

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 1
 TOTAL # OF PERSON SECTION(S) 1
 TOTAL # OF NARRATIVE SECTION(S) 2

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
 TALLAHASSEE, FL 32399-0537

CRASH DATE 07/06/2016		TIME OF CRASH 10:00 AM		DATE OF REPORT 7/06/2016		REPORTING AGENCY CASE NUMBER 2016-0012178		HSMV CRASH REPORT NUMBER 86617149			
CRASH IDENTIFIERS											
COUNTY CODE 06		CITY CODE 94		COUNTY OF CRASH PALM BEACH			PLACE OR CITY OF CRASH WEST PALM BEACH		CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 10:00 AM	TIME DISPATCHED 10:01 AM
TIME ON SCENE 10:02 AM		TIME CLEARED SCENE 6:36 PM		CHECK IF COMPLETED <input type="checkbox"/>	REASON (if Investigation NOT Complete) OPEN INVESTIGATION					Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>	
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)											
CRASH OCCURRED ON STREET, ROAD, HIGHWAY 25TH ST					AT STREET ADDRESS # 1		AT LATITUDE AND LONGITUDE 2				
AT FEET 61	MILES	N <input type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input checked="" type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY WINDSOR AVE			OR FROM MILEPOST # 4		
5 Road System Identifier 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll			7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative			3 Type of Shoulder 1 Paved 2 Unpaved 3 Curb		1 Type of Intersection 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection		5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative	
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>											
1 Light Condition 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown		1 Weather Condition 4 Fog, Smog, Smoke 5 Sleet/Hail/Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 1 Clear 2 Cloudy 3 Rain		1 Roadway Surface Condition 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown 1 Dry 2 Wet 4 Ice/Frost		1 School Bus Related 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		77 Manner of Collision/Impact 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown 1 Front to Rear 2 Front to Front 3 Angle			
12 First Harmful Event		Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		Collision Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck by Failing, Shifting Cargo 18 Other Non-Fixed Object		Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier		30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		1 First Harmful Event Location 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown	
1 First Harmful Event within Interchange 1 No 2 Yes 88 Unknown		5 First Harmful Event Relation to Junction 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown		13 Contributing Circumstances: Road 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown		Contributing Circumstances: Environment 1 1 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown					
1 Work Zone Related 1 No 2 Yes 88 Unknown		Crash in Work Zone 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		Type of Work Zone 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		Workers in Work Zone 1 No 2 Yes 88 Unknown		Law Enforcement in Work Zone 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present			
WITNESSES											
NAME LEONARDO BERTOLOTTI		ADDRESS [REDACTED]				CITY & STATE [REDACTED]		ZIP CODE [REDACTED]			
NAME OSCAR NUNEZ		ADDRESS [REDACTED]				CITY & STATE [REDACTED]		ZIP CODE [REDACTED]			
NAME JOHN J. SALAZAR		ADDRESS [REDACTED]				CITY & STATE [REDACTED]		ZIP CODE [REDACTED]			
NON VEHICLE PROPERTY DAMAGE											
VEHICLE # 1	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE AMTRAK LOCOMOTIVE #146		EST. AMOUNT \$10,000	OWNER'S NAME <input checked="" type="checkbox"/> (Check if Business) AMTRAK	ADDRESS 3570 CLIFFORD LN JACKSONVILLE, FL 33209		CITY & STATE	ZIP CODE		
VEHICLE # 1	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE CHAINLINK FENCE		EST. AMOUNT \$200	OWNER'S NAME <input checked="" type="checkbox"/> (Check if Business) FLORIDA DEPARTMENT OF TRANSPORTATION	ADDRESS 605 SUWANNEE ST MS58 TALLAHASSEE, FL 32399		CITY & STATE	ZIP CODE		

VEHICLE # 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 2016-0012178		HSMV CRASH REPORT NUMBER 86617149	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER 1		STATE FL		REGISTRATION EXPIRES 07/24/2016	
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 2004		MAKE MERC		MODEL SABLE	
INSURANCE COMPANY NONE DISPLAYED		INSURANCE POLICY NUMBER NONE DISPLAYED		Towed due to Damage: 1 No 2 Yes		VEHICLE REMOVED BY KAUFFS	
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
FIAPAIPAI ILMALEOTA							
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES	
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES	
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		ON STREET, ROAD, HIGHWAY 25TH ST		AT EST. SPEED 30		POSTED SPEED 30	
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS	
MOTOR CARRIER NAME		US DOT NUMBER		Area of Initial Impact		Most Damaged Area	
MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE		PHONE NUMBER	
Vehicle Body Type 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		Trafficway 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		Commercial Motor Vehicle Configuration 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (boottail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Trailer	
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		Cargo Body Type 1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log		Emergency Vehicle Use 1 No 2 Yes 88 Unknown	
Most Harmful Event 12		Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		Collision with a Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Culvert 23 Curb 24 Ditch 25 Embankment 26 Guardrail Face 27 Guardrail End		Sequence of Events 1st 12 2nd 37 3rd 4th	
Roadway Grade 3		Roadway Alignment 1		Vehicle Maneuver Action 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing		Traffic Control Device For This Vehicle 1	
Special Function of Motor Vehicle 1		Vehicle Defects 1		Vehicle Defects 1		Vehicle Defects 1	
1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus		14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown	
VIOLATIONS							
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			

1 Driver 2 Non-Motorist 3 Passenger VEHICLE # **1** NAME **TAIRIA S. LEE** PHONE NUMBER _____ Check if Recommend Driver Re-exam

CURRENT ADDRESS (Number and Street) _____ CITY & STATE _____ ZIP CODE _____

DATE OF BIRTH _____ SEX: 1 Male 2 Female 88 Unknown DRIVER LICENSE NUMBER _____ STATE **FL** EXPIRES **01/19/2021** INJURY SEVERITY (INI) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality **4**

DRIVER

DL Type **7** Required Endorsements **3** Drivers Actions at Time of Crash

1st **1** 1 No Contributing Action 26 Ran off Roadway 3rd _____
 2 Operated MV in Careless or Negligent Manner 27 Disregarded other Traffic Sign
 3 Failed to Yield Right-of-Way 28 Disregarded Other Road Markings
 4 Improper Backing 29 Over-Correcting/Over-Steering
 6 Improper Turn 30 Swerved or Avoided: Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc.
 10 Followed too Closely 31 Operated MV in Erratic, Reckless or Aggressive Manner
 11 Ran Red Light 77 Other Contributing Factor
 12 Drove too Fast for Conditions 78 Other Contributing Factor
 13 Ran Stop Sign
 15 Improper Passing
 17 Exceeded Posted Speed
 21 Wrong Side of Wrong Way
 25 Failed to Keep in Proper Lane

Condition At Time of Crash **1**
 1 Apparently Normal
 3 Asleep or Fatigued
 5 Ill (sick) or Fatigued
 6 Seizure, Epilepsy, Blackout
 7 Physically Impaired
 8 Emotional (depression, angry, disturbed, etc.)
 9 Under the Influence of Medications/Drugs/Alcohol
 77 Other, Explain in Narrative
 88 Unknown

Driver Distacted By **1** 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)

Driver Vision Obstructions **1** 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes

5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 77 All Other, Explain in Narrative

DRIVER OR PASSENGER

Motor Vehicle Seating Position: LOCATION: SEAT ROW OTHER (LOC) **1 1 1**

Seat Row Other
 1 Left 1 Front 1 Not Applicable
 2 Middle 2 Second 2 Sleeper Section of Truck Cab
 3 Right 3 Third 3 Other Enclose Cargo Area
 77 Other 4 Fourth 4 Unenclosed Cargo Area
 (explain in narrative) 77 Other Row 5 Trailing Unit
 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit)
 88 Unknown

Helmet Use (HU) **3** 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet

Eye Protection (EP) **3** 1 Yes 2 No 3 Not Applicable

Restraint Systems (RS) **2** 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint - Type Unknown 77 Other, Explain in Narrative

Air Bag Deployed (ABD) **3** 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown

Ejection (EJECT) **2** 1 Not Ejected 2 Ejected - Totally 3 Ejected - Partially 4 Not Applicable 88 Unknown

NON-MOTORIST

Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist

Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown

Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown

Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown

Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown

ALCOHOL/DRUG/EMS

SUSPECTED ALCOHOL USE: **1** 1 No 2 Yes 88 Unknown

ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested

ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative

ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown

BAC

SUSPECTED DRUG USE: **1** 1 No 2 Yes 88 Unknown

DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested

DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative

DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown

SOURCE OF TRANSPORT TO MEDICAL FACILITY: 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID **2** **WPBFR**

EMS RUN NUMBER **16-13704**

MEDICAL FACILITY TRANSPORTED TO **HOSPITAL**

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INI	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street) _____ CITY & STATE _____ ZIP CODE _____

SOURCE OF TRANSPORT TO MEDICAL FACILITY: 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID _____

EMS RUN NUMBER _____

MEDICAL FACILITY TRANSPORTED TO _____

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INI	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street) _____ CITY & STATE _____ ZIP CODE _____

SOURCE OF TRANSPORT TO MEDICAL FACILITY: 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID _____

EMS RUN NUMBER _____

MEDICAL FACILITY TRANSPORTED TO _____

NARRATIVE

REPORTING AGENCY CASE NUMBER

2016-0012178

HSMV CRASH REPORT NUMBER

86617149

V1 traveling West on 25th St. in the outside lane approaching the railroad tracks to the West of Windsor Avenue.

Amtrak train #P098 was traveling North on the East set of tracks approaching 25th Street.

V1 lawfully entered the railroad crossing as the train was entering the intersection. The train struck V1 on the right side causing D1 to be ejected from the vehicle. D1 came to rest against the chain link fence on the East side of the railroad tracks. The rear of V1 struck D1 coming to rest pinning D1 between the rear bumper and the chainlink fence. The train came to rest approx. 100 yards North of the intersection. V1 came to rest approx. 86 feet Northeast from the point of impact.

W1 stated he was standing outside of 2550 Windsor Ave. when he observed a VTMI employee later identified as Alberto Perez (W/M 8/13/1966) waving cars over the tracks due to the railroad signals not working. W1 he first saw Perez working in the signal house at approx. 0830 HRS. W1 stated 30 seconds to a minute later he observed 2 to 3 cars cross over the railroad tracks then he heard a loud crash. W1 stated he observed W2 stop just East of the tracks then looked over and saw V1 at it's final point of rest. W1 stated as the vehicles were crossing the railroad tracks the crossing gates did not come down and the signal lights were not working. W1 stated the crossing gates started to come down as train cars 28003 and 8532 were crossing the intersection.

W2 stated he did not see the crossing gates coming down as he approached the railroad crossing. W2 stated he was directly behind V1 as it entered the railroad crossing. W2 stated the train approached and he slammed the brakes and watched V1 get struck by the train.

W3 left the scene prior to obtaining a statement which will be obtained at a later time. It should be noted W3 was traveling directly in front of V1 and crossed over the tracks prior to V1 being struck by the train.

W4 who was the train engineer of record stated they just left the 45 mph zone and was

**** Continued ****

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>		

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>		

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
	OFC DANIEL DILLARD	WEST PALM BEACH POLICE DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NARRATIVE

REPORTING AGENCY CASE NUMBER

2016-0012178

HSMV CRASH REPORT NUMBER

86617149

entering the 55 mph zone as they traveled North. While approaching the 25th St. crossing he noticed cars were crossing and the gate arms did not come down. W4 initiated an emergency stop and applied all emergency brakes. W4 also activated the horn several times but all efforts could not avoid the collision with V1.

W5 who was the train engineer stated while approaching 25th St. he observed W3 cross through and start to back up, he also noticed the gate arms were not down. At that point he observed W4 activate the emergency braking system and the horn.

Perez refused to provide a statement.

D1 was transported to St. Mary`s Medical Center by WPBFR as a Trauma Alert. At the time of this writing D1`s injuries are as stated: torn aorta, head injury, bruised lung, broken left ribs, and several minor injuries. D1 was placed in critical condition and in emergency surgery.

The scene, train, and vehicle were photographed and marked with orange spray paint. The vehicle was removed by Kauffs Transportation and placed inside on a hold for inspection. TH1 Sgt. Penque was notified and responded to the scene.

The investigation remains open.

***** ADDITIONAL WITNESSES *****

- 4) RUSSELL GRIFFIN JR
- 5) JAMES KNOX



**** END ****

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO									
--	--------------------------	-----------------------	----------------	---------------------------------	--	--	--	--	--	--	--	--	--

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO									
--	--------------------------	-----------------------	----------------	---------------------------------	--	--	--	--	--	--	--	--	--

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
	OFC DANIEL DILLARD	WEST PALM BEACH POLICE DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DIAGRAM

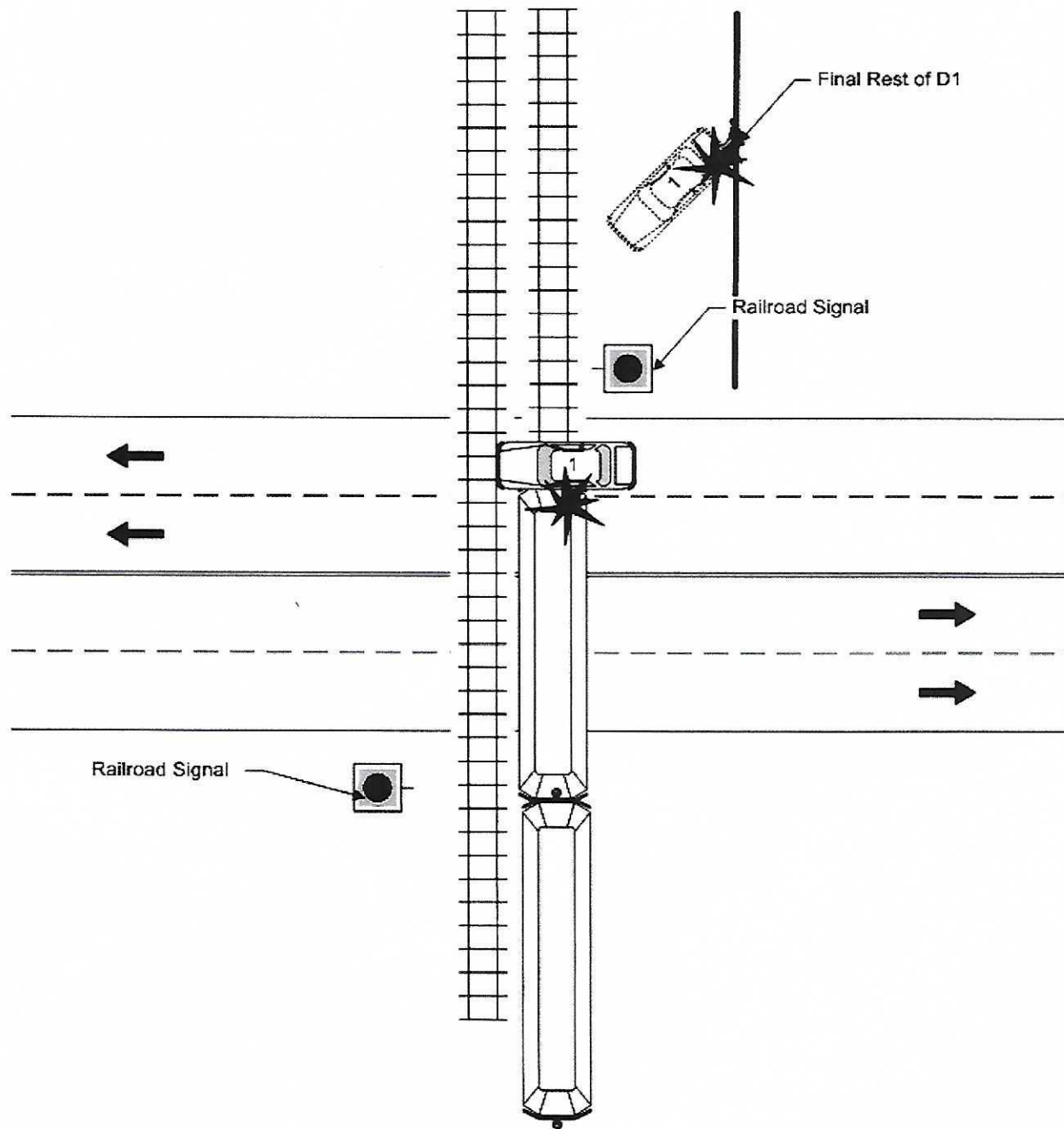
REPORTING AGENCY CASE NUMBER

2016-0012178

HSMV CRASH REPORT NUMBER

86617149

Indicate North



25TH ST Block# 1000

Drawing Not To Scale.