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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
11 25 10	611 ☐ AM ☒ PM	614 ☐ AM ☒ PM	616 ☐ AM ☒ PM	10-36484	74220162

COUNTY / CITY CODE	FEET	or	MILE(S)	N S E W	CITY OR TOWN (Check if in City or Town)	COUNTY
08/34				☐ ☐ ☐ ☐ of	DEBARY ☒	VOLUSIA

AT NODE NO.	or	FEET	of	MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED	ON STREET, ROAD OR HIGHWAY
							4	1	N. CHARLES R. BEALL BLVD.

AT THE INTERSECTION OF (street road or highway)	or	FEET	MILE(S)	N S E W	FROM INTERSECTION OF (street road or highway)
PINE MEADOW DR.				☐ ☐ ☐ ☐	

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
03	87	HONDA	01	01	P675DE	FL	JHMEC2310HS009177
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE				

VEHICLE TRAVELING N S E W	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE
☐ ☒ ☐ ☐	N. CHARLES R. BEALL BLVD	10	45	$10000	01	

SHOW POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S): 03

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owners Request 3. Driver 4. Other
21 CENTURY SECURITY INSURANCE CO.	AIG3568825	PAUL'S TOWING	01

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☒	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

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE	DATE OF BIRTH
MICHAEL ALAN OSOWSKI	[redacted]	DELAND, FL 32724	

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	05	02		.		01	01	01	01	01	2	4	01

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.
02	02		02	02	([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
03	96	NISSAN	01	01	853XMH	FL	1N4BV31DXTC107633
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE				

VEHICLE TRAVELING N S E W	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE
☒ ☐ ☐ ☐	N. CHARLES R. BEALL BLVD.	42	45	$10000	01	

SHOW POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S): 02

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
FIRST ACCEPTANCE INSURANCE CO.	LBFL00237082	PAUL'S TOWING	01

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☒	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

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY, STATE AND ZIP CODE	DATE OF BIRTH
JASON MICHAEL MEYERS	[redacted]	S. DAYTONA BEACH, FL 32119	

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	05	01		.		01	01	01	01	02	2	4	01

HAZARDOUS MATERIAL BEING TRANSPORTED (1 Yes 2 No)	PLACARDED (1 Yes 2 No)	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)	RECOMMEND DRIVER RE-EXAM. (1 Yes 2 No)	DRIVER'S PHONE NO.
02	02		02	02	([redacted])

Code Information

VEHICLE TYPE	VEHICLE USE	TRAILER 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 8-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 AA 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	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.)	DL TYPE	RACE
1 County of Crash 2 Elsewhere in State 3 Non-Resident Out of State 4 Foreign 5 Unknown	1 A 2 B 3 C 4 D/ Chauffeur 5 E/ Operator 6 E/ Oper.-Rest. 7 None	1 White 2 Black 3 Hispanic 4 Other
REQUIRED ENDORSEMENTS	SEX	
1 Yes 2 No 3 No Endorsement Required	1 Male 2 Female	

PHYSICAL DEFECTS	ALCOHOL / DRUG USE
1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect	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
INJURY SEVERITY	SAFETY EQUIPMENT IN USE
1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	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	EJECTED
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	1 No 2 Yes 3 Partial

Section 3

Vehicle

DRIVER 1. Phantom 2. Hit & Run ACTION 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
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)

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

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 AND STATE	ZIP CODE

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

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

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

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.

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	HAZ 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		$				

CONTRIBUTING CAUSES - DRIVER/ PEDESTRIAN — [1] 77 [2] 77 [3]

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] 01 [2] 01 [3]

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] 01 [2] 01 [3]

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

WORK AREA — [1] 01 [2] 01 [3]

01 None
02 Nearby
03 Entered

VEHICLE MOVEMENT — [1] 01 [2] 03 [3]

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] 01 [2] 01 [3]

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

SOURCE OF CARRIER INFORMATION — [1] 01 [2] 01 [3]

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

PEDESTRIAN ACTION — [1] 88 [2] 88 [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 — 01

1 Primarily Business
2 Primarily Residential
3 Open Country

FIRST / SUBSEQUENT HARMFUL EVENTION — [1] 03 [2] 02 [3]

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 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 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 — 04

01 Day light
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 Narrative)

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 -Belt J 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 — 05

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 / RR X-ing / Bridge
02 At Intersection
03 Influenced By Intersection
04 Driveway Access
05 Railroad
06 Bridge
07 Enhance Ramp
08 Exit Ramp
09 Parking Lot - Public Narrative)
10 Parking Lot- Private
11 Private Property
12 Toll Booth
13 Public Bus Stop Zone
77 All Other (Explain in

TRAFFIC WAY CHARACTER — 01

01 Straight -Level
02. Straight - Upgrade I Downgrade
03. Curve - Level
04. Curve - Upgrade I Downgrade

TYPE SHOULDER — 02

01. Paved
02. Unpaved
03. Curb

Violator(s)

SECTION #	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)	TIME EMS ARRIVED (FATALITIES ONLY)	DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
611 ☐AM ☒PM	616 ☐AM ☒PM	11 / 25 / 10	08/34	10-36484	74220162

V2 WAS NORTH BOUND ON NORTH CHARLES R. BEALL BOULEVARD. V1 WAS SOUTH BOUND ON NORTH CHARLES R. BEALL BOULEVARD. V1 WAS STOPPED AT THE TRAFFIC LIGHT IN THE LEFT TURN LANE AT THE INTERSECTION OF PINE MEADOW DRIVE PREPARING TO TURN LEFT ONTO THAT ROAD. V2 ENTERED THE INTERSECTION AT THE SAME TIME V1 WAS MAKING THE LEFT TURN. V2 IMPACTED V1 IN V1'S RIGHT PASSENGER SIDE. THE DRIVER OF V2 WAS TAKEN TO FLORIDA HOSPITAL IN ORANGE CITY FOR TREATMENT OF POSSIBLE INJURIES. THE FEMALE RIGHT FRONT PASSENGER OF V1 WAS AIR LIFTED BY AIR ONE TO HALIFAX HOSPITAL IN DAYTONA BEACH. SHE WAS PRONOUNCED DECEASED SHORTLY AFTER HER ARRIVAL AT HALIFAX HOSPITAL. THE DRIVER OF V1 WAS NOT INJURED.

PAUL'S TOWING RETRIEVED V1 AND V2. THEY WERE TRANSPORTED TO EVIDENCE IN DELAND FOR SAFEKEEPING.

SEE THE TRAFFIC HOMICIDE PACKET FOR FURTHER DETAILS OF THIS INCIDENT.

SEC #	PASS #	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
1	1	CASEY D. MEYERS	[redacted]	[redacted]	[redacted]	[redacted]	01	02	03	01	2 4	01
1	2	NINFA M. MEYERS	[redacted]	[redacted]	[redacted]	[redacted]	01	02	04	01	2 2	01
2	1	PEGGY OSOWSKI	[redacted]	[redacted]	[redacted]	[redacted]	01	02	03	05	2 2	01

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

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

FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	TRANSPORTED TO/BY - NAME
EVAC	03	FLA HOSPITAL, ORANGE CITY HALIFAX HOSPITAL, DB EVAC/AIR ONE

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
01		02	THI INV.	11 / 25 / 10	01	01

INVESTIGATOR - RANK & SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	FHP	SO	PD	OTHER
DEP. T. TEW	7199	VOLUSIA COUNTY SHERIFF'S OFFICE	☐	☒	☐	☐

DIAGRAM

INDICATE NORTH
WITH ARROW