

DO NOT WRITE IN THIS SPACE

EMS INFO FATALS ONLY	TIME EMS NOTIFIED	AM	PM	TIME EMS ARRIVED	AM	PM	COUNTY / CITY CODE	DATE OF CRASH	INVEST AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
							01-68	031101	01-9143	60531361

NARRATIVE / ADDITIONAL PASSENGERS

PER WITNESSES VI BLACK 4DR, VEHICLE SOUTHBOUND HARDING AVE. CENTER LANE, STRUCK P. VI TRAVELING AT A HIGH RATE OF SPEED, NEVER SLOWED DOWN. P. SPAS ON HOOD, WINDSHIELD AND ROLLED OFF VEHICLE ROOF ON RIGHT SIDE, TO ROADWAY. VI RESIDENCE, WEST ON 78th ST. VI FOUND AT 1034 HRS 7271 GARY AVE, MATCHING BOLO. WITH FRONT FRONT DAMAGE TO HOOD, WINDSHIELD. INSIDE VEHICLE WAS BEER CANS FROM 12 PACK P WAS CARRYING. ALSO WERE BANANAS, PAPERS. AND AN EARPLUG FROM P. OWNER OF VI / DRIVER WAS LOCATED AT HIS HOME.

SEC #	PASS #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Loc.	Inj.	Safety Equip.	Eject
		John Megomay	955 CULWELL	NEWY	10456					
		Edward Ely	630 NW 73rd St	Miami FL	33151					
		Robert Green	301 NE 48 St #13	Miami FL	33151					

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #
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WITNESS - NAME: HUMBERTO DIAZ ADDRESS: 7825 HARDING AVE CITY & STATE: HIA BEACH FL ZIP: 33141

WITNESS - NAME: MRS CARLOS GARCIA ADDRESS: 8601 HARDING AVE CITY & STATE: HIA BEACH FL ZIP: 33141

FIRST AID GIVEN BY - NAME: FRJ+4
 1 Physician or Nurse 4 Certified 1st Aider
 2 Paramedic or EMT 5 Other
 3 Police Officer

WAS INVESTIGATION MADE AT SCENE?	1 YES 2 NO	WHERE?	IS INVESTIGATION COMPLETE?	1 YES 2 NO WHY?	DATE OF REPORT	PHOTOS TAKEN?	1 YES 2 NO	3 INVEST AGENCY	4 OTHER
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	0311101	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
INVESTIGATOR - NAME & SIGNATURE: [Signature]			ID / BADGE NUMBER: 281/367	DEPARTMENT: HESD-02	P/F SD C/O OTHER				