

INVESTIGATOR - RANK & SIGNATURE: **ALBERT PRATTS**  
 ID / BADGE NUMBER: **2024-1319**  
 DEPARTMENT: **FLORIDA HIGHWAY PATROL**

INVESTIGATION 1 YES  2 NO   
 MADE AT SCENE? 2 NO  1 YES   
 IS INVESTIGATION COMPLETE? 1 YES  2 NO   
 IF NO, THEN WHY? \_\_\_\_\_  
 DATE OF REPORT: **01/18/2004**  
 PHOTOS TAKEN? 1 YES  2 NO   
 IF YES, BY WHOM? 1 INVEST AGENCY  2 OTHER

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: \_\_\_\_\_

WITNESS NAME (1): \_\_\_\_\_ CITY & STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 WITNESS NAME (2): \_\_\_\_\_ CITY & STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SECTION #	NAME	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

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

6 30476

Vehicle #1 (V-1) and Vehicle #2 (V-2) were traveling north on County Road 561. V-2 stopped to make a left turn into Turnpike Rd. In an attempt to avoid a collision with V-2, the driver of V-1 swerved to the right striking the guardrail with V-1's right front area. Due to the impact V-1 bounced from the guardrail and the left front area struck V-2's right rear area. Both V-1 and V-2 were removed from final rest prior to my arrival.

(NARRATIVE)

TIME EMS NOTIFIED (FATALITIES ONLY) \_\_\_\_\_ AM  PM   
 TIME EMS ARRIVED (FATALITIES ONLY) \_\_\_\_\_ AM  PM   
 DATE OF CRASH: **01/18/2004**  
 COUNTY / CITY CODE: **12 / 00**  
 INVEST AGENCY REPORT NUMBER: **FHPD04OFF005135**  
 HS-10V CRASH REPORT NUMBER: **70830329**

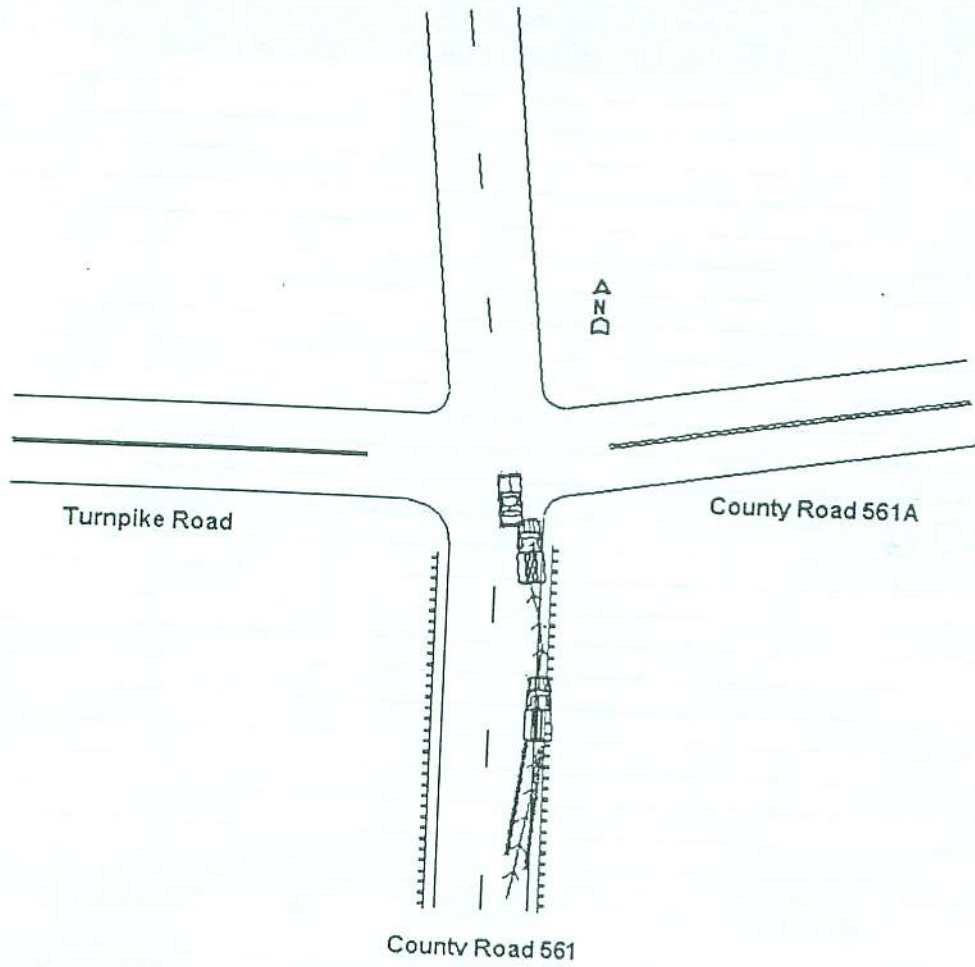
FLORIDA TRAFFIC CRASH REPORT  
 NARRATIVE / DIAGRAM  
 MAIL TO DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES  
 TRAFFIC CRASH RECORDS  
 TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

DIAGRAM NOT TO SCALE



INDICATE NORTH  
WITH ARROW



9-47059