

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 12/8/2011	Time of Crash 10:15 PM	Date of Report 12/9/2011	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPF11OFF069199	HSMV Crash Report Number 82842887-01
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CRASH IDENTIFIERS

County Code 64	City Code	County of Crash COLLIER	Place or City of Crash	Within City Limits NO	Reported Date/Time 12/8/2011 10:51 PM	Dispatched Date/Time 12/8/2011 11:22 PM
On Scene Date/Time 12/9/2011 12:56 AM		Cleared Scene Date/Time 12/9/2011 3:12 AM	Investigation Completed YES	Reason (if Investigation Not Complete)		Notified By LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway CR837(WAGON WHEEL ROAD)			At Street Address #	At Latitude N 25 59.6479	And Longitude W 81 18.6370
At Feet	Or Miles 2.9	Direction W	From Intersection With Street, Road, Highway CR839 (TURNER RIVER ROAD)	Or From Milepost Number	
Road System Identifier COUNTY	Type of Shoulder UNPAVED	Type of Intersection NOT AT INTERSECTION			

CRASH INFORMATION

<input checked="" type="checkbox"/> Pictures Taken					
Light Condition DARK-NOT LIGHTED	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision OTHER, EXPLAIN IN NARRATIVE	
First Harmful Event Type COLLISION WITH FIXED OBJECT	First Harmful Event Detail TRAFFIC SIGN SUPPORT	First Harmful Event Location OFF 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

<input type="checkbox"/> Commercial Motor Vehicle									
Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number V170TH	State FL	Reg. Expires 6/30/2012	Permanent Reg. NO	VIN 1FMPU17L63LA94022		
Year 2003	Make FORD	Model EXPEDITION	Style UT	Color GRN	Extent of Damage DISABLING	Est. Damage 8,000	Towed Due to Damage YES	Vehicle Removed By DIXONS TOWING	Rotation ROTATION
Insurance Company NO PROOF						Insurance Policy Number NO PROOF			
Name of Vehicle Owner BIG CYPRESS WILD DERNESS INST IN C		Business <input type="checkbox"/>	Current Address 25959 TURNER RIVER RD		City OCHOPEE	State Zip Code FL 34141	Phone Number(s)		
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Vehicle Traveling	Direction NORTH	On Street, Road, Highway CR837 NB 2.9 M WEST OF CR839				At Est. Speed 45	Posted Speed 30	Total Lanes 2	
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"/> <input type="checkbox"/> Overturn <input type="checkbox"/> <input type="checkbox"/> Windshield <input type="checkbox"/> <input type="checkbox"/> Trailer <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) NONE		Vehicle Defects (two)		Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION
Vehicle Maneuver Action NEGOTIATING A CURVE		Trafficway TWO-WAY, NOT DIVIDED		Roadway Grade LEVEL	Roadway Alignment CURVE RIGHT	Most Harmful Event NON-COLLISION		Most Harmful Event Detail OVERTURN/ROLLOVER	
Traffic Control Device for this Vehicle NO CONTROLS		First (1) Sequence of Events NON-COLLISION RAN OFF ROADWAY LEFT		Second (2) Sequence of Events COLLISION WITH FIXED OBJECT TRAFFIC SIGN SUPPORT		Third (3) Sequence of Events NON-COLLISION OVERTURN/ROLLOVER		Fourth (4) Sequence of Events	

PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name JOHNSON ATILARD	Injury Severity FATAL(WITHIN 30 DAYS)	Ejection NOT EJECTED	Driver ReExam NO		
Date of Birth 08/02/1986	Sex M	Condition at Time of Crash OTHER, EXPLAIN IN NARRATIVE		Address 426 NW 11TH ST, CAPE CORAL FL 33993	Phone Number 2393572560			
Driver License Number A346420862820	State FL	Expires 08/02/2019	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 NOT APPLICABLE				
Driver Distracted By UNKNOWN		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 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 COLLIER COUNTY EMS	EMS Run Number	Medical Facility Transported To PHYSICIANS REGIONAL				

PERSON RECORD

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# 2	Person Type PASSENGER	Vehicle # V01	Name DANIEL HUERTA	Injury Severity FATAL(WITHIN 30 DAYS)	Ejection NOT EJECTED
Date of Birth 11/22/1994	Sex M	Address 10119 SANDY HOLLOW LN APT 704, BONITA SPRINGS FL 34135			Phone Number 2396922731
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row SECOND		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE	
Source of Transport to Medical Facility EMS		EMS Agency Name or ID COLLIER COUNTY EMS	EMS Run Number	Medical Facility Transported To PHYSICIANS REGIONAL	

PERSON RECORD

# 3	Person Type PASSENGER	Vehicle # V01	Name LUIS LOPEZ MEZA	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED
Date of Birth 09/07/1993	Sex M	Address 871 NE 207TH TERR APT 101, MIAMI FL 33179			Phone Number 3058969003
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 NOT APPLICABLE	
Source of Transport to Medical Facility EMS		EMS Agency Name or ID COLLIER COUNTY EMS	EMS Run Number	Medical Facility Transported To PHYSICIANS REGIONAL	

PERSON RECORD

# 4	Person Type PASSENGER	Vehicle # V01	Name DEANDRE REESE	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED
Date of Birth 03/29/1996	Sex M	Address 2254 JANIE POE DRIVE, SARASOTA FL 34234			Phone Number 9412379018
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row THIRD		Motor Vehicle Seating Position: Seat MIDDLE		Motor Vehicle Seating Position: Other NOT APPLICABLE	
Source of Transport to Medical Facility EMS		EMS Agency Name or ID COLLIER COUNTY EMS	EMS Run Number	Medical Facility Transported To PHYSICIANS REGIONAL	

PERSON RECORD

# 5	Person Type PASSENGER	Vehicle # V01	Name MIKEIS WILLIAMS	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED
Date of Birth 10/26/1994	Sex M	Address 1161 GOLDEN LAKES BLVD # 1315, ROYAL PALM BEACH FL 33411			Phone Number
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row THIRD		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE	
Source of Transport to Medical Facility EMS		EMS Agency Name or ID COLLIER COUNTY EMS	EMS Run Number	Medical Facility Transported To PHYSICIANS REGIONAL	

PERSON RECORD

# 6	Person Type PASSENGER	Vehicle # V01	Name DAVE ELYSSE	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED
Date of Birth 12/29/1996	Sex M	Address 772 NW5TH STREET, FLORIDA CITY FL 33034			Phone Number 7862319938
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row SECOND		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE	
Source of Transport to Medical Facility EMS		EMS Agency Name or ID COLLIER COUNTY EMS	EMS Run Number	Medical Facility Transported To PHYSICIANS REGIONAL	

PERSON RECORD

# 7	Person Type PASSENGER	Vehicle # V01	Name JOSEPH WILSON	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED
Date of Birth 08/17/1995	Sex M	Address 27701 WASHINGTON STREET, BONITA SPRINGS FL 34135			Phone Number 2392984457
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row THIRD		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE	
Source of Transport to Medical Facility EMS		EMS Agency Name or ID COLLIER COUNTY EMS	EMS Run Number	Medical Facility Transported To PHYSICIANS REGIONAL	

PERSON RECORD

# 8	Person Type PASSENGER	Vehicle # V01	Name JESSIE FREEMAN	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED
Date of Birth 08/22/1997	Sex M	Address 5307 3RD STREET, LEHIGH ACRES FL 33971			Phone Number
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row SECOND		Motor Vehicle Seating Position: Seat MIDDLE		Motor Vehicle Seating Position: Other NOT APPLICABLE	
Source of Transport to Medical Facility EMS		EMS Agency Name or ID COLLIER COUNTY EMS	EMS Run Number	Medical Facility Transported To PHYSICIANS REGIONAL	

NON VEHICLE PROPERTY DAMAGE

Property Damage (Other than Vehicle) TRAFFIC SIGN	Est. Damage 500	Business YES	Person#	Property Owner COLLIER COUNTY DOT (2885 Horseshoe Drive, Naples, FL 34104)
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NARRATIVE

ID Number 2761	Rank TROOPER	Name S.R. ELLIS	Troop / Post F	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 239-344-1730
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V01 was traveling north on CR837 (Wagon Wheel Road), approaching a right curve in the roadway. The driver of V01 failed to negotiate the right curve in the roadway. V01 veered left off the roadway onto the north grass shoulder of CR837. The left side of V01 collided with a traffic sign on the north shoulder of CR837. V01 overturned into a water canal on the north shoulder of CR837, 2.9 miles west of CR839. Upon my arrival V01 was at final rest on its roof facing south, partially submerged in the water.

Name of the deceased: Johnson Atilard and Daniel Huerta
Date of birth: 08/02/1986 and 11/23/1994
Date of death: 12/08/2011
Time of death: 11:36 pm and 11:31 pm

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Pronounced by: Dr. Hunter Brown at Physicians Regional Medical Center
Traffic Homicide Investigator: Cpl. George R. Kantor #529
Photographs taken by: Cpl. George R. Kantor #529
Traffic Homicide Investigation Case # FHP711-64-026

REPORTING OFFICER

ID Number 2761	Rank TROOPER	Name S.R. ELLIS	Troop / Post F	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 239-344-1730
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DIAGRAM OF CRASH

