

Howell, Rosa (NHTSA)

From: Hershman, Larry (NHTSA)
Sent: Friday, December 04, 2009 5:26 PM
To: Howell, Rosa (NHTSA)
Cc: Demeter, Kathleen (NHTSA); Yon, Scott (NHTSA)
Subject: FW: Police Report on 2008 Jeep Grand Cherokee

Rosa,
Here is another supplement to add to the Center for Auto Safety's defect petition (DP09-005) submission. Thank you for loading in the previous submissions.
Larry

From: Demeter, Kathleen (NHTSA)
Sent: Friday, December 04, 2009 4:44 PM
To: Hershman, Larry (NHTSA); Yon, Scott (NHTSA)
Subject: FW: Police Report on 2008 Jeep Grand Cherokee

See below

From: Clarence Ditlow [mailto:cmdiii@autosafety.org]
Sent: Friday, December 04, 2009 4:21 PM
To: Chidester, Chip (NHTSA); Demeter, Kathleen (NHTSA)
Cc: KDIGGES@aol.com; Amoni, Marilena (NHTSA); Medford, Ronald (NHTSA)
Subject: Police Report on 2008 Jeep Grand Cherokee

Attached are the police records for the 2008 Jeep Grand Cherokee on October 11, 2007 in Florida which FARS had recorded with Fire as Most Harmful Event. The records show quite clearly that both occupants were ejected before the vehicle caught fire and neither suffered burn injuries. The passenger died of multiple blunt force injuries. The Police Report states: "Upon coming to final rest, V-1 caught fire." Since the occupants were already out of the vehicle, Fire could not have been the Most Harmful Event in this crash.

Note these are public records obtained from the Florida Highway Patrol. Please place the email and attachments in the file on the Center's Defect Petition, DP09-005, on 1993-04 Jeep Grand Cherokees. If possible at this late date, please correct FARS. We are in the process of obtaining photos of the vehicle and will forward them when obtained.

Clarence

Clarence Ditlow
Executive Director
Center for Auto Safety
1825 Connecticut Ave NW
Washington DC 20009

DP09-005

12/4/2009

Crash Homicide Report-6778

FLORIDA TRAFFIC CRASH REPC. 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 10/11/2007	TIME OF CRASH 04:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER NOTIFIED 5:18 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER ARRIVED 5:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER FHPF07OFF061252	HSMV CRASH REPORT NUMBER 76967425
	COUNTY / CITY CODE 64 / 00	FEET or MILE(S) 36	N S E W <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CITY OR TOWN NAPLES	(Check if in City or Town) <input type="checkbox"/>	COUNTY Collier
	AT NODE NO. or FEET or MILE(S) 1.5	FROM NODE NO. 00321	NEXT NODE NO. 00322	NO. OF LANES 2	<input checked="" type="checkbox"/> 1 DIVIDED <input type="checkbox"/> 2 UNDIVIDED	ON STREET, ROAD OR HIGHWAY US 41/SR 90
	AT THE INTERSECTION OF (street, road or highway) or FEET 3.8		MILE(S) 3.8	N S E W <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FROM INTERSECTION OF (street, road or highway) BURNS RD	

Section 1 Vehicle	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR 08	MAKE JEEP	TYPE 01	USE 01	VEH. LICENSE NUMBER [REDACTED]	STATE FL	VEHICLE IDENTIFICATION NUMBER 1J8HR78338C						
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other					
	VEHICLE TRAVELING N S E W <input checked="" type="checkbox"/> SR 90		ON	AT	Est. MPH 90	Posted Speed 55	EST. VEHICLE DAMAGE \$45,000	1 Disabling 2 Functional 3 No Damage		SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 01				
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) ALLSTATE			POLICY NUMBER [REDACTED]			VEHICLE REMOVED BY: BALD EAGLE TOW			1 Tow Rotation List 2 Tow Owner's Request				
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 05/18/89							
DRIVER LICENSE NUMBER		STATE FL	DL TYPE 5	REQ. END. 3	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS 01	ALC/DRUG 5	PHYS.DEF. 1	RES. 2	RACE 4	SEX 1	INJ. 4	S. EQUIP. 1	EJECT. 4 2
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.						
1 Yes 2 No		1 Yes 2 No			1 Yes 2 No	1 Yes 2 No								

Section 2 Vehicle	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER						
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other					
	VEHICLE TRAVELING N S E W		ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage		SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)				
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NUMBER			VEHICLE REMOVED BY:			1 Tow Rotation List 2 Tow Owner's Request				
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							
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		PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.						
1 Yes 2 No		1 Yes 2 No			1 Yes 2 No	1 Yes 2 No								

Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE	
	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-Boat) 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	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	1 County of Crash 2 Elsewhere in State 3 Non-Resident Out of State 4 Foreign 5 Unknown	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 Result	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	
				DL TYPE 1 A 2 B 3 C 4 D / Chauffeur 5 E / Operator 6 E / Oper-Rest 7 Other	RACE 1 White 2 Black 3 Hispanic 4 Other	INJURY SEVERITY 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	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	EJECTED 1 No 2 Yes 3 Partial
				REQUIRED ENDORSEMENTS 1 Yes 2 No 3 No Endorsement Required	SEX 1 Male 2 Female			

DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER						
TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE		EST. MPH		Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE		SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)			
VEHICLE TRAVELING	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 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	
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.						

# 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

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

FIRST / SUBSEQUENT HARMFUL EVENT(S)			ROAD SURFACE / CONDITION			WEATHER			ROAD SURFACE TYPE		
01 Collision With MV in Transport (Rear End)	15 Collision with Animal	29 MV Ran Into Ditch / Culvert	1	2	3	01 Interstate	07 Forest Road	01 Clear	01 Slag / Gravel / Stone		
02 Collision With MV in Transport (Head-on)	16 MV Hit Sign / Sign Post	30 Ran Off Road / Into Water				02 U.S.	08 Private Roadway	02 Cloudy	02 Blacktop		
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole / Light Pole	31 Overturned	22			03 State	77 All Other (Explain In Narrative)	03 Rain	03 Brick / Block		
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle				04 County		04 Fog	04 Concrete		
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor / Trailer Jackknifed				05 Local		77 All Other (Explain in Narrative)	05 Dirt		
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire	27			06 Turnpike / Toll			77 All Other (Explain in Narrative)		
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge / Pier / Abutment / Rail	35 Explosion				ROAD SURFACE / CONDITION			77 All Other (Explain in Narrative)		
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	36 Downhill Runaway				01 Dry			77 All Other (Explain in Narrative)		
09 Collision with MV on Other Roadway	23 Collision with Construction Barricade Sign	37 Cargo Loss or Shift	31			02 Wet					
10 Collision with Pedestrian	24 Collision with Traffic Gate	38 Separation of Units				03 Slippery	01				
11 Collision with Bicycle	25 Collision with Crash Attenuators	39 Median Crossover				04 Icy					
12 Collision with Bicycle (Bike Lane)	26 Collision with Fixed Object Above Road	77 All Other (Explain in Narrative)				77 All Other (Explain in Narrative)					
13 Collision with Moped	27 MV Hit Other Fixed Object										
14 Collision with Train	28 Collision with Moveable Object on Road										

ROAD CONDITIONS AT TIME OF CRASH		VISION OBSTRUCTED		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER	
01 No Defects		01 Vision Not Obscured		01 No Control		01 Not At Intersection / RR X'ing / Bridge		1. Straight-Level	
02 Obstruction With Warning		02 Inclement Weather		02 Special Speed Zone		02 At Intersection		2. Straight-Upgrade / Downgrade	
03 Obstruction Without Warning	01	03 Parked / Stopped Vehicle	01	03 Speed Control Sign	01	03 Influenced By Intersection	01	3. Curve-Level	1
04 Road Under Repair / Construction		04 Trees / Crops / Bushes		04 School Zone		04 Driveway Access		4. Curve-Upgrade / Downgrade	
05 Loose Surface Materials		05 Load on Vehicle		05 Traffic Signal		05 Railroad		TYPE SHOULDER	
06 Shoulders - SoR / Low / High		06 Building / Fixed Object		06 Stop Sign		06 Bridge		1. Paved	
07 Holes / Ruts / Unsafe Paved Edge		07 Signs / Billboards		07 Yield Sign		07 Entrance Ramp		2. Unpaved	
08 Stading Water		08 Fog		08 Flashing Light		08 Exit Ramp		3. Curb	
09 Worn / Polished Road Surface		09 Smoke		09 Railroad Signal		09 Parking Lot - Public			
77 All Other (Explain in Narrative)		10 Glare		10 Officer / Guard / Flagman		10 Parking Lot - Private			

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

FLORIDA TRAFFIC CRASH REPOF

NARRATIVE / DIAGRAM

MAIL TO: DEPT. 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) 4:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) 4:37 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 10/11/2007	COUNTY / CITY CODE 64 / 00	INVEST. AGENCY REPORT NUMBER FHPF07OFF061252	HSMV CRASH REPORT NUMBER 76967425
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(NARRATIVE)

VEHICLE 1 WAS TRAVELING EAST ON STATE ROAD 90. VEHICLE 1 FOR AN UNKNOWN REASON (CONTRIBUTING CAUSE #77) DROVE OFF THE ROADWAY AND ONTO THE SOUTH GRASS SHOULDER. DRIVER 1 WHILE ON THE SOUTH GRASS SHOULDER, LOST CONTROL OF THE VEHICLE. VEHICLE 1 THEN DROVE BACK ONTO THE ROADWAY IN A SOUTHEAST DIRECTION. VEHICLE 1 THEN PASSED A SMALL BRIDGE AND AGAIN ENTERED THE SOUTH GRASS SHOULDER IN A SOUTHEAST DIRECTION. VEHICLE 1 THEN TRAVELED INTO A MARSH AREA. VEHICLE 1 CORRECTED AND TRAVELED IN AN EAST DIRECTION. VEHICLE 1, WITH IT'S FRONT, STRUCK SEVERAL TREES. VEHICLE 1 THEN WITH, IT'S UNDERCARRIAGE, STRUCK A ROCK MOUND CAUSING VEHICLE 1 TO OVERTURN ON IT'S LEFT SIDE. BOTH THE DRIVER AND THE PASSENGER WERE EJECTED. VEHICLE 1 CAUGHT FIRE AND CAME TO FINAL REST ON IT'S LEFT SIDE, FACING SOUTH IN A MARSH AREA. UPON MY ARRIVAL COLLIER COUNTY DEPUTIES AND MICCOSUKEE POLICE WERE AT THE SCENE. VEHICLE 1 DRIVER WAS AIRLIFTED TO THE HOSPITAL.

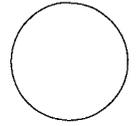
NAME OF DECEDENT: [REDACTED]
 DATE OF BIRTH: 08/24/1989
 DATE OF DEATH: 10/11/2007
 TIME OF DEATH: 4:27 A.M.
 TRAFFIC HOMICIDE INVESTIGATOR: CORPORAL DAVID KRANTZ ID# 1285
 PHOTOGRAPHS TAKEN BY: CORPORAL DAVID KRANTZ ID # 1285
 TRAFFIC HOMICIDE CASE NUMBER: FHP707-64-031
 Latitude: 25.8693766666667 Longitude: -81.157075

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
1	01	[REDACTED]	[REDACTED] OCHOPEE	FL [REDACTED]	[REDACTED]	08/24/89	4	2	3	5	1 4 2	
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT

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

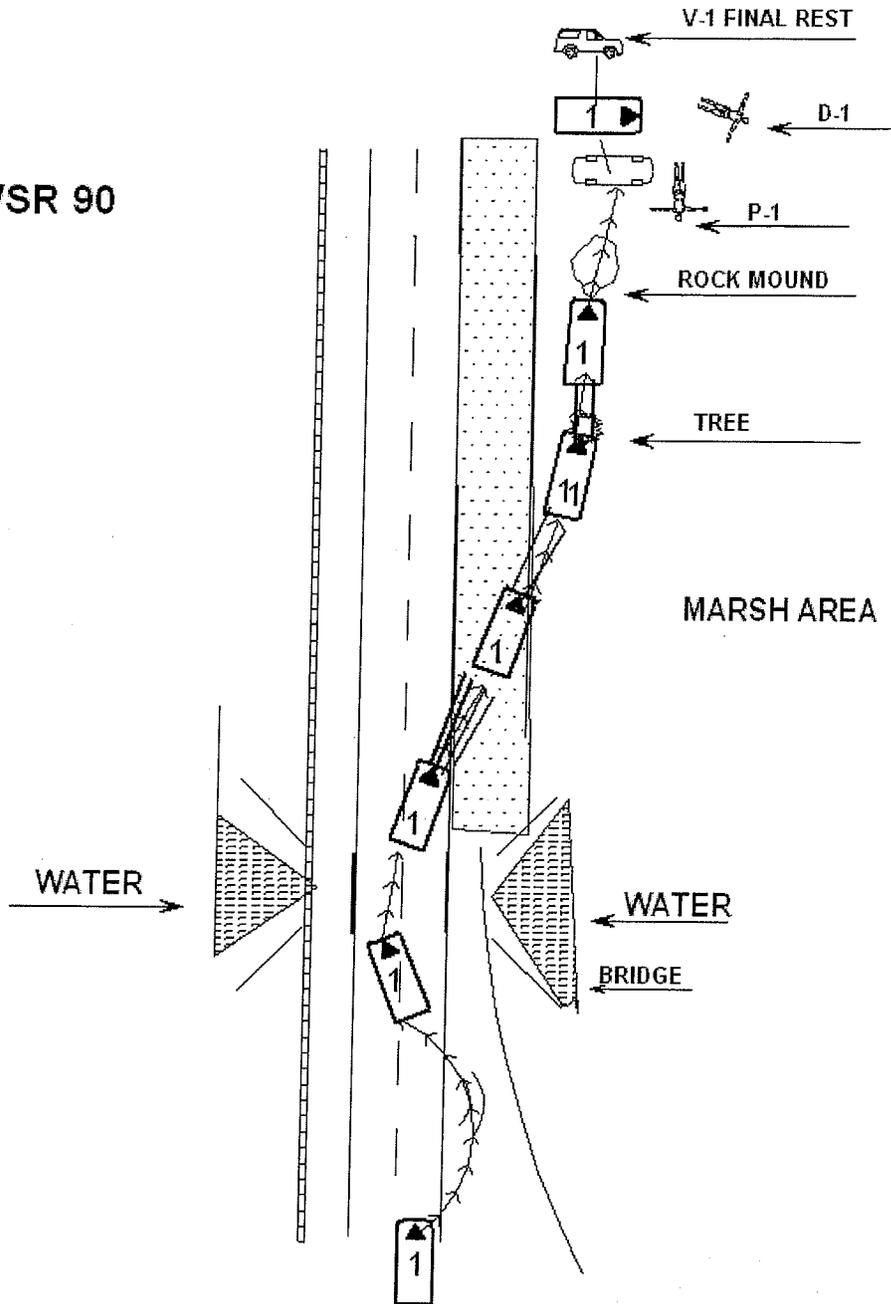
WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
FIRST AID GIVEN BY - NAME:	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer			INJURED TAKEN TO:	BY - NAME:		
COLLIER EMS	4 Certified 1st Aider 5 Other			02 NAPLES COMMUNITY HOSPI	COLLIER 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 INVEST. AGENCY 2 OTHER	
1		1		10/11/2007	1	1	
INVESTIGATOR - RANK & SIGNATURE	ID / BADGE NUMBER	DEPARTMENT	FHP SO CPD OTHER				
TPR DANIEL CASTILLA	1916/2352	FLORIDA HIGHWAY PATROL	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

DIAGRAM



INDICATE NORTH
WITH ARROW

US 41/SR 90



NOT TO SCALE
0% GRADE

FLORIDA TRAFFIC CRASH REPORT

UPDATE CONTINUATION

DO NOT WRITE IN THIS SPACE

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

DATE OF CRASH 10/11/2007	COUNTY/CITY CODE 64 / 00	INVEST. AGENCY REPORT NUMBER FHPF07OFF061252	HSMV CRASH REPROT NUMBER 76967425
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Section 1 Vehicle	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
	TRAILER OR TOWED VEHICLE INFORMATION									SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

Section 1 Pedestrian	VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE \$	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE \$	1 Tow Rotation List 2 Tow Owner's Request	3 Driver 4 Other
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NUMBER			VEHICLE REMOVED BY:			
	NAME OF VEHICLE OWNER (Check 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 NICHOLAUS SCHILLING			CURRENT ADDRESS (Number and Street)			CITY, STATE & ZIP CODE		DATE OF BIRTH						
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	BAC TEST 1 Blood 2 Breath	3 Urine 4 Refused 5 None	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input checked="" type="checkbox"/>	PLACARDED 1 Yes 2 No <input checked="" type="checkbox"/>	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No <input checked="" type="checkbox"/>		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No <input checked="" type="checkbox"/>	DRIVER'S PHONE NO.
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Section 1 Vehicle	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
	TRAILER OR TOWED VEHICLE INFORMATION									SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

Section 1 Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NUMBER			VEHICLE REMOVED BY:			
	NAME OF VEHICLE OWNER (Check 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	

DRIVER (Exactly as on Driver License) / Pedestrian			CURRENT ADDRESS (Number and Street)			CITY & STATE / ZIP CODE		DATE OF BIRTH						
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	BAC TEST 1 Blood 2 Breath	3 Urine 4 Refused 5 None	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>	PLACARDED 1 Yes 2 No <input type="checkbox"/>	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No <input type="checkbox"/>		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No <input type="checkbox"/>		DRIVER'S PHONE NO.								

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
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WAS INVESTIGATION MADE AT SCENE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT 11/28/2007	PHOTOS TAKEN? 1 - Yes <input checked="" type="checkbox"/> 2 - No <input type="checkbox"/>	IF YES, BY WHOM? 1 Investigating Agency <input type="checkbox"/> 2 Other <input type="checkbox"/>		
INVESTIGATOR - RANK AND SIGNATURE CPL. DAVID KRANTZ		ID / BADGE NUMBER 2215/2560	DEPARTMENT FLORIDA HIGHWAY PATROL		FHP <input checked="" type="checkbox"/>	SO <input type="checkbox"/>	CPD <input type="checkbox"/>	OTHER <input type="checkbox"/>

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN 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 Drugs & Alcohol-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)		VEHICLE DEFECT 01 Defects 02 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)		VEHICLE MOVEMENT 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 Driveless or Runaway Veh. 77 All Other (Explain in Narrative)		VEHICLE SPECIAL FUNCTIONS 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 77 All Other (Explain) 88 Unknown	
		POINT OF COLLISION 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone		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)			
		WORK AREA 01 None 02 Nearby 03 Entered					

FIRST / SUBSEQUENT HARMFUL EVENT(S) 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 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)			1 <input type="checkbox"/> <input type="checkbox"/>		
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(ADDITIONAL NARRATIVE)

TRAFFIC HOMICIDE INVESTIGATION

On October 11, 2007 at approximately 4:53 a.m., the Florida Highway Patrol Fort Myers Regional Communications Center notified me of this crash. The crash occurred at approximately 4:10 a.m. on State Road 90 (US-41), approximately 3.8 miles east of Burns Road in Collier County, Florida. I arrived on scene at 6:03 a.m. The assigned Crash Investigator was Trooper Daniel Castilla (#1036). Trooper Castilla briefed me with the following details: The crash involved a single vehicle occupied by two subjects. The driver (D-1) was identified as Nicholaus Schilling of Pembroke Pines, Florida by his Florida Driver License. The passenger (O-1) was identified as Frankie Nia Billie of Ochopee, Florida by her Florida Driver License. Prior to my arrival, the Collier County Sheriff's Office located D-1 and O-1 in the marshy area. D-1 was transported to Naples Community Hospital by Collier County EMS via medical helicopter. O-1 from V-1 suffered fatal injuries resulting from the crash and was still on scene.

I was requested to assist with a more expanded traffic homicide investigation. (State Road 90 was a 2-lane undivided roadway. In the area of this crash, the eastbound lane is separated from the westbound lane by a single dashed yellow roadway marking. The roadway contained a bridge which measured approximately 43 feet 9 nine inches long. The eastbound and westbound lanes had grass shoulders. Adjacent to the eastbound lane on the south shoulder was a raised metal guardrail. The total length of the guardrail on the south shoulder was 203 feet.

Also on scene were deputies from the Collier County Sheriff's Office conducting traffic control. Officers from the Miccosukee Police Department were also on scene talking to O-1's family members.

In the course of my investigation, I was able to make the following determinations through physical evidence and witness statements, as outlined below:

I started along the west side of the crash and began walking towards the east making the following observations: I saw tire marks (V-1's) on the south shoulder of State Road 90 west of the bridge and guardrail. These tire marks continued from the shoulder onto the eastbound lane. The tire marks continued across the center line into the westbound lane then back into the

ADDITIONAL PASSENGERS

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

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	1	[REDACTED]	316.1925.1	CARELESS DRIVING	1649-SCI
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REP(

UPDATE CONTINUATION

DO NOT WRITE IN THIS SPACE

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

DATE OF CRASH 10/11/2007	COUNTY/CITY CODE 64 / 00	INVEST. AGENCY REPORT NUMBER FHPF07OFF061252	HSMV CRASH REPROT NUMBER 76967425
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Section Vehicle	DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18 Undercarriage 19 Overturn 20 Windshield 21 Trailer				
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE										
Section Pedestrian	VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage		EST. TRAILER DAMAGE \$		SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)				
	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 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							
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	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 OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.							

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
WAS INVESTIGATION MADE AT SCENE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT 11/28/2007	PHOTOS TAKEN? 1 - Yes <input type="checkbox"/> 2 - No <input checked="" type="checkbox"/>	IF YES, BY WHOM? 1 Investigating Agency <input type="checkbox"/> 2 Other <input type="checkbox"/>	
INVESTIGATOR - RANK AND SIGNATURE CPL. DAVID KRANTZ	ID / BADGE NUMBER 2215/2560	DEPARTMENT FLORIDA HIGHWAY PATROL		FHP <input checked="" type="checkbox"/>	SO <input type="checkbox"/>	CPD <input type="checkbox"/>	OTHER <input type="checkbox"/>

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN 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 Drugs & Alcohol-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)		VEHICLE DEFECT Defects 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)		VEHICLE MOVEMENT 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 Driveless or Runaway Veh. 77 All Other (Explain in Narrative)		VEHICLE SPECIAL FUNCTIONS 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	
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(ADDITIONAL NARRATIVE)

eastbound lane in a southeast direction. The tire marks continued across the eastbound lane onto the south grass shoulder adjacent to the east end of the guardrail. The tire marks separated into four distinct marks on the south shoulder. The four tire marks indicated V-1 started to slide sideways in a southeast direction upon entering the shoulder with its left side leading. These marks continued across the shoulder area and then transitioned back into two tire marks prior to entering the marshy area. The two tire marks straightened out indicating V-1 started to travel in an easterly direction. V-1 continued east in the marshy area. The marshy area consisted of soft ground, various shrubbery and large trees. As V-1 traveled through the marshy area, it struck several large trees with its front, snapping them in half. V-1 then struck a large rock mound causing V-1 to overturn towards its left side. Exterior parts of V-1 were observed throughout the marshy area. Approximately 26 feet east of the rock mound I observed a large indentation in the ground along with shrubbery bent downwards towards the east indicating where V-1 began overturning. I then observed O-1 lying on her right side facing north in the marshy area. To the east of O-1, I observed V-1 at final rest. V-1 was at final rest in the marshy area approximately 32 feet 6 inches south of the eastbound lane of State Road 90 facing south on its left side. Upon coming to final rest, V-1 caught fire. The length of the crash scene from when V-1 drove off the roadway until its final rest measured approximately 864 feet. The interior of V-1 was completely burned out. V-1's exterior paint was burned off from its surface displaying a gray color. V-1 had extreme crush damage to its front end, roof and left side. V-1's front end, along with several engine components and wheel assembly, had been torn free from their mounts. The exterior of V-1 displayed burn damage except its left side which had been submerged underneath the water. V-1's interior compartment was completely burned out except for areas that were submerged under water.

I then photographed and documented the physical evidence. I established a Zero Point at the southwest corner of Bridge # 030092 along the south shoulder of eastbound State Road 90. I assigned a Reference Line as the white painted outside edge line of eastbound State Road 90. All measurements were determined using the Zero Point and Reference Line.

ADDITIONAL PASSENGERS

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

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

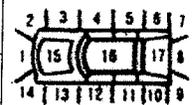
FLORIDA TRAFFIC CRASH REP

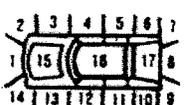
UPDATE CONTINUATION

DO NOT WRITE IN THIS SPACE

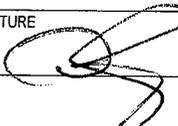
MAIL TO: DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DATE OF CRASH 10/11/2007	COUNTY/CITY CODE 64 / 00	INVEST. AGENCY REPORT NUMBER FHPF07OFF061252	HSMV CRASH REPROT NUMBER 76967425
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Section Vehicle	DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) <input type="checkbox"/>						
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed	EST. VEHICLE DAMAGE 1 Disabling <input type="checkbox"/> 2 Functional <input type="checkbox"/> 3 No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE \$ <input type="checkbox"/>					
Section Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List <input type="checkbox"/> 2 Tow Owner's Request <input type="checkbox"/> 3 Driver <input type="checkbox"/> 4 Other <input type="checkbox"/>										
	NAME OF VEHICLE OWNER (Check 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									
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	BAC TEST	3 Urine	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>		PLACARDED 1 Yes 2 No <input type="checkbox"/>		IF YES, INDICATE NAME OF 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 <input type="checkbox"/>		RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No <input type="checkbox"/>		DRIVER'S PHONE NO.					

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Section Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List <input type="checkbox"/> 2 Tow Owner's Request <input type="checkbox"/> 3 Driver <input type="checkbox"/> 4 Other <input type="checkbox"/>										
	NAME OF VEHICLE OWNER (Check if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE								
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	NAME OF MOTOR CARRIER (Commercial vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS								
DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH									
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	BAC TEST	3 Urine	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
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PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	\$	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	\$	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	\$	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	
WAS INVESTIGATION MADE AT SCENE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT 11/28/2007	PHOTOS TAKEN? 1 - Yes <input checked="" type="checkbox"/> 2 - No <input type="checkbox"/>	IF YES, BY WHOM? 1 Investigating Agency <input type="checkbox"/> 2 Other <input type="checkbox"/>		
INVESTIGATOR - RANK AND SIGNATURE CPL. DAVID KRANTZ 		ID / BADGE NUMBER 2215/2560	DEPARTMENT FLORIDA HIGHWAY PATROL		FHP <input checked="" type="checkbox"/>	SO <input type="checkbox"/>	CPD <input type="checkbox"/>	OTHER <input type="checkbox"/>

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN 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 Drugs & Alcohol-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)		VEHICLE DEFECT 01 Defects 02 Worn / Smooth Tires 03 Defective / Improper Lights 04 Puncture / Blowout 05 Steering Mech. 06 Windshield Wipers 07 Equipment / Vehicle Defect 77 All Other (Explain in Narrative)		VEHICLE MOVEMENT 01 Straight Ahead 02 Stopping / 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 Driveless or Runaway Veh. 77 All Other (Explain in Narrative)		VEHICLE SPECIAL FUNCTIONS 1 None 2 Alarm 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 77 All Other (Explain) 88 Unknown	
		POINT OF COLLISION 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone 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			

FIRST / SUBSEQUENT HARMFUL EVENT(S) 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 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)					
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(ADDITIONAL NARRATIVE)

On October 11, 2007 at 7:46 a.m., Corporal Jackson Gissendaner of the Florida Highway Patrol arrived at Naples Community Hospital and interviewed Mr. [REDACTED] (D-1). Mr. [REDACTED] relayed the following information: Schilling stated he had been driving too fast prior to the crash. He also advised he had not had anything to drink. He was unable to provide any other information due to his medical state. While talking to [REDACTED] Corporal Gissendaner could not smell any odor of alcoholic beverages coming from [REDACTED] facial area. [REDACTED] agreed to a voluntary blood withdrawal at Corporal Gissendaner's request. At 8:20 a.m. ER Technician Yamilka Gonzalez conducted a blood withdrawal from [REDACTED] in the presence of Corporal Gissendaner. Upon completion of the blood withdrawal, Corporal Gissendaner took custody of the blood samples and sealed them in the blood kit. Corporal Gissendaner was advised by an emergency room nurse that Schilling did not have a measurable amount of alcohol in his system or any drugs. Corporal Gissendaner placed the blood kit into evidence at the Naples Florida Highway Patrol Station. The collected blood samples from D-1 were sent to the Florida Department of Law Enforcement for toxicology analysis. At the time of this report, the results of that analysis were not available but will be the subject of a later update once they are received.

On October 11, 2007, at 8:00 p.m., Doctor Manfred Borges of the District 20 Medical Examiner's Office conducted an autopsy on O-1. Doctor Borges concluded O-1's death was a result of multiple blunt force injuries due to a single vehicle accident.

On October 14, 2007, Cpl. Robert Brown conducted a post collision inspection of V-1. The damage to V-1 was as follows: The right front of V-1 crushed rearward into the engine compartment. The front crush damage caused damage to the hood, fenders, front doors and the interior. The front end, along with several engine components, had been torn free, exposing the engine. All windows, except the driver's side door, left passenger and left rear, shattered. All air bags inside V-1 had deployed. The interior and exterior of V-1 displayed fire damage.

On October 29, 2007, at 3:10 p.m., I made contact with Nicholaus Schilling (D-1) via telephone. I asked Schilling if he would give a statement regarding this crash. Schilling agreed and provided the following information after being read his Miranda

ADDITIONAL PASSENGERS

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

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

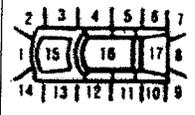
FLORIDA TRAFFIC CRASH REPORT

UPDATE CONTINUATION

DO NOT WRITE IN THIS SPACE

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

		DATE OF CRASH 10/11/2007		COUNTY/CITY CODE 64 / 00		INVEST. AGENCY REPORT NUMBER FHPF07OFF061252		HSMV CRASH REPROT NUMBER 76967425							
Section	DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER						
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE												
Vehicle	VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling <input type="checkbox"/> 2 Functional <input type="checkbox"/> 3 No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE \$						
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List <input type="checkbox"/> 2 Tow Owner's Request <input type="checkbox"/> 3 Driver <input type="checkbox"/> 4 Other <input type="checkbox"/>										
Pedestrian	NAME OF VEHICLE OWNER (Check 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								
Vehicle	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								
Pedestrian	DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	BAC TEST 3 Urine <input type="checkbox"/> 1 Blood 4 Refused <input type="checkbox"/> 2 Breath 5 None <input type="checkbox"/>	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>		PLACARDED 1 Yes 2 No <input type="checkbox"/>		IF YES, INDICATE NAME OF 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 <input type="checkbox"/>		RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No <input type="checkbox"/>		DRIVER'S PHONE NO.				
Section	DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER						
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE												
Vehicle	VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling <input type="checkbox"/> 2 Functional <input type="checkbox"/> 3 No Damage <input type="checkbox"/>		EST. TRAILER DAMAGE \$						
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List <input type="checkbox"/> 2 Tow Owner's Request <input type="checkbox"/> 3 Driver <input type="checkbox"/> 4 Other <input type="checkbox"/>										
Pedestrian	NAME OF VEHICLE OWNER (Check 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								
Vehicle	NAME OF MOTOR CARRIER (Commercial vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS								
	DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH								
Pedestrian	DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	BAC TEST 3 Urine <input type="checkbox"/> 1 Blood 4 Refused <input type="checkbox"/> 2 Breath 5 None <input type="checkbox"/>	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>		PLACARDED 1 Yes 2 No <input type="checkbox"/>		IF YES, INDICATE NAME OF 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 <input type="checkbox"/>		RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No <input type="checkbox"/>		DRIVER'S PHONE NO.				
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP			
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP			
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP			
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP			
WITNESS NAME (1)		CURRENT ADDRESS		CITY & STATE		ZIP CODE		WITNESS NAME (2)		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
WAS INVESTIGATION MADE AT SCENE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>		IF NO, THEN WHY?		DATE OF REPORT 11/28/2007		PHOTOS TAKEN? 1 - Yes <input type="checkbox"/> 2 - No <input checked="" type="checkbox"/>		IF YES, BY WHOM? 1 Investigating Agency <input type="checkbox"/> 2 Other <input type="checkbox"/>			
INVESTIGATOR - RANK AND SIGNATURE CPL. DAVID KRANTZ		ID / BADGE NUMBER 2215/2560		DEPARTMENT FLORIDA HIGHWAY PATROL								FHP <input checked="" type="checkbox"/>	SO <input type="checkbox"/>	CPD <input type="checkbox"/>	OTHER <input type="checkbox"/>



[Handwritten Signature]

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN 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 Drugs & Alcohol-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)		VEHICLE DEFECT Defects 01 Worn 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)		VEHICLE MOVEMENT 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 Driveless or Runaway Veh. 77 All Other (Explain In Narrative)		VEHICLE SPECIAL FUNCTIONS 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	
POINT OF COLLISION 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone		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) 88 Unknown		WORK AREA 01 None 02 Nearby 03 Entered			

FIRST / SUBSEQUENT HARMFUL EVENT(S) 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 Fell From Vehicle 33 Tractor / Trailer Jackknifed 34 Fire 35 Explosion 35 Downhill Runaway 37 Cargo Loss or Shift 38 Separation of Units 39 Median Crossover 77 All Other (Explain In Narrative)					
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(ADDITIONAL NARRATIVE)

Rights from a printed text:

O-1 picked up [redacted] at his residence at around 8 p.m. O-1 was driving V-1 when she arrived. [redacted] and O-1 had made plans to drive over to Naples to visit a friend. He and O-1 left his residence en route for O-1's mother's residence to pick up some clothing items. [redacted] drove V-1 from his residence to Naples. They arrived at [redacted] friend's house at around 9 p.m. in Naples. They left [redacted] friend's house between 1:30 and 2:00 a.m. en route back to the Miccosukee Hotel and Resort where they had previously rented a room. [redacted] drove V-1 and O-1 was in the right front passenger seat. While traveling east on State Road 90 [redacted] reached down to get his drink from the cup holder located in the center console. [redacted] stated his speed prior to the crash was 80 to 85 mile per hour. He then lost control of V-1. He then remembered V-1 striking the guardrail. When he awoke, he noticed he was in a water filled ditch. He looked up and noticed V-1 overturned. He started calling out loud for O-1. He did not get a response from O-1. He tried to stand up but was unable to due to his injuries. He began to crawl towards the roadway, at which time he noticed V-1 was on fire. Several vehicles passed by his location before anyone stopped. He estimated he was in the ditch 40 to 60 minutes prior to anyone stopping. He had not been drinking or using any drugs prior to the crash. He had driven V-1 several times prior to the crash and was familiar with its operation. Neither he nor O-1 were wearing their seatbelts.

Based on my investigation, available evidence and D-1's statement, I find this crash was a result of driver error on the part of D-1. D-1 failed to drive in a careful and prudent manner while traveling east on State Road 90. V-1 traveled off of the roadway. D-1 attempted to regain control of V-1 by steering back towards the left. V-1 entered the roadway and westbound lane. D-1 overcorrected causing V-1 to travel across the eastbound lane of State Road 90 onto the south grass shoulder. Upon entering the south grass shoulder, D-1 was unable to regain control of V-1. V-1 continued traveling east in the marshy area adjacent to the south shoulder striking several trees and a rock mound. V-1 then overturned causing D-1 and O-1 to be ejected from V-1. From physical evidence and D-1's statement, it was established that D-1 was operating V-1 in excess of the posted speed limit of 60 mile per hour in violation of Florida State Statute 316.187. D-1 was unable to regain control of V-1 upon

ADDITIONAL PASSENGERS

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

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

FLORIDA TRAFFIC CRASH REP

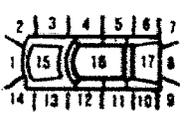
UPDATE CONTINUATION

DO NOT WRITE IN THIS SPAC.

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

DATE OF CRASH 10/11/2007	COUNTY/CITY CODE 64 / 00	INVEST. AGENCY REPORT NUMBER FHPF07OFF061252	HSMV CRASH REPROT NUMBER 76967425
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Section	DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)					
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE										
Vehicle	VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	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							
Pedestrian	NAME OF VEHICLE OWNER (Check 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								
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	BAC TEST 1 Blood 2 Breath	3 Urine 4 Refused 5 None	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 OF 4 DIGIT NUMBER FROM DIAMOND OR BOX AS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.								

Section	DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	 18 Undercarriage 19 Overturn 20 Windshield 21 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)					
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE										
Vehicle	VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	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							
Pedestrian	NAME OF VEHICLE OWNER (Check 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								
DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH								
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	BAC TEST 1 Blood 2 Breath	3 Urine 4 Refused 5 None	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 OF 4 DIGIT NUMBER FROM DIAMOND OR BOX AS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.								

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
WAS INVESTIGATION MADE AT SCENE? Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT 11/28/2007	PHOTOS TAKEN? 1 - Yes <input checked="" type="checkbox"/> 2 - No <input type="checkbox"/>	IF YES, BY WHOM? 1 Investigating Agency <input type="checkbox"/> 2 Other <input type="checkbox"/>	
INVESTIGATOR - RANK AND SIGNATURE CPL. DAVID KRANTZ	ID / BADGE NUMBER 2215/2560	DEPARTMENT FLORIDA HIGHWAY PATROL		FHP <input checked="" type="checkbox"/>	SO <input type="checkbox"/>	CPD <input type="checkbox"/>	OTHER <input type="checkbox"/>

DP09-005

12/4/2009

FHP Field Notes-6779

FLORIDA HIGHWAY PATROL



Traffic Homicide "Field Notes"

Case Number: FHP707-64-031

Prepared By: Corporal David Krantz
Traffic Homicide Investigator



H.I.T.S.

Homicide Investigation Tracking System Case Summary Report

Date of Report: 10/11/2007 1:45:17 PM

WARNING: This Case has NOT been released for Public Record.
 THI Case#: 707-64-031 Agency Case #: FHPF07OFF061252 HSMV #: 76967425

Crash Information

Date of Crash:	Thursday, October 11, 2007	Alcohol Related?:	Pending
Time of Crash:	4:10:00 AM	Drug Related?:	Pending
Street or Highway:	S.R. 90	Delayed Fatality?:	NO
Intersecting Roadway:	S.R. 29	Hit & Run?:	NO
Weather Conditions:	Clear	Troop:	F
		District:	Ft. Myers
THI Classification:	2	County:	Collier

Tracking Information

Investigator: Krantz, David A.	Date Submit GHQ: Not Entered
Date Assigned: 10/11/2007	Date Submit SAO: Not Entered
Date Due: 10/21/2007	Received GHQ: Not Entered
Date Turned In: Not Entered	Case Suspended: NO
Date Return/Corrections: Not Entered	

Closing Information

Case Closing Status: THI Released?: NO

Vehicle Information

V#	Year	Make	Model	Type	Defect Type	Defect Explanation
V-1	2008	Jeep	Cherokee	SUV	No Defects	

Driver / Passenger / Pedestrian / Victim Information

V#	Name	Age	Sex	DL Number	Restraint Usage	Status	Injury Status	Notify NOK?	BACDrug Test Test
V-1	[REDACTED]	18	Female	[REDACTED]	Air Bag	Passenger	Fatal (24 Hours)	YES	NO NO
V-1	[REDACTED]	18	Male	[REDACTED]	Air Bag	Driver	Incapacitating	YES	YES YES

Case Synopsis Information

Date Record Created
10/11/2007 1:14:18 PM

Synopsis
 Vehicle One (V-1) was traveling east on S.R 90. V-1 traveled onto the the south grass shoulder for an unknown reason. Driver One (D-1) steered V-1 back towards the left and re-entered the eastbound lane. D-1 overcorrected by steering towards the right. V-1 slid clockwise across the eastbound lane and onto the south shoulder. V-1 continued sliding on the shoulder for a short distance before straightening up. V-1 entered a marshy area and continued east. The front of V-1 then struck several trees and a rock mound. V-1 began overturning towards its left side. D-1 and the front right occupant (O-1) were ejected from V-1. V-1 came to final rest on its left side facing south in the marshy area. V-1 then became fully engulfed in fire. O-1 was pronounced deceased on scene. D-1 was transported to Naples Community Hospital with incapacitating injuries.

Contributing Causes - Driver or Pedestrian

Driver/Pedestrian/Participant	Contributing Cause(s)
[REDACTED]	Careless Driving

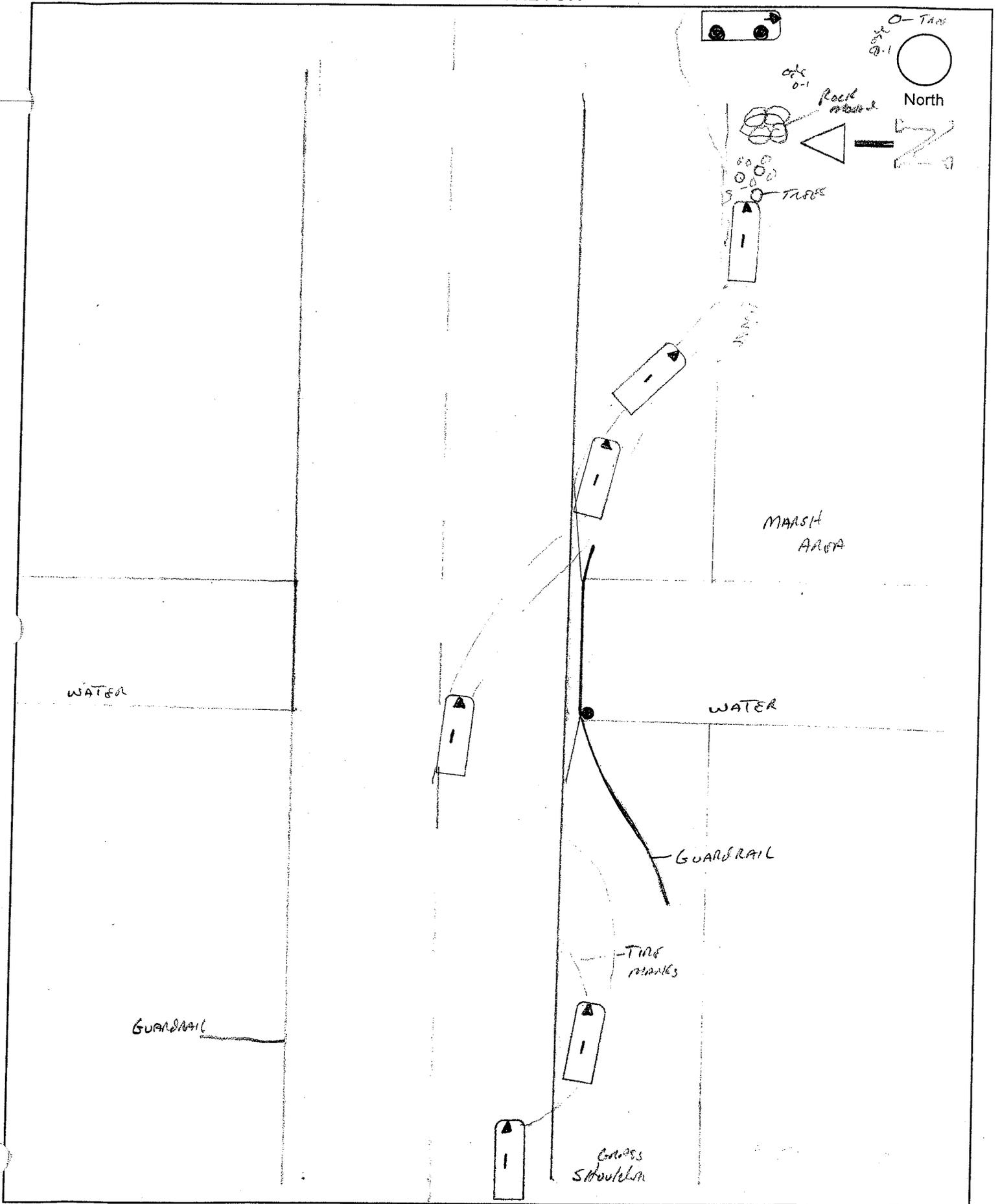
Arrest Information

Participant	Charge	Date of Arrest	Citation/Warrant #

Case Status and Update History

Date Record Created	Status Update Information)

FIELD SKETCH



Florida Highway Patrol
INVENTORY AND VEHICLE STORAGE RECEIPT

THI / Other Dept. Case No. _____ Date 10/11/2007 Time 6:52 AM PM Case No. FHPF07OFF061252

Name / Owner _____ Phone _____

Address / Owner _____ OCHOPEE FL _____

Name / Driver Check if same _____ Phone _____

Address / Driver _____ PEMBROKE PINES, FL _____

Year Vehicle 2008 Make of Vehicle JEEP Body Style 4DR Miles NA

Color BLK Tag # NA State _____ VIN # 1J8HR78339 _____

Vehicle Red Tagged on Date _____ Time _____ AM PM By Name _____ I.D. # _____

Location Vehicle Invent. / Towed From US 41 & KIRBY MARKET

Name of Towing Service BALD EAGLE TOWING

Address of Towing Company 855 BALD EAGLE DR MARCO FL Phone 239-642-0003

Address Where Vehicle is Stored Check If Same As Towing Company 855 BALD EAGLE DR

Owner Present Owner Request Rotation

Reason Vehicle Towed: Crash Abandonment/Disabled Arrest Seizure Other _____

Equipment in Vehicle:

- Cellular Phone: _____ Make / Model _____
- Radar Detector _____ Make / Model _____
- AM-FM Radio / Tape / CD _____ No. of Tires (including spare) 5
- CB Radio / 2 Way Radio
- Trailer Hitch
- Wheel Covers / No. of _____
- Custom Wheel Rims / No. of 4
- Trunk Accessible Yes No
- Rear Spoiler

INDICATE VEHICLE DAMAGE	
	MARK AREA OF DAMAGE
<input checked="" type="checkbox"/>	Undercarriage
<input checked="" type="checkbox"/>	Overturn
<input checked="" type="checkbox"/>	Windshield
<input checked="" type="checkbox"/>	Fire
<input type="checkbox"/>	Trailer
<input type="checkbox"/>	No Damage

List Property in Vehicle AIR BAGS DEPLOYED.

H O L D	<input type="checkbox"/> NO HOLD - MAY BE RELEASED
	<input checked="" type="checkbox"/> HOLD - NOT TO EXCEED 5 DAYS (Excluding Holidays and Weekends)

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

**R
E
C
E
I
V
E
D**

Signature _____
(Tow Truck Driver)

Signature Daniel Castilla
(Trooper)

Name Nick A. Shewey
(Printed)

Trooper Name TPR DANIEL CASTILLA
(Printed)

Inventory Continued

Troop F District NAPLES

VEHICLE: 1
(Post Collision Inspection)

Processing Date: 10 - 14 - 07 Processing Time: 9:00 (AM) PM
 Processed by: CPL. R. B. BROWN
 Processing Location: BALD EAGLE TOWING 1911 E. TAMiami TRl, NAPLES

Vehicle and Registrant Information

Year: 2008 Make: JEEP Model: CHEROKEE Color(s): BLACK
 Type of Vehicle: SUV VIN Number: 1J8HR78338C
 Tag Number: [REDACTED] State: FLORIDA Decal Number: _____ Expiration: _____
 Registered To: [REDACTED] Mileage: UNK Weight (GVWR): 6150
 Address: [REDACTED] OCCHOPEE, FL [REDACTED]

FLORIDA HIGHWAY PATROL

Electrical, Lighting System & Safety Glass	Equipped	Operative	Crash Disabled	Fire Department Disabled	Shattered Out	Comments
Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On: <input type="checkbox"/> High: <input type="checkbox"/> Low: <input type="checkbox"/>
Taillights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tag Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stop Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fog Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C B Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windshield	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
L/F Window	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Up: <input checked="" type="checkbox"/> Down: <input type="checkbox"/>
L/R Window	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Up: <input checked="" type="checkbox"/> Down: <input type="checkbox"/>
R/F Window	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up: <input type="checkbox"/> Down: <input type="checkbox"/>
R/R Window	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up: <input type="checkbox"/> Down: <input type="checkbox"/>
Back Window	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up: <input type="checkbox"/> Down: <input type="checkbox"/>

Restraint System	Lap Belt	Shoulder Harness	Air Bag	Air Bag Deployed	Head Restraint
Driver	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVER HEAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Notes:
DRIVER'S CURTAIN
FIRE DAMAGED BURIED OUT

Did brakes contribute to this crash? Yes: No:

Drive Train				Other	Equipment		Other
Transmission	Automatic: <input checked="" type="checkbox"/> Manual: <input type="checkbox"/>	Gears:	Gear Position:		Padded Interior	<input type="checkbox"/>	
Driven:	Front: <input type="checkbox"/> Rear: <input checked="" type="checkbox"/>				Interior Condition	Good: <input type="checkbox"/> Poor: <input type="checkbox"/>	Damaged in Crash
Axles	<u>TWO</u>				Exterior Condition	Good: <input type="checkbox"/> Poor: <input type="checkbox"/>	
Steering	Assisted: <input checked="" type="checkbox"/> Manual: <input type="checkbox"/>				Exhaust	Good: <input type="checkbox"/> Poor: <input checked="" type="checkbox"/>	
					Mirrors	Inside: <input type="checkbox"/> Left side: <input checked="" type="checkbox"/> Right side: <input type="checkbox"/>	

Case Number: 707-64-031

VEHICLE 1

(Post Collision Inspection-Sheet 2)

Processing Date: 10 - 14 - 07 Processing Time: 9⁰⁰ (AM) PM
 Processed by: CPL. R.B. BROWN
 Processing Location: BALDEAGLE TOWING 1911 E. TAMIAHI TRL, NAPLES

Tire Information

Make	Design	Size	Pressure	Tread Depth		
Did Tire Contribute to Crash? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Explain:				Inside	Middle	Outside
R/F: (DETACHED & MISSING)	/	/	/	/	/	/
R/R: (COMPLETELY BURNED)	/	/	/	/	/	/
L/F: GOODYEAR EAGLE RS-A	RADIAL	255/45R20	UNK	11	11	11
L/R: GOODYEAR EAGLE RS-A	RADIAL	285/40R20	Ø	11	11	11
R/R In:	/	/	/	/	/	/
L/R In:	/	/	/	/	/	/

Post Vehicle Dimensions

Front Wheel to Bumper:	Left side	DETACHED		Right side	DETACHED
Rear Wheel To Bumper:	Left Side	36"		Right Side	DETACHED
Wheelbase:	Left Side	UNK	1/2 TIRE ASSEMBLY DETACHED	Right Side	DETACHED
Track Width:	Front	UNK	RIGHT SIDE TIRES/RIMS DETACHED	Rear	UNK

Damage Description

R/F crushed FORWARD INTO ENGINE COMPARTMENT
 FRONT CRASH DAMAGE TO HOOD, FENDERS, FRONT DOOR AND
 INTERIOR. FRONT END ALONG WITH ENGINE COMPONENTS
 TORN INTO EXPOSING ENGINE. ALL WHEELS EXCEPT
 REAR WHEELS, LEFT WHEEL AND L/R SHATTERED OUT.
 ALL AIRBAGS DEPLOYED. VEHICLES INTERIOR / EXTERIOR
 BURNED OUT EXCEPT DEPLOYED SEATBELTS FIRE DAMAGE.

FLORIDA HIGHWAY PATROL



1648-SCI CHECK 8
DIGIT

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF **COLLIER** (1) F.H.P. (2) P.D. (3) S.O. (4) OTHER
 CITY (IF APPLICABLE) **NAPLES** **FLORIDA HIGHWAY PATROL AGENCY**

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON **OFFICER - AGENCY COPY**

DAY OF WEEK **WEDNESDAY** MONTH **11** DAY **14** YEAR **2007** 04:29 A.M. P.M.

CITY **PEMBROKE PINES** STATE **FL** ZIP CODE **33062**

TELEPHONE NUMBER **954-487-1111** DATE OF BIRTH **05 18 1989** RACE **O** SEX **M** HGT **511**

DRIVER LICENSE NUMBER **2008** STATE **FL** CLASS **E** CDL LICENSE **N** YR LICENSE EXP. **2011** IF COMMERCIAL MTR. VEH. "X" HERE

YR. VEHICLE **2008** MAKE **JEEP** STYLE **SUV** COLOR **BLK** IF PLACARDED HAZARDOUS MATERIAL "X" HERE

TRAILER TAG NO. **US-41 7 SR-90** STATE **FL** YEAR TAG EXPIRES **2008** IF COMPANION CITATION(S) "X" HERE

UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION, NAMELY **3.8 MILES EAST OF BURNS RD**

FT. _____ MILES _____ OF NODE _____

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH

INTERSTATE 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.)

RELESS DRIVING SAFETY BELT VIOLATION EXPIRED DRIVER LICENSE

VIOLATION OF TRAFFIC CONTROL DEVICE IMPROPER OR UNSAFE EQUIPMENT FOUR (4) MONTHS OR LESS

VIOLATION OF RIGHT-OF-WAY EXPIRED TAG MORE THAN FOUR (4) MONTHS

IMPROPER CHANGE OF LANE OR COURSE SIX (6) MONTHS OR LESS NO VALID DRIVER LICENSE

IMPROPER PASSING MORE THAN SIX (6) MONTHS DRIVING WHILE LICENSE SUSPENDED OR REVOKED

CHILD RESTRAINT NO PROOF OF INSURANCE FAILURE TO STOP AT A TRAFFIC SIGNAL

DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DRIVING/ACTUAL PHYSICAL CONTROL WHILE IMPAIRED, OR DRIVING/ACTUAL PHYSICAL CONTROL WITH UNLAWFUL BLOOD/URINE ALCOHOL LEVEL. BAL _____ %

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE
FHP707-64-031 CITATION ISSUED ON 11/14/07 VIA US MAIL

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE SECTION **316.1925.1** SUB-SECTION _____

CRASH YES NO PROPERTY DAMAGE YES NO INJURY TO ANOTHER YES NO SERIOUS BODILY INJURY TO ANOTHER YES NO FATAL YES NO

CRIMINAL VIOLATION COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
 INFRACTION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
 INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

COURT INFORMATION: DATE **11/14/07** TIME **PM**
COLLIER COUNTY COURT
3301 E TAMiami TRl BLD L
NAPLES FL 34112 239 774 8105

ARREST DELIVERED TO _____ DATE _____

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION, WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF DEFENDANT **CPL. D.A. KRANTZ** 2560 2215 F
SIGNATURE OF OFFICER _____ BADGE NO. _____ ID. NO. _____ TROOP UNIT _____

REPORT OF ACTION ON CASE

VIOLATIONS BUREAU:

Date _____

Amt. of Fine Paid \$ _____ Costs \$ _____

COURT ACTION:

Date _____ Plea _____

Disposition _____

Amt. of Fine Paid \$ _____ Costs \$ _____

License Action _____

OFFICER'S NOTES FOR TESTIFYING IN COURT:

PLEASE NOTE FACTS AND CIRCUMSTANCES IN ADDITION TO THOSE CHECKED ON FACE OF COMPLAINT -- THAT IS: 1. ANY SPECIFIC ACTION OF VIOLATOR WHICH INCREASED THE HAZARD OF THE VIOLATION; 2. WHERE VIOLATION OBSERVED AND CONTACT MADE; 3. TOTAL DISTANCE TRAVELED DURING PURSUIT; 4. STATEMENTS BY VIOLATOR AND GENERAL ATTITUDE; AND 5. PLACE OF EMPLOYMENT.

SLIPPERY PAVEMENT <input type="checkbox"/> Wet <input type="checkbox"/> Rain <input type="checkbox"/> Night <input type="checkbox"/> Fog	CAUSED PERSON TO DODGE <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian	CRASH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ped. <input type="checkbox"/> Hit Fixed Object	<input type="checkbox"/> PD <input type="checkbox"/> PI <input type="checkbox"/> Fatal <input type="checkbox"/> Vehicle	HIGHWAY TYPE: <input type="checkbox"/> 2 Lane <input type="checkbox"/> 3 Lane <input type="checkbox"/> 4 Lane <input type="checkbox"/> 4 Lane Divided
DARKNESS <input type="checkbox"/> Rain <input type="checkbox"/> Unlighted <input type="checkbox"/> Cross	JUST MISSED <input type="checkbox"/> Oncoming <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Right Angle <input type="checkbox"/> Head On <input type="checkbox"/> Side Swipe	AREA: <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Business	
OTHER TRAFFIC PRESENT <input type="checkbox"/> Same <input type="checkbox"/> Direction	CRASH BY APPROX. _____ FT.	<input type="checkbox"/> Rear End <input type="checkbox"/> Ran Off Roadway <input type="checkbox"/> Intersection		

WITNESSES: _____

VEHICLE DEFECTS

Service Brake _____
Parking Brake _____
Headlights _____
Tail Lights _____
Stop Lights _____
Windshield Wiper _____
Horn _____
Tires _____
Other _____



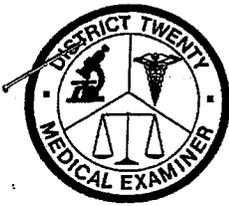
Ochopee ^{FL} [Redacted]

Received
4:33

Route
5:18

on scene
5:30

Ems 56-4:20 97-4:37
4:15



FEMALE DIAGRAM

Autopsy

ME#07-349
CASE #

[Redacted Name]

NAME

Handwritten
10/11/2007
DATE

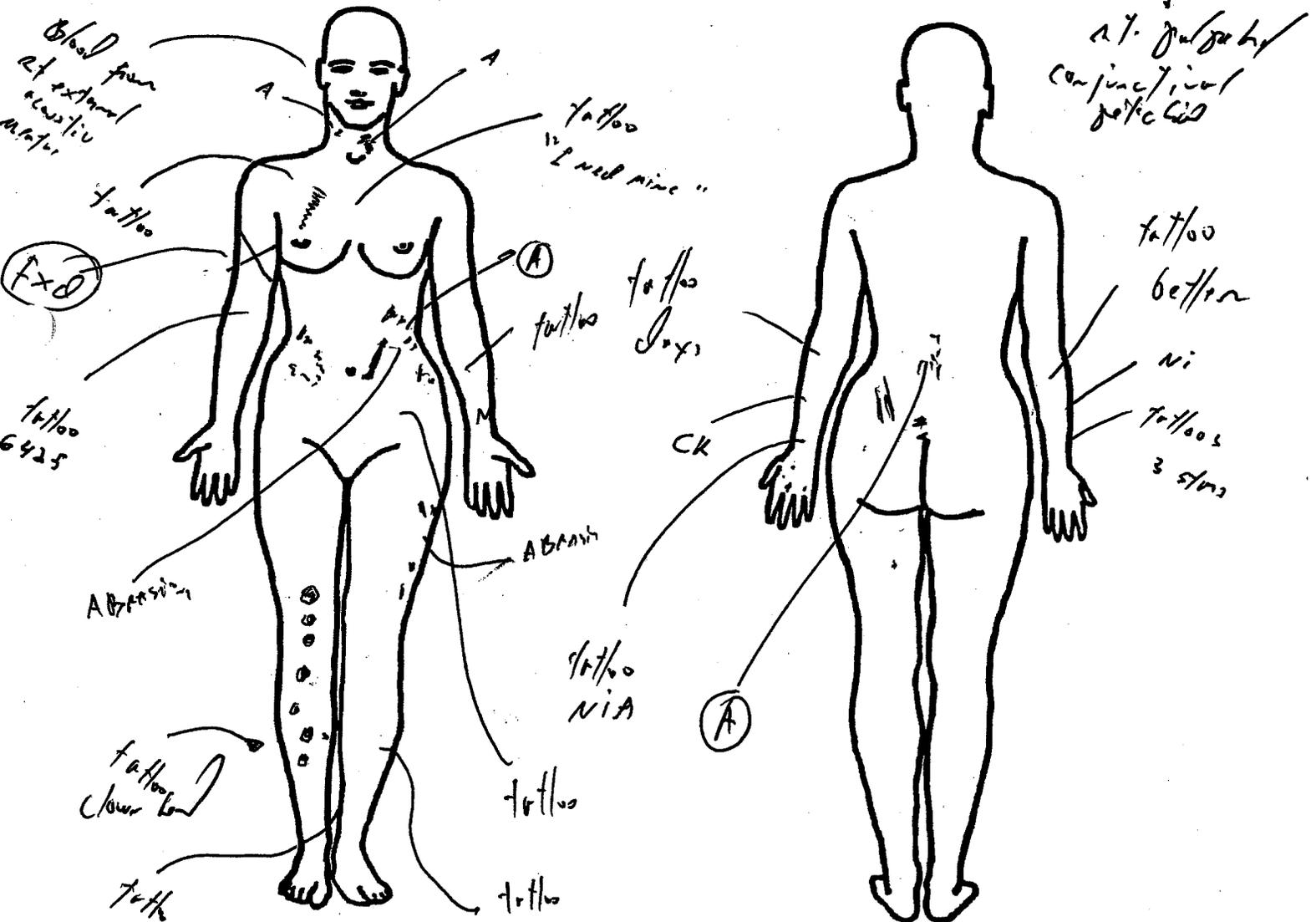
2:00 AM/PM
TIME

DATE OF DEATH: 10/11/2007 DATE OF BIRTH: 08/24/1989 AGE: 18

HT: 4'11" WT: 101 RACE: ^{NATIVE} W/AMERICAN HAIR: BLACK with BROWN HIGHLIGHTS EYES: BROWN

DOCTOR: *[Signature]*
(signature)

TECHNICIAN: *[Print Name]*
(print name)



MANNER OF DEATH: N (A) S H U

CAUSE OF DEATH: *Multiple blunt force injuries*

CONTRIBUTORY: _____

HOW INJURY OCCURRED: *Ejected passengers from single vehicle accident*

DISTRICT TWENTY MEDICAL EXAMINER
TRANSPORT SERVICE PROPERTY INVENTORY FORM

Tag No.: 0043941

DATE: 10-11-07 TIME: 9:45 A.M. / P.M. M.E. CASE: 07-

NAME OF DECEASED: [REDACTED] D.O.B. 8-24-1989 AGE: _____

REMOVAL ADDRESS: _____

CURRENCY: \$100 \$50 \$20 \$10 \$5 \$1
 \$0.50 \$0.25 \$0.10 \$0.05 \$0.01

SILVER DOLLARS OR FOREIGN CURRENCY: TOTAL AMOUNT:

DESCRIBE ALL JEWELRY

WATCH:
RING(S):
NECKLACE(S):
BRACELET(S):
EARRINGS: _____
OTHER: 1-lip stud piercing (white metal)

DESCRIBE OTHER PROPERTY

WALLET: PURSE: KEYS:
MISC. CARDS OR PAPERS:
CLOTHING: 1-pr green, blk; white shoes, 1-jeans pants, 1-pink bra, 1-blk shirt, 1-blk sweater, 1-pink panties
IF PROPERTY RETAINED, BY WHOM N/A
(WRITE N/A IF NOT APPLICABLE)

INVENTORIED BY: Phil Ruesca (PRINT NAME) [Signature] (SIGNATURE)

WITNESSED BY: Tr Daniel Castilla (PRINT NAME) [Signature] (SIGNATURE)

I.D. NUMBER: _____ AGENCY: _____

CHAIN OF CUSTODY

(PRINT NAME)	(SIGNATURE)	(AGENCY)	(DATE)	(TIME)
_____	_____	_____	_____	A.M. / P.M.
_____	_____	_____	_____	A.M. / P.M.
_____	_____	_____	_____	A.M. / P.M.
_____	_____	_____	_____	A.M. / P.M.
_____	_____	_____	_____	A.M. / P.M.

District Twenty Medical Examiner

3838 Domestic Avenue • Naples, Florida 34104
Phone: (239) 434-5020 • Fax: (239) 434-5027
naplesme@colliergov.net • www.colliergov.net/naplesme

Initial Notification of Death Form

Reporter
Data

Date: Oct 11, 2007 Time: 4:15 am pm
Caller: Miccosukee Police Dept Agency: _____
Phone: Tpc Daniel Castilla Police Agency: Florida Highway patrol

Decedent Data

Decedent's Name: _____ Age: _____
Race: INDIAN Gender: M F Date of Birth: 8/24/1989
Place of Death: 48900 TAMiami TR E
(Include address)
Found: 4:24 am pm By whom: CPL George CAHILL
While: ON Duty
Relationship to Deceased: 1
Last known to be alive: Date: _____ Time: _____ am pm
By whom: _____

Medical Information

Doctor(s): _____
Local: Y N Phone: (____) _____ Specialty: _____
(Specify if not Naples) City & State: _____
Medications: _____
Treated for: _____

Terminal Event
Information

Describe decedent and terminal event (use back of form if needed):
(Briefly describe position & location of body; include pertinent facts leading up to the death)
The Above passenger was in the vehicle, which drove off the
Roadway and rolled over. The passenger was ejected and
pronounced dead at the scene.

ME Use Or

Went to scene: Y N Time spent on scene: _____
Information taken by: _____
Jurisdiction: Assumed _____ Decline _____
ME Case #: _____

OFFENSE INCIDENT REPORT

Juvenile

1. Original
2. Supplement

1

Agency ORI Number		Agency Name FLORIDA HIGHWAY PATROL		Agency Report Number FHPF07OFF061252						
Reported Day THU	Date 10/11/2007	Time (mil) 08:20	Time Dispatched (mil) 07:10	Time Arrived (mil) 07:46	Time Completed (mil)					
Incident Type 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other	Incident: Day From THU	Date 10/11/2007	Time (mil) 13:00	Day To THU	Date 10/11/2007	Time (mil) 13:00				
Offense # 1	Type Blood Withdrawal	A-Attempted C-Committed		Statute Violation Number		NCIC/UCR Code				
Incident Location (Street, Apt. Number) NAPLES COMMUNITY HOSPITAL, NAPLES		City		Zip		Geographical Indicator				
Business Name / Area Identifier			Geographical Area		Forced Entry 0. N/A 2. No 1. Yes	Occupancy 0. N/A 2. Unoccupied 1. Occupied 3. Abandoned				
Location Type 01. Residence-Single 05. Convenience Store 09. Supermarket 13. Bank/Financial Inst 17. Gov/VPublic Bldg. 21. Airport 25. Parking Lot/Garage 29. Motor Vehicle 02. Apartment/Condo 06. Gas Station 10. Dept/Discount Store 14. Commercial/Office Bldg 18. School/University 22. Bus/Rail Terminal 26. Highway/Roadway 30. Other Mobile 03. Residence-Other 07. Liquor Sales 11. Specialty Store 15. Industrial/Mfg. 19. Jail/Prison 23. Construction Site 27. Park/Woodlands/Field 99. Other 04. Hotel/Motel 08. Bar/Nightclub 12. Drug Store/Hospital 16. Storage 20. Religious Bldg. 24. Other Structure 28. Lake/Waterway										
# Offenses 0	# Victims 0	# Offenders 0	# Prem. Ent. 0	# Veh. Stolen 0	Type Weapon 00. N/A 01. Handgun	02. Rifle 03. Shotgun 04. Firearm	05. Knife/Cutting Instrument 06. Blunt Object	07. Hands/Fists/Feet 08. Poison 09. Explosives	10. Fire/Incendinary 11. Threat Intimidation 12. Simulated Weapon	13. Drugs 88. Unknown 89. Other
V/W Code V-Victim W-Witness C-Reporting Person	P-Proprietor Z-Other	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	Race N- N/A W- White B- Black	I- American Indian O- Oriental/Asian U- Unknown	Sex M- Male F- Female U- Unknown	Residence Type 0. N/A 1. City 2. County	3. Florida 4. Out-of-State	Residence Status 1. Full Time 2. Part Time 3. Non-Resident	Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal
Injury Type 00. N/A 01. Gunshot 02. Stabbed	03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury	07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other	Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger	03. Spouse 04. Ex-Spouse 05. Co-Habitant	06. Parent 07. Brother 08. Child 09. Step-Parent	10. Step-Child 11. In-Law 12. Other Family 13. Student	14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend	17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee	21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known	
Offense Indicator 1. #1 3. Both 2. #2	V/W Code #	V. Type	Name (Last, First, Middle or Business)			Residence Phone				
Address (Street, Apt. Number)			City		State	Zip	Business Phone			
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement						
If Victim Type	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type	Relationship	Ethnicity	
1, 2, or 3										
Offense Indicator 1. #1 3. Both 2. #2	V/W Code #	V. Type	Name (Last, First, Middle or Business)			Residence Phone				
Address (Street, Apt. Number)			City		State	Zip	Business Phone			
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement						
If Victim Type	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type	Relationship	Ethnicity	
1, 2, or 3										
Offense Indicator 1. #1 3. Both 2. #2	Suspect Code S-Suspect A-Arrestee	E-Escapee Z-Other	Code #	Juvenile	Name (Last, First, Middle or Business)			Residence Phone		
Maiden Name		Nickname/ Street Name		Place of Birth		Residence Phone				
Last Known Address (Street, Apt. Number)			City		State	Zip	Business Phone			
Occupation		Employer/School, Address			Social Security Number					
Driver's License State/Number	Immigration and Naturalization Number	Other ID. Number		OBTS Number (Arrested)		Province				
Clothing (Describe) NONE - IN HOSPITAL BED				Scars/Marks/Tattoos (Location/Describe)						
Race O	Sex M	Date of Birth or Age 05/18/1989	18	Height 5-11	Weight	Eye Color BRO	Hair Color BLK	Hair Length SHT	Hair Style	
Complexion MED	Build MED	Facial Hair NONE	Teeth	Speech/Voice	Special Identifiers					
CAD INCIDENT DISPOSITION CODE: [] At 7:10AM, I was contacted by the Fort Myers Regional Communications center and advised that Sergeant David Contessa had requested that I proceed to Naples Community Hospital and assist with a legal blood draw stemming from a current fatality case. While enroute to the hospital I made telephone contact with Sergeant Contessa and obtained some facts of the case that would assist me with my investigation at the hospital. Sergeant Contessa advised that the subject at the hospital was [REDACTED] with a date of birth of 05-18-89. I arrived at the hospital at 7:46 AM. I met with Trooper Annistasia Graeve and discussed the situation with her. Afterwards, I entered the hospital and located Schilling in the emergency room, occupying bed 16. I made contact with Schilling and spoke to him briefly. [REDACTED] was very										
Report Contains							Related Report Number(s)			
Officer Reporting CPL. J.E. GISSENDANER				ID. Number(s) 1252-0759		Troop F		Date 10/11/2007		
Officer Reviewing (If Applicable)			ID. Number	Routed To	Referred To	Assigned To	By Date			
Case Status		Clearance Type 1. Arrest 2. Exceptional 3. Unfounded		A-Adult J-Juvenile	Date Cleared		Arrest Number		Number Arrested	
Exception Type 1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V/W Refused to Cooperate		5. Prosecution Declined 6. Juvenile / No Custody		OBTS Number		
								Page 1	Page 2	

NARRATIVE CONTINUATION

1. Offense 1 Juvenile
2. Arrest
1. Original
2. Supplement 1

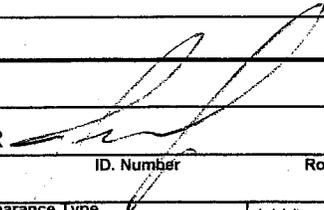
Agency ORI Number	Agency Name	FLORIDA HIGHWAY PATROL	Agency Report Number	FHPF07OFF061252
-------------------	-------------	------------------------	----------------------	-----------------

Original Date Reported	Case Reference
10/11/2007	

groggy and semi-responsive. According to the hospital staff, [REDACTED] had been administered pain medication due to his injuries. [REDACTED] was able to briefly open his eyes and speak with me. He indicated to me that he could understand what I was saying. [REDACTED] told me that he had been driving too fast and had crashed. [REDACTED] stated that he had not had anything to drink. From my position, I could not smell any odor of alcoholic beverages; however, due to [REDACTED] being treated by medical staff at the time, I could not get very close to him. [REDACTED] agreed to submit to a voluntary blood withdrawal. I made contact with ER Technician Yamilka Gonzalez and requested her to conduct the withdrawal. Gonzalez drew the blood from [REDACTED] left hand in my presence at 8:20 AM. Gonzalez gave the vials of blood directly to me. The vials were gently rocked a few times and I sealed them in the blood kit. I kept the kit in my direct possession while I completed some paperwork and then I locked it in the trunk of my patrol car at 8:45 AM. I arrived at the Naples Florida Highway Patrol Station at approximately 12:15 PM and submitted the blood kit into evidence.

CONTINUATION

NARRATIVE

Report Contains						Related Perort Number(s)		
Officer(s) Reporting	CPL. J.E. GISSENDANER 		ID. Number(s)	1252-075C	Troop	F	Date	10/11/2007
Officer Reviewing (If Applicable)	ID. Number	Routed To	Referred To	Assigned To	By	Date		
Case Studies	Clearance Type	3. Unfounded	A-Adult J-Juvenile	Date Cleared	Arrest Number	Number Arrested		
Exception Type	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender	4. V/W Refused to Cooperate	5. Prosecution Declined	6. Juvenile / No Custody	OBTS Number	Page	Page
1. Extradiction Declined							2	of 2

EVIDENCE PROPERTY RECEIPT

:: FLORIDA HIGHWAY PATROL ::

F-09-07-0207

EVIDENCE CONTROL NO F-09-07-0207

PRIMARY CASE NO FHPF07OFF061252

COUNTY COLLIER

DISTRICT 9

DATE/TIME Oct 11 2007 1:18PM

DESCRIPTION S7

EVIDENCE DETAIL

LOCATION

NAPLES COMMUNITY HOSPITAL ER BED 16

OWNER VICTIM

NAME

PHONE

ADDRESS

DISCOVERED BY

NAME Gissendaner, Jackson

PHONE Auto Populate Phone

ADDRESS Auto Populate Address

SUBJECT/SUSPECT

NAME

DOB 05/18/1989

RACE O

SEX M

DL STAT FL

DL #

WARRANT N

INCARCERATED N

PROPERTY ITEM NO F-09-07-0207-001

PROPERTY TYPE BIOHAZARDOUS

GENERAL DETAILS

GENERAL TYPE BLOOD

QUANTITY 1

DESCRIPTION BLOOD KIT

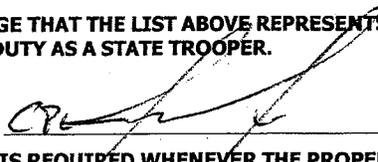
I HEREBY ACKNOWLEDGE THAT THE LIST ABOVE REPRESENTS ALL PROPERTY TAKEN FROM MY POSSESSION AND I HAVE RECEIVED A COPY OF THIS RECEIPT.

SIGNATURE _____

PRINT _____

I HEREBY ACKNOWLEDGE THAT THE LIST ABOVE REPRESENTS ALL PROPERTY IMPOUNDED BY ME IN THE OFFICIAL PERFORMANCE OF MY DUTY AS A STATE TROOPER.

TROOPER SIGNATURE



PRINT

CPL. JACKSON GISSENDANER

A WITNESS SIGNATURE IS REQUIRED WHENEVER THE PROPERTY VALUE MEETS THE CRITERIA IN FHP POLICY 12.02:

WITNESS SIGNATURE _____

PRINT _____

:: FLORIDA HIGHWAY PATROL ::

F-09-07-0207

RECEIVED BY

REASON

DATE/TIME RECEIVED

**FLORIDA HIGHWAY PATROL
EVIDENCE / PROPERTY RECEIPT**

CHECK IF PRESENT
<input checked="" type="checkbox"/> SHARPS / BIOHAZARD

THI / Other Dept. Case No. 707-64-031 Date 10 / 11 / 07 Time 8:20 AM PM FHP Case No. FHPF070FF061252

<input checked="" type="checkbox"/> 01 Property of Deceased	<input type="checkbox"/> 05 Property Seized	<input type="checkbox"/> 09 Weapon/Firearm Safekeeping (NTE 60 Days)	EP (OFFICE USE ONLY) Control Number _____
<input type="checkbox"/> 02 Stolen Property	<input type="checkbox"/> 06 Safekeeping	<input type="checkbox"/> 10 Found/Abandoned Property	
<input type="checkbox"/> 03 Public Property	<input type="checkbox"/> 07 Seized Vehicle	<input type="checkbox"/> 11 Evidence (Other)	
<input type="checkbox"/> 04 DHSMV Property	<input type="checkbox"/> 08 Weapons/Firearms (T.O.T., S.O.)	<input type="checkbox"/> 12 Joint Investigation	

LOCATION WHERE PROPERTY IMPOUNDED (Give exact location where property was located)
NAPLES COMMUNITY HOSPITAL ER BED 16

DISCOVERED BY (Name) <u>CPL. J.E. GISSENDANER</u>	ADDRESS <u>3205 BECK BLVD, NAPLES, FL 34114</u>	PHONE NO. <u>(239) 354-2377</u>
OWNER / VICTIM	ADDRESS	PHONE NO. ()

SUBJECT / SUSPECT	INCARCERATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WARRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DOB <u>05-18-89</u>	RACE/ORIGIN <u>W</u>	SEX <u>M</u>
D.L. # / I.D. Card #	STATE <u>FL</u>	

ITEM #	QUANTITY	DESCRIPTION OF PROPERTY OBTAINED (Include Serial Number) (Itemize Currency by Denomination)	OFFICE USE ONLY S/N Checked and Entered	OFFICE USE ONLY BIN/Location
<u>1</u>	<u>1</u>	<u>BLOOD KIT</u>		

I hereby acknowledge that the above list represents all property taken from my possession and that I have received a copy of this receipt.

SIGNATURE (X) _____ PRINT _____

I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a State Trooper.

TROOPER [Signature] CPL. J.E. GISSENDANER
Signature Print
Troop F District NAPLES I.D. No. 1252-0759

Date Evidence Submitted to T.S.F. _____ Time _____ AM PM Date Evidence submitted to Evidence _____ Time _____ AM PM

RECEIVED BY <u>Jamilka Gonzalez</u>	REASON <u>WITHDRAWN BLOOD</u>	DATE AND TIME RECEIVED <u>10-11-07 8:20AM</u>
RECEIVED BY <u>CPL. J.E. GISSENDANER</u>	REASON <u>CUSTODY OF EVIDENCE</u>	DATE AND TIME RECEIVED <u>10-11-07 8:25AM</u>
RECEIVED BY	REASON	DATE AND TIME RECEIVED

Florida Department of Law Enforcement Alcohol Testing Program

CERTIFICATION OF BLOOD WITHDRAWAL

I certify that as a physician, certified paramedic, registered nurse, licensed practical nurse, or other person authorized by a hospital to draw blood, or as a licensed clinical laboratory director, supervisor, technologist or technician, I am authorized by 316.1932, 316.1933, 322.63, 327.352 and 327.353, Florida Statutes, to withdraw blood at the request of a law enforcement officer. I certify that on 10-11-07 0820 I
(Date)
withdrew blood from _____ at the request of
CPL. JACKSON GISSENDANER
(Officer). The blood sample(s) were collected and labeled in accordance with the provisions of Rule 11D-8.012, Florida Administrative Code. Before collecting the blood sample(s), the skin was cleansed with an antiseptic that did not contain alcohol. The blood sample(s) were collected in glass evacuation tubes that contained a preservative and an anticoagulant. Immediately after collection, the tubes were inverted several times. The blood collection tubes were labeled with the name of the person tested, the date and time the sample(s) were collected and the initials of the person who collected the sample(s).

YAMILKA GONZALEZ

(Printed name of person withdrawing blood)

ER TECH

(Title)

[Signature]

(Signature)

10-11-07

(Date)

May also be used in administrative proceedings pursuant to s. 322.2615, Florida Statutes. To be forwarded to the local Bureau of Driver Improvement Office, Division of Driver Licenses, Department of Highway Safety and Motor Vehicles.

FORT MYERS REGIONAL COMMUNICATIONS CENTER



4700-2 Terminal Drive

Fort Myers, Florida 33907

Phone: (239)-938-1800 Fax: (239)-938-1863

Captain Terry C. Davis, Commander

FAX TRANSMITTAL FORM

DATE: 10/11/07 DESTINATION FAX #: _____

DESTINATION: Naples 1285

ATTENTION: _____

FROM: L. Hylton

REF: _____

Message: _____

Page # 1 of 4 pages



FLORIDA HIGHWAY PATROL (TROOP F - FMRCC)

CALL HISTORY RECORD

DISPATCH TO LOCATION

Address Apt / Lot
US41

12 MI E OF SR29

Cross Street
MONUMENT RD

City Incorporated? State County Zip Code
OCHOPEE No FL **34141**

ZONE	TROOP	FDOTREG	REGION	FHP	FDOTRFO	FWC
COLL	F	1	S	F04		W11

LOCATION OF OCCURRENCE

Address Apt / Lot
US41

12 MI E OF SR29

Cross Street
MONUMENT RD

City Incorporated? State County Zip Code
OCHOPEE No FL **34141**

ZONE	TROOP	FDOTREG	REGION	FHP	FDOTRFO	FWC
COLL	F	1	S	F04		W11

Complaint Type / Call Nature	Priority	Weapon	Complainant	Phone Number	Ext	Contact	911
S7	2		COLLIER X49			N	N

Primary Unit	BackUp Units	Dispatcher	Disposition Codes
036	1285 222	BZT870	(1) L (4)
PF	FHPF FHPF	Call Taker	(2) (5)
		MWT849	(3) (6)

Incident Number	CALL DATES & TIMES (Note: Individual Unit Times & Close/Code Times are listed after the Call Notes)					Closed
FMR07CAD081739	Received	Shipped	Dispatched	Enroute	Onscene	10/11/2007
Report Number	10/11/2007	10/11/2007				10/11/2007
FHPF07OFF061252	04:33:18	04:34:51				10:29:24

CALL STATISTICS	Create Time	Hold Time	Rollout Time	Enroute Time	Onscene Time
	00:01:33	**:34:51	00:00:00	00:00:00	**:29:24
		Dispatch Time		Response Time	Total Call Time
		**:33:18		00:00:00	05:59:06



FLORIDA HIGHWAY PATROL (TROOP F - FMRCC)

CALL HISTORY RECORD

SUBJECT RECORD

Date Added 10/11/2007 Time Added 08:33:26 Added By RPT921 Subject Type FATAL

Last Name [REDACTED] First Name [REDACTED] Middle Name NIA Title (jr, sr, etc.)

Race Sex DoB Age Hair Eyes Height Weight
O F 03/24/1989 18 0'00" 0

SSN [REDACTED] DL/ID Number [REDACTED] State FL

Description/Comments

Activity UNKNOWN Drinking Drugs Weapon Weapon Description

Extent of Injuries N/A Seat Belt Required? Airbag Installed? Childseat Used?
 Seat Belt Used? Airbag Deployed? Childseat Required?

Next of Kin
X78 MADE TO MOTHER AT 0445 HRS

Notified by:
 Notified? X78 MADE TO MOTHER AT 0445 HR:

Approved for Release By:

Allow Public Release of Information on this Subject?

SUBJECT RECORD

Date Added 10/11/2007 Time Added 10:27:36 Added By 1036/FHFF Subject Type

Last Name [REDACTED] First Name [REDACTED] Middle Name Title (jr, sr, etc.)

Race Sex DoB Age Hair Eyes Height Weight
18 0'00" 0

SSN [REDACTED] DL/ID Number [REDACTED] State

Description/Comments

Activity Drinking Drugs Weapon Weapon Description

Extent of Injuries Seat Belt Required? Airbag Installed? Childseat Used?
 Seat Belt Used? Airbag Deployed? Childseat Required?

Next of Kin

Notified by:
 Notified?

Approved for Release By:

Allow Public Release of Information on this Subject?



FLORIDA HIGHWAY PATROL (TROOP F - FMRCC)

CALL HISTORY RECORD

SUBJECT RECORD

Date Added 10/11/2007	Time Added 06:46:09	Added By RPT921	Subject Type DRIVER
Last Name [REDACTED]	First Name [REDACTED]	Middle Name	Title (jr, sr, etc.)
Race O	Sex M	DoB 05/18/1989	Age 18
	Hair	Eyes	Height 0'00"
			Weight 0
SSN	DL/ID Number [REDACTED]	State FL	

Description/Comments

Activity UNKNOWN	<input type="checkbox"/> Drinking	<input type="checkbox"/> Drugs	<input type="checkbox"/> Weapon	Weapon Description
Extent of Injuries N/A	<input type="checkbox"/> Seat Belt Required?	<input type="checkbox"/> Airbag Installed?	<input type="checkbox"/> Childseat Used?	
	<input type="checkbox"/> Seat Belt Used?	<input type="checkbox"/> Airbag Deployed?	<input type="checkbox"/> Childseat Required?	

Next of Kin

Notified by:

Notified?

Approved for Release By:

Allow Public Release of Information on this Subject?



FLORIDA HIGHWAY PATROL (TROOP F - FMRCC)

CALL HISTORY RECORD

VEHICLE RECCRD

Date Added 10/11/2007 Time Added 10:29:07 Added By 1036/FHPP

State Tag Number Tag Year Description
DUPE SCREEN

VIN Year Make Model Color

Vehicle Type Vehicle Activity Crash Type

Towed? Rotation? Requested? Other Tow Type

Description of Other Tow Type

Abandoned? Cleared?

Abandoned On Date/Time: Removal Due On Date/Time:

VEHICLE RECORD

Date Added 0/11/2007 Time Added 06:16:55 Added By BZT870

State Tag Number Tag Year Description
FL [REDACTED] 2008 HOLD ON VEH

VIN Year Make Model Color
1J8HR78338C [REDACTED] 2008 JEEP CHEROKEE BLK

Vehicle Type Vehicle Activity Crash Type
CRASH FATAL

Towed? Rotation? Requested? Other Tow Type

Description of Other Tow Type

Abandoned? Cleared?

Abandoned On Date/Time: Removal Due On Date/Time:



FLORIDA HIGHWAY PATROL (TROOP F - FMRCC)

CALL HISTORY RECORD

CALL NOTES

Added By	Date	Time	Note
MWT849	10/11/2007	04:34:55	OFFENSE NUMBER [FHFP07OFF061252] AUTOMATICALLY GENERATED USING AGENCY [FHFP] CHOSEN BY
MWT849	10/11/2007	04:35:06	SINGLE VEH ROLL OVER
MWT849	10/11/2007	04:35:12	2 EJECTIONS
MWT849	10/11/2007	04:35:21	1 CONFIRMED FATAL
MWT849	10/11/2007	04:35:42	OLD@WEB UNKNOWN ROADBLOCK
MWT849	10/11/2007	04:35:58	X49 ADV X69 X71 X51
BZT870	10/11/2007	04:38:12	X51 MM 103 X52 1 HOUR
MWT849	10/11/2007	04:40:01	OTHER SUBJ CRITICAL
BZT870	10/11/2007	04:46:16	X39 222 ADV HAVE 1036 ADV WHEN X97 AND CALL BACK
BZT870	10/11/2007	04:46:27	ADV CALL OUT 1285
BZT870	10/11/2007	04:53:01	X39 1285
BZT870	10/11/2007	05:09:43	*****EMS TIMES*****
BZT870	10/11/2007	05:10:45	REC 04:15 DIS 04:16 X51 04:20 X97 04:37 PRONOUNCED S7 04:27 BY LT ROBERSON ID
BZT870	10/11/2007	05:10:58	*****
BZT870	10/11/2007	05:11:29	MEDIC 60 RESPONDED
BZT870	10/11/2007	05:41:13	DRIVER WAS AIRLIFTED AND PASSENGER IS S7 VEH IS 30 TO 40 FT S OF US41
BZT870	10/11/2007	05:41:42	ADV WHERE WAS DRIVER TRANSPORTED AND CONDITION
BZT870	10/11/2007	05:42:11	ADV TRANSPORTED TO NAPLES DOWNTOWN AND INJURY WAS BROKEN FEMUR SUBJ WAS CONCIIOUS
BZT870	10/11/2007	05:45:58	OLD@WEB INTERSECTION BLOCKED
BZT870	10/11/2007	05:46:00	NAPLES COMMUNITY ADV DRIVER IS STABLE
BZT870	10/11/2007	05:47:02	ADV HAVE 6AM UNIT X51 TO H1 REF POSS BLOOD DRAW
BZT870	10/11/2007	05:53:10	ADV FIND OUT IF MICCOSUKEE IS STILL X97 OR WHO THE OFFICER WAS AND THEIR X43
BZT870	10/11/2007	05:58:43	MICCOSUKEE PD ADV OFFICER MARIA BELLO IS STILL X97
BZT870	10/11/2007	06:04:26	ADV MIC PD ADV FAMILY OF S7 AND FAMILY IS X51 REF PROTOCOL
BZT870	10/11/2007	06:09:40	ADV HAVE ME X51
BZT870	10/11/2007	06:16:48	ADV CALL X70 ADV THEM VEH IS SOME SHALLOW WATER AND MUD AND WAS ON FIRE
BZT870	10/11/2007	06:17:23	ROTATION TOW: BALD EAGLE TOWING(239)642-0003 (PH: (239)642-0003) FOR:
BZT870	10/11/2007	06:23:28	X39 ME OFFICE
NZT549	10/11/2007	08:14:51	EB LANES ARE TEMP BLOCKED
NZT549	10/11/2007	08:15:12	TRAFFIC IS STILL FLOWING
NZT549	10/11/2007	08:15:32	@WEB EAST BOUND LANES ARE BLOCKED, BUT TRAFFIC IS FLOWING
RPT921	10/11/2007	08:29:42	MIC PD ADV X78 MADE AT 0445 HRS
RPT921	10/11/2007	08:41:55	1036 ADV X70 X41 ALSO HOLD ON VEH
RPT921	10/11/2007	08:42:03	1036 X98 SCENE X53
RPT921	10/11/2007	09:37:10	1036 X6 S1
RPT921	10/11/2007	09:44:22	1285 222 X98 SCENE
RPT921	10/11/2007	10:02:16	DELAYED ENTRY - 759 X51 H1 AT 0710 X97 H1 0746 X98 0954



FLORIDA HIGHWAY PATROL (TROOP F - FMRCC)

CALL HISTORY RECORD

UNIT / CALL TIMES

<i>DATE</i>	<i>TIME</i>	<i>CALLNO</i>	<i>AGENCY</i>	<i>DESCRIPT</i>	<i>DISPATCHER</i>
10/11/2007	04:37:42	1036	FHPF	ENROUTE	BZT870
10/11/2007	05:18:57	1285	FHPF	ENROUTE	1285/FHPF
10/11/2007	05:26:29	1036	FHPF	ONSCENE	BZT870
10/11/2007	05:26:29	1036	FHPF	REPORTING	BZT870
10/11/2007	05:30:25	222	FHPF	ENROUTE	222/FHPF
10/11/2007	06:03:51	1285	FHPF	ONSCENE	BZT870
10/11/2007	06:09:25	222	FHPF	ONSCENE	BZT870
10/11/2007	10:29:24				
10/11/2007	10:29:24				DC1916
10/11/2007	10:35:36				

END OF CALL HISTORY RECORD

FLORIDA HIGHWAY PATROL

SWORN INTERVIEW - ADVICE OF RIGHTS

I am Corporal David Krantz of the Florida Highway Patrol conducting a death investigation.

This sworn interview is being conducted at 3205 Beck Blvd Naples, FL 34114

Today's date is 10/29/07 The time is 3:10 AM PM

Persons present at this interview are (If applicable)

This sworn interview is being taken in relation to FHP707-64-031

At this time I am advising you of your rights.

Before I ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advise before I ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you, without cost, before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you consult a lawyer.

I, [REDACTED] had read and explained to me this statement of my rights, and I understand what my rights are. I am willing at this time to make a statement and answer questions. I do not want a lawyer at this time. Any and all statements given by me will be freely and voluntarily. No promises, threats or inducements of any kind or nature whatsoever have been promised me in order to consent to this interview.

KNOWING MY RIGHT, I HEREBY, PRIOR TO BEING INTERVIEWED, WAIVE MY RIGHTS TO CONSULT WITH A LAWYER OR TO HAVE ONE PRESENT DURING THIS INTERVIEW. I do hereby affix my signature accordingly.

Signed: via telephone

D. O. B.: 05/18/1989

Date: 10/29/07

Time: 3:10 AM PM

Witness: [Signature]

Witness: _____

Time: 3:10 AM PM

At this time I will administer the oath.

OATH

This will be a sworn digitally recorded interview taken by a law enforcement officer pursuant to section 117.10, F. S. Please raise your right hand. Do you swear or affirm that the statement you are about to give will be the truth, the whole truth, and nothing but the truth?

Yes, I so swear or affirm via telephone
(Signature of witness)

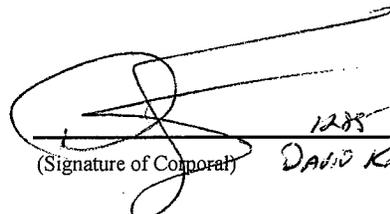
Please state your full name. [Redacted]
Please state your current address. [Redacted] Pembroke Pines, FL. [Redacted]
Please state your home phone number. [Redacted]
Please state your work phone number. [Redacted]
Please state your place of employment. student
Please state your current occupation. [Redacted]

INTERVIEW

Time interview concluded 3:31 AM PM

CERTIFICATION

The undersigned trooper acknowledges taking and being present during the foregoing interview. The interview was recorded as a digital recording file and marked by the name of the witness, the THI case number FHP707-64-031 and the date of interview 10/29/07.
Initials of trooper taking statement.


(Signature of Corporal) DAVID KRANTZ
FHP707-64-031
(THI Case Number)

SWORN STATEMENT

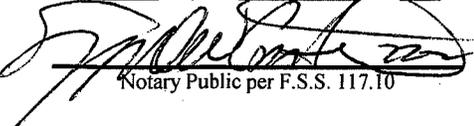
STATE OF FLORIDA

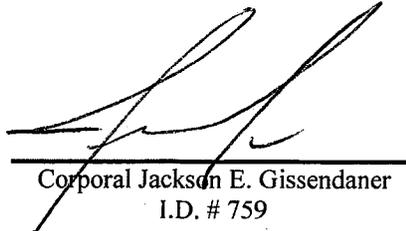
-VS-

[REDACTED]

I, Corporal Jackson E. Gissendaner, being duly sworn, deposes and says that on the 11TH day of October A.D. 2007, in Collier County, State of Florida, that: At 7:10AM, I was contacted by the Fort Myers Regional Communications center and advised that Sergeant David Contessa had requested that I proceed to Naples Community Hospital and assist with a legal blood draw stemming from a current fatality case. While enroute to the hospital I made telephone contact with Sergeant Contessa and obtained some facts of the case that would assist me with my investigation at the hospital. Sergeant Contessa advised that the subject at the hospital was [REDACTED] with a date of birth of 05-18-89. I arrived at the hospital at 7:46 AM. I met with Trooper Annistasia Graeve and discussed the situation with her. Afterwards, I entered the hospital and located Schilling in the emergency room, occupying bed 16. I made contact with [REDACTED] and spoke to him briefly. [REDACTED] was very groggy and semi-responsive. According to the hospital staff, [REDACTED] had been administered pain medication due to his injuries. Schilling was able to briefly open his eyes and speak with me. He indicated to me that he could understand what I was saying. [REDACTED] told me that he had been driving too fast and had crashed. [REDACTED] stated that he had not had anything to drink. From my position, I could not smell any odor of alcoholic beverages; however, due to [REDACTED] being treated by medical staff at the time, I could not get very close to him. [REDACTED] agreed to submit to a voluntary blood withdrawal. I made contact with ER Technician Yamilka Gonzalez and requested her to conduct the withdrawal. Gonzalez drew the blood from [REDACTED] left hand in my presence at 8:20 AM. Gonzalez gave the vials of blood directly to me. The vials were gently rocked a few times and I sealed them in

Sworn to and subscribed before me
this 11th day of October 2007


Notary Public per F.S.S. 117.10


Corporal Jackson E. Gissendaner
I.D. # 759

SWORN STATEMENT

STATE OF FLORIDA

-VS-

[REDACTED]

the blood kit. I kept the kit in my direct possession while I completed some paperwork and then I locked it in the trunk of my patrol car at 8:45 AM. I arrived at the Naples Florida Highway Patrol Station at approximately 12:15 PM and submitted the blood kit into evidence.

Sworn to and subscribed before me
this 11th day of October, 2007


Notary Public per F.S.S. 117.10


Corporal Jackson E. Gissendaner
I.D. # 759