



Sarasota Police Department Exemptions



PUBLIC RECORDS EXEMPTIONS

PUBLIC RECORDS REQUESTED: 19-079277 (Crash Report)

DATE: 02/13/2020 SPD ID #: 1493

Pursuant to Chapter 119, Florida Statutes, the Florida Public Records Act, in addition to;

- Social Security Numbers F.S. 119.071(5)(a)(5)
- All Medical Information F.S. 455.229, Chapters 381, 394 & 395, and 42 CFR, Part 2 HIPPA to include Baker Act Reports, 394.4615 & 394.463(2)(a)2 & (e) Marchman Acts BC2 # 249

The following information has been withheld as exempt or confidential under applicable state and federal law (check all that apply);

- ACTIVE CRIMINAL INVESTIGATIONS**- Active criminal intelligence of active criminal investigative information - F.S. 119.071(2)(c) & 119.011 (3)
- ALARMS**- Name and address of security systems owners - F.S. 119.071(3)(a) & 281.301
- BANK ACCOUNT INFORMATION**- Bank account numbers, debit & credit card numbers 119.071(5)(b)
- BATTERY/DOMESTIC VIOLENCE**- Home and employment address, phone numbers, and personal assets of the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery of domestic violence- F.S. 119.071(2)(h)(1)(a) (*When requested in writing by the victim*) F.S. 119.071(2)(h)(1)(b) Any information which reveals the identity of the victim of sex offenses and abuse (child or elderly) F.S. 119.071(2)(h)(1)(a), 39.202, 415.107
- CHILD ABUSE**- Dept. of Children & Families records of reported child abuse, abandonment or neglect 39.202 & 39.205
- CONFESSIONS/POST MIRANDA**- Any information which reveals the substance of a confession of a person arrested- F.S. 119.071(2)(e), AGO84-33
- CONFIDENTIAL INFORMANTS OR SOURCES(CRIME STOPPERS)**-F.S. 119.071(2)(f), 901 So.2d 881 and 661 So.2d 926
- CRIMINAL HISTORY (TELETYPE)/ DHSMV**-All FCIC/NCIC records/information confidential- F.S. 943.053(2) & 943.046
- EMPLOYEES/PUBLIC OFFICERS (AS SPECIFIED IN 119.071)**-
 - Sworn and civilian; Law enforcement/Probation officers/DCF
 - Firefighters/Judges/State Attorney/Margistrates/Government HR employees/Code enforcement officers/Guardians ad litem/Department of Juvenile Justice Employees/Public Defender/Tax Collector/Service Members

FINGERPRINTS-Biometric identification information is exempt from s. 119.07(1) and s. 24(a), ART. 1 of the State Constitution F.S. 119.071(5)(g)1

INTERNAL AFFAIRS (IA)-Any information which is part of an active internal affairs investigation- F.S. 112.553(2)(a)

JUVENILES-Name and address identifying juveniles charged with misdemeanor offenses subject to exemption by 985.04 and Chapter 39, F.S.

PAWN BROKER RECORDS-539.003

UNDERCOVER PERSONNEL-Any information revealing undercover personnel or an undercover source- F.S. 119.071(4)

VICTIMS OF CRIMES-Any victim has the right to prevent the disclosure of information or records that could be used to locate or harass the victim or the victim's family, or which could disclose confidential or privileged information of the victim, known as Marsy's Law- FL Constitution, Article 1, Chapter 16(b)(11)

OTHER-STATUTORY CITATION

STATE OF FLORIDA TRAFFIC CRASH

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 2
 TOTAL # OF PERSON SECTION(S) 2
 TOTAL # OF NARRATIVE SECTION(S) 8

MAIL TO DEPT. HIGHWAY SAFETY & MOTOR VEHICLES,
 TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING,
 TALLAHASSEE, FL 32399-0537

CRASH DATE 12/18/2019	TIME OF CRASH 5:56 PM	DATE OF REPORT 12/19/2019	REPORTING AGENCY CASE NUMBER 19-079277	HSMV CRASH REPORT NUMBER 89405176
---------------------------------	---------------------------------	-------------------------------------	--	---

CRASH IDENTIFIERS						
COUNTY CODE 16	CITY CODE 40	COUNTY OF CRASH SARASOTA	PLACE OR CITY OF CRASH LONGBOAT KEY	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 5:57 PM	TIME DISPATCHED 5:58 PM
TIME ON SCENE 6:00 PM		TIME CLEARED SCENE 11:00 PM		CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)	
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 SR 789 (GULF OF MEXICO DR)				AT STREET ADDRESS # 2121	AT LATITUDE AND LONGITUDE	
AT FEET	OR MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY			OR FROM MILEPOST #

Road System Identifier 3	1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/ Toll	7 Forest Road 8 Private Roadway 9 Parking Lot 77 All other, Explain in Narrative	Type of Shoulder 2	1 Paved 2 Unpaved 3 Curb	Type of Intersection 77	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 checked="" type="checkbox"/>									
Light Condition 2	1 Daylight 2 Dusk 3 Dawn 4 Dark Lighted 5 Dark Not Lighted 6 Dark Unknown Lighting 77 Other, Explain in Narrative 88 Unknown	Weather Condition 1	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	Roadway Surface Condition 1	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	School Bus Related 1	1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact 3	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

First Harmful Event 14	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 Falling, 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	First Harmful Event Location 1	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 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 4	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 Location 88 Unknown	Contributing Circumstances: Road 4	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 3	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 1	Crash in Work Zone <input type="checkbox"/>	Type of Work Zone <input type="checkbox"/>	Workers in Work Zone <input type="checkbox"/>	Law Enforcement in Work Zone <input type="checkbox"/>	1 No 2 Yes 88 Unknown 1 Before the First Work Zone Warning Sign 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 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present
-------------------------------	--	---	--	--	---

WITNESSES					
NAME	ADDRESS	CITY & STATE	ZIP CODE	TELEPHONE	
NAME	ADDRESS	CITY & STATE	ZIP CODE	TELEPHONE	
NAME	ADDRESS	CITY & STATE	ZIP CODE	TELEPHONE	

NON VEHICLE PROPERTY DAMAGE							
VEHICLE #	PERSON #	PROPERTY DAMAGE -OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business) <input type="checkbox"/>	ADDRESS	CITY & STATE	ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE -OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business) <input type="checkbox"/>	ADDRESS	CITY & STATE	ZIP CODE

VEHICLE # 1	Check if Commercial <input type="checkbox"/>	REPORTING AGENCY CASE NUMBER 19-079277	HSMV CRASH REPORT NUMBER 89405176
---	---	---	--

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	VEHICLE LICENSE NUMBER 1	STATE IL	REGISTRATION EXPIRES 06/2020	Check if Permanent Registration <input type="checkbox"/>	VIN [REDACTED]
---	---	--------------------	--	--	-------------------

Hit and Run 1 No 2 Yes 88 Unknown	YEAR 2018	MAKE TESL	MODEL	STYLE 4D	COLOR Blue	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	EST. DAMAGE \$45,000
--	---------------------	---------------------	-------	--------------------	----------------------	---	--------------------------------

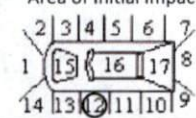

INSURANCE COMPANY (Driver) AIG PROP CASUL CO	INSURANCE POLICY NUMBER [REDACTED]	Towed due to Damage: 1 No 2 Yes 2	VEHICLE REMOVED BY UPMANS	1. Rotation 2. Owner Request 3. Driver 77. Other, Explain in Narrative
--	---------------------------------------	---	-------------------------------------	---

NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/> CHARLES L. BARANCIK TRUST	CURRENT ADDRESS [REDACTED]	CITY & STATE [REDACTED]	ZIP CODE 60015
--	-------------------------------	----------------------------	--------------------------

TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
-----------	----------------	-------	----------------------	--	-----	------	------	--------	-------

TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
-----------	----------------	-------	----------------------	--	-----	------	------	--------	-------

VEHICLE TRAVELING	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY DRIVEWAY OF 2121 GULF OF MEXICO DR	AT EST. SPEED 5	POSTED SPEED 15	TOTAL LANES 2
-------------------	---	---	---	---	----------	---------	---	---------------------------	---------------------------	-------------------------

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of Initial Impact 	Most Damaged Area 
---	--	------------------	-----------------	--	--

MOTOR CARRIER NAME [REDACTED]	US DOT NUMBER [REDACTED]	CITY & STATE [REDACTED]	ZIP CODE [REDACTED]	PHONE NUMBER [REDACTED]
----------------------------------	-----------------------------	----------------------------	------------------------	----------------------------

MOTOR CARRIER ADDRESS [REDACTED]	CITY & STATE [REDACTED]	ZIP CODE [REDACTED]	PHONE NUMBER [REDACTED]
-------------------------------------	----------------------------	------------------------	----------------------------

Vehicle Body Type 1 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped	Trafficway 3 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/Triple 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 <input type="checkbox"/> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck	Trailer Type <input type="checkbox"/> TRAILER 1 <input type="checkbox"/> TRAILER 2 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 <input type="checkbox"/> 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 (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown
---	---	--

Most Harmful Event 14 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	Emergency Vehicle Use 1 1 No 2 Yes 88 Unknown
---	---	---	---

Sequence of Events 1st 14 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> <i>[40-46 Sequence of Events only]</i> 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	Vehicle Maneuver Action 3 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U Turn 11 Overtaking/ Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown	Traffic Control Device For This Vehicle 6 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown	Vehicle Defects 1 <input type="checkbox"/> 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
--	--	---	--

Roadway Grade 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	Roadway Alignment 1 1 Straight 2 Curve Right 3 Curve Left	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
--	---	---

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 19-079277	HSMV CRASH REPORT NUMBER 89405176
-----------------	--	---

1 Driver 2 Non Motorist 3 Passenger	1	VEHICLE # 1	NAME CHARLES L BARANCIK	PHONE NUMBER		Check if Recommend Driver Re exam <input type="checkbox"/>
---	----------	-----------------------	-----------------------------------	--------------	--	---

CURRENT ADDRESS (Number and Street)	CITY & STATE LONGBOAT KEY, FL	ZIP CODE 34228
-------------------------------------	---	--------------------------

DATE OF BIRTH 05/27/1928	SEX: 1 Male 2 Female 88 Unknown	1	DRIVER LICENSE NUMBER	STATE FL	EXPIRES 05/2023	INJURY SEVERITY 1 None 2 Possible 3 Non incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non Traffic Fatality	5
------------------------------------	--	----------	-----------------------	--------------------	---------------------------	---	----------

DRIVER								
DL Type 5	Required Endorsements 2	1st 3	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	Condition At Time of Crash 1		
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper- Rest 7 None		1 Yes 2 No 3 No Req. Endorsement		1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right of Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to keepin Proper Lane		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		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
1 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		9 Smoke 10 Glare 77 All Other, Explain in Narrative		1 Vision Not Obscured 2 Inclement Weather 3 Parked / Stopped Vehicle 4 Trees / Crops / Bushes		5 Load on Vehicle 6 Signaling / Fixed Object 7 Signs / Billboards 8 Fog

77	DRIVER OR PASSENGER	1 DOT Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not Applicable	3	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
-----------	---------------------	--	---	----------	---

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 88 Unknown 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown		LOCATION: SEAT ROW OTHER (LOC) 1 1 1	Ejection (EJECT) <input type="checkbox"/> 1 Not Ejected <input type="checkbox"/> 2 Ejected, Totally <input type="checkbox"/> 3 Ejected, Partially <input type="checkbox"/> 4 Not Applicable <input type="checkbox"/> 88 Unknown	Air Bag Deployed (ABD) <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Deployed <input type="checkbox"/> 3 Deployed-Front <input type="checkbox"/> 4 Deployed-Side	5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown
--	--	--	--	---	--

Non-Motorist Description <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) <input type="checkbox"/> 3 Bicyclist <input type="checkbox"/> 4 Other Cyclist <input type="checkbox"/> 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) <input type="checkbox"/> 6 Occupant of a Non Motor Vehicle Transportation Device <input type="checkbox"/> 7 Unknown Type of Non Motorist	Non-Motorist Location At Time of Crash <input type="checkbox"/> 1 Intersection Marked Crosswalk <input type="checkbox"/> 2 Intersection Unmarked Crosswalk <input type="checkbox"/> 3 Intersection -Other <input type="checkbox"/> 4 Midblock Marked Crosswalk <input type="checkbox"/> 5 Travel Lane Other Location <input type="checkbox"/> 6 Bicycle Lane <input type="checkbox"/> 7 Shoulder/Roadside	Action Prior to Crash <input type="checkbox"/> 5 Walking/Cycling on Sidewalk <input type="checkbox"/> 6 In Roadway Other (working, playing, etc.) <input type="checkbox"/> 7 Adjacent to Roadway (e.g., shoulder, median) <input type="checkbox"/> 8 Going to or from School (K 12) <input type="checkbox"/> 9 Working in Trafficway (incident response) <input type="checkbox"/> 10 None <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
Safety Equipment <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Helmet <input type="checkbox"/> 3 Protective Pads Used (elbows, knees, shins, etc.) <input type="checkbox"/> 4 Reflective Clothing (jacket, backpack, etc.)	Non-Motorist Actions/Circumstances 1st <input type="checkbox"/> 1 No Improper Action <input type="checkbox"/> 2 Dart/Dash <input type="checkbox"/> 3 Failure to Yield Right of Way <input type="checkbox"/> 4 Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 5 In Roadway Improperly (standing, lying, working, playing) <input type="checkbox"/> 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

ALCOHOL/DRUG/EMS								
SUSPECTED ALCOHOL USE: 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 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 1	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
--	-----------------------------------	----------------	---------------------------------

ADDITIONAL PASSENGERS																		
PERSON # 3	VEHICLE # 1	NAME MARGERY L BARANCIK	DATE OF BIRTH 09/29/1936	INJ 5	SEX 2	LOC: S 3	R 1	O 1	EJECT 1	HU 2	EP 3	ABD 2	RS 3					
CURRENT ADDRESS (Number and Street)										CITY & STATE LONGBOAT KEY, FL					ZIP CODE 34228			

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	EMS RUN NUMBER C1912181319	MEDICAL FACILITY TRANSPORTED TO Sarasota County Fire Dept. Sarasota Memorial 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 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									

VEHICLE # 2		Check if Commercial <input type="checkbox"/>			REPORTING AGENCY CASE NUMBER 19-079277			HSMV CRASH REPORT NUMBER 89405176					
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER XF4024		STATE FL	REGISTRATION EXPIRES 01/2021	Check if Permanent Registration <input checked="" type="checkbox"/>	VIN 1FM5K8AR0JGA46038						
Hit and Run 1 No 2 Yes 88 Unknown	YEAR 2018	MAKE FORD	MODEL XPL	STYLE 4D	COLOR White	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None		EST. DAMAGE 1 \$30,000					
INSURANCE COMPANY (Driver) SELF			INSURANCE POLICY NUMBER SELF		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY UPMANS		1. Rotation 2. Owner Request 3. Driver 77. Other, Explain in Narrative 1					
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>				CURRENT ADDRESS TOWN OF LONGBOAT KEY 501 BAY ISLES RD				CITY & STATE LONGBOAT KEY, FL		ZIP CODE 34228			
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN			YEAR	MAKE	LENGTH	AXLES		
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN			YEAR	MAKE	LENGTH	AXLES		
VEHICLE TRAVELING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road Unknown <input type="checkbox"/> ON STREET, ROAD, HIGHWAY SR 789							AT EST. SPEED 82	POSTED SPEED 45	TOTAL LANES 2				
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER	HAZ. MAT. CLASS		Area of Initial Impact		Most Damaged Area				
MOTOR CARRIER NAME				US DOT NUMBER									
MOTOR CARRIER ADDRESS				CITY & STATE			ZIP CODE		PHONE NUMBER				
Vehicle Body Type 16		13 All Terrain Vehicle (ATV) 15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs or less) 20 Medium / Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 27 Other, Explain in Narrative 88 Unknown		Trafficway 3 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 <input type="checkbox"/> 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/Triple 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 <input type="checkbox"/> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Trailer Type <input type="checkbox"/> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		Trailer 1 <input type="checkbox"/> Trailer 2 <input type="checkbox"/>		Cargo Body Type <input type="checkbox"/> 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 (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown			
Most Harmful Event 14		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 2 1 No 2 Yes 88 Unknown			
Sequence of Events 1st 14 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		[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		Vehicle Maneuver Action 1 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U Turn 11 Overtaking/ Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		Traffic Control Device For This Vehicle 1 1 No Controls 4 School Zone Sign/ Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		Vehicle Defects 1 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	
Roadway Grade 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Roadway Alignment 1 1 Straight 2 Curve Right 3 Curve Left		Special Function of Motor Vehicle 3 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					
VIOLATIONS													
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 2	REPORTING AGENCY CASE NUMBER 19-079277	HSMV CRASH REPORT NUMBER 89405176
---	--	---

1 Driver 2 Non Motorist 3 Passenger	1	VEHICLE # 2	NAME JEFFREY D VOGT	PHONE NUMBER		Check if Recommend Driver Re exam <input type="checkbox"/>
---	---	-----------------------	-------------------------------	--------------	--	--

CURRENT ADDRESS (Number and Street) 5460 GULF OF MEXICO DR	CITY & STATE LONGBOAT KEY, FL	ZIP CODE 34228
--	---	--------------------------

DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	1	DRIVER LICENSE NUMBER	STATE FL	EXPIRES 07/2026	INJURY SEVERITY 1 None 2 Possible 3 Non incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non Traffic Fatality	3
---------------	--	---	-----------------------	--------------------	---------------------------	---	---

DRIVER			
DL Type 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	Required Endorsements 1 1 Yes 2 No 3 No Req. Endorsement	1st 1	Drivers Actions at Time of Crash 1 No Contributing 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 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
Driver Distracted By 1 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		2nd <input type="checkbox"/>	3rd <input type="checkbox"/>
Driver Vision Obstructions 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked / Stopped Vehicle 4 Trees / Crops / Bushes		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	4th <input type="checkbox"/>
Condition At Time of Crash 1 1 Apparently Normal 3 Asleep or Fainted 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			

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 88 Unknown 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown	LOCATION: SEAT ROW OTHER (LOC) 1 1 1	Helmet Use (HU) <input type="checkbox"/> 1 DOT Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) <input type="checkbox"/> 1 Yes 2 No 3 Not Applicable
Air Bag Deployed (ABD) 3 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		Restraint Systems (RS) 77 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 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	

NON-MOTORIST			
Non-Motorist Description <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 (working, playing, etc.) 6 In Roadway Other (shoulder, median) 7 Adjacent to Roadway (e.g., going to or from School (K 12)) 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 <input type="checkbox"/> 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 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 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		

ALCOHOL/DRUG/EMS																
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	1	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown if Tested	<input type="checkbox"/>	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	<input type="checkbox"/>	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	<input type="checkbox"/>	BAC <input type="checkbox"/>	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	1	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown if Tested	<input type="checkbox"/>	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	<input type="checkbox"/>	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	<input type="checkbox"/>

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	2	EMS AGENCY NAME OR ID LONGBOAT KEY FIRE RESCUE	EMS RUN NUMBER C1912181319	MEDICAL FACILITY TRANSPORTED TO Sarasota Memorial Hospital
---	---	--	--------------------------------------	--

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

19-079277

HSMV CRASH REPORT NUMBER

89405176

On 12/18/19 at approximately 1813 hrs, I responded to the 2100 Blk of SR 789 (Gulf of Mexico Dr.) on Longboat Key in reference to a traffic call-out. Upon arrival at the scene, which was secured by Longboat Key personnel, I was met by Sgt. Frangioni, Traffic Unit Supervisor. I was advised that I would be the lead investigator. I was further told that the Driver of vehicle 1, Barancik, C. was pronounced dead by Fire Rescue. The passenger of vehicle 1, Barancik, M. was transported to Sarasota Memorial Hospital (SMH) as a Trauma alert (Trauma Tucson). The driver of vehicle 2, Vogt was also transported to SMH for injuries sustained in the crash. Ofc. Frank conducted taped interviews of the witnesses on scene. Ofc. Kennedy contacted the Medical Examiner's Office. Officers Vermillion and Perkins measured and documented the scene using the laser mapping equipment. Criminalistics Technician Siegfried photographed the scene and collected evidence and personal belongings. While at the hospital, Ofc. Conley conducted a consensual blood draw from Vogt.

At 1927 hrs, Investigator Rogers of the district 12 Medical Examiner's Office was notified and advised of the circumstances surrounding the death. Inv. Rogers declined to respond to the scene. Inv. Rogers did arrange for transportation of Barancik, C.

INVESTIGATION:

The 2100 blk of SR 789 (Gulf of Mexico Dr.) is a 2 lane, primarily north/south state roadway. There are designated bicycle lanes at the edges of the roadway. Northbound there is a designated left turn lane that turns into En Province condominiums. Southbound there is a center safety lane designated by yellow paint and hash marks.

I observed vehicle 1, a blue Tesla [REDACTED] in its final resting position facing a southeasterly direction. All 4 tires were in the southbound lane of travel. Vehicle 1 had significant damage to the left side of the vehicle and rear of the vehicle. Barancik, M. had been removed from the vehicle. The passenger seatbelt was locked in the extended position and the

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 1389	RANK & NAME OFC. T Bales	DEPARTMENT Sarasota Police Dept	FHP <input type="checkbox"/>	SO <input type="checkbox"/>	PD <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
-------------------------	-----------------------------	------------------------------------	------------------------------	-----------------------------	--	--------------------------------

NARRATIVE

REPORTING AGENCY CASE NUMBER

19-079277

HSMV CRASH REPORT NUMBER

89405176

passenger, side airbags were deployed. Barancik, C. was still in the driver's seat, with the seatbelt fastened. The driver's curtain airbags were deployed.

I observed vehicle 2, a white Ford Explorer, marked Police Vehicle bearing FL. XF4024 in its final resting position facing a southeasterly direction. The left front and rear tires were in the northbound lane of travel and the right front and rear tires were in the designated left turn lane. Vehicle 2 had significant damage to the front hood, bumper, right and left fenders and windshield. The driver's front airbag was deployed, and the seatbelt was locked in the retracted position, however the seatbelt had a slight amount of give to it. The emergency lights were active when I arrived on scene and were turned off at 1939 hrs. by Sgt. Frangioni.

Officers were unable to locate any pre-impact skid marks on the roadway. Officers located several post-impact scuff marks and scrapes on the roadway.

Officers located construction equipment on the northside of the driveway leading from 2121 Gulf of Mexico Dr. The equipment was a backhoe and a water trailer parked in the grass, at the edge of the roadway. There was a Horizontal directional drilling machine north of the other equipment, next to the sidewalk with the drill shaft still in the ground. The equipment was believed to be left there by RAW Construction, with a local address of 837 S. Packinghouse Rd. Sarasota, Fl. 34232.

On 12/19/19, Capt. Skinner of the Longboat Key Police department removed the SD card from the in car camera of vehicle 2 and turned it over to me. Ofc. Kennedy and I went to Longboat Key Police Department and had the video downloaded. I retained custody of the SD card. Ofc. Kennedy and I went to 2121 Gulf of Mexico Dr. and met with the property manager, Bobby Venable. Venable stated that 2 residents and 2 employees had complained about the equipment north of the driveway, and one of the residents was Barancik. Venable provided me a copy of the video facing out of their driveway.

On 12/20/19 Inv. Rogers informed me that Barancik, M. had died from injuries sustained in the

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
1389	OFC. T Bales	Sarasota Police Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NARRATIVE

REPORTING AGENCY CASE NUMBER

19-079277

HSMV CRASH REPORT NUMBER

89405176

crash. Inv. Rogers also advised that Dr. Thirakul conducted the autopsy on Barancik, C. and the cause of death is Blunt Impact to Torso with Lacerations of Heart and Aorta.

Dr. Thirakul conducted an external exam on Barancik, M. and cause of death was Skull Fracture with Intercranial Hemorrhage and Contusions of Brain.

Vehicle inspections were conducted by Ofc. Kennedy and myself.

Ofc. Frank met with Sgt. Pascoe of the Florida Highway Patrol and conducted a download of the Airbag Control Module (ACM). I received a report of the download from Sgt. Pascoe on 12/23/19.

On 12/27/19, I met mechanic Nick Visaggio at Upman's Towing. Visaggio removed the Infotainment Module from vehicle 2. I placed the module into property. On 12/30/19, the module was taken to Sgt. Kloack of the Ft. Myers Police Department for download and returned on 01/02/20.

On 12/31/19, I spoke with Vogt via phone. Vogt's only recollection of the crash is vehicle 1 pulling out in front of him.

On 01/09/20 I met with Sgt. Eastty of the Pinellas County Sheriff's Office who was able to remove the ACM from vehicle 1. The ACM was downloaded, and the report was emailed to me. Both vehicles were released.

On 01/30/20, I received the lab report from FDLE for Vogt. The report came back negative for alcohol and drugs.

DOWNLOADS:

Cell phone belonging to C. Barancik, [REDACTED].

Per the report of Digital Forensics Specialist Brian Yang #1745 of the Sarasota Police Department, there were no incoming or outgoing calls, and no text messages 30 minutes before and after 1800 hrs on the evening of the crash.

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
1389	OFc. T Bales	Sarasota Police Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NARRATIVE

REPORTING AGENCY CASE NUMBER

19-079277

HSMV CRASH REPORT NUMBER

89405176

ACM Vehicle 1, 2 events recorded.

Event 1, ignition cycles 1561, driver and passenger seatbelt buckled.

Driver and passenger pretensioners, side seat and side curtain airbags deployed. Speed of 9 mph at impact.

Event 2, ignition cycles 1568, driver and passenger seatbelt status not available.

Driver and passenger pretensioners, side seat and side curtain airbags deployed. Speed, Accelerator %, Rear Motor Speed, Steering wheel angle all Signal Not Available (SNA)

ACM Vehicle 2, 1 event recorded.

Ignition cycles 4490 at download, ignition cycles at crash 4488, driver seatbelt buckled, passenger seatbelt unbuckled. Driver's front airbag deployed. Speed of 55.4 mph at impact, ABS engaged.

Infotainment Module Vehicle 2.

Several phones had been connected to the infotainment system; however, nothing was connected on 12/16/19 between 1730 and 1830 hrs.

INTERVIEWS:

Vehicle 2 (Vogt)

Driver

Vogt was interviewed via phone. Vogt stated the only thing he remembers is the vehicle pulled out in front of him.

Rupprecht, Gretchen Security for 2121 Gulf of Mexico Dr.

Rupprecht stated she was sitting at the desk facing east so she can see the cars coming.

Rupprecht continued to state she saw the car go and stop at the stop sign. She continued to

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
1389	OFC. T Bales	Sarasota Police Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NARRATIVE

REPORTING AGENCY CASE NUMBER

19-079277

HSMV CRASH REPORT NUMBER

89405176

state she saw the car pull out and heard a big bang. Rupprecht also stated the police vehicle did have the emergency light on but no siren. Rupprecht called 911 and approached the scene. Rupprecht saw the officer get out of the vehicle and described him as looking stunned and he stated, "they pulled out in front of me". Rupprecht said she approached the blue vehicle saw the female bleeding then went to the other side and tried to talk to him but did not see any movement. Rupprecht told the officer they are not moving. Rupprecht did state that a different emergency vehicle went by about 6 to 7 minutes before the crash.

Kapernaros, Judith, 911 Caller.

Kapernaros stated she was north on Gulf of Mexico Dr. approx. 1 to 1.5 miles south of the southern Fire station when a fire truck and ambulance was going south with their emergency lights activated. Kapernaros stated when she and the vehicle in front of her got back onto the roadway, she saw more emergency lights ahead. Kapernaros also stated as she got closer, the vehicle was not moving. Kapernaros continued to state that when she got to the crash scene, she saw that it was an extensive accident. The vehicle in front of her stopped and the driver attempted to help the officer get out of the vehicle. Kapernaros then stated that the officer could not get out of the vehicle and the driver of the vehicle in front of her returned to the car and left. Kapernaros then drove past the crash, pulled into CVS parking lot and called 911.

Other phone numbers provided:

941-330-6974 and 303-905-5598 never returned repeated calls and messages.

VIDEOS:

Entrance/Exit of En Province

00:18 Fire truck south on Gulf of Mexico Dr., lights activated.

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
1389	OFC. T Bales	Sarasota Police Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NARRATIVE

REPORTING AGENCY CASE NUMBER

19-079277

HSMV CRASH REPORT NUMBER

89405176

00:22 Ambulance south on Gulf of Mexico Dr., lights activated.
01:05 Vehicle 1 enters view of camera from bottom.
01:18 Vehicle 2 south on Gulf of Mexico Dr., light activated.
01:19 Crash occurs.

Vehicle 2, in car camera, total 3 video's

Video 1

17:56:15 Video Starts.
17:56:47 Lights activated, video speed 34 mph.
17:56:48 Vehicle 2 enters center turn lane.
17:56:53 Video Stops, video speed 61 mph.

Video 2

17:57:02 Video starts. Vehicle 2 in southbound lane of travel, lights activated.
17:57:03 Video speed 79 mph.
17:57:10 Brakes applied, video speed 84 mph.
17:57:11 Crash occurs, video speed 83 mph, camera dislodges from windshield, no picture.
17:57:18 Video speed 0 mph.
18:38:45 Video stops.

Video 3

18:38:49 Video starts, no picture.
18:51:07 Video stops.

CONCLUSION:

Vehicle 2 was traveling south on SR 789 (Gulf of Mexico Dr.) with the Emergency lights activated responding to a Fire Alarm at 603 Longboat Club Rd. Vehicle 1 was traveling east on the

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
1389	OFC. T Bales	Sarasota Police Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NARRATIVE

REPORTING AGENCY CASE NUMBER

19-079277

HSMV CRASH REPORT NUMBER

89405176

driveway of En Province condominiums. Vehicle 1 proceeded past the guardhouse and stopped at the intersection at SR 789. Vehicle 1 activated the left turn signal and initiated a left turn. An unknown vehicle was traveling north on SR 789 and was slowing for Vehicle 2, causing vehicle 1 to slow his turn. Vehicle 2 applied the brakes and attempted to steer the vehicle to avoid the crash. Vehicle 2 struck the left front, rear door and the "B" pillar of the vehicle 1. Vehicle 1 rotated clockwise approximately 90 degrees and stopped. Vehicle 2 struck vehicle 1 at an impact speed of 55 mph. P1 was pronounced dead on scene by Fire Rescue. P3 was transported to SMH and pronounced dead on 12/19/19. P2 was transported to SMH where he was treated and released. There was construction equipment, a backhoe, water tank trailer and Horizontal drilling machine located on the north side of the intersection and did block the view of both drivers. The driver of vehicle 1 is at fault in the crash for violating the right of way of vehicle 2.

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
1389	OFC. T Bales	Sarasota Police Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

See laser mapped drawing



2121-2161
Gulf of Mexico Dr.
SR 789

