

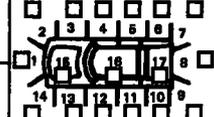
# FLORIDA TRAFFIC CRASH REPORT

## LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES  
 TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING  
 TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

Time & Location	02/14/2010	0810	0826	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	0829	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10-00382	74658829			
	12/54			N S E W	CITY OR TOWN			LAKE COUNTY			
	AT NODE NO. or FEET or MILE(S)			FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	ON STREET, ROAD OR HIGHWAY				
S e c t i o n 1	DRIVER ACTION		YEAR	MAKE	TYPE	USE	VEH. LICENSE NO.	STATE	VEHICLE IDENTIFICATION NUMBER	SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S)	
	2		2000	DODGE	03	01	279JZJ	FL	1B7GL2AN2YS709511	1	
	TRAILER OR TOWED		VEHICLE INFORMATION		TRAILER TYPE						
Vehicle	VEHICLE TRAVELING		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE	
	N S E W		PK LOT 17030 US HWY441		10	10	\$	<input type="checkbox"/>		\$	
	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
Pedestrian	NAME OF VEHICLE OWNER (Check Box if Same As Driver)			CURRENT ADDRESS (Number and Street)			CITY	STATE	ZIP		
	GINGER LYNN GUIFFRE			211 S. LAKE AVE.			TAVARES	FL	32778		
	NAME OF OWNER (Trailer or Towed Vehicle)			CURRENT ADDRESS (Number and Street)			CITY	STATE	ZIP		
S e c t i o n 2	DRIVER ACTION		YEAR	MAKE	TYPE	USE	VEH. LICENSE NO.	STATE	VEHICLE IDENTIFICATION NUMBER	SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S)	
	1									1	
	TRAILER OR TOWED		VEHICLE INFORMATION		TRAILER TYPE						
Vehicle	VEHICLE TRAVELING		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE	
	N S E W						\$	<input type="checkbox"/>		\$	
	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
Pedestrian	NAME OF VEHICLE OWNER (Check Box if Same As Driver)			CURRENT ADDRESS (Number and Street)			CITY	STATE	ZIP		
	MARVIN WALTER JACKSON			41746 LAWRENCE ST.			SORRENTO	FL	32776	03/08/1970	
	NAME OF OWNER (Trailer or Towed Vehicle)			CURRENT ADDRESS (Number and Street)			CITY	STATE	ZIP		
Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)		PHYSICAL DEFECTS		ALCOHOL / DRUG ABUSE		LOCATION (in vehicle)	
	01. Automobile	01. Private Transportation	01. Single Semi/Trailer	1. County of Crash	4. Foreign	1. No Defects Known	1. Not Drinking or Using Drugs	1. Front Left		1. No	
	02. Passenger Van	02. Comm'l Passengers	02. Tandem Semi/Trailer(s)	2. Elsewhere in State	5. Unknown	2. Eyesight Defect	2. Alcohol - Under Influence	2. Front Center		2. Yes	

S e c t i o n 3	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NO.	STATE	VEHICLE IDENTIFICATION NUMBER	 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S)	
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed	EST. VEHICLE DAMAGE \$	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE \$
	VEHICLE TRAVELING N S E W	ON	At							

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
NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)	CITY STATE ZIP
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)	CITY STATE ZIP
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)	CITY STATE ZIP
NAME OF DRIVER (Take From Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)	CITY STATE ZIP
DATE OF BIRTH			

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.
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS
AL/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.
S. EQUIP.	EJECT.				

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

CONTRIBUTING CAUSES - DRIVER / PED		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
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		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 (Explain in Narrative) 77. All Other Defects (Explain in Narrative)		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 Veh. 77. All Other (Explain in Narrative)		1. None 2. Farm 3. Police Pursuit 4. Recreational 5. Emergency Operation 6. Construction / Maintenance SOURCE OF CARRIER INFORMATION 1. Not Applicable 2. Shipping Papers 3. Vehicle Side 4. Driver 5. Other	
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)		POINT OF COLLISION 01. On Road 02. Not On Road 03. Shoulder 04. Median 05. Turn Lane WORK AREA 01. None 02. Nearby 03. Entered		PEDESTRIAN ACTION 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. Primarily Business 2. Primarily Residential 3. Open Country	

FIRST / SUBSEQUENT HARMFUL EVENT(S)		ROAD SYSTEM IDENTIFIER		LIGHTING CONDITION	
01. Collision With MV in Transport (Rear-end) 02. Collision With MV in Transport (Head-on) 03. Collision With MV in Transport (Angle) 04. Collision With MV in Transport (Left Turn) 05. Collision With MV in Transport (Right Turn) 06. Collision With MV in Transport (Sideswipe) 07. Collision With MV in Transport (Backed Into) 08. Collision With Parked Car 09. Collision With MV on Other 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 Moveable Object On Road 29. MV Ran Into Ditch / Culvert 30. Ran Off Road Into Water 31. Overturned 32. Occupant Fall 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)		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)		01. Daylight 02. Dusk 03. Dawn 04. Dark (Street Light) 05. Dark (No Street Light) 88. Unknown	
ROAD CONDITIONS AT TIME OF CRASH		VISION OBSTRUCTED		TRAFFIC CONTROL	
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)		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 77. All Other (Explain in Narrative)		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 / Flagman 11. Posted No U-Turn 12. No Passing Zone 77. All Other (Explain)	
ROAD CONDITIONS AT TIME OF CRASH		TRAFFIC CONTROL		SITE LOCATION	
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)		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 / Flagman 11. Posted No U-Turn 12. No Passing Zone 77. All Other (Explain)		01. Not At Intersection / RR Xing / Bridge 02. At Intersection 03. Influenced By Intersection 04. Driveway Access 05. Railroad Crossing 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)	
ROAD CONDITIONS AT TIME OF CRASH		TRAFFIC CONTROL		TRAFFICWAY CHARACTER	
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)		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 / Flagman 11. Posted No U-Turn 12. No Passing Zone 77. All Other (Explain)		01. Straight-Level 02. Straight-Upgrade/Downgrade 03. Curve-Level 04. Curve-Upgrade/Downgrade TYPE SHOULDER 01. Paved 02. Unpaved 03. Curb	

SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

# 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) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 02/14/2010	COUNTY / CITY CODE 12/54	INVEST. AGENCY REPORT NUMBER 10-00382	HSMV CRASH REPORT NUMBER 74658829
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*(NARRATIVE)*

Vehicle 1 was a silver and gold two-tone Dodge pickup operated by an unknown driver. V-1 was traveling North through the parking lot of 17030 US HWY441 (WalMart), then turned left (West) at which point the front end of V-1 struck a pedestrian.

I made contact with the pedestrian, Marvin Jackson, who contacted police approximately ten minutes after the crash took place. Marvin provided me with a sworn written affidavit, in which he advised the following:

Marvin was walking South from his vehicle, which was parked in the area of Row 5, towards th WalMart entrance. As he was approaching the building, Marvin observed V-1 as it traveled East through the parking lot, then turned North onto Row 5. V-1 then abruptly turned left through a series of empty parking spaces, and struck Marvin. Marvin advised his body rolled over the hood of the pickup, and he then landed on the ground near the passenger side door. Marvin advised he kicked the passenger side door after he landed on the ground, possibly leaving a dent or foot print. Marvin advised V-1 continued driving West, then parked. Marvin advised he later made contact with the driver, wh advis d "I didn't see you. You were in my way,"and then left the area without providing any vehicle r driver information to Marvin.

Marvin provided me with the Florida tag number 279JZJ, which is registered through DHSMV to a bronze colored Dodge pickup truck to a subject in Tavares. Marvin also described the driver of the vehicle as a white male, approximately sixteen or seventeen years of age, with eye glasses, short hair, and a thin build. Marvin advised he had not sustained any injuries as a result of the crash.

I later made contact with WalMart management for the purpose of obtaining any available surveillance video from the parking lot. I was advised no current management members were capable of reviewing surveillance, but that video may be available at a later date. I was unable to locate any phone number or contact information for the registered owner, Ginger Guiffre. Future attempts to contact the registered owner and to obtain surveillance will be made.

SEC#	PASS#	PASSENGER'S NAME	ADDRESS	CITY	ST.	ZIPCODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJCT.

Violator(s)	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS FIRST NAME	MIDDLE	LAST	CURRENT ADDRESS	CITY	STATE	ZIP
1						
2						

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

WAS INVESTIGATION MADE AT SCENE? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 1	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2	IF NO, THEN WHY? DRIVER INF	DATE OF REPORT 02/14/2010	PHOTOS TAKEN? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2	IF YES, BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER <input type="checkbox"/>	
INVESTIGATOR - RANK AND SIGNATURE OFC. J. STREENZ		I.D. / BADGE NO. 0277		DEPARTMENT MOUNT DORA POLICE DEPARTMENT		FHP <input type="checkbox"/> SO <input type="checkbox"/> PD <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	

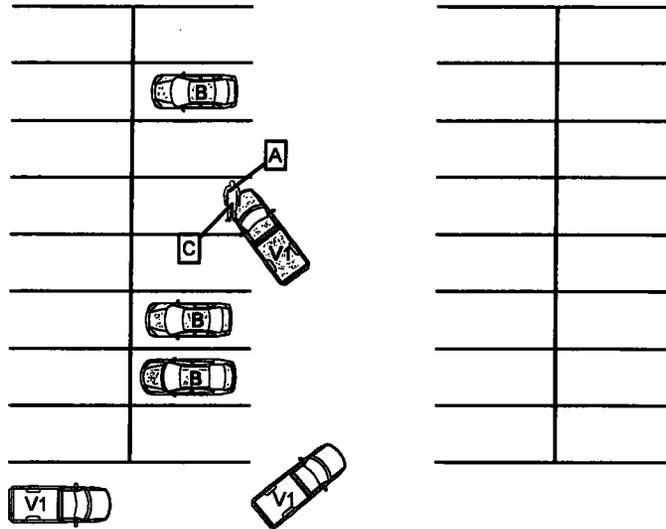
Case Number: 10-00382

Date: 02/14/10

Location: PARKING LOT OF 17030 US HWY441

Description:

PARKING LOT OF 17030 US HWY441  
AREA OF ROW 5



NOT TO SCALE

**LEGEND**

- A: LOCATION OF PEDESTRIAN
- B: VARIOUS OTHER VEHICLES IN PARKING LOT
- C: AREA OF IMPACT WITH PEDESTRIAN

WALMART BUILDING

# FLORIDA TRAFFIC CRASH REPORT

DO NOT WRITE IN THIS SPACE

UPDATE  CONTINUATION

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

DATE OF CRASH: **02/14/2010** COUNTY / CITY CODE: **12/54** INVEST. AGENCY REPORT: **10-00382** HSMV CRASH REPORT NUMBER: **74658829**

DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NO.	STATE	VEHICLE IDENTIFICATION NUMBER	<input type="checkbox"/> 18 Undercarriage <input type="checkbox"/> 19 Overtum <input type="checkbox"/> 20 Windshield <input type="checkbox"/> 21 Trailer	
TRAILER OR TOWED VEHICLE INFORMATION								SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S)	

VEHICLE TRAVELING ON At Est. MPH Posted Speed EST. VEHICLE DAMAGE 1. Disabling 2. Functional 3. No Damage EST. TRAILER DAMAGE

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

NAME OF VEHICLE OWNER (Check Box if Same As Driver) CURRENT ADDRESS (Number and Street) CITY STATE ZIP

NAME OF OWNER (Trailer or Towed Vehicle) CURRENT ADDRESS (Number and Street) CITY STATE ZIP

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

NAME OF DRIVER (Take From Driver License) / Pedestrian CURRENT ADDRESS (Number and Street) CITY STATE ZIP DATE OF BIRTH

DRIVER LICENSE NUMBER STATE DL TYPE REQ. END. ALC/DRUG TEST TYPE RESULTS AL/DRUG PHYS. DEF. RES. RACE SEX INJ. S. EQUIP. EJECT.

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.

DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NO.	STATE	VEHICLE IDENTIFICATION NUMBER	<input type="checkbox"/> 18 Undercarriage <input type="checkbox"/> 19 Overtum <input type="checkbox"/> 20 Windshield <input type="checkbox"/> 21 Trailer	
TRAILER OR TOWED VEHICLE INFORMATION								SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S)	

VEHICLE TRAVELING ON At Est. MPH Posted Speed EST. VEHICLE DAMAGE 1. Disabling 2. Functional 3. No Damage EST. TRAILER DAMAGE

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

NAME OF VEHICLE OWNER (Check Box if Same As Driver) CURRENT ADDRESS (Number and Street) CITY STATE ZIP

NAME OF OWNER (Trailer or Towed Vehicle) CURRENT ADDRESS (Number and Street) CITY STATE ZIP

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

NAME OF DRIVER (Take From Driver License) / Pedestrian CURRENT ADDRESS (Number and Street) CITY STATE ZIP DATE OF BIRTH

DRIVER LICENSE NUMBER STATE DL TYPE REQ. END. ALC/DRUG TEST TYPE RESULTS AL/DRUG PHYS. DEF. RES. RACE SEX INJ. S. EQUIP. EJECT.

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.

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1		\$					
2		\$					
3		\$					
4		\$					

WITNESS LAST NAME CURRENT ADDRESS CITY STATE ZIP

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

INVESTIGATOR - RANK AND SIGNATURE: **OFFICER KAREN DANCEL** I.D. / BADGE NO.: **0276** DEPARTMENT: **MOUNT DORA POLICE DEPARTMENT** 1. FHP 3. PD 2. SO 4. OTHER

CONTRIBUTING CAUSES - DRIVER /PED		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01. No Improper Driving/Action	<input type="checkbox"/>	01. No Defects	<input type="checkbox"/>	01. Straight Ahead	<input type="checkbox"/>	1. None	<input type="checkbox"/>
02. Careless Driving (Explain in Narrative)	<input type="checkbox"/>	02. Def. Brakes	<input type="checkbox"/>	02. Slowing/Stopped/Stalled	<input type="checkbox"/>	2. Farm	<input type="checkbox"/>
03. Failed to Yield Right-of-Way	<input type="checkbox"/>	03. Worn/Smooth Tires	<input type="checkbox"/>	03. Making Left Turn	<input type="checkbox"/>	3. Police Pursuit	<input type="checkbox"/>
04. Improper Backing	<input type="checkbox"/>	04. Defective/Improper Lights	<input type="checkbox"/>	04. Backing	<input type="checkbox"/>	4. Recreational	<input type="checkbox"/>
05. Improper Lane Change	<input type="checkbox"/>	05. Puncture/Blowout	<input type="checkbox"/>	05. Making Right Turn	<input type="checkbox"/>	5. Emergency Operation	<input type="checkbox"/>
06. Improper Turn	<input type="checkbox"/>	06. Steering Mech.	<input type="checkbox"/>	06. Changing Lanes	<input type="checkbox"/>	6. Construction / Maintenance	<input type="checkbox"/>
07. Alcohol-Under Influence	<input type="checkbox"/>	07. Windshield Wipers	<input type="checkbox"/>	07. Entering/Leaving Parking Space	<input type="checkbox"/>	<b>SOURCE OF CARRIER INFORMATION</b>	
08. Drugs-Under Influence	<input type="checkbox"/>	08. Equipment/Vehicle Defect	<input type="checkbox"/>	08. Properly Parked	<input type="checkbox"/>	1. Not Applicable	<input type="checkbox"/>
09. Alcohol & Drugs-Under Influence	<input type="checkbox"/>	77. All Other Defects (Explain in Narrative)	<input type="checkbox"/>	09. Improperly Parked	<input type="checkbox"/>	2. Shipping Papers	<input type="checkbox"/>
10. Followed Too Closely	<input type="checkbox"/>	<b>POINT OF COLLISION</b>		10. Making U-Turn	<input type="checkbox"/>	3. Vehicle Side	<input type="checkbox"/>
11. Disregarded Traffic Signal	<input type="checkbox"/>	01. On Road	<input type="checkbox"/>	11. Passing	<input type="checkbox"/>	4. Driver	<input type="checkbox"/>
12. Exceeded Safe Speed Limit	<input type="checkbox"/>	02. Not On Road	<input type="checkbox"/>	12. Driverless or Runaway Veh.	<input type="checkbox"/>	5. Other	<input type="checkbox"/>
13. Disregarded Stop Sign	<input type="checkbox"/>	03. Shoulder	<input type="checkbox"/>	77. All Other (Explain in Narrative)	<input type="checkbox"/>	<b>PEDESTRIAN ACTION</b>	
14. Failed to Maintain Equip./Vehicle	<input type="checkbox"/>	04. Median	<input type="checkbox"/>	01. Crossing Not at Intersection	<input type="checkbox"/>	07. Working in Road	<input type="checkbox"/>
15. Improper Passing	<input type="checkbox"/>	05. Turn Lane	<input type="checkbox"/>	02. Crossing at Mid-block Crosswalk	<input type="checkbox"/>	08. Standing/Playing in Road	<input type="checkbox"/>
16. Drove Left of Center	<input type="checkbox"/>	<b>WORK AREA</b>		03. Crossing at Intersection	<input type="checkbox"/>	09. Standing in Pedestrian Island	<input type="checkbox"/>
17. Exceeded Stated Speed Limit	<input type="checkbox"/>	01. None	<input type="checkbox"/>	04. Walking Along Road With Traffic	<input type="checkbox"/>	77. All Other (Explain in Narrative)	<input type="checkbox"/>
18. Obstructing Traffic	<input type="checkbox"/>	02. Nearby	<input type="checkbox"/>	05. Walking Along Road Against Traffic	<input type="checkbox"/>	88. Unknown	<input type="checkbox"/>
		03. Entered	<input type="checkbox"/>	06. Working on Vehicle in Road	<input type="checkbox"/>		

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

(NARRATIVE)

On Wednesday, February 17, 2010 at about 0938 hours, I responded to Lowe's in reference to a follow-up. Upon arrival, I made contact with Marvin, who stated that on February 14, 2010, he was involved in a verbal altercation with a young white male which turned physical. He stated that while he was walking in the parking lot of Walmart on February 14, 2010, he was "bumped" by another vehicle driven by the young white male. When he confronted the subject, the white male stated "you're in my way!" The young white male then exited his vehicle and "got in his face" and slammed him on the hood of the truck. Marvin stated that responding officers were unable to locate the suspect due to him leaving the scene prior to their arrival. He stated that while shopping at Lowe's, he observed the suspect vehicle parked in the parking lot. The Florida tag of 79-JZJ matched the same tag that he had provided on Sunday. Marvin stated that it was only a physical altercation that took place between him and the white male and that no vehicles were involved. I made contact with Paul Guiffre (352-551-8822) who stated that his son Austin Guiffre (352-551-6002) was driving the vehicle at the time of the incident. I advised Paul to have Austin contact me as soon as possible. Moments later, I received a phone call from Austin. He verbally stated the following. Austin stated that he did not "lay a hand" on Marvin. He was pulling into a parking space at Walmart when Marvin walked right in front of his vehicle and lightly made contact with the front of his bumper. Realizing that Marvin was in front of his vehicle, he slammed on his breaks and continuously apologized. Marvin in rage, violently slammed both of his hands on the hood of Austin's vehicle continuously yelling and screaming. In hopes to prevent an altercation Austin exited the parking space to leave Walmart. Marvin still in rage, kicked his vehicle as it was leaving and placed a dent on the body of the truck. Austin left the scene because he was in fear for his safety not knowing what Marvin would do.

ADDITIONAL PASSENGERS													
SEC#	PASS#	PASSENGER'S NAME	ADDRESS	CITY	STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJCT.

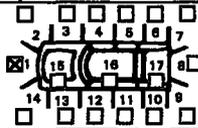
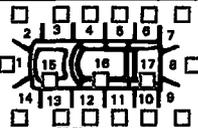
Violator(s)	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

# FLORIDA TRAFFIC CRASH REPORT

UPDATE  CONTINUATION

DO NOT WRITE IN THIS SPACE

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

		DATE OF CRASH <b>02/14/2010</b>		COUNTY / CITY CODE <b>12/54</b>		INVEST. AGENCY REPORT <b>10-00382</b>		HSMV CRASH REPORT NUMBER <b>74658829</b>									
DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A		YEAR <b>2000</b>	MAKE <b>DODGE</b>	TYPE <b>03</b>	USE <b>01</b>	VEH. LICENSE NO. <b>279JZJ</b>	STATE <b>FL</b>	VEHICLE IDENTIFICATION NUMBER <b>1B7GL2AN2YS709511</b>									
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE						 SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S) <b>1</b>									
VEHICLE TRAVELING ON At		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE									
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									
NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP									
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP									
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP									
NAME OF DRIVER (Take From Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP									
DATE OF BIRTH		DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	AL/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
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.							
DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NO.	STATE	VEHICLE IDENTIFICATION NUMBER		 SHOW FIRST POINT OF VEHICLE DAMAGE AND CHECK DAMAGED AREA(S)							
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE															
VEHICLE TRAVELING ON At		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE									
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									
NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP									
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP									
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP									
NAME OF DRIVER (Take From Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY		STATE		ZIP									
DATE OF BIRTH		DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	AL/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
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.							
#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS		CITY	STATE	ZIP									
1		\$															
2		\$															
3		\$															
4		\$															
WITNESS LAST NAME		CURRENT ADDRESS		CITY		STATE		ZIP									
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					
INVESTIGATOR - RANK AND SIGNATURE <b>OFC. J. STREENZ</b>		I.D. / BADGE NO. <b>0277</b>		DEPARTMENT <b>MOUNT DORA POLICE DEPARTMENT</b>		1 <input type="checkbox"/> FHP 3 <input checked="" type="checkbox"/> PD		2 <input type="checkbox"/> SO 4 <input type="checkbox"/> OTHER									

CONTRIBUTING CAUSES - DRIVER /PED		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01. No Improper Driving/Action	<input type="checkbox"/> 1 <input type="checkbox"/> 2	01. No Defects	<input type="checkbox"/> 1 <input type="checkbox"/> 2	01. Straight Ahead	<input type="checkbox"/> 1 <input type="checkbox"/> 2	1. None	<input type="checkbox"/> 1 <input type="checkbox"/> 2
02. Careless Driving (Explain in Narrative)	<input type="checkbox"/> <input type="checkbox"/>	02. Def. Brakes	<input type="checkbox"/> <input type="checkbox"/>	02. Slowing/Stopped/Stalled	<input type="checkbox"/> <input type="checkbox"/>	2. Farm	<input type="checkbox"/> <input type="checkbox"/>
03. Failed to Yield Right-of-Way	<input type="checkbox"/> <input type="checkbox"/>	03. Worn/Smooth Tires	<input type="checkbox"/> <input type="checkbox"/>	03. Making Left Turn	<input type="checkbox"/> <input type="checkbox"/>	3. Police Pursuit	<input type="checkbox"/> <input type="checkbox"/>
04. Improper Backing	<input type="checkbox"/> <input type="checkbox"/>	04. Defective/Improper Lights	<input type="checkbox"/> <input type="checkbox"/>	04. Backing	<input type="checkbox"/> <input type="checkbox"/>	4. Recreational	<input type="checkbox"/> <input type="checkbox"/>
05. Improper Lane Change	<input type="checkbox"/> <input type="checkbox"/>	05. Puncture/Blowout	<input type="checkbox"/> <input type="checkbox"/>	05. Making Right Turn	<input type="checkbox"/> <input type="checkbox"/>	5. Emergency Operation	<input type="checkbox"/> <input type="checkbox"/>
06. Improper Turn	<input type="checkbox"/> <input type="checkbox"/>	06. Steering Mech.	<input type="checkbox"/> <input type="checkbox"/>	06. Changing Lanes	<input type="checkbox"/> <input type="checkbox"/>	6. Construction / Maintenance	<input type="checkbox"/> <input type="checkbox"/>
07. Alcohol-Under Influence	<input type="checkbox"/> <input type="checkbox"/>	07. Windshield Wipers	<input type="checkbox"/> <input type="checkbox"/>	07. Entering/Leaving Parking Space	<input type="checkbox"/> <input type="checkbox"/>	SOURCE OF CARRIER INFORMATION	
08. Drugs-Under Influence	<input type="checkbox"/> <input type="checkbox"/>	08. Equipment/Vehicle Defect	<input type="checkbox"/> <input type="checkbox"/>	08. Properly Parked	<input type="checkbox"/> <input type="checkbox"/>		
09. Alcohol & Drugs-Under Influence	<input type="checkbox"/> <input type="checkbox"/>	77. All Other Defects (Explain in Narrative)	<input type="checkbox"/> <input type="checkbox"/>	09. Improperly Parked	<input type="checkbox"/> <input type="checkbox"/>	2. Shipping Papers	<input type="checkbox"/> <input type="checkbox"/>
10. Followed Too Closely	<input type="checkbox"/> <input type="checkbox"/>	POINT OF COLLISION		10. Making U-Turn	<input type="checkbox"/> <input type="checkbox"/>	3. Vehicle Side	<input type="checkbox"/> <input type="checkbox"/>
11. Disregarded Traffic Signal	<input type="checkbox"/> <input type="checkbox"/>	01. On Road	<input type="checkbox"/> 1 <input type="checkbox"/> 2	11. Passing	<input type="checkbox"/> <input type="checkbox"/>	4. Driver	<input type="checkbox"/> <input type="checkbox"/>
12. Exceeded Safe Speed Limit	<input type="checkbox"/> <input type="checkbox"/>	02. Not On Road	<input type="checkbox"/> <input type="checkbox"/>	12. Driverless or Runaway Veh.	<input type="checkbox"/> <input type="checkbox"/>	5. Other	<input type="checkbox"/> <input type="checkbox"/>
13. Disregarded Stop Sign	<input type="checkbox"/> <input type="checkbox"/>	03. Shoulder	<input type="checkbox"/> <input type="checkbox"/>	77. All Other (Explain in Narrative)	<input type="checkbox"/> <input type="checkbox"/>		
14. Failed to Maintain Equip./Vehicle	<input type="checkbox"/> <input type="checkbox"/>	04. Median	<input type="checkbox"/> <input type="checkbox"/>	PEDESTRIAN ACTION			
15. Improper Passing	<input type="checkbox"/> <input type="checkbox"/>	05. Turn Lane	<input type="checkbox"/> <input type="checkbox"/>	01. Crossing Not at Intersection	<input type="checkbox"/> <input type="checkbox"/>	07. Working in Road	<input type="checkbox"/> <input type="checkbox"/>
16. Drove Left of Center	<input type="checkbox"/> <input type="checkbox"/>	WORK AREA		02. Crossing at Mid-block Crosswalk	<input type="checkbox"/> <input type="checkbox"/>	08. Standing/Playing in Road	<input type="checkbox"/> <input type="checkbox"/>
17. Exceeded Stated Speed Limit	<input type="checkbox"/> <input type="checkbox"/>	01. None	<input type="checkbox"/> 1 <input type="checkbox"/> 2	03. Crossing at Intersection	<input type="checkbox"/> <input type="checkbox"/>	09. Standing in Pedestrian Island	<input type="checkbox"/> <input type="checkbox"/>
18. Obstructing Traffic	<input type="checkbox"/> <input type="checkbox"/>	02. Nearby	<input type="checkbox"/> <input type="checkbox"/>	04. Walking Along Road With Traffic	<input type="checkbox"/> <input type="checkbox"/>	77. All Other (Explain in Narrative)	<input type="checkbox"/> <input type="checkbox"/>
		03. Entered	<input type="checkbox"/> <input type="checkbox"/>	05. Walking Along Road Against Traffic	<input type="checkbox"/> <input type="checkbox"/>	88. Unknown	<input type="checkbox"/> <input type="checkbox"/>
				06. Working on Vehicle in Road	<input type="checkbox"/> <input type="checkbox"/>		

FIRST / SUBSEQUENT HARMFUL EVENT(S)			
01. Collision With MV in Transport (Rear-end)	15. Collision With Animal	29. MV Ran Into Ditch / Culvert	<input type="checkbox"/> 1 <input type="checkbox"/> 2
02. Collision with MV in Transport (Head-on)	16. MV Hit Sign/Sign Post	30. Ran Off Road into Water	<input type="checkbox"/> <input type="checkbox"/>
03. Collision with MV in Transport (Angle)	17. MV Hit Utility Pole/Light Pole	31. Overtuned	<input type="checkbox"/> <input type="checkbox"/>
04. Collision With MV in Transport (Left Turn)	18. MV Hit Guardrail	32. Occupant Fell From Vehicle	<input type="checkbox"/> <input type="checkbox"/>
05. Collision With MV in Transport (Right Turn)	19. MV Hit Fence	33. Tractor / Trailer Jackknifed	<input type="checkbox"/> <input type="checkbox"/>
06. Collision With MV in Transport (Slideswipe)	20. MV Hit Concrete Barrier Wall	34. Fire	<input type="checkbox"/> <input type="checkbox"/>
07. Collision With MV in Transport (Backed into)	21. MV Hit Bridge/Pier/Abutment/Rail	35. Explosion	<input type="checkbox"/> <input type="checkbox"/>
08. Collision With Parked Car	22. MV Hit Tree/Shrubbery	36. Downhill Runaway	<input type="checkbox"/> <input type="checkbox"/>
09. Collision With MV on Other Roadway	23. Collision With Construction Barricade/Sign	37. Cargo Loss or Shift	<input type="checkbox"/> <input type="checkbox"/>
10. Collision With Pedestrian	24. Collision With Traffic Gate	38. Separation of Units	<input type="checkbox"/> <input type="checkbox"/>
11. Collision With Bicycle	25. Collision With Crash Attenuators	39. Median Crossover	<input type="checkbox"/> <input type="checkbox"/>
12. Collision With Bicycle (Bike Lane)	26. Collision With Fixed Object Above Road	77. All Other (Explain)	<input type="checkbox"/> <input type="checkbox"/>
13. Collision With Moped	27. MV Hit Other Fixed Object		
14. Collision With Train	28. Collision With Moveable Object On Road		

*(NARRATIVE)*

No injuries or vehicle damage was reported by either party during this investigation. Due to inconsistent testimony from Marvin and conflicting testimony from Austin, the crash is considered to be unfounded and the investigation is closed.

**ADDITIONAL PASSENGERS**

SEC#	PASS#	PASSENGER'S NAME	ADDRESS	CITY	STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJCT.

Violator(s)	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SEC #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER