FLORIDA TRAFFIC CRASH REPORT

LONG FORM

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

DO NOT WRITE IN THIS SPACE

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
03/24/05	1:56 AM [X] PM	1:58 AM [X] PM	2:03 AM [X] PM	05-59034	73180857

COUNTY / CITY CODE	FEET or	MILE(S)	N S E W	CITY OR TOWN	(Check if in City or Town)	COUNTY
13/00	N/A	5	[X]	TALLAHASSEE	[ ]	LEON

AT NODE NO. or	FEET on	MILE(S)	FROM NODE NO.	NEXT NODE NO	NO OF LANES	1. DIVIDED 2. UNDIVIDED	ON STREET, ROAD OR HIGHWAY
N/A	N/A	N/A	N/A	N/A	2	2	WOODVILLE HIGHWAY/CR 363

AT THE INTERSECTION OF (street, road or highway): NATURAL WELLS ROAD — or FEET / or MILE(S) / N S E W — FROM INTERSECTION OF (street road or highway): /

Section 1 — Vehicle / Pedestrian

DRIVER ACTION (1. Phantom 2. Hit & Run 3. N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3	98	INT	04	09	CITY-95840	FL	1HGLAHT0XH603751
TRAILER OR TOWED VEHICLE INFORMATION	/	/	TRAILER TYPE /	/	/		/

18 Undercarriage 19 Overturn 20 Windshield 21 Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S): 19

VEHICLE TRAVELING N S E W [ ] [X] [ ] [ ] — ON WOODVILLE HIGHWAY/CR 363 — AT — Est. MPH 40-45 — Posted Speed 55 — EST. VEHICLE DAMAGE $350000 — 1. Disabling 2. Functional 3. No Damage: 1 — EST. TRAILER DAMAGE /

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): SELF INSURED/RISK MANAGEMENT — POLICY NUMBER: CITY OF TALLAHASSEE — VEHICLE REMOVED BY: LAKE JACKSON — 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other: 2

NAME OF VEHICLE OWNER (Check Box if Same As Driver) [ ]: CITY OF TALLHASSEE — CURRENT ADDRESS (Number and Street): 300 S. ADAMS STREET — CITY AND STATE: TALLAHASSEE, FL — ZIP CODE: 32301

NAME OF OWNER (Trailer or Towed Vehicle): — CURRENT ADDRESS (Number and Street): / — CITY AND STATE: — ZIP CODE:

NAME OF MOTOR CARRIER (Commercial Vehicle Only): — CURRENT ADDRESS (Number and Street): / — CITY, STATE AND ZIP CODE: — US DOT or ICC MC IDENTIFICATION NUMBERS: / / / / / / / /

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN: [redacted] — CURRENT ADDRESS (Number and Street): (WORK) 300 S. ADAMS STREET — CITY, STATE & ZIP CODE: TALLAHASSEE, FL 32301 — DATE OF BIRTH: [redacted]

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE (1 Blood 3 Urine 5 None 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
[redacted]	FL	2	1	5	/ / /	1	1	2	2	1	3	2 /	1

HAZARDOUS MATERIALS BEING TRANSPORTED (1 Yes 2 No): 2 — PLACARDED (1 Yes 2 No): 1 — IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND: / — WAS HAZARDOUS MATERIAL SPILLED (1 Yes 2 No): 2 — RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE (1 Yes 2 No): 2 — DRIVER'S PHONE NO: [redacted]

Section 2 — Vehicle / Pedestrian

DRIVER ACTION (1. Phantom 2. Hit & Run 3. N/A)	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3	01	FORD	03	01	A01-4AT	FL	1FTRW07L01KD83210
TRAILER OR TOWED VEHICLE INFORMATION	/	/	TRAILER TYPE /	/	/		/

18 Undercarriage 19 Overturn 20 Windshield 21 Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S): 10

VEHICLE TRAVELING N S E W [X] [ ] [ ] [ ] — ON WOODVILLE HIGHWAY/CR 363 — AT — Est. MPH 0-5 — Posted Speed 55 — EST. VEHICLE DAMAGE $3000 — 1. Disabling 2. Functional 3. No Damage: 2 — EST. TRAILER DAMAGE /

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): NATIONWIDE — POLICY NUMBER: 8909988775 — VEHICLE REMOVED BY: TURN-4 — 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other: 1

NAME OF VEHICLE OWNER (Check Box if Same As Driver) [X]: — CURRENT ADDRESS (Number and Street): / — CITY AND STATE: — ZIP CODE:

NAME OF OWNER (Trailer or Towed Vehicle): — CURRENT ADDRESS (Number and Street): / — CITY AND STATE: — ZIP CODE:

NAME OF MOTOR CARRIER (Commercial Vehicle Only): — CURRENT ADDRESS (Number and Street): / — CITY, STATE AND ZIP CODE: — US DOT or ICC MC IDENTIFICATION NUMBERS: / / / / / / / /

[redacted] — CITY, STATE & ZIP CODE: — DATE OF BIRTH: [redacted]

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE (1 Blood 3 Urine 5 None 2 Breath 4 Refused)	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
[redacted]	FL	5	3	5	/ / /	1	1	1	1	1	2	3 /	1

WAS HAZARDOUS MATERIAL BEING TRANSPORTED (1 Yes 2 No): 2 — PLACARDED (1 Yes 2 No): 2 — IF YES INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND: / — WAS HAZARDOUS MATERIAL SPILLED? (1 Yes 2 No): 2 — RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE (1 Yes 2 No): — DRIVER'S PHONE NO: [redacted]

Code Information

VEHICLE TYPE
01 Automobile; 02 Van; 03 Light Truck / P.U. - 2 or 4 rear tires; 04 Medium Truck - 4 rear tires; 05 Heavy Truck - 2 or more rear axles; 06 Truck Tractor (Cab-Bobtail); 07 Motor Home (RV); 08 Bus (driver - seats for 9-15); 09 Bus (driver + seats for over 15); 10 Bicycle; 11 Motorcycle; 12 Moped; 13 All Terrain Vehicle; 14 Train; 15 Low Speed Vehicle; 77 Other

01 Private Transportation; 02 Commercial Passengers; 03 Commercial Cargo; 04 Public Transportation; 05 Public School Bus; 06 Private School Bus; 07 Ambulance; 08 Law Enforcement; 09 Fire / Rescue; 10 Military; 11 Other Government; 12 Dump; 13 Concrete Mixer; 14 Garbage or Refuse; 15 Cargo Van; 77 Other

TRAILER TYPE
01 Single Semi Trailer; 02 Tandem Semi Trailer; 03 Tank Trailer; 04 Saddle Mount/ Flatbed; 05 Boat Trailer; 06 Utility Trailer; 07 House Trailer; 08 Pole Trailer; 09 Towed Vehicle; 10 Auto Transport; 77 Other

RESIDENCE (Driver / Ped.)
1 County of Crash; 2 Elsewhere in State; 3 Non-Resident Out of State; 4 Foreign; 5 Unknown

DL TYPE
1 A 2 B 3 C; 4 D/ Chauffeur; 5 E/ Operator; 6 E/ Oper.-Rest; 7 None

REQUIRED ENDORSEMENTS
1 Yes; 2 No; 3 No Endorsement Required

RACE
1 White; 2 Black; 3 Hispanic; 4 Other

SEX
1 Male; 2 Female

PHYSICAL DEFECTS
1 No Defects Known; 2 Eyesight Defect; 3 Fatigue I Asleep; 4 Hearing Defect; 5 Illness; 6 Seizure, Epilepsy, Blackout; 7 Other Physical Defect

INJURY SEVERITY
1 None; 2 Possible; 3 Non-Incapacitating; 4 Incapacitating; 5 Fatal (Within 30 Days); 6 Non-Traffic Fatality

ALCOHOL / DRUG USE
1 Not Drinking or Using Drugs; 2 Alcohol - Under Influence; 3 Drugs -Under Influence; 4 Alcohol & Drugs - Under Influence; 5 Had-Been Drinking; 6 Pending ALC/DRUG Test Results

SAFETY EQUIPMENT IN USE
1 Not In use; 2 Seat Belt /Shoulder Harness; 3 Child Restraint; 4 Air Bag -Deployed; 5 Air Bag - Not Deployed; 6 Safety Helmet; 7 Eye Protection

LOCATION IN VEHICLE
1 Front Left; 2 Front Center; 3 Front Right; 4 Rear Left; 5 Rear Center; 6 Rear Right; 7 In Body Of Truck; 8 Bus Passenger; 9 Other

EJECTED
1 No; 2 Yes; 3 Partial

Section 3

DRIVER ACTION 1. Pheelom 2. Hit & Run 3. N /A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
N	NA	NA	NA	NA	NA	NA	NA
TRAILER OR TOWED VEHICLE INFORMATION	NA	NA	TRAILER TYPE NA		NA	NA	NA

2 3 4 5 6 7 8 9 10 11 12 13 14 15 1 16 17 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S): NA

Vehicle

VEHICLE TRAVELING N S E W	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE
	NA		NA	NA	N	N	N

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other
NA		NA	N

NAME OF VEHICLE OWNER (Check Box If Same As Driver)	CURRENT ADDRESS (Number and Street))	CITY AND STATE	ZIP CODE
NA			

NAME OF OWNER (Trailer Or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
NA			

Pedestrian

NAME OF MOTOR CARRIER (Commercial Vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY, STATE AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS
NA			

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street))	CITY, STATE& ZIP CODE	DATE OF BIRTH
NA			NA

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS.DEF	RES.	RACE	SEX	INJ.	S. EQUIP.		EJECT.
NA	NA	N	N	N	/ / /	N	N	N	NA	N	N	N	N	N

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No	PLACARDED 1 Yes 2 No	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL SPILLED 1 Yes 2 No	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No	DRIVER'S PHONE NO.
N	N	NA N	N	N	(NA)

	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
#1	NA	$ NA		NA			
#2	NA	$ NA		NA			

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN

1	2	3
02	01	/
10	/	/
//	//	/

01 No Improper Driving / Action; 02 Careless Driving (Explain in Narrative); 03 Failed To Yield Right - of - Way; 04 Improper Backing; 05 Improper Lane Change; 06 Improper Turn; 07 Alcohol -Under Influence; 08 Drugs - Under Influence; 09 Alcohol & Drugs - Under Influence; 10 Followed Too Closely; 11 Disregarded Traffic Signal; 12 Exceeded Safe Speed Limit; 13 Disregarded Stop Sign; 14 Failed To Maintain Equip. / Vehicle; 15 Improper Passing; 16 Drove Left of Center; 17 Exceeded Stated Speed Limit; 18 Obstructing Traffic; 19 Improper Load; 20 Disregarded Other Traffic Control; 21 Driving Wrong Side / Way; 22 Fleeing Police; 23 Vehicle Modified; 24 Driver Distraction (Explain in Narrative); 77 All Other (Explain In Narrative)

VEHICLE DEFECT

1	2	3
01	01	/
//	//	//

01 No Defects; 02 Def. Brakes; 03 Worn/ Smooth Tires; 04 Defective /Improper Lights; 05 Puncture/ Blowout; 06 Steering Mech.; 07 Windshield Wipers; 08 Equipment/ Vehicle Defect; 77 All Other (Explain in Narrative)

POINT OF COLLISION

1	2	3
01	/	/

01 On Road; 02 Not On Road; 03 Shoulder; 04 Median; 05 Turn Lane

WORK AREA

1	2	3
01	01	/

01 None; 02 Nearby; 03 Entered

VEHICLE MOVEMENT

1	2	3
01	02	/

01 Straight Ahead; 02 Slowing / Stopped / Stalled; 03 Making Left Turn; 04 Backing; 05 Making Right Turn; 06 Changing Lanes; 07 Entering / Leaving / Parking Space; 08 Properly Parked; 09 Improperly Parked; 10 Making U-Turn; 11 Passing; 12 Driverless or Runaway Vehicle; 77 All Other (Explain In Narrative)

VEHICLE SPECIAL FUNCTIONS

1	2	3
5	1	/

1 None; 2 Farm; 3 Police Pursuit; 4 Recreational; 5 Emergency Operation; 6 Construction /Maintenance

SOURCE OF CARRIER INFORMATION

1	2	3
1	1	/

1 Not Applicable; 2 Shipping Papers; 3 Vehicle Side; 4 Driver; 5 Other

PEDESTRIAN ACTION

1	2	3
//	//	//

01 Crossing Not at Intersection; 02 Crossing at Mid-block Crosswalk; 03 Crossing at Intersection; 04 Walking Along Road With Traffic; 05 Walking Along Road Against Traffic; 06 Working on Vehicle In Road; 07 Working In Road; 08 Standing/Playing In Road; 09 Standing In Pedestrian Island; 77 All Other (Explain In Narrative); 88 Unknown

LOCATION TYPE

1

1 Primarily Business; 2 Primarily Residential; 3 Open Country

FIRST / SUBSEQUENT HARMFUL EVENT(S)

1	2	3
31	//	/
09	/	/
//	//	//
//	//	//

01 Collision With M/V In Transport(Rear End); 02 Collision With M/V In Transport(Head On); 03 Collision With M/V In Transport(Angle); 04 Collision With M/V In Transport(Left Turn); 05 Collision With M/V In Transport(Right Turn); 06 Collision With M/V In Transport(Sideswipe); 07 Collision With M/V In Transport(Backed Into); 08 Collision With Parked Car; 09 Collision With M/V on Roadway; 10 Collision With Pedestrian; 11 Collision With Bicycle; 12 Collision With Bicycle (Bike Lane); 13 Collision With Moped; 14 Collision With Train; 15 Collision With Animal; 16 MV Hit Sign / Sign Post; 17 MV Hit Utility Pole / Light Pole; 18 MV Hit Guardrail; 19 MV Hit Fence; 20 MV Hit Concrete Barrier Wall; 21 MV Hit Bridge/Pier/Abutment/Rail; 22 MV Hit Tree /Shrubbery; 23 Collision With Construction Barricade Sign; 24 Collision With Traffic Gate; 25 Collision With Crash Attenuators; 26 Collision With Fixed Object Above Road; 27 MV Hit Other Fixed Object; 28 Collision With Movable Object On Road; 29 MV Ran Into Ditch/Culvert; 30 Ran Off Road Into Water; 31 Overturned; 32 Occupant Fell From Vehicle; 33 Tractor/Trailer Jackknifed; 34 Fire; 35 Explosion; 36 Downhill Runaway; 37 Cargo Loss or Shift; 38 Separation of Units; 39 Median Crossover; 77 All Other (Explain In Narrative)

ROAD SYSTEM IDENTIFIER

04

01 Interstate; 02 U.S.; 03 State; 04 County; 05 Local; 06 Turnpike/ Toll; 07 Forest Road; 08 Private Roadway; 77 All Other (Explain In Narrative)

LIGHTING CONDITION

01

01 Daylight; 02 Dusk; 03 Dawn; 04 Dark (Street Light); 05 Dark (No Street Light); 88 Unknown

ROAD SURFACE CONDITION

01

01 Dry; 02 Wet; 03 Slippery; 04 Icy; 77 All Other (Explain In Narrative)

WEATHER

01

01 Clear; 02 Cloudy; 03 Rain; 04 Fog; 77 All Other (Explain In Narrative)

ROAD SURFACE TYPE

02

01 Slag/Gravel/Stone; 02 Blacktop; 03 Brick/Block; 04 Concrete; 05 Dirt; 77 All Other (Explain In

ROAD CONDITIONS AT TIME OF CRASH

01
//

01 No Defects; 02 Obstruction With Warning; 03 Obstruction Without Warning; 04 Road Under Repair / Construction; 05 Loose Surface Materials; 06 Shoulders - Soft / Low / High; 07 Holes / Ruts / Unsafe Paved Edge; 08 Standing Water; 09 Worn / Polished Road Surface; 77 All Other (Explain in Narrative)

VISION OBSTRUCTED

01
//

01 Vision Not Obscured; 02 Inclement Weather; 03 Parked / Stopped Vehicle; 04 Trees / Crops / Bushes; 05 Load On Vehicle; 06 Building / Fixed Object; 07 Signs / Billboards; 08 Fog; 09 Smoke; 10 Glare; 77 All Other (Explain In Narrative)

TRAFFIC CONTROL

01
//

01 No Control; 02 Special Speed Zone; 03 Speed Control Sign; 04 School Zone; 05 Traffic Signal; 06 Stop Sign; 07 Yield Sign; 08 Flashing Light; 09 Railroad Signal; 10 Officer / Guard / Flag person; 11 Posted No U-Turn; 12 No Passing Zone; 77 All Other (Explain In Narrative)

SITE LOCATION

02

01 Not At Intersection / RRX-Ing /Ramp; 02 At Intersection; 03 Influenced By Intersection; 04 Driveway Access; 05 Railroad; 06 Bridge; 07 Entrance Ramp; 08 Exit Ramp; 09 Parking Lot -Public; 10 Parking Lot -Private; 11 Private Property; 12 Toll Booth; 13 Public Bus Stop Zone; 77 All Other (Explain In Narrative)

TRAFFICWAY CHARACTER

01

01 Straight - Level; 02 Straight - Upgrade/ Downgrade; 03 Curve - Level; 04 Curve - Upgrade / Downgrade

TYPE SHOULDER

02

01 Paved; 02 Unpaved; 03 Curb

Violator(s)

	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
1	N/A	N/A	N/A	N/A	N/A
2	N/A	N/A	N/A	N/A	N/A
3	NA	NA	NA	NA	NA
4	NA	NA	NA	NA	NA

FLORIDA TRAFFIC CRASH REPORT
NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY)	TIME EMS ARRIVED (FATALITIES ONLY)	DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
N/A ☐ AM ☐ PM	N/A ☐ AM ☐ PM	03 / 24 / 05	13/00	05-59034	73180857

(NARRATIVE)

VEHICLE ONE WAS TRAVELING SOUTH ON WOODVILLE HIGHWAY/ CR 363 WITH THE EMERGENCY LIGHTS ACTIVATED WHILE RESPONDING TO A CALL. VEHICLE ONE, DRIVEN BY [redacted], WAS TRAVELING BEHIND ANOTHER FIRE TRUCK DRIVEN BY [redacted] AS BOTH VEHICLES APPROACHED NATURAL WELLS ROAD, THE VEHICLE DRIVEN BY MR. [redacted] SLOWED TO TURN WHEN HE OBSERVED MR. [redacted]S VEHICLE HAVING A HARD TIME SLOWING. MR. [redacted] THEN CONTINUED SOUTHBOUND AND OBSERVED VEHICLE ONE OVERTURN ON THE ROADWAY. VEHICLE ONE'S DRIVER, [redacted], ADVISED AS HE APPROACHED THE INTERSECTION OF NATURAL WELLS HE LOOKED AWAY FROM THE ROAD BRIEFLY TO DEACTIVATE SOME SWITCHES WHEN HE OBSERVED THE OTHER FIRE TRUCK SLOWING. MR. [redacted] THEN APPLIED HIS BRAKES IN AN ATTEMPT TO SLOW TO AVOID A COLLISION. HE THEN SWERVED TO THE LEFT INTO THE NORTHBOUND LANE AND THEN BACK INTO THE SOUTHBOUND LANE. DURING THIS EVASIVE MOVEMENT THE VEHICLE OVERTURNED ONE TIME BEFORE COMING TO REST FACING SOUTH WEST IN THE MIDDLE OF THE ROADWAY. AS VEHICLE ONE OVER TURNED THE REAR OF THE VEHICLE COLLIDED WITH VEHICLE TWO. VEHICLE ONE LEFT APPROXIMATELY 142' 11.8" OF SKID MARKS PRIOR TO OVERTURNING. VEHICLE TWO'S DRIVER, [redacted] ADVISED HE WAS TRAVELING NORTH ON WOODVILLE HIGHWAY WHEN HE OBSERVED TWO FIRE TRUCKS TRAVELING SOUTH WITH THEIR EMERGENCY EQUIPMENT ACTIVATED. HE THEN SLOWED HIS TRUCK AND PULLED ONTO THE EAST SHOULDER OF THE ROADWAY. THE FIRST ~~TRUCK SLOWED TO TURN ONTO NATURAL WELLS ROAD WHEN HE OBSERVED THAT THE OTHER FIRE TRUCK WASN'T~~ GOING TO STOP. HE THEN PULLED FURTHER INTO THE DITCH AS THE LEFT REAR OF HIS TRUCK WAS STRUCK BY THE ~~SECOND FIRE TRUCK AS IT OVERTURNED. (02) CARELESS DRIVING, VEHICLE ONE DRIVER, ANY PERSON OPERATING~~ A VEHICLE UPON THE STREETS OR HIGHWAYS WITHIN THE STATE SHALL DRIVE THE SAME IN A CAREFUL AND ~~PRUDENT MANNER, HAVING REGARD FOR THE WIDTH, GRADE, CURVES, CORNERS, TRAFFIC, AND ALL OTHER~~ ATTENDANT CIRCUMSTANCES, SO AS TO NOT TO ENDANGER THE LIFE, LIMB, OR PROPERTY OF ANY PERSON. (10) ~~FOLLOWING TOO CLOSELY, VEHICLE ONE DRIVER, THE DRIVER OF A MOTOR VEHICLE SHALL NOT FOLLOW ANOTHER~~ VEHICLE MORE CLOSELY THAN IS REASONABLE AND PRUDENT, HAVING DUE REGARD FOR THE SPEED OF SUCH ~~VEHICLES, AND THE TRAFFIC UPON, AND THE CONDITION OF THE ROADWAY.~~

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.		EJECT.
2	1	[redacted]				[redacted]	1	1	3	1	2	NA	1
NA	NA		NA			NA	NA	NA	NA	NA	NA	NA	NA
NA	NA		NA			NA	NA	NA	NA	NA	NA	NA	NA
NA	NA		NA			NA	NA	NA	NA	NA	NA	NA	NA
NA	NA		NA			NA	NA	NA	NA	NA	NA	NA	NA
NA	NA		NA			NA	NA	NA	NA	NA	NA	NA	NA

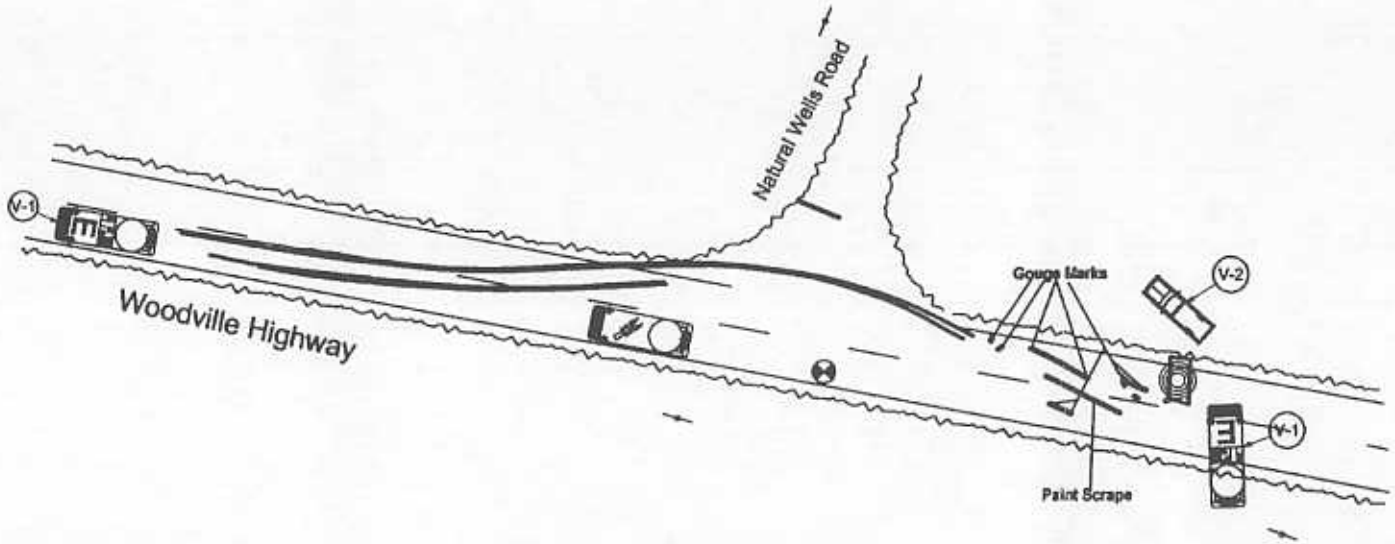
Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
[redacted]				[redacted]			

FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5 Other	INJURED TAKEN TO:	BY - NAME
[redacted]	2	TALLAHASSEE MEMORIAL	EMS

WAS INVESTIGATION MADE AT SCENE? 1.YES 2.NO	IF NO, THEN WHERE?	Is INVESTIGATION COMPLETE? 1, YES 2, NO	IF NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN 1. YES 2. NO	IF YES BY WHOM? 1 INVESTIGATING AGENCY 2 OTHER
1		1		03 / 24 / 05	1	1

INVESTIGATOR - NAME & SIGNATURE	BADGE NUMBER	DEPARTMENT	FHP	SO	PD	OTHER
[redacted]	490	LEON COUNTY SHERIFFS OFFICE	☐	X	☐	☐



PAGE 4 OF 4	05-59034	Deputy Pat Moran	
Scale 1" = 53.81'	Drawn By Deputy Steve Barrow		

LEON COUNTY SHERIFF'S OFFICE - SUPPLEMENTAL / CONTINUATION Original: Supplemental: X Juvenile:

Agency Report Number: 05-059034 Victim Name(s): Date Reported: 03-24-05

Officer Reporting: [redacted] ID#: 312 Date: 03-25-05

Officer Reviewing: _____ ID#: _____ Date: _____

Offense(s): **Traffic Crash**

Case Status: 2 UCR Clearance: _____ Date Cleared: _____ OBTS Number: _____ Related Report #: _____

Case Status: 1 - Closed 2 - Pending UCR Clearance: 1 - Arrest/Adult 2 - Arrest/Juvenile 3 - Except/Adult 4 - Except/Juvenile 5 - Unfounded

ADDITIONAL INFORMATION

On 03-24-05, at 1500hours, I responded to Woodville Highway at Natural Wells Road, in reference to a traffic crash. Upon my arrival, I met Deputy [redacted] of the Traffic Unit. Deputy [redacted] directed me through the scene which involved a Tallahassee Fire Department Vehicle and civilian pick-up truck. I documented the scene with digital photography, as instructed by Deputy [redacted].

DISPOSITION RECOMMENDED

Pending