

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

Crash Date 11/16/2011	Time of Crash 5:55 PM	Date of Report 11/16/2011	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD11OFF095212	HSMV Crash Report Number 82008616-01
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CRASH IDENTIFIERS

County Code 17	City Code 38	County of Crash SEMINOLE	Place or City of Crash LAKE MARY	Within City Limits YES	Reported Date/Time 11/16/2011 5:59 PM	Dispatched Date/Time 11/16/2011 6:04 PM
On Scene Date/Time 11/16/2011 7:01 PM	Cleared Scene Date/Time 11/16/2011 9:56 PM	Investigation Completed NO	Reason (if Investigation Not Complete) PENDING THI	Notified By LAW ENFORCEMENT AGENCY		

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway INTERSTATE 4 (STATE ROAD 400)	At Street Address #	At Latitude N 28 46.0773	And Longitude W 81 21.5535
At Feet 0.7	Or Miles 0.7	Direction E	From Intersection With Street, Road, Highway LAKE MARY BOULEVARD
Road System Identifier INTERSTATE	Type of Shoulder PAVED	Type of Intersection NOT AT INTERSECTION	

CRASH INFORMATION

Pictures Taken

Light Condition DUSK	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision FRONT TO REAR
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	First Harmful Event Location ON ROADWAY	Within Interchange NO	First Harmful Event's Relation to Junction NON-JUNCTION
Contributing Circumstances: Road NONE		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related NO	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone

VEHICLE

Commercial Motor Vehicle

Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number 2806ID	State FL	Reg. Expires 1/30/2012	Permanent Reg. NO	VIN 4M2ZU66E22J32066
Year 2002	Make MERC	Model MOUNTAINEER	Style UT	Color WHI	Extent of Damage DISABLING	Est. Damage 6,000	Towed Due to Damage YES
Insurance Company GEICO	Insurance Policy Number 2002105043	Vehicle Removed By CORTES TOWING	Rotation ROTATION				
Name of Vehicle Owner CHEMWAPUWA AKILAH JACKSON	Business <input type="checkbox"/>	Current Address 345 WYMORE RD UNIT 101	City ALTAMONTE SPRINGS FL	State FL	Zip Code 32714	Phone Number(s)	
Trailer One	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Trailer Two	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Vehicle Traveling	Direction WEST	On Street, Road, Highway INTERSTATE 4 (STATE ROAD 400)	At Est. Speed 65	Posted Speed 65	Total Lanes 8		
CMV Configuration	Cargo Body Type	Area of Initial Impact		Most Damaged Area			
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	<input checked="" type="checkbox"/> Undercarriage	<input type="checkbox"/> Overturn	<input type="checkbox"/> Windshield	<input checked="" type="checkbox"/> Trailer	
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class				
Motor Carrier Name	US DOT Number						
Motor Carrier Address	Address Other	City	State	Zip Code	Phone Number		
Comm/Non-Commercial	Vehicle Body Type (SPORT) UTILITY VEHICLE	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION		
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT		
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events MOTOR VEHICLE IN TRANSPORT	Third (3) Sequence of Events	Fourth (4) Sequence of Events			

VEHICLE

Commercial Motor Vehicle

Vehicle V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number 866KDN	State FL	Reg. Expires 9/11/2012	Permanent Reg. NO	VIN 1J4FX68SXVC691465
Year 1997	Make JEEP	Model GRAND CHEROK	Style VN	Color WHI	Extent of Damage DISABLING	Est. Damage 4,500	Towed Due to Damage YES
Insurance Company UNKNOWN	Insurance Policy Number UNKNOWN	Vehicle Removed By CORTES TOWING	Rotation ROTATION				
Name of Vehicle Owner MICAELA GUTIERREZ	Business <input type="checkbox"/>	Current Address 3741 DARTFORD DR	City DAVENPORT	State FL	Zip Code 33637	Phone Number(s)	
Trailer One	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Trailer Two	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Vehicle Traveling	Direction WEST	On Street, Road, Highway INTERSTATE 4 (STATE ROAD 400)	At Est. Speed 0	Posted Speed 65	Total Lanes 8		

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CMV Configuration	Cargo Body Type	Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	<input type="checkbox"/> Undercarriage	<input type="checkbox"/> Undercarriage	<input type="checkbox"/> Undercarriage
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class	<input type="checkbox"/> Overturn	<input type="checkbox"/> Overturn
Motor Carrier Name	US DOT Number		<input type="checkbox"/> Windshield	<input type="checkbox"/> Windshield	<input type="checkbox"/> Windshield
Motor Carrier Address	Address Other		City	State	Zip Code
Motor Carrier Address	Address Other		City	State	Zip Code
Comm/Non-Commercial	Vehicle Body Type (SPORT) UTILITY VEHICLE	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION
Vehicle Maneuver Action STOPPED IN TRAFFIC	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events COLLISION NON-FIXED OBJECT	Third (3) Sequence of Events	Fourth (4) Sequence of Events	
	MOTOR VEHICLE IN TRANSPORT	MOTOR VEHICLE IN TRANSPORT			

VEHICLE Commercial Motor Vehicle

Vehicle V03	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number C8661X	State TN	Reg. Expires 9/30/2012	Permanent Reg. NO	VIN 1GNKVGED5CJ146737	
Year 2012	Make CHEV	Model TRAVERSE	Style 4D	Color SIL	Extent of Damage DISABLING	Est. Damage 12,500	Towed Due to Damage YES	
Insurance Company SELF INSURED	Current Address 2187 ALCOA HIGHWAY		City ALCOA	State TN	Zip Code 37701	Phone Number(s)	Vehicle Removed By CORTES TOWING	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	
Vehicle Travelling	Direction WEST	On Street, Road, Highway INTERSTATE 4 (STATE ROAD 400)				At Est. Speed 0	Posted Speed 65	Total Lanes 8

VEHICLE Commercial Motor Vehicle

Vehicle V04	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number 116KMC	State FL	Reg. Expires 12/28/2011	Permanent Reg. NO	VIN 1N4BA41E44C916939	
Year 2004	Make NISS	Model MAXIMA	Style 4D	Color GRY	Extent of Damage DISABLING	Est. Damage 7,500	Towed Due to Damage YES	
Insurance Company GEICO	Current Address 854 KAZAROS CIR		City OCOE	State FL	Zip Code 34761	Phone Number(s)	Vehicle Removed By CORTES TOWING	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	
Vehicle Travelling	Direction WEST	On Street, Road, Highway INTERSTATE 4 (STATE ROAD 400)				At Est. Speed 0	Posted Speed 65	Total Lanes 8

Crash Date 11/16/2011	Time of Crash 5:55 PM	Date of Report 11/16/2011	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD11OFF095212	HSMV Crash Report Number 82008616-01
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Vehicle Maneuver Action STOPPED IN TRAFFIC	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT MOTOR VEHICLE IN TRANSPORT	Second (2) Sequence of Events COLLISION NON-FIXED OBJECT MOTOR VEHICLE IN TRANSPORT	Third (3) Sequence of Events	Fourth (4) Sequence of Events	

VEHICLE

Commercial Motor Vehicle

Vehicle # V05	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number AMHZ72	State FL	Reg. Expires 1/27/2012	Permanent Reg. NO	VIN 1GYFK638X7R228130			
Year 2007	Make CADI	Model ESCALADE	Style UT	Color RED	Extent of Damage MINOR	Est. Damage 800	Towed Due to Damage NO	Vehicle Removed By	Rotation	
Insurance Company ALLSTATE					Insurance Policy Number 9716272320324					
Name of Vehicle Owner JOHN FRANK GILBERT J		Business <input type="checkbox"/>	Current Address 3837 MURPHY RD			City BARTOW	State FL	Zip Code 33830	Phone Number(s)	
Trailer One	License Number A824464	State ME	Reg. Expires 10/31/2012	Permanent Reg. NO	VIN 1DGCS081X6M062046	Year 2006	Make DOOL	Length 8	Axles 2	
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles	
Vehicle Traveling	Direction WEST	On Street, Road, Highway INTERSTATE 4 (STATE ROAD 400)				At Est. Speed 0	Posted Speed 65	Total Lanes 8		
CMV Configuration		Cargo Body Type			Area of Initial Impact		Most Damaged Area			
Comm GVWR/GCWR		Trailer Type (Trailer One) Utility Trailer		Trailer Type (Trailer Two)		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input checked="" type="checkbox"/> Trailer		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		
Haz. Mat. Release	Haz. Mat. Placard		Haz. Mat. Number	Haz. Mat. Class						
Motor Carrier Name			US DOT Number							
Motor Carrier Address			Address Other		City	State	Zip Code	Phone Number		
Comm/Non-Commercial	Vehicle Body Type (SPORT) UTILITY VEHICLE		Vehicle Defects (one) UNKNOWN		Vehicle Defects (two)		Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION		
Vehicle Maneuver Action STOPPED IN TRAFFIC	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT					
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT MOTOR VEHICLE IN TRANSPORT	Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events				

PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name CHEMWAPUWA AKILAH JACKSON	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED	Driver ReExam NO		
Date of Birth 01/30/1980	Sex F	Condition at Time of Crash ASLEEP OR FATIGUED		Address 345 WYMORE RD UNIT 101, ALTAMONTE SPRINGS FL 32714		Phone Number		
Driver License Number J250101806300	State FL	Expires 01/30/2014	Type CLASS E / OPERATOR	Commercial Motor Vehicle Endorsements				
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed DEPLOYMENT UNKNOWN		Helmet Use	Eye Protection NOT APPLICABLE			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other				
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OPERATED MOTOR VEHICLE IN CARELESS OR NEGLIGENT MANNER			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)					
Suspected Alcohol Use NO	Alcohol Tested TEST GIVEN	Alcohol Test Type BLOOD	Alcohol Test Result PENDING	BAC	Suspected Drug Use NO	Drug Tested TEST GIVEN	Drug Test Type BLOOD	Drug Test Result PENDING
Source of Transport to Medical Facility EMS		EMS Agency Name or ID SEMINOLE COUNTY FIRE		EMS Run Number 2011-11-2267	Medical Facility Transported To CENTRAL FLORIDA REGIONAL			

PERSON RECORD

# 2	Person Type DRIVER	Vehicle # V02	Name RAFAEL JAIMES	Injury Severity INCAPACITATING	Ejection NOT EJECTED	Driver ReExam NO		
Date of Birth 12/31/1981	Sex M	Condition at Time of Crash UNKNOWN		Address 3741 DARTFORD DRIVE, DAVENPORT FL 33838		Phone Number		
Driver License Number NONE	State	Expires	Type NONE	Commercial Motor Vehicle Endorsements				
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed DEPLOYMENT UNKNOWN		Helmet Use	Eye Protection NOT APPLICABLE			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other				
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)					
Suspected Alcohol Use UNKNOWN	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use UNKNOWN	Drug Tested TEST NOT GIVEN	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility EMS		EMS Agency Name or ID LAKE MARY FIRE		EMS Run Number 2011-11-2267	Medical Facility Transported To ORLANDO REGIONAL MEDICAL			

PERSON RECORD

# 3	Person Type PASSENGER	Vehicle # V02	Name MANUEL BRINGAS-MEJIA	Injury Severity FATAL(WITHIN 30 DAYS)	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 07/26/1987	Sex M	Address 5768 STONERIDGE COURT, ORLANDO FL 32839		Phone Number		

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Restraint Systems SHOULDER AND LAP BELT USED	Air Bag Deployed DEPLOYMENT UNKNOWN	Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat RIGHT	Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To

PERSON RECORD

# 4	Person Type DRIVER	Vehicle # V03	Name BRIAN REDMOND	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO		
Date of Birth 03/19/1984	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 3 OAKTREE HEIGHT, WEXFORD FF 00000		Phone Number			
Driver License Number B8581248	State FF	Expires 03/19/2020	Type NONE	Commercial Motor Vehicle Endorsements				
Restraint Systems SHOULDER AND LAP BELT USED	Air Bag Deployed NOT DEPLOYED	Helmet Use	Eye Protection NOT APPLICABLE					
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT	Motor Vehicle Seating Position: Other						
Driver Distracted By NOT DISTRACTED	Driver Vision Obstructions VISION NOT OBSCURED							
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)					
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To					

PERSON RECORD

# 5	Person Type PASSENGER	Vehicle # V03	Name GILLIAM EUSTACE	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 06/16/1983	Sex F	Condition at Time of Crash APPARENTLY NORMAL	Address 8 DAVITT ROAD SOUTH, WEXFORD FF 00000		Phone Number	
Driver License Number D552863809680	State FL	Expires 12/28/2012	Type CLASS E / OPERATOR	Commercial Motor Vehicle Endorsements		
Restraint Systems SHOULDER AND LAP BELT USED	Air Bag Deployed NOT APPLICABLE	Helmet Use	Eye Protection NOT APPLICABLE			
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat RIGHT	Motor Vehicle Seating Position: Other				
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To			

PERSON RECORD

# 6	Person Type DRIVER	Vehicle # V04	Name VALERIE CARMEN DOMINIQUE	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED	Driver ReExam NO		
Date of Birth 12/28/1980	Sex F	Condition at Time of Crash APPARENTLY NORMAL	Address 854 KAZAROS CIR, OCOEE FL 34761		Phone Number			
Driver License Number D552863809680	State FL	Expires 12/28/2012	Type CLASS E / OPERATOR	Commercial Motor Vehicle Endorsements				
Restraint Systems SHOULDER AND LAP BELT USED	Air Bag Deployed NOT DEPLOYED	Helmet Use	Eye Protection NOT APPLICABLE					
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT	Motor Vehicle Seating Position: Other						
Driver Distracted By NOT DISTRACTED	Driver Vision Obstructions VISION NOT OBSCURED							
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)					
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility EMS	EMS Agency Name or ID SEMINOLE COUNTY FIRE	EMS Run Number 2011-11-2267	Medical Facility Transported To SOUTH SEMINOLE HOSPITAL					

PERSON RECORD

# 10	Person Type DRIVER	Vehicle # V05	Name JOHN FRANK GILBERT J	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO		
Date of Birth 01/27/1929	Sex M	Condition at Time of Crash UNKNOWN	Address 3837 MURPHY RD, BARTOW FL 33830		Phone Number			
Driver License Number G416466290270	State FL	Expires 01/27/2017	Type CLASS E / OPERATOR	Commercial Motor Vehicle Endorsements				
Restraint Systems SHOULDER AND LAP BELT USED	Air Bag Deployed NOT DEPLOYED	Helmet Use	Eye Protection NOT APPLICABLE					
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat RIGHT	Motor Vehicle Seating Position: Other						
Driver Distracted By NOT DISTRACTED	Driver Vision Obstructions VISION NOT OBSCURED							
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)					
Suspected Alcohol Use UNKNOWN	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use UNKNOWN	Drug Tested TEST NOT GIVEN	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To					

PERSON RECORD

# 11	Person Type PASSENGER	Vehicle # V05	Name ELBRIDGE GERRY GILBERT	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 07/05/1933	Sex M	Condition at Time of Crash UNKNOWN	Address 3837 MURPHY RD, BARTOW FL 33830		Phone Number	
Driver License Number G416466290270	State FL	Expires 01/27/2017	Type CLASS E / OPERATOR	Commercial Motor Vehicle Endorsements		
Restraint Systems SHOULDER AND LAP BELT USED	Air Bag Deployed NOT DEPLOYED	Helmet Use	Eye Protection NOT APPLICABLE			
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat RIGHT	Motor Vehicle Seating Position: Other				
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To			

WITNESS RECORD

# 7	Name MICHAEL JOSEPH GAZIL	Address 1190 OAK LANDING DRIVE, ORANGE CITY FL 32763	Phone Number
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WITNESS RECORD

# 8	Name MARILYN BLOMQUIST HICKS	Address 7818 MEADOWGLEN DRIVE, ORLANDO FL 32810	Phone Number
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WITNESS RECORD

#	Name	Address	Phone Number
9	DAVID MICHAEL HEDENGREN	129 VALOR BOULEVARD, DAYTONA BEACH FL 32114	

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
2609	CORPORAL	A. W. MEYER	D	FLORIDA HIGHWAY PATROL	386-736-5350

Vehicles One(V01), Two (V02), Three (V03), Four (V04) and Five (V05) were westbound on Interstate 4 (State Road 400) in the left lane approaching the Lake Mary Boulevard overpass. V02, V03, V04 and V05 had come to a stop for traffic congestion. V01 failed to stop. The front of V01 struck the rear of V02, pushing V02 forward. The front of V02 struck the rear of V03, pushing V03 forward. The front of V03 struck the rear of V04, pushing V04 forward. The front of V04 struck the rear of V05.

The impact between V01 and V02 caused V02 to catch fire. Subsequently, V01 and V02 were completely engulfed in fire. The passenger of V02 was entrapped in the vehicle and located deceased within the front passenger area of V02 when the fire was extinguished.

V05 and the driver of V05 failed to remain at the scene. D-5 made contact with the responding Trooper on scene via telephone, leaving a message in reference to his involvement in this crash. D-5 was contacted by Corporal Kibler. D-5 stated he was told by emergency personnel on scene to leave due to the immediate hazard of the incident.

The front right passenger of V02, Manuel Bringas-Mejia D.O.B. 07/25/1987, was pronounced deceased on scene on 11/16/2011 at 6:07PM by Battalion Chief Scott Verneer of the Lake Mary Fire Department.

Traffic Homicide Investigator: Corporal Jennifer B. Kibler
 Traffic Homicide Case Number: FHP 711-17-024
 Photos taken by: Corporal Jennifer B. Kibler

REPORTING OFFICER

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
2609	CORPORAL	A. W. MEYER	D	FLORIDA HIGHWAY PATROL	386-736-5350

DIAGRAM OF CRASH

