and have them meet me at the scene for the blood draw.

I again contacted Moore, who was still in the presence of the assisting officers. I provided Moore a copy of the search warrant and I told her I had obtained a warrant for a blood sample from her. Morris was escorted to the waiting ambulance where I provided Paramedic Brian Rose the legal blood kit. Paramedic Rose used the supplied iodine swab, needle and vials to collect the samples of Morris's blood. Paramedic Rose drew Morris's blood in my presence and handed me each vial when they were filled. I packaged the blood sample in Moore's presence.

Morris was released on scene awaiting the toxicology results.

I placed the blood sample into the Key West Property Section Evidence fridge as evidence for lab analysis. I placed the FTP marijuana cigarette into an evidence locker and it weighed approximately 0.7 grams.

REPORTING OFFICER NARRATIVE

Key West Police Department

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Victim Society	Offense DRUG POSSESSION CONTROLLED
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This case remains open pending the results of the blood toxicology, findings of the THI report and status of Braswell.

Incident Report Suspect List

Key West Police Department

OCA: 17-002011

1	Name (Last, First, Middle) <i>MORRIS, LACY M</i>					Also Known As					Home Address <i>581 SUGARLOAF BV SUGARLOAF KEY, FL 33042 305-684-9355</i>				
	Business Address <i>WADES BOBCAT SERVICE 305-797-3234, CONSTRUCTION</i>														
DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.					
<i>10/12/1985</i>	<i>31</i>	<i>W</i>	<i>F</i>	<i>N</i>	<i>507</i>	<i>190</i>	<i>BLN</i>	<i>BRO</i>	<i>LGT</i>	<i>M620533858720 FL</i>					
Scars, Marks, Tattoos, or other distinguishing features															

<i>Reported Suspect Detail</i>		Suspect Age			Race	Sex	Eth	Height	Weight	SSN
Weapon, Type	Feature	Make	Model		Color	Caliber	Dir of Travel		Mode of Travel	
VehYr/Make/Model		Drs	Style	Color	Lic/St	VIN				

Notes

Physical Char

*BUILD / MEDIUM, VERAGE
 FACIAL HAIR, NO FACIAL HAIR
 GLASSES, NONE
 HAIR TYPE, LONG
 HAND USE, RIGHT
 PIERCING, BOTH EARS PIERCED
 SPEECH / OTHER, NKNONW*

Incident Report Related Vehicle List

Key West Police Department

OCA: 17-002011

1	VehYr/Make/Model <i>2014 YAMA, Zuma</i>	Style <i>MD</i>	Color <i>ONG</i>	Lic/Lis /Decal <i>4669NT FL 2017, 08324497</i>	VIN <i>RKRSA43A8EA117496</i>	
IBR Status <i>Towed</i>		Date <i>04/08/2017</i>	Location <i>1127 TRUMAN AVE, KEY WEST FL</i>			
Condition	Value <i>\$0.00</i>	Offense Code	Jurisdiction <i>Locally</i>	State #	NIC #	
Name (Last, First, Middle) <i>Ibis Bay Rides Llc,</i>			Also Known As		Home Address <i>3101 N ROOSEVELT BLVD KEY WEST, FL 33040 305-292-3188</i>	
Business Address <i>SELF</i>						
DOB <i>//</i>	Age	Race	Sex	Hgt	Wgt	Scars, Marks, Tattoos, or other distinguishing features

Notes

2	VehYr/Make/Model <i>2006 NISS, Altima</i>	Style <i>4D</i>	Color <i>BGE/</i>	Lic/Lis /Decal <i>686TKI FL 2018, 03528938</i>	VIN <i>1N4AL11D76N332005</i>	
IBR Status <i>Towed</i>		Date <i>04/08/2017</i>	Location <i>1127 TRUMAN AVE, KEY WEST FL</i>			
Condition	Value <i>\$0.00</i>	Offense Code	Jurisdiction <i>Locally</i>	State #	NIC #	
Name (Last, First, Middle) <i>Brown, Kerby Devon</i>			Also Known As		Home Address <i>1213 NW 18 CT FT LAUDERDALE, FL 33311 754-779-2355</i>	
Business Address <i>TOPPINO</i>						
DOB <i>01/06/1974</i>	Age <i>43</i>	Race <i>B</i>	Sex <i>M</i>	Hgt <i>511</i>	Wgt <i>230</i>	Scars, Marks, Tattoos, or other distinguishing features

Notes

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) 2

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

CRASH DATE 04/08/2017		TIME OF CRASH 1:30 AM		DATE OF REPORT 4/08/2017		REPORTING AGENCY CASE NUMBER 17-002011		HSMV CRASH REPORT NUMBER 86986939		
CRASH IDENTIFIERS										
COUNTY CODE 42		CITY CODE 38		COUNTY OF CRASH MONROE		PLACE OR CITY OF CRASH KEY WEST		CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 1:30 AM	TIME DISPATCHED 1:30 AM
TIME ON SCENE 1:32 AM		TIME CLEARED SCENE 5:56 AM		CHECK IF COMPLETED <input type="checkbox"/>	REASON (if investigation NOT Complete) THI SUPPLEMENTAL REPORT					Notified By: 1 Motorist 2 Law Enforcement <input checked="" type="checkbox"/>
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)										
CRASH OCCURRED ON STREET, ROAD, HIGHWAY TRUMAN AVE					AT STREET ADDRESS # 1	AT LATITUDE AND LONGITUDE 2				
AT FEET 30	MILES	N <input type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input checked="" type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 WHITE ST			OR FROM MILEPOST # 4	
Road System Identifier			Type of Shoulder			Type of Intersection				
<input checked="" type="checkbox"/> 1 Interstate <input type="checkbox"/> 2 U.S. <input type="checkbox"/> 3 State <input type="checkbox"/> 4 County <input type="checkbox"/> 5 Local <input type="checkbox"/> 6 Turnpike/Toll <input type="checkbox"/> 7 Forest Road <input type="checkbox"/> 8 Private Roadway <input type="checkbox"/> 9 Parking Lot <input type="checkbox"/> 77 Other, Explain in Narrative			<input checked="" type="checkbox"/> 3 <input type="checkbox"/> 1 Paved <input type="checkbox"/> 2 Unpaved <input type="checkbox"/> 3 Curb			<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 Not at Intersection <input type="checkbox"/> 2 Four-Way Intersection <input type="checkbox"/> 3 T-Intersection <input type="checkbox"/> 4 Y-Intersection <input type="checkbox"/> 5 Traffic Circle <input type="checkbox"/> 6 Roundabout <input type="checkbox"/> 7 Five-Point, or More <input type="checkbox"/> 77 Other, Explain in Narrative				
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>										
Light Condition		Weather Condition		Roadway Surface Condition		School Bus Related		Manner of Collision/Impact		
<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dusk <input type="checkbox"/> 3 Dawn <input type="checkbox"/> 4 Dark-Lighted <input type="checkbox"/> 5 Dark-Not Lighted <input type="checkbox"/> 6 Dark-Unknown <input type="checkbox"/> 7 Lighting <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 4 Fog, Smog, Smoke <input type="checkbox"/> 5 Sleet/Hail/Freezing Rain <input type="checkbox"/> 6 Blowing Sand, Soil, Dirt <input type="checkbox"/> 7 Severe Crosswinds <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 4 Ice/Frost <input type="checkbox"/> 5 Oil <input type="checkbox"/> 6 Mud, Dirt, Gravel <input type="checkbox"/> 7 Sand <input type="checkbox"/> 8 Water (standing/moving) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, School Bus Directly Involved <input type="checkbox"/> 3 Yes, School Bus Indirectly Involved		<input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 Sideswipe, same direction <input type="checkbox"/> 5 Sideswipe, Opposite Direction <input type="checkbox"/> 6 Rear to Side <input type="checkbox"/> 7 Rear to Rear <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown <input type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle		
First Harmful Event		Non-Collision		Collision Non-Fixed Object		Collision with Fixed Object		First Harmful Event Location		
<input checked="" type="checkbox"/> 14 <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Overturn/Rollover <input type="checkbox"/> 2 Fire/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision		<input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone/Maintenance Equipment <input type="checkbox"/> 17 Struck by Falling, Shifting Cargo <input type="checkbox"/> 18 Other Non-Fixed Object		<input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End <input type="checkbox"/> 29 Cable Barrier <input type="checkbox"/> 30 Concrete Traffic Barrier <input type="checkbox"/> 31 Other Traffic Barrier <input type="checkbox"/> 32 Tree (standing) <input type="checkbox"/> 33 Utility Pole/Light Support <input type="checkbox"/> 34 Traffic Sign Support <input type="checkbox"/> 35 Traffic Signal Support <input type="checkbox"/> 36 Other Post, Pole or Support <input type="checkbox"/> 37 Fence <input type="checkbox"/> 38 Mailbox <input type="checkbox"/> 39 Other Fixed Object (wall, building, tunnel, etc.)		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 On Roadway <input type="checkbox"/> 2 Off Roadway <input type="checkbox"/> 3 Shoulder <input type="checkbox"/> 4 Median <input type="checkbox"/> 6 Gore <input type="checkbox"/> 7 Separator <input type="checkbox"/> 8 In Parking Lane or Zone <input type="checkbox"/> 9 Outside Right-of-way <input type="checkbox"/> 10 Roadside <input type="checkbox"/> 88 Unknown		
First Harmful Event Relation to Junction			Contributing Circumstances: Road			Contributing Circumstances: Environment				
<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 Non-Junction <input type="checkbox"/> 2 Intersection <input type="checkbox"/> 3 Intersection-Related <input type="checkbox"/> 4 Driveway/Alley Access Related <input type="checkbox"/> 5 Railway Grade Crossing <input type="checkbox"/> 14 Entrance/Exit Ramp <input type="checkbox"/> 15 Crossover - Related <input type="checkbox"/> 16 Shared-Use Path or Trail <input type="checkbox"/> 17 Acceleration/Deceleration Lane <input type="checkbox"/> 18 Through Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 None <input type="checkbox"/> 4 Work Zone (construction/maintenance/utility) <input type="checkbox"/> 6 Shoulders (none, low, soft, high) <input type="checkbox"/> 7 Rut, Holes, Bumps <input type="checkbox"/> 9 Worn, Travel-Polished Surface <input type="checkbox"/> 10 Road Surface Condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 11 Obstruction in Roadway <input type="checkbox"/> 12 Debris <input type="checkbox"/> 13 Traffic Control Device Inoperative, Missing or Obscured <input type="checkbox"/> 14 Non-Highway Work <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Weather Conditions <input type="checkbox"/> 3 Physical Obstruction(s) <input type="checkbox"/> 4 Glare <input type="checkbox"/> 5 Animal(s) in Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown				
Work Zone Related		Crash in Work Zone		Type of Work Zone		Workers in Work Zone		Law Enforcement in Work Zone		
<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area		<input type="checkbox"/> 1 Lane Closure <input type="checkbox"/> 2 Lane Shift/Crossover <input type="checkbox"/> 3 Work on Shoulder or Median <input type="checkbox"/> 4 Intermittent or Moving Work <input type="checkbox"/> 77 Other, Explain in Narrative		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle Only Present		
WITNESSES										
NAME DAVID J. FLORISTAL			ADDRESS 1200 1ST STREET B1			CITY & STATE KEY WEST, FL		ZIP CODE 33040		
NAME RANDALL T. HARMON			ADDRESS PO BOX 609			CITY & STATE KEY WEST, FL		ZIP CODE 33041		
NON VEHICLE PROPERTY DAMAGE										
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE			

VEHICLE # 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 17-002011		HSMV CRASH REPORT NUMBER 86986939		
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER 686TKI	STATE FL	REGISTRATION EXPIRES 01/06/2018	Check if Permanent Registration <input type="checkbox"/>	VIN 1N4AL11D76N332005		
Hit and Run 1 No 2 Yes 88 Unknown	YEAR 2006	MAKE NISS	MODEL ALTIMA	STYLE 4D	COLOR BGE/	DAMAGE: 1 Disabling 2 Functional 3 None	EST. AMOUNT 3,000	
INSURANCE COMPANY WINDHAVEN		INSURANCE POLICY NUMBER SEL01147002		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY ARNOLDS TOWING		1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative	
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/> KERBY D. BROWN				CURRENT ADDRESS 7701 SW 8TH ST		CITY & STATE FT LAUDERDALE, FL		
ZIP CODE 33068				TRAILER #		TRAILER #		
LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration <input type="checkbox"/>		
LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration <input type="checkbox"/>		
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		ON STREET, ROAD, HIGHWAY TRUMAN AVE				AT EST. SPEED 5	POSTED SPEED 25	TOTAL LANES 2
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS		
MOTOR CARRIER NAME				US DOT NUMBER				
MOTOR CARRIER ADDRESS				CITY & STATE		ZIP CODE		
PHONE NUMBER				Area of Initial Impact				
Most Damaged Area								
Vehicle Body Type 1		Trafficway 1		Commercial Motor Vehicle Configuration				
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		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 Trailer 8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg). Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown				
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Trailer Type		Cargo Body Type				
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		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 13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying NM placard) 77 Other, Explain in Narrative 88 Unknown				
Most Harmful Event 14		Comm GVWR/GCWR		Collision with Non-Fixed Object		Collision with a Fixed Object		
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		1 10,000 lbs (4,536kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable		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 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.)		
Sequence of Events		Vehicle Maneuver Action		Traffic Control Device For This Vehicle		Vehicle Defects		
1st 14 2nd 3rd 4th		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		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		1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown		
Roadway Grade 1		Roadway Alignment 1		Special Function of Motor Vehicle 1		VIOLATIONS		
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		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		PERSON # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER		
PERSON #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		
PERSON #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		
PERSON #		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		

VEHICLE # 2		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 17-002011		HSMV CRASH REPORT NUMBER 86986939					
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER 4669NT		STATE FL	REGISTRATION EXPIRES 06/30/2017	Check if Permanent Registration <input type="checkbox"/>	VIN RKRSA43A8EA117496				
Hit and Run 1 No 2 Yes 88 Unknown	YEAR 2014	MAKE YAMA	MODEL ZUMA	STYLE MC	COLOR ONG	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	EST. AMOUNT 1,200				
INSURANCE COMPANY SELF INSURED		INSURANCE POLICY NUMBER BINDER		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY ARNOLDS TOWING		1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative				
NAME OF VEHICLE OWNER (Check if Business) <input checked="" type="checkbox"/>		CURRENT ADDRESS IBIS BAY RIDES LLC 3101 N. ROOSEVELT BLVD.		CITY & STATE KEY WEST, FL		ZIP CODE 33040					
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES		
TRAILER #	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			
<input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown		TRUMAN AVE		25		25		2			
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			
<input type="checkbox"/>		<input type="checkbox"/>									
MOTOR CARRIER NAME				US DOT NUMBER				MOTOR CARRIER ADDRESS			
CITY & STATE				ZIP CODE				PHONE NUMBER			
Vehicle Body Type 11		Trafficway 1		Commercial Motor Vehicle Configuration 1		Trailer Type 1		Cargo Body Type 1			
<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> 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 Trailer 		<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> 13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying NM placard) 77 Other, Explain in Narrative 88 Unknown 			
Most Harmful Event 14		Comm/GVWR/GCWR 1		Collision with Non-Fixed Object		Collision with a Fixed Object		Emergency Vehicle Use 1			
<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck 		<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> 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.) 			
Sequence of Events 1st 14 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		Roadway Grade 1		Roadway Alignment 1		Vehicle Maneuver Action 1		Traffic Control Device For This Vehicle 1		Vehicle Defects 1	
<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom) 		<ul style="list-style-type: none"> 1 Straight 2 Curve Right 3 Curve Left 		<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown 		<ul style="list-style-type: none"> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown 	
Special Function of Motor Vehicle 1		1 No Special Function		9 Ambulance		14 Intercity Bus		15 Charter/Tour Bus		16 Shuttle Bus	
		2 Farm Vehicle		10 Fire Truck		15 Charter/Tour Bus		16 Shuttle Bus		17 Farm Labor Bus	
		3 Police		11 Farm Labor Transport		16 Shuttle Bus		17 Farm Labor Bus		88 Unknown	
		7 Taxi		12 School Bus		17 Farm Labor Bus					
		8 Military		13 Transit/Commuter Bus		88 Unknown					
VIOLATIONS											
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER	
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER	
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER	

PERSON # 1	REPORTING AGENCY CASE NUMBER 17-002011	HSMV CRASH REPORT NUMBER 86986939
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1 Driver 2 Non-Motorist 3 Passenger	1	VEHICLE # 1	NAME LACY M. MORRIS	PHONE NUMBER (786) 862-8616	Check if Recommend Driver Re-exam <input type="checkbox"/>
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CURRENT ADDRESS (Number and Street) 581 SUGARLOAF BLVD	CITY & STATE SUMMERLAND KEY, FL	ZIP CODE 33042
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DATE OF BIRTH 10/12/1985	SEX: 1 Male 2 Female 88 Unknown	2	DRIVER LICENSE NUMBER M620533858720	STATE FL	EXPIRES 10/12/2019	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	1
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DRIVER			
DL Type 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	Required Endorsements 3 1 Yes 2 No 3 No Req. Endorsement	Drivers Actions at Time of Crash 3 1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane 3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided: Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Factor	Condition At Time of Crash 9 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fatigued 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 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (Explain in Narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	
Driver Vision Obstructions 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 77 All Other, Explain in Narrative	

DRIVER OR PASSENGER			
Helmet Use (HU) 3 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) 3 1 Yes 2 No 3 Not Applicable	Restraint Systems (RS) 3 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint - Type Unknown 77 Other, Explain in Narrative	Air Bag Deployed (ABD) 2 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
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 Enclose Cargo Area 77 Other (explain in narrative) 88 Unknown			
Ejection (EJECT) 1 1 Not Ejected 2 Ejected - Totally 3 Ejected - Partially 4 Not Applicable 88 Unknown			

NON-MOTORIST		
Non-Motorist Description 3 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 3 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	Action Prior to Crash 3 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
Non-Motorist Actions/Circumstances 3 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)		
Safety Equipment 3 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		

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

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1	EMS AGENCY NAME OR ID	LIFENET	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO	RYDER TRAUMA CENTER
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ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
3	1	KERBY D. BROWN	01/06/1974	1	1	3	1	1	1	3	3	2	3

CURRENT ADDRESS (Number and Street) 7701 SW 8TH ST	CITY & STATE FT LAUDERDALE, FL	ZIP CODE 33068
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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	1	EMS AGENCY NAME OR ID	LIFENET	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO	RYDER TRAUMA CENTER
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
4	2	BERNENDA E. MARC		4	2	2	2	1	2	3	2	1	1

CURRENT ADDRESS (Number and Street) LAKE WORTH, FL	CITY & STATE LAKE WORTH, FL	ZIP CODE 33463
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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	LIFENET	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO	RYDER TRAUMA CENTER
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PERSON # 2		REPORTING AGENCY CASE NUMBER 17-002011			HSMV CRASH REPORT NUMBER 86986939								
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # 1	NAME CHRISTINE E. BRASWELL			PHONE NUMBER		<input type="checkbox"/> Check if Recommend <input type="checkbox"/> Driver Re-exam					
CURRENT ADDRESS (Number and Street)				CITY & STATE LAKE WORTH, FL		ZIP CODE 33460							
DATE OF BIRTH 09/01/1976	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER B624105768210		STATE FL	EXPIRES 09/01/2020	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality		5					
DL Type 5		Required Endorsements 3		Drivers Actions at Time of Crash				Condition At Time of Crash 1					
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		1 Yes 2 No 3 No Req. Endorsement		1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane				3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided: Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Factor	1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fatigued 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 []		4th []							
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							
				Helmet Use (HU) 3		Eye Protection (EP) 2		Restraint Systems (RS) 1					
Motor Vehicle Seating Position:		LOCATION: SEAT ROW OTHER (LOC) 2 1 1		Air Bag Deployed (ABD) 1		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown		1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint - Type Unknown 77 Other, Explain in Narrative					
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 Enclose Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		Ejection (EJECT) 3							
				NON-MOTORIST									
Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) (incident response) 9 Working in Trafficway 10 None 77 Other, Explain in Narrative 88 Unknown									
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)		5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		Non-Motorist Actions/Circumstances 1st 2nd		7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown							
				ALCOHOL/DRUG/EMS									
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative		ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown		BAC					
						SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown		DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested					
								DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative					
								DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown					
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID 2 LIFENET		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO KENDALL REGIONAL MEDICAL CENTER							
ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME			DATE OF BIRTH	INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)				CITY & STATE		ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO							
PERSON #	VEHICLE #	NAME			DATE OF BIRTH	INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)				CITY & STATE		ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO							

NARRATIVE

REPORTING AGENCY CASE NUMBER

17-002011

HSMV CRASH REPORT NUMBER

86986939

V-1 / D-1 was driving westbound in the 1200 block of Truman Ave., traveling through the intersection of White St. V-2 / D-2 was driving eastbound in the 1100 block of Truman Ave. at speed. After V-1 / D-1 passed through the intersection, V-1 / D-1 slowed to make the left turn into Dion`s Quick Mart. D-1 stated she perceived D-2 / V-2 was approaching at a high rate of speed and claimed D-2 / V-2 was still quite a distance away. D-1 started to make the left turn into the east driveway access of the Dion`s Quick Mart with V-2 / D-2 still approaching. When V-1 / D-1 had mostly exited the westbound travel lane and occupying the eastbound travel lane the front of V-2 struck the right front bumper of V-1. Prior to impact, D-2 applied V-2`s brake system to conduct an emergency stop to avoid the crash. At impact, V-2 overturned and came to final rest near the passenger side of V-1. D-2 and P-2 were totally ejected off of V-2 with both D-2 and P-2 came to rest underneath V-1`s front bumper. P-1 exited V-1 and instructed D-1 to back V-1 up and D-1 followed P-1`s instructions. D-2 and P-2 remained in the roadway, unconscious until law enforcement arrived on scene.

D-2 and P-2 was transported to Lower Keys Medical Center by ambulance. D-2 succumbed to her injuries in the ambulance, prior to arrival at the hospital, as a result of the injuries she sustained from the crash. Key West Fire / Rescue paramedics and the hospital staff were able to resuscitate D-2 upon arrival at the hospital.

After D-2 was stabilized at Lower Keys Medical Center she was flown to Kendall Regional Hospital by helicopter for more advanced treatment. P-2 was flown to Ryder Trauma Center by helicopter, also for more advanced treatment.

D-1 showed signs of impairment of cannabis and a criminal DUI investigation was conducted after the traffic crash investigation was completed. D-1 did not wish to perform Field Sobriety Exercises and refused to consent to a blood draw.

A search warrant for D-1`s blood, was obtained and D-1`s blood was drawn on scene by Paramedic Rose. The results of D-1`s blood sample are pending lab analysis.

Key West THI Investigator, Officer O`Connell responded to the scene to conduct a more

**** Continued ****

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

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	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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ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
3272	OFC JESSE YOUNG	Key West Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NARRATIVE

REPORTING AGENCY CASE NUMBER

17-002011

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thorough investigation. The scene was turned over to him. This case remains open pending further investigation and the lab analysis of D-1` blood sample.

**** END ****

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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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	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL VIOLATIONS

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

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
3272	OFC JESSE YOUNG	Key West Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DIAGRAM

REPORTING AGENCY CASE NUMBER

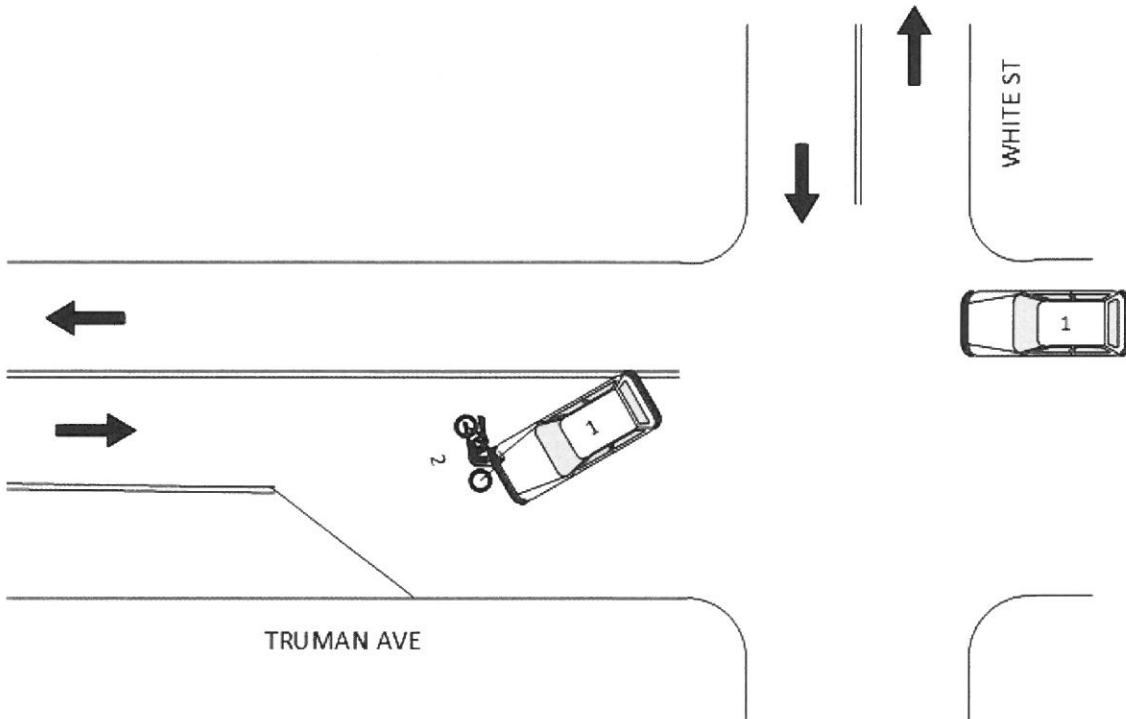
17-002011

HSMV CRASH REPORT NUMBER

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Indicate North



Dion's Quick Mart
1128 Truman Ave.

Ofc. J. Young #3272
Key West Police Dept.
17-002011
04/08/2017

Drawing Not To Scale.