

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐
(Shaded Areas)

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

WAS DOT PROPERTY INVOLVED IN THIS CRASH?

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

CRASH DATE	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
01/10/2024	2:01 PM	01/10/2024	MP240001845	26158700

CRASH IDENTIFIERS

COUNTY CODE	CITY CODE	COUNTY OF CRASH	PLACE OR CITY OF CRASH	CHECK IF WITHIN CITY LIMITS	TIME REPORTED	TIME DISPATCHED
19	42	BREVARD	MELBOURNE	<input checked="" type="checkbox"/>	2:01 PM	2:11 PM
TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED	REASON (If Investigation NOT Complete)			Notified By: 1 Motorist 2 Law Enforcement
2:28 PM	6:00 PM	<input checked="" type="checkbox"/>				2

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY					1 AT STREET ADDRESS #		2 AT LATITUDE		AND		LONGITUDE			
WH JACKSON STREET							28.071449				-80.601784			
AT FEET		MILES		N S E W		3 AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY					4 OR FROM MILEPOST #			
32				<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		RAILROAD ST								
Road System Identifier				7 Forest Road			Type of Shoulder			Type of Intersection			5 Traffic Circle	
5 1 Interstate 4 County 2 U.S. 5 Local 3 State 6 Turnpike/Toll				77 Other, Explain in Narrative			2 1 Paved 2 Unpaved 3 Curb			1 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection			6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative	

CRASH INFORMATION (CHECK IF PICTURES TAKEN)

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision/Impact
1 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown 77 Other, Explain in Narrative 88 Unknown	1 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative	1 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown	1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown

First Harmful Event	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object	First Harmful Event Location
12 12 First Harmful Event within Interchange 1 1 No 2 Yes 88 Unknown	1 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 Collision	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 18 Other Non-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	1 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

First Harmful Event Relation to Junction	Contributing Circumstances: Road	Contributing Circumstances: Environment
5 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use of Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown	1 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps	1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown

Work Zone Related	Crash in Work Zone	Type of Work Zone	Workers in Work Zone
1 1 No 2 Yes 88 Unknown	 1 Before the First Work Zone 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	 1 No 2 Yes 88 Unknown

WITNESSES

NAME	ADDRESS	CITY & STATE	ZIP CODE
MATTHEW DZIURZYNSKI		MIAMI FL	33136
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE

NON VEHICLE PROPERTY DAMAGE

VEH. #	PER #	PROPERTY DAMAGE - OTHER THAN VEH.	EST. AMT.	OWNER'S NAME	(CHECK IF BUSINESS)	ADDRESS	CITY & STATE	ZIP CODE
1		TRAIN	5000	BRIGHTLINE	<input checked="" type="checkbox"/>	161 NW 6TH ST STE 900	MIAMI FL	33136
VEH. #	PER #	PROPERTY DAMAGE - OTHER THAN VEH.	EST. AMT.	OWNER'S NAME	(CHECK IF BUSINESS)	ADDRESS	CITY & STATE	ZIP CODE
					<input type="checkbox"/>			

VEHICLE # 1		Check if Commercial		Reporting Agency Case Number MP240001845		HSMV Crash Report Number 26158700																	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER 1		STATE FL		REGISTRATION EXPIRES 09/28/2024		Check if Permanent Registration		VIN 5J6YH18308L													
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 2008		MAKE HOND		MODEL ELEMENT		STYLE UTILITY		COLOR ORANGE - ONG		DAMAGE: 1 Disabling 2 Functional 3 None		4 Minor 88 Unknown		EST. AMOUNT \$25,000.00							
INSURANCE COMPANY (DRIVER) DIRECT GENERAL INSURANC				INSURANCE POLICY NUMBER				Towed due to Damage: 1 No 2 Yes		VEHICLE REMOVED BY KENDAL TOWING				1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative									
NAME OF VEHICLE OWNER (CHECK IF BUSINESS)				CURRENT ADDRESS				CITY & STATE MELBOURNE FL				ZIP 32901											
Trailer One		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration		VIN		YEAR		MAKE		LENGTH		AXLES					
Trailer Two		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration		VIN		YEAR		MAKE		LENGTH		AXLES					
VEHICLE TRAVELING		N		S		E		W		Off-Road		Unknown		ON STREET, ROAD, HIGHWAY WH JACKSON STREET				AT EST. SPEED		POSTED SPEED		TOTAL LANES	
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		NUMBER		CLASS		Area of Initial Impact 01				Most Damaged Area 01											
MOTOR CARRIER NAME				US DOT NUMBER				15 16 17 18 19 20 21				2 3 4 5 6 7 8 9 10 11 12 13 14											
MOTOR CARRIER ADDRESS				CITY				STATE		ZIP CODE		PHONE NUMBER											
Vehicle Body Type 16		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 22 Moped 23 All Terrain Vehicle (ATV)		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 (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck		8 Tractor/Triples 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown															
Comm/Non-Commercial		1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		TRAILER 1		TRAILER 2		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		8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		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		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown							
Most Harmful Event 12		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 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 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.)		Emergency Vehicle Use 1													
Sequence of Events 1st 2nd 12		[40-46 Sequence of Events only] 40 equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		Roadway Alignment 1		Vehicle Maneuver Action 1 Straight Ahead 2 Turning Left 3 Backing 4 Turning Right 5 Changing Lanes 6 Parked 10 Making U-Turn 11 Overtaking/Passing		Traffic Control Device For This Vehicle 9		Vehicle Defects 1													
Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Special Function of Motor Vehicle 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.) 77 Other, Explain in Narrative 88 Unknown		1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension		13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling Trailer Hitch/ Safety Chains 77 Other, Explain in Narrative 88 Unknown									

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

PERSON # 1

Reporting Agency Case Number
MP240001845HSMV Crash Report Number
26158700

1 Driver 2 Non-Motorist 3 Passenger	1	VEHICLE # 1	NAME CHARLES JULIAN PHILLIPS	PHONE NUMBER	Check if Recommend <input type="checkbox"/> Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) [REDACTED]			CITY & STATE MELBOURNE FL		ZIP CODE 32901
DATE OF BIRTH [REDACTED]	SEX: 1 Male 2 Female 88 Unknown	1	DRIVERS LICENSE NUMBER [REDACTED]	STATE FL	EXPIRES [REDACTED]
INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating			4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality		

DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	5	Required Endorsements 1 Yes 2 No 3 No Req. Endorsement	3	1st 27	Drivers Actions 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	at Time of Crash 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	3rd [REDACTED]	4th [REDACTED]	Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 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	88
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown								
DRIVER VISION OBSTRUCTIONS 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: 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 Enclosed 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			LOCATION: (LOC) SEAT ROW OTHER 1 1 1		Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet		Eye Protection (EP) 1 Yes 2 No 3 Not Applicable		2 Restraint Systems (RS) 1 Not Applicable (non-motorist) 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	
Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown			1		Air Bag Deployed 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		3		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	

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 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			
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		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	

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	88	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	3	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	1	ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN	1	BAC [REDACTED]	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	88	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	3	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	1	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	3
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	77	EMS AGENCY NAME OR ID BREVARD MEDICAL EXAMINERS OFFICE	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO BREVARD MEDICAL EXAMINERS OFFICE
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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			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			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO				

NARRATIVE

Reporting Agency Case Number
MP240001845HSMV Crash Report Number
26158700

Vehicle #1 was traveling westbound on WH Jackson Street at a railroad crossing west of South Harbor City Blvd. A Brightline train traveling northbound on the railroad track. The railroad crossing arms lowered, bells and lights activated on the traffic control devices. Vehicle #1 went around the lowered arms and struck the right side of the train, near the stairs for access to the locomotive.

No occupants were wearing seat belts. The driver of Vehicle #1 was declared deceased at the scene.

Officer Costello #4466 responded and assumed a traffic homicide investigation.

ADDITIONAL PASSENGERS

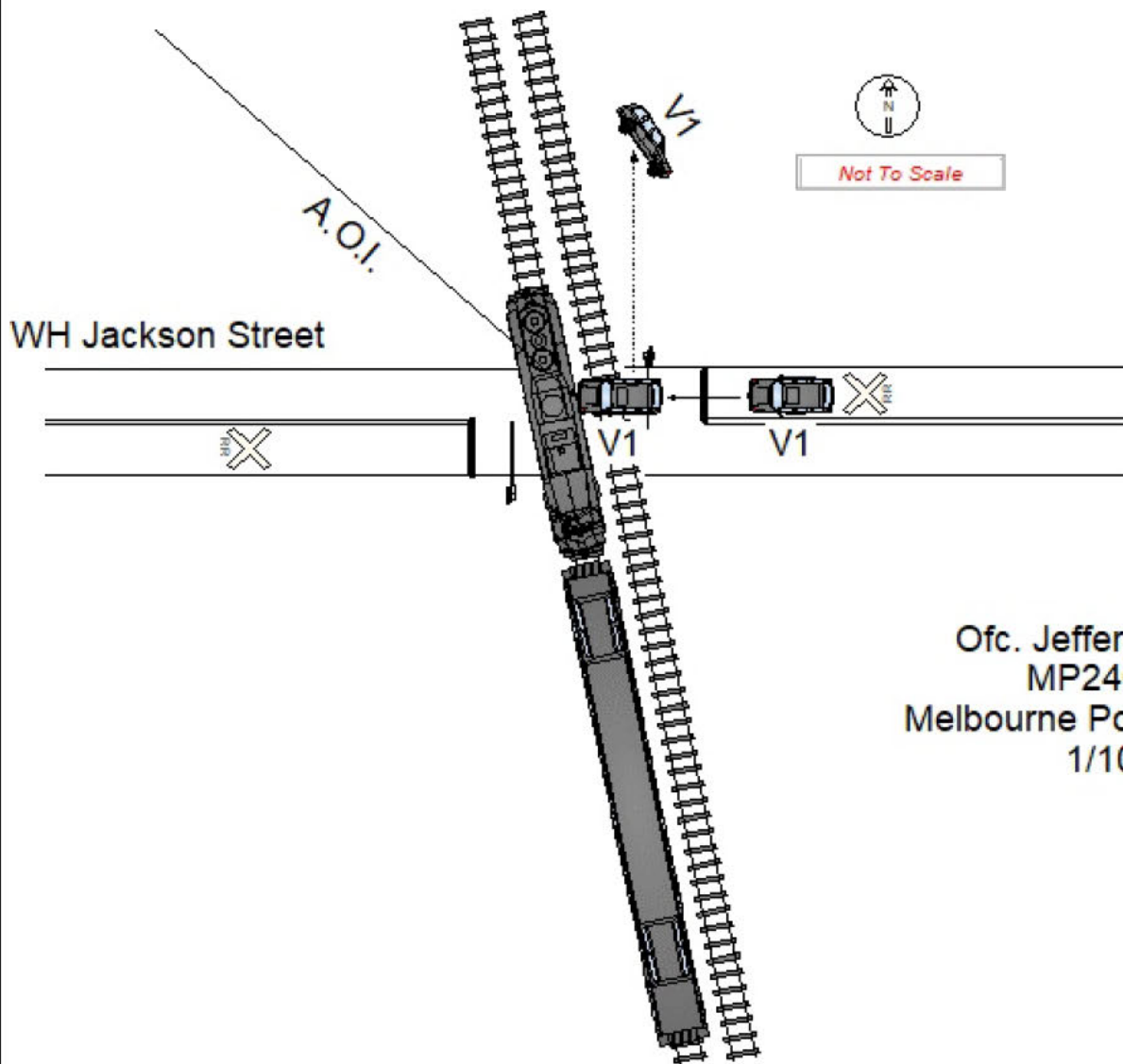
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
2	1	KEISHA BALIN GEI GONZALEZ		4	2	3	1	1	1			3	2
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
			MELBOURNE			FL			32901				
SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>			EMS AGENCY NAME OR ID		EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO					
2			BREVARD COUNTY FIRE RESC		2444			HOLMES REGIONAL MEDICAL C					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
3	1	TERRICA NEWK EYTA CULBRETH		4	2	3	2	1	88			2	2
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
			PALM BAY			FL			32905				
SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>			EMS AGENCY NAME OR ID		EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO					
2			BREVARD COUNTY FIRE RESC		2444			HOLMES REGIONAL MEDICAL C					

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 #	RANK	OFFICER NAME	DEPARTMENT	TYPE OF DEPT. POLICE DEPARTMENT (PD)
4174	OFFICER	JEFFERY BLAIR	MELBOURNE POLICE DEPARTME	



Ofc. Jeffery Blair #4174
MP240001845
Melbourne Police Department
1/10/2024

NARRATIVE

Reporting Agency Case Number
MP240001845HSMV Crash Report Number
26158700

ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
4	1			4	1	1	1	1	1			2	2
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
			PALM BAY			FL			32905				
SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO				
2			FIRST FLIGHT			2444			ARNOLD PALMER HOSPITAL				
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 <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO				

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE #	RANK	OFFICER NAME	DEPARTMENT	TYPE OF DEPT.
4174	OFFICER	JEFFERY BLAIR	MELBOURNE POLICE DEPARTME	POLICE DEPARTMENT (PD)