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### Volusia Sheriff's Office

### - Incident Supplement -

CASE No.: VP230006323

Agency ORI Number: Reporting Agency: Supplement Reported Date
FL0640000 Volusia Sheriff's Office 7/18/2023

#### \*\*\*\*Update\*\*\*\*\*

On Sunday April 2nd, 2023, at approximately 1241 hours, deputies responded to 1162 E Normandy Blvd, Deltona in reference to a motor vehicle crash with injuries. Upon arrival, deputies observed a female, later identified as Eileen Flaherty(V1), lying in the roadway unconscious. He brother Robert Flaherty (V2) was a short distance away and also sustained significant injuries. A red BMW sdrive 35i convertible (FL Tag: IVTU37) crashed into a rock in front of 1162 E Normandy Blvd. The driver, Ralph Aguilar (O1), and the passenger Victor Hernandez (V3) were standing near the vehicle. Deltona Fire Department Paramedics arrived on scene and pronounced Eileen Flaherty deceased at 1250 hours. Robert Flaherty was transported to HCA Lake Monroe Hospital and Victor Hernandez was transported to Advent Health Fish Memorial Hospital. At 1252 hours, Sgt Patterson contacted the on-call Volusia Sheriff's Traffic Homicide Investigation Unit. Members of the Traffic Homicide Unit were notified and responded to the scene. Detective Mefford of the Volusia Sheriff's Crime Scene Unit also responded to the scene.

The investigation revealed the following:

Ralph Aguilar was the driver of the red BMW sdrive 35i. Ralph Aguilar was driving East on E Normandy Blvd. Eileen and Robert Flaherty were walking East on the sidewalk located on the North side of the roadway. The BMW crossed over the centerline and ran off the roadway. The BMW struck a traffic sign located on the grass shoulder before continuing onto the sidewalk. The BMW struck Eileen and Robert. Eileen was thrown 59 feet 5 inches before coming to rest on the apron of 1162 E Normandy Blvd. Robert came to rest a short distance from Eileen (he was transported prior to the arrival of Traffic Homicide Investigators and his exact position was not recorded). The BMW continued through the front yard of 1162 E Normandy before striking a large decorative rock, pushing it a short distance, and coming to final rest. The BMW's front and knee airbags deployed for both the driver and passenger who were both wearing their seatbelts.

Ralph Aguilar provided a voluntary sample of his blood which was drawn by Paramedic Orozco in the back of the Medic 63 ambulance. The sample was submitted to FDLE for analysis, and did not reveal the presence of any alcohol or chemical or controlled substances. Detective Mefford arrived on scene and obtained digital photographs of the scene, to include roadway evidence, damage by the BMW, and of the body of Eileen Flaherty. Detective Mefford, also completed 3D scans of the entire crime scene utilizing a FARO scanner, to include the entirety of the crash scene, both vehicles, and other evidence observed at the scene.

Traffic Homicide Investigators conducted several measurements while on scene including a base-line measurement, roadway measurements, and drag sled measurements.

Deputy Maletto contacted Robert Flaherty at the hospital and informed him of his sister's death.

Deputy Maletto Contacted the office of the Medical Examiner from District 7 who responded and took possession of the deceased. A postmortem was completed on April 3rd, 2023, by physician James Fulcher, M.D., who determined the cause of death for Eileen Flaherty to be blunt force trauma to the neck, and torso due to being struck by a motor vehicle.

Pratt's Towing responded to the scene and removed the BMW to the Volusia Sheriff's Evidence Facility. The vehicle was secured in a locked outdoor lot.

#### Witness Statements:

Ralph Aguilar was advised of the Miranda Warnings and agreed to speak with Deputy Maletto. He advised that he was traveling East on E Normandy Blvd when he dropped a drawstring bag inside the vehicle. He looked down and reached to retrieve the bag. When he looked up he had departed the roadway and struck Eileen and Robert Flaherty. Aguilar stated that he was going approximately 35 miles per hour.

Giovanna Borges (W1) and Ivan Fontanez (W2) observed the BMW strike Eileen and Robert. They both completed a sworn written statement.

Victor Hernandez was transported to the hospital prior to Deputy Maletto's arrival. Therefore, Deputy Maletto spoke with Victor Hernandez over the phone due to him residing in New York. Hernandez stated that he and Aguilar were out shopping. Hernandez was dozing off when he saw Aguilar struggling with something by his foot. He then heard a loud bang as the vehicle struck the sign. A moment later he observed Eileen airborne after the vehicle collided with her. The vehicle continued a short distance before striking the rock. Hernandez extricated himself from the vehicle, and attempted life saving measures on Eileen. Hernandez estimated the speed of the BMW prior to exiting the roadway at approximately 35-40 miles per hour.

#### Investigative Summary:

Deputy Maletto determined an average speed of the BMW by utilizing a simple time and distance formula. Deputy Maletto located a license plate hit at the intersection of Deltona Blvd and E Normandy at 12:38:21. The crash occurred at 12:44:57 according to a time stamp on video surveillance which captured audio of the crash. The distance from the camera to the crash site is approximately 8078 ft.

#### - Incident Supplement(Cont.) -

The average speed of vehicle over the entire distance was 13.9 miles per hour. Deputy Maletto utilized crush analysis along with kinetic energy equations to determine a speed at impact. The weight of the rock was required for the calculations. Pratt's Towing transported the rock to the Tomoka Landfill which was equipped with calibrated scales. The rock weighed 2340 pounds. That weight combined with the measured distance and drag factors for the grass and concrete were input into the equation Wk=fWd where "f" is the drag factor, "W" is the weight of the rock, and d is the distance it slid (this calculation was performed once for the sliding over grass and once for sliding over concrete and the results were summed). The total work required to push the rock was 30,825 ft-lbs. The work required to move the rock the vehicle struck was combined with the crush energy (12,379.18 ft-lbs which was derived from crush analysis within FARO Zone 3D) was summed in order to calculate the total energy at impact which was 43,204 ft-lbs. That energy result was input into the kinetic energy formula of Ke=(WS^2)/30. The equation was solved for S (speed in miles per hour) and the result was a minimum impact speed of 19.23 miles per hour. Deputy Maletto obtained video surveillance which showed the impact with the pedestrians and the rock. The BMW's speed did not appear to be excessive. Deputy Werfel attempted to obtain Event Data Recorder Information from the BMW, but the vehicle was not equipped with that equipment.

Hoang Asam (W3) provided the video from 1175 E Normandy Blvd. Justine Hernandez (W4) provided Ring camera footage from 1126 E Normandy Blvd which captured audio of the crash with an accurate time stamp.

The investigation determined that on Sunday, April 2nd, 2023, at approximately 1241 hours, Ralph Aguilar was operating his red BMW convertible traveling East on E Normandy Blvd. Aguilar was distracted by dropping a drawstring bag in his vehicle and reached to retrieve it. Aguilar's distraction caused him to run off the roadway and strike 2 pedestrians killing 1. Aguilar was found to be at fault for the crash and issued a citation for careless driving.

INFO	□Victim Advocate □Triad □SA Referral		DCF Hotline	CAC	Spoke Wit	th			Date/Time Spoke With
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OFFICER	Officer No. 1 Officer Name Maletto, Nicholas 9031			Involvement Type Reporting		Unit		Signature Date 07/18/2023 15:17	7:00

NARRATIVE / SUPPLEMENT

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### **ADDITIONAL PERSONS REPORT**

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PROPERTY REPORT

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**VEHICLE / TOW REPORT** 

	Danasi Data Danasi 7	First Original Paragraph of F	Alekson of Call (family side		A mana mana Dama at Niversham			<del></del>	of <u>6</u> Pages
EVNT	Report Date Report T 04-02-2023 1241	Orig Reported D 04-02-2023	ate Nature of Call (for Incide	·	Agency Report Number 230006323				Original Supplement 1
٣	Person Code	Veh Involvement	•		Туре		Caution Code	Method of	Theft
S	V-Victim R-Reporting Party S-Suspect N-Next of Kin	1. Stolen 4. Recove 2. Recovered Agency	red (Outside 7. Fail Return Stolen) 8. Seized	11.Return to Owner 12.Evidence	15.Other 1. Auto 2. Truck/\		1.Occupant(s) Arm 2.Occupant(s) Arm		4.Steering Column
	D-Defendant O-Other	3. Stolen and 5. Impour	ded 9. Burglarized	13. Arson	3. Motorc	ycle 8. Aircraft	Hold for Latents	2.Tow Truc	k 5.Ignition
CODE	W-Witness	Recovered 6. Abando		14.Suspicious	5. Bus	1/1CV 9. Other	3.Hold for Latents	3.Hot Wire	
	Damage Cause 0.N/A 2. Criminal Mischief	4. Stripped/Theft 9.	Recovery Location Other 1. Family Residence	3. Housing Proje	ct 5. Park/Pl	ayground 7.Woo		Recovery Code Stolen/Recovered	<ol> <li>Local/Local</li> <li>Local/Other</li> </ol>
<u> </u>	1.Arson 3. During Other Offer Veh. # Veh. Involvement		2. Apt. Complex Description (Identifying Characteri	4. Commercial/ In		ng Mall 8.Wate	er		3. Other/Local stimated Value
	1 12	1	Description (Identitying Onaracter)	istics, Noticeable Barria	ge, interior Golor, Etc.)			. 9	25000
	Person Code # (Owner)	Name (Last/Business)  Aguilar	(First) <b>Ralph</b>			(Middle) Race	Sex M	Date of Birth 06-16-1955	Age 67
	Address (Street, Apt. Number)	, riguilai	Карп	City	LTONA State			Residence Phone	101
╽╢	1098 Monterey Dr Person Code # (Operator)	Name (Last/Business)	(First)			(Middle) Race	Sex	Date of Birth	Age
SS	0 1	Aguilar	Ralph	T		W	M	06-16-1955	Age 67
VESSE	Vehicle Year 2011	Make BMW	Model CV	Style CV			PC Tag	Type	
  -	Vessel Year	Make	Model	Vessel N	lame	Length	Hull Material	Propulsion	Boat Type
VEHICLE	Tag / Reg No	Reg. State Reg. Year	VIN/Hull/FAA		I	Color (Top/Bottom)		Method of Theft	Damage Cause
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>	Components Stripped N/A Tires/Wheel	Battery Transm	ssion Major Body Parts			Original F	Reporting Agency	Rep	ort Number
	VIN Plate Radio/CB	Interior Engine	Parts Tag/Decal Stolen	Other-Specify:					
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ADMIN.	Maletto, Nicholas Officer Reviewing - Printed (If App	olicable)	Officer Reviewing - Sign	ure (f Applicable)		9031 ID. Number	1M41 Unit	04	-02-2023 ate
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					NAR	RATIVE / S	UPPLEMENT	•	Page1_	of3Pages
EVNT	Repo	rt Date 4-2023	Report Time	Orig. Reported Date 04-02-2023	Nature of Call (for Inci	ident)	Agency Report Number 230006323			1.Original 2.Supplement 2
NARRATIVE / CONTINUATION EVENT OF THE PROPERTY	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	On 04-02 Deltona, Det. Meff On the sid his injurie Deputy V Detective Investigal laceration Buccal st All items Det. Meff Case sta	2-23 at approximate in reference to a transfer arrived on scenarious contacted Dependence walk when they are as The driver of the Werfel utilized evides Mefford documents.	rely 1341 hours, S raffic homicide.  The at approximate outy Werfel who a were struck by a vie vehicle was not ence markers to intend the scene with sponded to the sofrom being draggered for ANDE.  To VSO Evidence.	dergeant Tucker of 1453 hours. Idvised the follow vehicle. Eileen was injured. Identify areas of the digital images cene. Eileen had by the vehicle.	wing: Eileen Flah was pronounced significance and s and also 3D FA d several injuries e.	nerty (V1) and her deceased at the s	brother Robert Flacene and Robert eted.	aherty (V2) were v was transported to	dy Blvd, valking their dog the hospital for
ADMINISTRATIVE	Statu  Conne  Office  Meffc	DCF Hotline CAC ecting Report I er Reporting - F	Status Codes: 1.Arrest  Spoke With: Number Agency  Printed	Additi	3.Exceptional/Adult  Date:  ional Forms ttached: Narrat  Officer Reporting - Sign	gratur	5.Closed 6.Unfounded FCIC / NCIC Entry FCIC / NCIC Cancel Persons Property	T.T. BOLO	Date:	By:  Date 04-04-2023 Date
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PROPERTY REPORT

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EVNT	Report Date 04-04-202	e Report T 23 1002		Original Incident Date 04-02-2023	Nature of Call	(for Incident)		Agency 230006	Report Nu	mber				1.Original 2.Supplement 2
THEFT		Type Theft Coc 00. N/A		04. Pocket Pick		Embezzlement		08. From		09. From Vehic	le 11. By	Computer	r 13. Bicycle	99.Other
<u>È</u>	Person Coo V-Victim S-Suspect D-Defendar W-Witness	N-Next of Kin O-Other	1. Finder 2. Owner	Divement Code State 1. E- 2. D. 3. Al	ching 07.  us Code: vidence amaged Prop. rson/Burned oto & Release	5.Lost 6.Recovered 7.Recovered (C Agency Recove	Outside	8.Found 9.Found/Cont 10.Prisoner's 11.Stolen		10. Extortion  12. Stolen And R 13. Disposal 14. Prop. Of Dec 15. Return to Ow	17 eased 18	.Vehicle Ir .Baker Ac	nventory Prop. t onfiscated	Vehicle Parts  20.Safekeeping  21.Digital Evidence
	Category C	ode			-1- 111	- f 1-1 Cf C							)////aia.a.	(Discoulous)
CODES	B. Bicycle C. Camera	Photo Equipment cessing Equipment	F-Furniture and G-Games and	Measuring Devices/To d Furnishings Gambling Apparatus Appliance/Housewares	J-Spec K-Kee <sub>l</sub>	of Identification ial Docs/Food Sta bsakes and Collec stock	•	O. Of	usical Instr fice Equipr rsonal Acce	ment S-Spo	o/TV/Sound D ts/Camping/R c Chemicals		W.Well-drilli Y-All Other	quip (Binoculars) ng Equipment Items and Equipment PRUGS,JWLRY, Etc.)
	DRUG CODES T.		•	nse/Distribute facture/Produce/	Z. Other	Type A. Amphet B. Barbitur C. Cocaine E. Heroin H. Hallucin	rates e	O. O <sub>l</sub> P. Pa Ed	arijuana pium/Deriva traphernalia quipment ynthetic	ative Z. Ot	ıknown ner	Unit 1. Grai 2. Millii 3. Kiloi 4. Oun 5. Pou	gram 7 gram 8 lice 9	5. Ton 7. Liter 3. Mililiter 9. Dose Unit/Term 19.Other
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PROPERTY REPORT

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N.	Report Date 04-04-202	Report T 3 1002		Original Incident D		lature of Call (for In	icident)	Agency 23000	Report Nu	mber				1.Original 2.Supplement
THEFT		Type Theft Coc		04. Pocket		06. Embez	zzlement	08. From		09. From Vehicl	e 11. By C	omputer	13. Bicycle	ı
F		01. Burglary	03. Shopliftin	og 05. Purse	Snatching	g 07. From (	Coin Oper.Machir		ess Bldg.	10. Extortion	12. Frau		-	/ehicle Parts
	Person Cod V-Victim S-Suspect D-Defendan W-Witness	N-Next of Kin O-Other	1. Finder 2. Owner	et	3. Arson/	nce 5.Le ged Prop. 6.Re /Burned 7.Re	ost ecovered ecovered (Outsid ency Recovered)	8.Found 9.Found/Con e 10.Prisoner's 11.Stolen		12.Stolen And Re 13.Disposal 14.Prop. Of Dece 15.Return to Owr	17.E ased 18.S	ehicle Inve Baker Act Beized/Conf Bandoned	2 Ifiscated	20.Safekeeping 21.Digital Evidence
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	CODE 8.8	ossess ell	•	ver ense/Distribute oufacture/Produce/		Z. Other	Type A. Amphetamine B. Barbiturates C. Cocaine E. Heroin	O. O P. Pa	larijuana pium/Deriva araphernali quipment	ative Z. Oth	known er	Unit 1. Gram 2. Milligra 3. Kilogra 4. Ounce	am 7 am 8	. Ton . Liter . Mililiter . Dose Unit/Term
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					I	NARR	ATIVE / S	UPPLEM	ENT	•		F	Page 1	of3	Pages
EVNT	Report		Report Time	Orig. Reported Date		I (for Inciden	t)	Agency Report N	lumber					1.Original 2.Supplemer	
	1 2 3 4 5 6 7 8 9	crash with Robert Flactions and the was trans Sgt Patter responder	ay April 2nd, 2023 in injuries. Upon an aherty (V2) was a noto a rock in front yehicle. Deltona Fuported to HCA Larson contacted the d to the scene. Destigation revealed	rrival, deputies a short distance of 1162 E Norrice Department ake Monroe Hose on-call Volusietective Mefford	observed a few away and all mandy Blvd. It Paramedics spital and Vicina Sheriff's Tr	emale, la so susta The driv arrived ctor Herr raffic Ho	ater identified ained significa er, Ralph Agu on scene and nandez was tr micide Invest	as Eileen Flant injuries. A silar (O1), and formation from the ansported to igation Unit.	aherty red B d the p Eilee Adver Memb	(V1), lyii MW sdri passeng n Flahei nt Healthers of th	ng in the rove 35i cor er Victor Herty deceas In Fish Mer e Traffic H	oadway nvertible Hernand sed at 12 morial H Homicide	unconscio (FL Tag: lez (V3) we 250 hours. ospital. At	a motor ve bus. He b IVTU37) ere standi Robert F 1252 hou	ehicle rother ing laherty urs,
	13 14 15 16 17 18 19 20 21	walking E struck a tr feet 5 incl prior to th Normand deployed Victor Agr sample w	uilar was the drive ast on the sidewar raffic sign located hes before coming e arrival of Traffic y before striking a for both the drive uilar provided a vo as submitted to F	alk located on the on the grass so to rest on the continue in	he North side shoulder before apron of 116 estigators and ve rock, push er who were be e of his blood sis, and did no	e of the reconting 2 E Nord his examing it a specific which we also the reveal	oadway. The nuing onto the mandy Blvd. act position washort distance aring their seawas drawn by the presence	BMW crossed sidewalk. The Robert came as not recorded, and coming atbelts.  Paramedic Office of any alcoholic	d over ne BM to resed). The g to find	r the cer W struck st a shor he BMW hal rest.	nterline and Elleen an	d ran off nd Robe from Eil d throug 's front a e Medic (	f the roadvert. Eileen volleen (he wolleen	way. The was throw as transp t yard of 1 airbags	BMW wn 59 ported 1162 E
INUATION	23 24 25 26 27	body of E the crash Traffic Ho	Mefford arrived of ileen Flaherty. De scene, both vehicomicide Investigate measurements.	etective Mefford cles, and other	d, also comple evidence obs	eted 3D served a	scans of the at the scene.	entire crime s	scene	utilizing	a FARO s	scanner,	to include	the entir	ety of
ARRATIVE / CONT	30 31 32 33 34	Deputy M was comp trauma to Pratt's To	aletto contacted Faletto Contacted oleted on April 3rd the neck, and torwing responded to	the office of the d, 2023, by phy- rso due to being	e Medical Exa sician James g struck by a	aminer fr Fulcher motor ve	rom District 7 r, M.D., who c ehicle.	who respond letermined the	led an e caus	nd took p se of dea	ath for Eile	een Flah	erty to be	blunt forc	ce
	36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58	Victor Agr Normandy had depa Giovanna Investigat Deputy M hit at the surveillan vehicle of the vehicl but obtain which sho Hoang As Normandy	Statements:  uilar was advised y Blvd when he do red the roadway  Borges (W1) and live Summary:  aletto determined intersection of Dece which captured wer the entire distance was not equipped unreasonably beam (W3) provided y Blvd which captured y Blvd which captured tigation determined	ropped a draws and struck Eiled Ivan Fontanez dan average spettona Blvd and daudio of the cance was 13.9 ed with the pedestruct dand the video from tured audio of the cured audio of the cance was the the pedestruct dand the video from tured audio of the cance audio audio audio of the cance audio audio audio of the cance audio	string bag inseen and Robe z (W2) observated of the Base Normandy crash. The dismiles per housipment. Deplue to the kinerians and the m 1175 E Normand the crash with	MW by usert 12:38 stance frouty Malestic energotic rock. The mandy is an accumulated and accumulated and accumulated and accumulated an accumulated and accumulated and accumulated and accumulated an accumulated and accumulated accumulated and accumulated and accumulated accumulated and acc	vehicle. He loorty. Aguilar st BMW strike E utilizing a sim 3:21. The crast rom the came ty Werfel atte etto attempted the BMW's special	ple time and control of the time and control of the crass mpted to obtain the track by the rock been did not appear to the the crass mpted to utilize crust by the rock been did not appear to the transparent transparent to the transparent tr	distant 12:4 h site ain Evush an eing nopear	iched to bing app They both the formulation of the formulation of the following the fo	retrieve the roximately had been been been been been been been bee	ne bag. V y 35 mile ed a swe sed a swe a time s 8078 ft. r Informa speed a aletto obt	When he loss per hou orn written to located stamp on with the avera ation from the time stained vide age from 1	ooked up ir. n stateme a license video ge speed the BMW of the col eo surveill	nt. plate I of V, but lision lance
	Final C	Case	Final Case Status Codes: 1.Arrest				4.Exceptional/Juv.		nfounded		Victim Adv		Triad	SA Re	
<b>ADMINISTRATIVE</b>		CF Hotline   AC	Constant Mari		Date	:	Time:	FCIC / NCIC	-		T.T. BOLO		Date:	By:	
ISTR,		ecting Report N	Spoke With: umber Agency	A	Additional Forms Attached:	Narrative	SA 707	Persons Pro		Veh./To	w Sheet	Other Desc	cribe:		
M	Office	r Reporting - Pr	inted		Officer Repor				- '	ID. Numbe		Unit		Date	
AD		to, Nicholas r Reviewing - P	rinted (If Applicable)		Officer Beview	wing - Sizhai	ture (If Applicable)			9031 ID. Numbe	r	1M41 Unit		06-02-2023 Date	3
	1	۱ و	(				,					1 -		1	

### NARRATIVE / SUPPLEMENT

					NARI	KATIVE / SI	JPPLEMENT		Page2	of3Pages
ſΈ	Repo	rt Date	Report Time	Orig. Reported Date	Nature of Call (for Incide	ent)	Agency Report Number			1
	06-0,	2-2023								
NARRATIVE / CONTINUATION EVNT	59 60 61 62 63	traveling Ea	caused him to ru driving.	ndy Blvd. Aguilar v	Nature of Call (for Incide  MVI  was distracted by	dropping a dra	Agency Report Number 230006323 wstring bag in his	vehicle and reachind to be at fault for	ned to retrieve it. A	1.Original 2.Supplement 2
	Final Status		al Case atus Codes: 1.Arrest	t/Adult 2.Arrest/Juv.	3.Exceptional/Adult	4.Exceptional/Juv.	5.Closed 6.Unfounded			SA Referral
TRATI	Conn	DCF Hotline CAC Sprecting Report Num  er Reporting - Printe tto, Nicholas	oke With: ber Agency	Additi	Date:	Time:	FCIC / NCIC Entry FCIC / NCIC Cancel		Date:	By:
<u>S</u>			1.90,	At	ttached: Narrative	SA 707	Persons Property	Veh./Tow Sheet	Other Describe:	
₹	Office	er Reporting - Printe	<u>l</u> ed		Officer Reporting - Sign	//		ID. Number	Unit	Date
🗟	NA-1:	tto Nickeles								
₹	Male	tto, Nicholas	tod (If Applicable)		Officer Poviewing	atura (It Manliaghts)		9031	1M41	06-02-2023
	Office	er Reviewing - Print	ed (If Applicable)	,	Officer Reviewing - Sign	ature (If Applicable)		ID. Number	Unit	Date

PROPERTY REPORT

LN>	Re	port Date		Report T	ime		I Inciden			ture of Call (for In	icident)		1	y Report Nu	mber				Page	1.Original 2.Supplement
THEFT		pe Theft		1210 Theft Cod /A	es 02. Robbe	04-02-		ket Pickin	MV ng	06. Embez	zzlemen	t	08. Fror		09.	From Vehicle	e 11. By	Compute	r 13. Bicycle	ı <u>ı-</u>
Ė	_	rson Code		urglary	03. Shoplif	•	05. Purs	se Snatch	ing	07. From 0	Coin Op	er.Machin	e Acc	ess Bldg.	10.	Extortion	12. Fra	ud .	14. Motor \	/ehicle Parts
	S-S	Victim Suspect Defendant Witness	O-Oth	xt of Kin ner porting Part	1. Finde 2. Owne	er er ect		1. Evid 2. Dan 3. Arso	denc nage on/B	e 5.Led Prop. 6.Red urned 7.Red	ecovere ecovere	d (Outside covered)	8.Found 9.Found/Col 10.Prisoner' 11.Stolen		13.Di 14.Pr	olen And Red sposal op. Of Decea eturn to Owne	17. ased 18.	.Baker Ac	ct :	20.Safekeeping 21.Digital Evidence
CODES	В. С.		de Photo Equi essing Eq	•	E-Equipme F-Furniture G-Games H-Househo	e and Furn and Gamb	ishings Iing App	aratus	S	I-Items of Ide J-Special Doo K-Keepsakes L. Livestock	cs/Food	Stamps/T	0.0	Musical Instr Office Equipr ersonal Acc	ment	S-Sports	/TV/Sound D s/Camping/Re Chemicals		W.Well-drilli Y-All Other I	quip (Binoculars) ng Equipment tems and Equipment RUGS,JWLRY, Etc.)
	DRUC	S. S B. B T. Tı R. S	ossess ell uy raffic muggle		M. M	se spense/Dis anufacture ultivate	e/Produc	;e/			B. Barl C. Coo E. Her H. Hall	oin lucinogen	O. ( P. F I S. S	Marijuana Opium/Deriva Paraphernalia Equipment Synthetic	a/	U. Unk Z. Othe		Unit 1. Grai 2. Milli 3. Kilog 4. Oun 5. Pou	gram 7 gram 8 nce 9	i. Ton . Liter i. Mililiter i. Dose Unit/Term 9.Other
<u> </u>	Lea	ave Blank		Person	Code #	Pers	s. Invl.	Item #	1 1	tatus	Cate	egory	Article OTHER			ription al Eviden	ce			
ERT	Se	rial Numb	er		Owner Ap	oplied Num	nber			Value Recover	red:		ate Recovered:		Forfe	iture Y / N:	F.W.T.C.	(Y/N)	Value \$	
PROPERTY	If A	Article	ty.	Brand		Model				Jewelry Type		If Drug	Activity	Туре		Quantity	Unit		Estimated Stre	et Value
^	If (	Gun	lake		Model	•	Calibe	r	Тур	e/Cat		Action		Finish		Barı	el Length		Barrel Type	
>		ave Blank		Person	Code #	Pers	s. Invl.	Item #	S	tatus	Cate	egory	Article		Desci	ription				
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30 P	If A	Article	ty.	Brand	<u> </u>	Model				Jewelry Type		If Drug	Activity	Туре		Quantity	Unit		Estimated Stre	et Value
6	If (	Gun	lake		Model	<u> </u>	Calibe	r	Туре	e/Cat		Action		Finish	<u> </u>	Barı	el Length		Barrel Type	
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ERT)	Se	rial Numb	er		Owner Ap	oplied Num	nber		<u> </u>	Value Recover	red:	С	Date Recovered:		Forfe	iture Y / N:	F.W.T.C.	(Y/N)	Value \$	
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PROPERTY	Se	rial Numb	er		Owner Ap	oplied Num	nber	<u> </u>		Value Recover	red:	С	ate Recovered:		Forfe	iture Y / N:	F.W.T.C.	(Y/N)	Value \$	
SOP	If A	Article	ty.	Brand		Model		,		Jewelry Type		If Drug	Activity	Туре		Quantity	Unit		Estimated Stre	et Value
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	Iter	m #	Date: 06-02-2	2023	Time: 1215		Releas N Mal	sed by (Pr	rinte	d):	Re	eleased by	(Signature):		1	ved by (Printer/idence	ed):		Received by (S	ignature):
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Z		icer Repo	rting - Prir cholas	nted					Off	icer Reporting	sign					ID. Number		Unit 1M41		Date 06-02-2023
ADMIN	_			nted (If App	licable)				Off	iter Reviewing -	eignatu	e (If Appli	cable)			ID. Number		Unit		Date

### FLORIDA TRAFFIC CRASH REPORT

LONG FORM 🗸

SHORT FORM

UPDATE	

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS. NEIL KIRKMAN BUILDING

TOTAL # OF VEHICLE SECTION(S)	1
TOTAL # OF PERSON SECTION(S)	5
TOTAL # OF NARRATIVE SECTION(S)	_1

WAS DOT PROPERTY INVOLVED IN THIS CRASH?

			TALLAHA															
CRASH DAT			IME OF CRASH		DATE OF REF													
04/02/202 CRASH IDE	-		12:41 PM		04/02/202	3	\	/P23000632	:3		25734361							
COUNTY COL			COUNTY OF C	Влен		PLACE OR CITY OF CRASH					CHECK IF WITHIN TIME REPORTED TIME DISP							
08	37	CODL	VOLUSIA	КАЗП			DELTONA	IY OF CRASH			CITY LIMITS	····	12:41		12:44 F			
TIME ON SCE		TIME	CLEARED SCEI	NE CHE	CK IF _			stigation NOT Co	omplete)				12.7	т —				
12:47 PM	1	6:3	8 PM	COM	MPLETED	THI INVESTIGATION							Notified By: 1 Motorist 2 Law Enforcement					
			(CHOOSE ON		OPTIONS)	,												
		ON STRE	ET, ROAD, HIGH	HWAY				1 AT STRE	EET ADDRES	SS #	2 AT LA	TITUDE		AND L	-81.241684			
AT FEET		IILES	N	S E V	V AT/F	ROM IN	ITERSECTIO	N WITH STREET	T ROAD HIG	HWΔV	28.88	5005	1	OR I	FROM MILEPOS	ST #		
149	IV	IILLO		ĬĪ	3	ON DR		· WIIII OIILL	i, NOAD,iilo	IIWAI				4	TROW WILLI OC	σι <del>π</del>		
	Road	System	Identifier	7 Fores	-			e of Shoulde	r I		Type of Inter	section	5	Traffic Circ	cle			
	nterstate	4	County	8 Privat 9 Parkir	te Roadway			1 Paved		_	1 Not at Intersect 2 Four-Way Inte	tion rsection		Roundabo Five-Point				
	J.S. State		Local Turnpike/Toll	77 Othe	er, Explain in		2	2 Unpaved 3 Curb		1	3 T-Intersection 4 Y-Intersection				xplain in Narrativ	re .		
			ECK IF PICTU	Narrativ JRES TAK						<u>-</u>								
	Light Co	ndition			her Condition		Roadv	ay Surface C	ondition	Schoo	l Bus Related		Ma	anner of	Collision/Imp	pact		
1 Da	aylight usk		k-Not Lighted k-Unknown	5	Fog, Smog, S Sleet/Hail/	поке	1	5 Oil 6 Mud, Dirt,	, Gravel		1 No				eswipe, same dir eswipe, Opposite			
3 Da		Lightir		6	reezing Rain Blowing Sand	Soil	1	7 Sand 8 Water			2 Yes, School Bust Directly Involved	s   L		6 Rea	r to Side	Direction		
4 0 6	ark-Ligitie	Narra			irt Severe Cross	winds	1 Dry	(standing/m 77 Other, E			3 Yes, School Building Indirectly Involved	1 1 -10	ont to Rea	r 77 Ot	ar to Rear her, Explain in N	larrative		
		88 UII	known	2 Dain 1	7 Other, Explai Iarrative	n in	2 Wet 4 Ice/Fros	Narrative at 88 Unknow	'n		,	2 Fro	ont to Fror igle		nknown			
Firs	t Harmfu	ıl Event		-Collision		ision l	Non-Fixed (	Object	Ç	ollision wit	th Fixed Object	t	F	irst Har	mful Event			
ı			2 Fire/Ex		11 Ped	lestrian alcycle		Cusion	Attenuator/C	3	0 Concrete 1 Other Traffic Ba	rrier	L	ocation	1 On Roadway	,		
	34		3 Immers 4 Jackkn		12 Rai engine		nicle (train,	21 Bridge	Overhead St Pier or Supp		2 Tree (standing) 3 Utility Pole/Ligh	t Support			2 Off Roadway 3 Shoulder	′		
First Ha	rmful Ev	ont	5 Cargo/l Loss or S	Equipment Shift	13 Anir 14 Mot	nal or Vehic	le in	22 Bridge 23 Culver			4 Traffic Sign Sup 5 Traffic Signal Su			10	4 Median 6 Gore			
	nterchar			mped From	Transp	ort	or Vehicle	24 Curb 25 Ditch		30	6 Other Post, Polupport				7 Separator 8 In Parking La	ane or		
	l No	.50		or Falling		rk Zone/	Maintainance	26 Embar 27 Guardi		3	7 Fence 8 Mailbox				Zone 9 Outside Righ			
	Yes 8 Unknow	m		o Water/Can			alling, Shifting		rail End	39	9 Other Fixed Ob uilding, tunnel, etc				10 Roadside 88 Unknown	it-oi-way		
<u> </u>					18 Ŏth		Fixed Object			Di	ullullig, turirler, et	•						
	First F		Event Relation	on to	Co	ntribu	ting Circun	nstances: Roa	e vvoiii,	Travel-Polisl Surface Co		Contr	ibuting (	Circums	tances: Envir	onment		
1		5 Ra	ilway Grade Cro			1			icy, snov	v, slush, etc.) ruction in Ro	)		1					
1 Non-Junction	ion	15 C	ntrance/Exit Rar rossover - Relat	ed		1 None			12 Debr	is	Ť	L L				╝.		
2 Intersection 3 Intersection		17 A	hared-Use of Pa cceleration/Dece				Zone (constru	iction/	Inoperat		or Obscured	1 None 2 Weath	er Conditio		5 Animal(s) in R 77 Other, Explain			
4 Driveway/A			hrough Roadwa			6 Shou	lders (none, lo	w, soft, high)	77 Othe	Highway Wo r, Explain in I		3 Physica 4 Glare	al Obstruc		Narrative 88 Unknown			
Related		991	ther, Explain in I			7 Rut, I	Holes, Bumps		88 Unkr			_			oo omalown			
Work Zo	one Rela	ted	1 Be	sh in Work fore the First	<b>Zone</b> Work Zone			ype of Work 2 ane Closure	Zone	l v	Vorkers in Wo	rk Zone						
	1 No		2 Ad	ning Sign vance Warnii	ng Area			ane Shift/Crosso			1 No		l r	_				
	2 Yes 88 Unkno	wn	4 Ac	nsition Area tivity Area			4 In	termittent or Mov Other, Explain in	ing Work		2 Yes 88 Ur	ıknown						
			5 Tei	mination Are	a			Juliei, Explain in	IVAITALIVE									
WITNESSE								4.50	DBECC		CITY O CTATE				710.000			
IVAN	NAME		FON	TANEZ GAR	CIA		104	ADI B PIONEER DR	DRESS		CITY & STATE DELTONA			FL	ZIP CODE <b>32725</b>			
	NAME		FON	ANLE GAR	- CIA		104		DRESS		CITY & STATE				ZIP CODE			
MONICA	INAINIE	MARI	E BOR	RGES			105	ADI 4 MORGAN CIR			PALM BAY			FL	32905			
	NAME								DRESS		CITY & STATE				ZIP CODE			
NON VEHIC	LE PRO	PERTY	DAMAGE															
VEH.# PE	ER# PF	ROPERTY	DAMAGE - OTI	HER THAN V	/EH. EST.	AMT.	WNER'S NAI	ME (CHE	CK IF BUSI	NESS)	ADDRESS		CITY 8	& STATE	ZIP CO	ODE		
1	s	IGN OR	SIGNPOST		100	0	CITY OF DEL	TONA			2345 PROVI	DENCE BL	VI DELT	ONA	FL 327	25		
VEH.# PE	ER# PF	ROPERTY	DAMAGE - OTI	HER THAN V	/EH. EST.	: AMT. OWNER'S NAME (CHECK IF BUSINESS)					SS) ADDRESS CITY & STATE				ZIP CO	DDE		
1	D	ECORAT	IVE ROCK/LAN	DSCAPING	100	0	JASON	LEE	WELLS		1166 E NOR	MANDY BI	LV DELT	ONA	FL 327	25		
1 DECORATIVE ROCK/LANDSCAPING																		

VEHICLE # 1	C	heck if Cor	nmercia	WF 230000323				Number HSMV Crash Report Number 25734361							
1 Vehicle in Transport 2 Parked Motor Vehicle	1	LICENSE NUMBE	R	STATE	REGISTRATI	ON EXPIRE	S Chec	k if Perma	nent	VIN					
3 Working Vehicle	IVIU3			FL	06/16/202		Regi	stration	\ \	WBALM7C5	XBE383885				
1 No	EAR <b>011</b>	MAKE BMW	MODE 2D	L		STYLE CONVERTI	BLE	COLOR RED - RE	:D	DAMAGE: 1 Disabling 2 Functional 3 None	4 Minor 88 Unknown	1 1 11	30,000.00		
INSURANCE COMPANY (DR	RIVER)	INS	URANCE P	OLICY NU	JMBER	Towed			VEHICLE	REMOVED BY	1. R	otation			
GOVERNMENT EMPLOYEES	S IN	452	0309388			to Dar 1 No		2	PRAT	TS TOWING	3. D	wner Request river ther, Explain ir	Narrative 1		
NAME OF VEHICLE OWNER RALPH	(CHECK IF BUS	SINESS)		NT ADDR					CITY & S						
Trailer LICENSE NUMBER One:	STATE	REGISTRATION E	XPIRES		ck if Permanent gistration	VIN				YEAR	MAKE	LENGTH	AXLES		
Trailer LICENSE NUMBER Two:	STATE	REGISTRATION E	XPIRES		ck if Permanent gistration	VIN				YEAR	MAKE	LENGTH	AXLES		
VEHICLE N S TRAVELING	E W Of	f-Road Unkno	•••		ROAD, HIGHWA	Y				AT EST. SPEE	POSTED 35		TOTAL LANES		
HAZ. MAT. RELEASED	HAZ. MAT. PLA	ACARD NU	MBER		ASS	Are	a of Initial I	mpact				Most D	amaged Area		
1 No 2 Yes 88 Unknown	1 No 2 Yes 88 Unknown					2/	3 4 5	6 7		8 Undercarria		2 3	4 5 6 7		
MOTOR CARRIER NAME	00 OHKHOWH	US	DOT NUMB	BER		1	15 ((16	17 8	1	0 Windshie	ld 20	1 (15	(16 17 8 0		
						14 7	13 12 11	10 9	2	1 Trailer	21	14 13	12 11 10 9		
MOTOR CARRIER ADDRESS	S			CITY				STA	ATE Z	IP CODE		PHONE NUME	BER		
Vehicle Body Type	15 Low Spee			Traffic	-		1			Motor Vehicle or less Placarded	Configuration 8 Tracto				
1	16 (Sport) Ut 17 Cargo Va	n (10,000 lbs	2 Tv	vo-Way, No	lot Divided ot Divided, with a	а	fo	or Hazardo	ous Materia		9 Truck	more than 10,0 inot Classify	000 lbs (4,536		
1 Passenger Car	(4,536 kg) or 18 Motor Coa		3 Tv	vo-Way, Di	eft Turn Lane ivided, Unprotec	ted	n	nore than 1	10,000 lbs	(4,536 kg)) or more axles)	10 Bus/l	_arge van (sea nts, including d			
2 Passenger Van 3 Pickup	19 Other Ligh (4,536 kg) or	nt Trucks (10,000 lb less)			et) Median ivided, Positive		4	Truck Pull	ling Trailer	r(s)	-	seats for more	,		
7 Motor Home 8 Bus	20 Medium/H	leavý Trucks (more bs (4,536 kg))		lian Barrie			6	Truck Tra Truck Tra	ctor/Semi-	Trailer		its, including d r, Explain in Na	· ·		
11 Motorcycle 12 Moped	21 Farm Lab			ne-Way Ti Unknown	· —	iler Type	¬	Truck Tra	ctor/Doubl	le Truck	88 Unkr				
13 All Terrain Vehicle (ATV)	88 Unknown				2 1	Single Šemi Tandem Sen		Pole Traile Towed Ve		Ca	ırgo Body Typ	e 40.1			
	Non-Commerc	cial	TRA	ILER 1		Tank Trailer Saddle Mour		0 Auto Tra 7 Other, E			3 Van/Enclosed	Box Cont	termodal ainer Chassis		
2 Intrasta	ate Carrier ate Carrier				5 E	Boat Trailer Utility Trailer	N	larrative 8 Unknow	n.		4 Hopper 5 Pole-Trailer		ehicle Towing her Vehicle		
	Commerce/Gove Commerce/Othe					House Traile		o onknow		1 No Cargo 2 Bus	6 Cargo Tank 7 Flatbed		ot Applicable cle 10,000 lbs		
Most Harmful Event	Non-Collisi		Com	m /R/GCWI	. 4		lbs (4,536 -26,000 lbs			2 Bus	8 Dump 9 Concrete Mixe		66 kg) or less not aying HM placard		
	1 Overturn/Rol 2 Fire/Explosio		GVW	rk/GCWI	`	3 More th 4 Not Ap	nan 26,000 plicable	lbs (11,793	3kg)		10 Auto Transp 11 Garbage/Re		ther, Explain in		
	3 Immersion 4 Jackknife				Non-Fixed Obj			Collision	Fixed Obj		12 Log	88 U	nknown		
10		ment Loss or Shift From Motor Vehicle		0 Pedestria 1 Pedalcya						rash Cushion	29 Cable Barrier 30 Concrete Traf		Emergency Vehicle Use		
Sequence of Events	7 Thrown or Fa 8 Ran into Wa			2 Railway 3 Animal	Vehicle (train, er	ngine)	21	Bridge Ov Bridge Pie	er or Supp	ort	31 Other Traffic E 32 Tree (standing				
1st 2nd	9 Other Non-C	Collision			ehicle in Transpo Motor Vehicle	ort		Bridge Ra Culvert	all.		33 Utility Pole/Lig 34 Traffic Sign Si	ht Support			
43 34		nce of Events only Failure (blown tire,	] 10	6 Work Zo	ne/Maintenance	•		Curb Ditch			35 Traffic Signal	Support	1 No		
	brake failure, e	etc.)	1		y Falling, Shifting		26	Embankm Guardrail			36 Other Post, Po 37 Fence	ole, or Support	2 Yes 88 Unknown		
3rd 4th	41 Separation 42 Ran Off Ro	adway, Right	V	ehicle	et in Motion by M	lotor		Guardrail			38 Mailbox 39 Other Fixed C				
10 39	43 Ran Off Ro 44 Cross Medi	ian	Ve	hicle Ma	on-Fixed Object aneuver Actio	on		Traffic	Control	Device For	building, tunnel, e		e Defects		
Roadway Grade	45 Cross Cent 46 Downhill Ru	11		raight Ahea rning Left	ad 13 Stop 14 Slov	pped in Traff wing	ic	_	$\neg$	This Vehic	ele	1			
1 Level 2 Hillcrest	Roadway Ali	anment [		icking rning Righ		gotiating a Cι ving Traffic L		1		8 Flashing S 9 Railway C	rossing 1 No	ne	40.14(1)		
1 3 Uphill 4 Downhill	1 Straig	·   -		anging La rked		ering Traffic l er, Explain in			ol Zone Si	gn/ Device 10 Person (i	2 Bra including	es	13 Wheels 14 Windows/		
5 Sag (bottom)	1 2 Curve	e Right	10 N	laking U-T vertaking/	urn 88 Unk			Device 5 Traffi	c Control	Flagman, Of Guard, etc.)	fficer, 4 Lig	nts (head, I, tail)	Windshield 15 Mirrors		
Special Function			mbulance	vertaiting	14 Intercit	y Bus		Signal 6 Stop	Sign	77 Other, Ex			16 Truck Coupling Trailer Hitch/		
1 of Motor Vehicle	2 Farm Ve		Fire Truck Farm Labor	Transport		er/Tour Bus Bus		7 Yield	Sign	88 Unknowr		naust System ody, Doors	Safety Chains 77 Other, Explain in		
	7 Taxi 8 Military	12	School Bus Transit/Com		17 Farm L	abor Bus					11 Po	ower Train uspension	Narrative 88 Unknown		
VIOLATIONS PERSON # NAME OF	VIOLATOR				ATUTE NUMBE				CH	ARGE	7.20		ON NUMBER		
	VIOLATUR														
PERSON # NAME OF	VIOLATOR			FL ST	ATUTE NUMBE	ER			CH	ARGE		CITATIO	ON NUMBER		
PERSON # NAME OF	VIOLATOR			FL ST	ATUTE NUMBE	ER			CH	ARGE		CITATIO	ON NUMBER		

PERSON # 1					ting Agency Case Nu 30006323		HSMV Crash Report Number 25734361							
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE#	NAME RALPH			AGUILAR	l.		PHONE NUMBER  Check if Recommend Driver Re-exam						
CURRENT ADDRESS (Numb	per and Street)						CITY &	STATE			ZIP CC	DDE		
1908 MONTEREY DR				DEL	TONA			FL			3273			
DATE OF BIRTH	SEX: 1 Male	1	DRIVERS LICENS	E NUMBER		STATE	EXPIRES		INJURY SE 1 None	VERITY (IN	NJ) 4 Inca 5 Fata	pacitatin	g 30 days)	3
06/16/1955	2 Female 88 Unknown		A-246-720-55	-216-0	5511/55	FL	06/16/2	025	2 Possible 3 Non-Incap	pacitating		-Traffic F		
5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None  Driver Distracted  1 Not Distracted 2 Electronic Comm Devices (cell phone 3 Other Electronic I (navigation device, 1 Vision Not Ob	3 1 Yes 2 No 3 No By unication a, etc. Device DVD player) UCTIONS Scured 5 Log	Req. Endorser  4 Other Inside (explain in na 5 External Dis	ment e the Vehicle rrative)	2 2nd	DRIVER Driv 1 No Contribution Acti 2 Operated MV in Car Negligent Manner 3 Failed to Yield Right 4 Improper Backling 5 Improper Turn 10 Followed too Close 11 Ran Red Light 12 Drove too Fast for 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted ! 21 Wrong Side of Wrc 25 Failed to Keep in P	on eless or -of-Way ely Conditions Speed ong Way	at Time of Cras 26 Ran off Roa 27 Disregarded Sign 28 Disregarded Markings 29 Over-Corred Steering 30 Swerved or to Wind, Slippe Object, Non-Mi Roadway, etc. 31 Operated M Reckless or Ag 77 Other Contr	dway I other Rocting/Ove Avoided: By Surfactorist in V in Errat ressive M	oad r : Due e, MV, tic, lanner	3rd	1 App 3 Asl 5 III ( 6 Sei 7 Ph; 8 Em angr; 9 Un Medi 77 O	ysically Ir notional ( y, disturb der the Ir cations/[	Normal atigued Fainted ilepsy, Bla npaired depressio	on, of ohol
2 Inclement We 3 Parked/Stopp	ed Vehicle 7 Sig	lding/Fixed Ob ns/Billboards	ject 10 Glare 77 All Other, Exp	lain					R PASSEN	IGER				
Motor Vehicle Seating F Seat Row  1 Left 1 Front 2 Second 77 Other (explain in narrative) 88 Unknown 88 Unknown	DRIVER OF CONTROL OF C	R PASSENG  LOCATION (LOC)  cable Section of Truclosed Cargo Aid Jinit  n Motor Vehi	in Narrative  EER  I: SEAT ROW  1 1 1	OTHER	Motor 2 Oth 3 No  on (EJECT)  1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	T-Compliant reycle Helmet er Helmet Helmet  Air Bag D  Air Bag D  1 N 2 N 3 E 4 E	eployed  lot Applicable lot Deployed Deployed-Front	1 Yes 2 No 3 Not a 5 Deploy (knee, air 6 Deploy Combina	ition ed-Curtain syment	2 None 3 Shou 4 Shou 5 Lap E 6 Restr 7 Child 8 Child 9 Boost 10 Child	Restrai (RS) pplicable Used - N Ider and I Ider Belt ( Selt Only U aint Used Restraint Restraint ter Seat d Restrair er, Explair	lotor Veh Lap Belt I Only Use Jsed - Type U System System It Type U	torist) nicle Occu Used d Jnknown - Forward - Rear Fa	l Facing
Non-Motorist Des	cription	1-	Non-Motorist L	ocation At 1	NON-MOTORIS			1	Action Pri	or to Crasi	h			
1 Pedestrian 2 Other Pedestrian (who building, skater, pedes 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor V (parked, etc.) 6 Occupant of a Non-Transportation Device 7 Unknown Type of No	neelchair, person trian conveyance ehicle Not in Trar Motor Vehicle	, etc.	1 Intersection - Mar 2 Intersection - Unr 3 Intersection - Oth 4 Midblock - Marke 5 Travel Lane - Oth 6 Bicycle Lane 7 shoulder/Roadsic Non-M 1st 2 Dart/ 3 Failu	ked Crosswa marked Crosser4 Midblock d Crosswalk er Location de lotorist Action proper Actio	alk swalk - Marked Crosswalk ons/Circumstances n ght-of-Way	12 Non-Traffi	Access se Path or Trail	2 Waiti 3 Walk Roadw adjace 4 Walk Roadw	ising Roadwa ing to Cross king/Cycling a way with Traff int to travel la king/Cycling a way Against T acent to trave	ay Roadway Along fic (in or ane) Along Fraffic (in	5 Walkin 6 In Roa playing, 7 Adjace shoulder 8 Going 9 Workin (incident 10 None	dway ( etc.) nt to Rac , median to or fror ng in Traf respons	n School ficway	rking, g., (K-12)
2 Heimet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	6 Not Applical 77 Other, Exp in Narrative 88 Unknown	lain	2nd Signals 5 In Ro lying, v 6 Disal on, pus	s, or Officer badway Improvorking, playi bled Vehicle shing, leaving	operly (standing, ng) Related (working g/approaching) LCOHOL/DRUG/I	Vehicle 8 Inattentive ( 9 Not Visible ( lighting, etc.)	iting Parked/Sta talking, eating, e dark clothing, n	etc)	10 Improper 11 Improper 12 Wrong-W 77 Other, Ex 88 Unknown	Passing /ay Riding o	or Walkinç rrative			
ALCOHOL USE: 1 No 2 Yes 88 Unknown SOURCE OF TRANSPORT TO	LCOHOL TESTE 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Te D MEDICAL FAC	1 B 3 U 77 in N	COHOL TEST TYPE lood 2 Breath rine Other, Explain larrative S AGENCY NAME O	TEST R 1 PENE 2 COMI 88 UNK	ESULT: DING PLETED (NOWN	DRUG U 1 No 2 Yes 88 Unkn	JSE: 1 2 3	RUG TES Test Not Test Refu Test Give 8 Unknov	Given used en vn, if Tested	1 Blood 3 Urine 77 Othe	er, in Narrat	1 Po 2 No 3 Po ive 88 U	ositive egative ending Jnknown	RESULT: 1
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	88 Unknown	1												
				ΑĽ	DATE OF BIRT		EV 1.00 c	-		T IFOT		F5	ADD	DC
PERSON # VEHICLE # NAMI	=				DATE OF BIRTH	H INJ S	EX LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Numi	per and Street)			CITY				STATE			ZIP CO	DDE		
SOURCE OF TRANSPORT TO 1 Not Transported 2 EMS 3 Law Enforcement Narrative 88 Unknown		LITY	EMS AGENCY NAM	ME OR ID		EMS RU	JN NUMBER		MED	DICAL FAC	ILITY TRA	ANSPOR	TED TO	
PERSON # VEHICLE # NAMI	=		1		DATE OF BIRTI	H INJ S	EX LOC: S	R	0	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Numb	per and Street)			CITY	<u> </u>	<u> </u>		STATE	1		ZIP CO	DDE		
SOURCE OF TRANSPORT TO 1 Not Transported 2 EMS 3 Law Enforcement Narrative 88 Unknown		LITY	EMS AGENCY NAM	ME OR ID		EMS RU	JN NUMBER		MED	DICAL FAC	ILITY TRA	ANSPOR	TED TO	

PERSON # 3		ing Agency Case Num 0006323	ber		HSMV Crash Report Number 25734361					
1 Driver 2 Non-Motorist 2 3 Passenger  VEHICLE # NAME EILEEN M	ARIE	FLAHERTY			PHONE	NUMBER	1	Check if Recommen Oriver Re-e		
CURRENT ADDRESS (Number and Street)	1			CITY & STATE			ZIP CODE			
1423 BIRWOOD ST	DELT	ONA		FL			32725			
DATE OF BIRTH SEX: 1 Male 2 DRIVERS LICENSE NU	MBER		STATE	EXPIRES	INJURY SE 1 None 2 Possible		) 4 Incapacitati 5 Fatal (withir	ng i 30 days)	5	
03/02/1955 2 Female 88 Unknown					3 Non-Inca		6 Non-Traffic			
	lst	DRIVER Drive	s Actions at	Time of Crash		3rd	Conditi	on At		
1 A 2 B 3 C 4 D/Chauffeur 1 Yes	2	No Contribution Action Operated MV in Carel	ss or 2	6 Ran off Roadway 7 Disregarded other	Traffic		Time of			
5 E/Operator 2 No 6 E/Oper-Rest 3 No Req. Endorsement	3	egligent Manner Failed to Yield Right-o	f-Way 2	ign 8 Disregarded Other	Road		1 Apparently 3 Asleep or			
7 None		Improper Backing Improper Turn		larkings 9 Over-Correcting/O	ver		5 III (sick) or	Fainted		
Driver Distracted By  4 Other Inside the Vehicle (explain in narrative)	2nd 10	0 Followed too Closely		teering			6 Seizure, E 7 Physically	Impaired		
2 Electronic Communication (outside the vehicle, explain	11	1 Ran Red Light 2 Drove too Fast for C		0 Swerved or Avoide Wind, Slippery Surf		4th	8 Emotional angry, distur	bed, etc.)		
Devices (cell phone, etc. in narrative) 3 Other Electronic Device 6 Texting		3 Ran Stop Sign 5 Improper Passing	C	Object, Non-Motorist in Roadway, etc.			9 Under the Medications	Drugs/Alco	ohol	
(navigation device, DVD player) 7 Inattentive 88 Unknown	17	7 Exceeded Posted Sp 1 Wrong Side of Wron	eed 3	1 Operated MV in Er Reckless or Agreessiv			77 Other, Ex 88 Unknown		arrative	
DRIVER VISION OBSTRUCTIONS		5 Failed to Keep in Pro		7 Other Contributing						
1 Vision Not Obscured 5 Load on Vehicle 9 Smoke 2 Inclement Weather 6 Building/Fixed Object 10 Glare		_		DRIVER	OR PASSE	NGER				
3 Parked/Stopped Vehicle 7 Signs/Billboards 77 All Other, Explain 4 Trees/Crops/Bushes 8 Fog in Narrative		Helmet Use	(HU)		otection (EP)	-i	Restraint Sys	ems		
DRIVER OR PASSENGER		1 DOT-	Compliant	1 Ye			(RS)			
Motor Vehicle Seating Position: LOCATION: SEAT ROW O	THER		cle Helmet Helmet	2 No	ot Applicable	1 Not App	olicable (non-m	otorist)		
Seat Row Other		3 No H	elmet			2 None U	lsed - Motor Ve er and Lap Bel	hicle Óccu	pant	
1 Left 1 Front 1 Not Applicable 2 Sleeper Section of Truck Cab		_	Air Bag De	oloyed		4 Should	er Belt Only Us lt Only Used			
3 Right 2 Second 3 Other Enclosed Cargo Area	Ejection	1 (EJECT) 1 Not Ejected		(knee,	loyed-Other air belt, etc.)	6 Restrai	nt Used - Type estraint Syster		l Facing	
(explain in 4 Fourth 5 Trailing Unit		2 Ejected, Totally 3 Ejected,	2 No	t Applicable 6 Dep t Deployed Combi	nátion		estraint Syster			
88 Unknown 88 Unknown 88 Unknown trailing on Motor Vehicle Exterior (non-trailing unit)	Ш	Partially 4 Not Applicable		ployed-Side 88 Dep	oyed-Curtain oloyment	10 Child	Restraint Type Explain in Nar			
88 Unknown		88 Unknown		Unkno	wn	77 Other,	Lxpiaiii iii ivai	lative		
Non-Motorist Description Non-Motorist Locat			Sidewalk		Action Pr	ior to Crash				
2 Other Pedestrian (wheelchari, person in a 2 Intersection - Inter	ed Cross	walk 1	Median/Cross 0 Driveway Ac		)	6	Walking/Cycli In Roadway -			
3 Bicyclist 4 Midblock - Marked Cro	sswalk	- Marked Crosswalk 1	1 Shared-Úse 2 Non-Trafficv	Path or Trail 1 Cr	ossing Roadwaiting to Cross	Poodway 7	olaying, etc.) ' Adjacent to R		g.,	
4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport 6 Bicycle Lane	cation	7		ain in Narrative 3 W	alking/Cycling dway with Trai	Along	houlder, media Going to or fro		(K-12)	
(parked, etc.) 6 Occupant of a Non-Motor Vehicle 7 shoulder/Roadside				adja	cent to travel alking/Cycling	lane) (	) Working in Tra incident respor			
7 Unknown Type of Non-Motorist 1No Improp	er Action	ns/Circumstances		Roa	dway Against	Traffic (in	0 None 7 Other, Expla	n in Narrat	tive	
3 Failure to	Yield Rig			or ac	djacent to trav	rei iane) 8	88 Unknown			
2 Helmet 6 Not Applicable Signals, or C	Officer	, , , , , , , , , , , , , , , , , , ,	Entering/Exitir	ng Parked/Standing	10 Improper					
(elbows, knees, shins, etc.) in Narrative lying, workin	ıg, playin	g) 8	Inattentive (ta	lking, eating, etc) ark clothing, no	12 Wrong-V	Vay Riding or xplain in Narra				
	, leaving/	approaching) lig	hting, etc.)	ark oloumig, no	88 Unknow		20170			
SUSPECTED ALCOHOL TESTED: ALCOHOL TEST TYPE:	ALCOHO	COHOL/DRUG/EN		TED DRUG T	ESTED:	DRUG TE	ST TYPE: DR	UG TEST I	RESULT:	
ALCOHOL USE: 1 Test Not Given 1 Blood 2 Breath 2 Test Refused 3 Urine	TEST RE 1 PENDI	SULT:	DRUG US 1 No	2 Test R	ot Given efused	1 Blood 3 Urine		ositive legative		
2 Yes 3 Test Given 77 Other, Explain	2 COMP 88 UNKN		2 Yes 88 Unkno	mn 1 3 Test G 88 Unkn	iven own, if Tested	77 Other, Explain in	3 F	Pending Unknown		
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS RUN	NUMBER	I	MED		TY TRANSPOR	RTED TO		
1 Not Transported 2 EMS 3 Law Enforcement 77										
77 Other, Explain in Narrative 88 Unknown	ADI	DITIONAL PASSENG	RS							
PERSON # VEHICLE # NAME	ADI	DATE OF BIRTH		X LOC: S R	0	EJECT F	HU EP	ABD	RS	
CURRENT ADDRESS (Number and Street)	CITY	•		STAT	E		ZIP CODE			
SOURCE OF TRANSPORT TO MEDICAL FACILITY  1 Not Transported 2 EMS AGENCY NAME O  1 Not Transported 2 EMS AGENCY NAME O  Marrative 88 Unknown	R ID		EMS RUI	NUMBER	ME	DICAL FACIL	ITY TRANSPO	RTED TO		
PERSON # VEHICLE # NAME		DATE OF BIRTH	INJ SE	X LOC: S R	0	EJECT F	HU EP	ABD	RS	
CURRENT ADDRESS (Number and Street)	CITY			STAT	E		ZIP CODE			
SOURCE OF TRANSPORT TO MEDICAL FACILITY EMS AGENCY NAME O	R ID		EMS RUI	N NUMBER	ME	DICAL FACIL	ITY TRANSPO	RTED TO		
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown										

PERSON# NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER  REPORTING OFFICER  ID/BADGE # RANK OFFICER NAME DEPARTMENT TYPE OF DEPT. SHERIFF'S OFFICE	NARRATIVE			Reporting VP2300	Agency Case 1 06323	Number				SMV C <b>2573</b> 4	umber	mber				
confined onto the sidewalk and struck P3 and P4 who were walking down the sidewalk. Y1 confined before striking a large decorative rock and coming to a stop. P3 was pronounced deceased on scane P2 and P4 were maniported to the hospital for treatment.  V1's front and knee airbags deployed. V1 was towed to Volusia County Evidence.  The investigation is active.  **ADDITIONALE PASSENDERS**  **DETECT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	****BWC Footage*****															
### ADDITIONAL PASSENGER  ### ADDITIONAL PASSENGER  ### ADDITIONAL PASSENGER  ### ADDITIONAL PASSENGER    DATE OF RENTH   NU   SEX   LOC. S   R   0   ELECT   NU   EP   ABD   RS.	continued onto the side	walk and struck P3 ar	nd P4 who	o were walking	lking down the sidewalk. V1 continued before striking a large decorative rock and coming to a stop.											
ADDITIONAL PASSENGER  2	V1's front and knee airb	ags deployed. V1 wa	s towed to	o Volusia Cour	nty Evide	ence.										
PERSON # VEHICLE # NAME  2 1 VICTOR M HERNANDEZ  CURRENT ADDRESS (Number and Street)  12/24/1945 3 1 3 1 3 1 1 0 1 1 HU EP ABD RS  CURRENT ADDRESS (Number and Street)  12/24/1945 3 1 3 1 3 1 1 0 1 1 HU EP ABD RS  CURRENT ADDRESS (Number and Street)  12/27/27/27/27/27/27/27/27/27/27/27/27/27	The investigation is acti	/e.														
PERSON # VEHICLE # NAME  2 1 VICTOR M HERNANDEZ  CURRENT ADDRESS (Number and Street)  12/24/1945 3 1 3 1 3 1 1 1 1 HU EP ABD RS  CURRENT ADDRESS (Number and Street)  12/24/1945 3 1 3 1 3 1 1 1 1 HU EP ABD RS  CURRENT ADDRESS (Number and Street)  12/24/1945 3 1 3 1 3 1 1 1 1 HU EP ABD RS  CURRENT ADDRESS (Number and Street)  12/24/1945 3 1 1 3 1 1 1 1 HU EP ABD RS  CURRENT ADDRESS (Number and Street)  12/24/1945 3 1 1 3 1 1 1 1 HU EP ABD RS  CURRENT ADDRESS (Number and Street)  12/24/1945 3 1 1 3 1 1 1 1 HU EP ABD RS  CURRENT ADDRESS (Number and Street)  13/24/1947 2472  CURRENT ADDRESS (Number and Street)  CURRENT ADDRESS (Number an																
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PERSON # VEHICLE # NAME  2 1 VICTOR M HERNANDEZ  CURRENT ADDRESS (Number and Street)  12/24/1945 3 1 3 1 3 1 1 0 1 1 HU EP ABD RS  CURRENT ADDRESS (Number and Street)  12/19 CODE  12472  SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Nor Transported 2 EMS 3 Law Enforcement 77 Office, Explain in  MEDICAL FACILITY TRANSPORTED TO ADVENT HEALTH FISH MEMORIA  PERSON # VEHICLE # NAME  CURRENT ADDRESS (Number and Street)  2 EMS AGENCY NAME OR ID  DELTONA FIRE DEPARTMENT  F230920165  MEDICAL FACILITY TRANSPORTED TO ADVENT HEALTH FISH MEMORIA  PERSON # VEHICLE # NAME  CURRENT ADDRESS (Number and Street)  CITY  STATE  ZIP CODE  ADVENT HEALTH FISH MEMORIA  RS  CURRENT ADDRESS (Number and Street)  EMS AGENCY NAME OR ID  EMS RUN NUMBER  MEDICAL FACILITY TRANSPORTED TO EMS CONTROL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Office, Explain in  MEDICAL FACILITY TRANSPORTED TO EMS CONTROL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Office, Explain in  MEDICAL FACILITY TRANSPORTED TO EMS CONTROL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Office, Explain in  MEDICAL FACILITY TRANSPORTED TO EMS CONTROL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Office, Explain in  MEDICAL FACILITY TRANSPORTED TO EMS CONTROL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Office, Explain in  MEDICAL FACILITY TRANSPORTED TO EMS CONTROL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Office, Explain in  MEDICAL FACILITY TRANSPORTED TO EMS CONTROL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Office, Explain in  MEDICAL FACILITY TRANSPORTED TO EMS CONTROL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Office, Explain in  MEDICAL FACILITY TRANSPORTED TO EMS CONTROL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Office, Explain in  MEDICAL FACILITY TRANSPORTED TO EMS CONTROL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Office, Explain in  MEDICAL FACILITY TRANSPORTED TO EMS CONTROL FACILITY 1 NOT TRANSPORTED TO EMS CONTROL FACILITY 1 NAME CONTROL FACILITY 1 NAME CONTROL FAC																
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PERSON # VEHICLE # NAME  2 1 VICTOR M HERNANDEZ  CURRENT ADDRESS (Number and Street)  12/24/1945 3 1 3 1 3 1 1 1 1																
PERSON # VEHICLE # NAME  2 1 VICTOR M HERNANDEZ  CURRENT ADDRESS (Number and Street)  12/24/1945 3 1 3 1 3 1 1 0 1 1					ADDIT		NOEBO									
CURRENT ADDRESS (Number and Street)  1033 RT 32 #28  SOURCE OF TRANSPORT TO MEDICAL FACILITY SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 2 DATE OF BIRTH INJ SEX LOC: S R O EJECT HU EP ABD RS  CURRENT ADDRESS (Number and Street)  CITY  STATE  ZIP CODE  STATE  ZIP CODE  SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 2 IP CODE  SOURCE OF TRANSPORT TO MEDICAL FACILITY TRANSPORTED TO 2 INC Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 3 INC Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 3 INC Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 3 INC Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 3 INC Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 3 INC Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 3 INC Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 3 INC Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 3 INC Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 3 INC Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 3 INC Transported 2 EMS 3 Law Enforcement 77 Other, Explain in 3 INC Transported 2 EMS 3 Law Enforce			NANDEZ		ADDII	DATE OF BIR	TH INJ				0		HU	EP		
SOURCE OF TRANSPORT TO MEDICAL FACILITY  2 EMS AGENCY NAME OR ID DELTONA FIRE DEPARTMENT  F230920165  BMS RUN NUMBER F230920165  ADVENT HEALTH FISH MEMORIA  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, Epidan in Name of University and Univer					CITY	12/24/134	<u> </u>	Ι'	<u>                                     </u>			1'			<u> </u>	<u> </u>
DELIONA FIRE DEPARTMENT   F230920165   ADVENT HEALTH FISH MEMORIA    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 Unitrown   MEDICAL FACILITY TRANSPORTED TO    Narrative 88 Unitrown   MEDICAL FACILITY TRANSPORTED TO    NAME OF VIOLATOR   FL STATUTE NUMBER   CHARGE   CITATION NUMBER    PERSON # NAME OF VIOLATOR   FL STATUTE NUMBER   CHARGE   CITATION NUMBER    REPORTING OFFICER   RANK   OFFICER NAME   DEPARTMENT   TYPE OF DEPT.    SUBSPIESTS OFFICER   SUBSPIESTS OFFICER    TYPE OF DEPT.    SUBSPIESTS OFFICER   SUBSPIESTS OFFICER    SUBSPIESTS OFFIC	SOURCE OF TRANSPORT TO	MEDICAL FACILITY	EMS A	GENCY NAME OF		DALE	EMS	RUN N	UMBER	NY		MEDICAL FAC			ORTED TO	)
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  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. SHERIEF'S OFFICER	Narrative 88 Unknown		DEL	TONA FIRE D	EPART				1,00,0	I n						
SOURCE OF TRANSPORT TO MEDICAL FACILITY  1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in  Narrative 88 Unknown  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  BMS RUN NUMBER  MEDICAL FACILITY TRANSPORTED TO  MEDICAL FACILITY TRANSPORTED TO  EMS RUN NUMBER  CHARGE CITATION NUMBER  CHARGE CITATION NUMBER  TYPE OF DEPT. SHERIEF'S OFFICER	PERSON # VEHICLE # NAIWE					DATE OF BIK	III INJ	SEX	100:5	K		EJECT	но	EP	ABD	RS
1 Nor Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown  ADDITIONAL 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  REPORTING OFFICER  ID/BADGE # RANK OFFICER NAME DEPARTMENT TYPE OF DEPT.  SHERIEF'S OFFICER	CURRENT ADDRESS (Numb	er and Street)			CITY		-			STATE			ZIP (	CODE		
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.  SHERIEF'S OFFICER	1 Not Transported 2 EMS 3 Law Enforcement		EMS A	AGENCY NAME OF	R ID		EMS	RUN N	UMBER			MEDICAL FAC	CILITY TI	RANSPO	ORTED TO	)
PERSON# NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER  REPORTING OFFICER  ID/BADGE # RANK OFFICER NAME DEPARTMENT TYPE OF DEPT. SHERIEF'S OFFICE		 S														
REPORTING OFFICER  ID/BADGE # RANK OFFICER NAME DEPARTMENT TYPE OF DEPT. SHERIEF'S OFFICE	PERSON # NAME OF	VIOLATOR		FL STA	TUTE NUN	MBER			CH	IARGE				CITATI	ON NUME	BER
ID/BADGE # RANK OFFICER NAME DEPARTMENT TYPE OF DEPT.	PERSON # NAME OF	VIOLATOR		FL STA	TUTE NUM	MBER			CH	IARGE				CITATI	ON NUME	BER
SHERIEF'S OFFICE	REPORTING OFFICER															
9031 DEPUTY NICHOLAS MALETTO VOLUSIA SHERIFFS OFFICE (SO)	ID/BADGE # 9031	RANK <b>DEPUTY</b>			TO						RIFFS	OFFICE				

DIAGRAM	REPORTING AGENCY CASE NUMBER VP230006323	HSMV CRASH REPORT NUMBER 25734361
THII	NVESTIGATION	

6 7 Page \_\_\_\_\_ of \_\_\_\_

HSMV 90010 S

2   Vehicle   Phone Number and Stees    Phone Number   Phone Num
1422 BIRWOOD ST  DATE OF BIRTH  154
DATE OF BIRTH    SEX.   1   DRIVER SLICENSE NUMBER   STATE   EXPIRES   INJURY SEVERITY (INJ.)   A lencagodating   5 fatal (within 30 days)   4
Ot. Type
DL Type  1 A 2 B 3 C  4 D.Chaufflour  1 Yes  2 No  3 No Req. Endorsements  5 Electronic Communication Devices (cell phone, etc. 3 Other Electronic Device 3 Other Electronic Device (compain mannarie) 1 Search (continuing Action 1 Search (continuing Action 1 Search (continuing Action) 1 Search (continuing Action) 1 Search (continuing Action) 1 To Priver Distracted By 1 No Distracted By 1 No Distracted By 2 No 2 Over-Correcting/Over Steering 2 No Search (continuing Action) 2 Device (continuing Action) 2 Device (cell phone, etc. 3 Other Electronic Device 3 Other Electronic Device 3 Other Electronic Device 4 Transport (cell phone, etc. 3 Other Electronic Device 4 Transport (cell phone, etc. 3 Other Electronic Device 3 Part and Standard (cell phone) 4 Transport (cell phone, etc. 3 Other Electronic Device 4 Transport (cell phone, etc. 3 Other Electronic Device 5 Electronic Device 6 Transport (cell phone, etc. 3 Other Electronic Device 6 Transport (cell phone, etc. 3 Other Electronic Device 6 Transport (cell phone, etc. 3 Other Electronic Device 6 Transport (cell phone, etc. 3 Other Electronic Device 6 Transport (cell phone, etc. 3 Other Electronic Device 5 Electronic Correcting/Over Steering 7 Transport (cell phone, etc. 3 Other Electronic Device 5 Electronic Correcting/Over Steering 7 Transport (cell phone, etc.) 3 Other Electronic Device 5 Electronic Correcting/Over Steering 7 Transport (cell phone, etc.) 3 Other Electronic Device 5 Electronic Correcting/Over Steering 7 Transport (cell phone, etc.) 3 Other Electronic Device 5 Electronic Correcting/Over Steering 7 Transport (cell phone, etc.) 3 Other Electronic Device 5 Electronic Correcting/Over Steering 7 Transport (cell phone, etc.) 3 Other Electronic Device 7 Unknown Type of Non-Motorist Decision I Transport (cell phone) 4 Other Cyclist 4 Other Cyclist 5 Other Electronic Device 7 Unknown Type of Non-Motori
1 A 2 É 3 C 4 D/Chauffeur 5 E/Operator 5 E/Operator 7 None
1 Not Distracted 2 Electronic Communication Devices (cell phone, etc. 3 Other Electronic Device (navigation device, DVD player) 1 Thanker Red Light 1 2 Drove too Fast for Conditions 1 3 Tans 180p Sign 1 5 Improper Passing 1 15 Improper Passing 1 17 Exceeded Posted Speed 2 1 Wrong Side of Wrong Way 2 5 Failed to Keep in Proper Lane  PRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Indement Washing 3 Parked/Stopped Vehicle 3 Parked/Stopped Vehicle 3 Parked/Stopped Vehicle 4 Trees/Crops/Bubes 4 Trees/Crops/Bubes 4 Trees/Crops/Bubes 4 Trees/Crops/Bubes 4 Trees/Crops/Bubes 5 Eatl OCATION: Seat Row Other 1 Left 2 Midde 1 Front 2 Sileger Section of Truck Cab 3 Right 2 Second 7 To Other 3 Third 4 Unenclosed Cargo Area 5 Unknown 88 Unknown 89 Unknown 90 Voter 1 Non-Motorist Location At Time of Crash 8 Kigelea Location At Time of Cr
2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes 8 Fog 1 To All Other, Explain in Narrative 9 Fog 1 Signs/Billboards 7 Signs/Billboards 7 Signs/Billboards 7 Signs/Billboards 7 Signs/Billboards 7 To All Other, Explain in Narrative 9 Fog 1 Signs/Billboards 7 To All Other, Explain in Narrative 9 Fog 2 No Other 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 2 Other Helmet 3 Not Applicable 1 Not Applicable 1 CoCATION: SEAT ROW OTHER 2 Other Helmet 2 Other Helmet 3 Not Applicable 2 None Used - Motor Vehicle Cocupant 3 Not Helmet 3 Not Applicable 2 None Used - Motor Vehicle Cocupant 3 Not Helmet 3 Not Applicable 2 None Used - Motor Vehicle Cocupant 3 Not Helmet 3 Not Applicable 2 None Used - Motor Vehicle Cocupant 3 Not Helmet 3 Not Applicable 1 Not Applicable 2 None Used - Motor Vehicle Cocupant 3 Not Helmet 3 Not Applicable 2 None Used - Motor Vehicle Cocupant 3 Not Helmet 3 Not Applicable 4 Shoulder Belt Only Used 6 Suployed-Other (Ree, air belt, etc.) 6 Deployed-Other (Ree, air belt, etc.) 6 Suployed-Other (Ree, air belt, etc.) 7 Other Row 88 Unknown 89 Unk
## A Trees/Crops/Bushes 8 Fog In Narrative ## Helmet Use (HU) ## LocAtion (EP) ## DRIVER OR PASSENGER    Motor Vehicle Seating Position:   LoCATION:
Motor Vehicle Seating Position:  Seat Row Other  1 Left 2 Midde 1 Front 3 Right 2 Second 3 Right 2 Second 3 Other Enclosed Cargo Area 4 Fourth narrative 77 Other Row 88 Unknown 77 Other Row 88 Unknown 89 Unkno
Seat Row Other  1 Left 1 Front 2 Second 2 Sleeper Section of Truck Cab 3 Right 2 Second 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 3 Third 4 Unenclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 9 Trailing Unit 1 Shared-Use Pathony Mon-Motorist Description 1 Pedestrian (wheelchari, person in a building, skater, pedestrian conveyance, etc. 3 Sicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle North Marked Crosswalk 5 Trailing Lane - Other Location 6 Sicycles 1 Nort-Motorist Actions/Circumstances 7 Unknown Type of Non-Motorist Description 1 Ist 1 Nort-Motorist Description 2 Deptoyed Crossing Island 1 O Driveway Access 3 Sicyclist 2 Other Pedestrian conveyance, etc. 3 Sicyclist 3 Coccupant of Nort-Motorist Description 1 Nort-Motorist Description 2 Deptoyed Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Sicycles 1 Sicycles 1 Nort-Motorist Description 1 Nort-Motorist Description 2 Deart/Dash 2 Nort-Motorist Description 2 Deart/Dash 2 Nort-Motorist Description 3 Nort-Motorist Description 3 Nort-Motorist Description 3 Nort-Motorist Description 3 Nort-Motorist Description 4 Forth Midblock - Marked Crosswalk 1 Nort-Motorist Description 4 Nort-Motorist Descr
1 Left 2 Midde 2 Second 3 Right 2 Second 3 Right 2 Second 3 Third 4 Unenclosed Cargo Area 4 Unenclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-marrative) 88 Unknown 88 Unknown 88 Unknown 89 U
Non-Motorist Description 1 Pedestrian (wheelchari, 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-Motorist 7 Unknown Type of Non-Motorist 1 Ist 1 1 Secretary Sciences 1 Non-Motorist Location At Time of Crash 4 Midblock - Marked Crosswalk 3 Intersection - Unmarked Crosswalk 3 Intersection - Other4 Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside
2 Unter Pedestrian (wheelchar), 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  1 Ist 1 1 SIntersection - Unmarked Crosswalk 10 Driveway Access 11 Shared-Use Path or Trail 11 Shared-Use Path or Trail 12 Non-Trafficway Area 2 Waiting to Cross Roadway 2 Waiting to Cross Roadway 3 Waiting to Cross Roadway 4 Widholock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 shoulder/Roadside  10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 2 Waiting to Cross Roadway 2 Waiting to Cross Roadway 3 Waiting to Cross Roadway 4 Waiting to Cross Roadway 5 Waiting to Cross Roadway 6 Gin Roadway - Other (working, 11 Shared-Use Path or Trail 12 Non-Trafficway Area 12 Non-Trafficway Area 2 Waiting to Cross Roadway 3 Waiting to Cross Roadway 4 Waiting to Cross Roadway 5 Working in Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway With Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Access 11 Non-Trafficway 10 Non-Motorist Actions/Circumstances 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Access 13 Inspection - Unmarked Crosswalk 11 Shared-Use Path or Trail 12 Non-Trafficway Access 12 Non-Trafficway Access 13 Inspection - Unmarked Crosswalk 12 Non-Trafficway Access 14 Non-Motorist Actions/Circumstances 15 Travel Lane - Other Location 16 In Roadway - Other (working, playing, etc.) 17 Crossing Roadway 2 Waiting to Cross Roadway 2 Waiting
1 None Safety Equipment 5 Lighting 2 Helmet 3 Failure to Obey Traffic Signs 4 Failure to Obey Traffic Signs 5 In Roadway Improperly (standing, (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 6 Disabled Vehicle Related (working, playing) ALCOHOL/DRUG/EMS 7 Entering/Exiting Parked/Standing 10 Improper Turn/Merge 7 Entering/Exiting Parked/Standing 11 Improper Passing 12 Wrong-Way Riding or Walking 12 Wrong-Way Riding or Walking 9 Not Visible (dark clothing, no lighting, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 4 ALCOHOL/DRUG/EMS
SUSPECTED ALCOHOL TESTED: ALCOHOL TEST TYPE: ALCOHOL  ALCOHOL USE: 1 Test Not Given 1 Blood 2 Breath TEST RESULT: DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 Positive 1 DRUG USE: 1 Test Not Given 1 Blood 1 DRUG USE: 1 Test Not Given 1 Blood 1 DRUG USE: 1 Test Not Given 1 Blood 1 DRUG USE: 1 Test Not Given 1 Blood 1 DRUG USE: 1 Test Not Given 1 Blood 1 DRUG USE: 1 Test Not Given 1 Blood 1 DRUG USE: 1 Test Not Given 1 Blood 1 DRUG USE: 1 Test Not Given 1 Blood 1 DRUG USE: 1 Test Not Given 1 DRUG USE
1 No 1 2 Test Refused 3 Urine 77 Other, Explain 2 COMPLETED 1 PENDING 2 Yes 88 Unknown if Tested 88 Unknown if Tested 88 Unknown if Tested 1 No 2 Yes 88 Unkno
SOURCE OF TRANSPORT TO MEDICAL FACILITY
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown  Deltona Fire Department F230920165  HCA LAKE MONROE  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
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  I Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in  Narrative 88 Unknown

### FLORIDA TRAFFIC CRASH REPORT

SHORT FORM UPDATE 🗸 LONG FORM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

TOTAL # OF VEHICLE SECTION(S) TOTAL # OF PERSON SECTION(S)

WAS DOT PROPERTY INVOLVED IN THIS CRASH?

TRAFFI	C CRASH REC TALLAHA	•			DING	то	TAL # OF NAF	_ # OF NARRATIVE SECTION(S)						
CRASH DATE	TIME OF CRASH	DAT	TE OF REPORT	Г	REPORTING AGENC	Y CASE N	UMBER	BER HSMV CRASH REPORT NUMBER						
04/02/2023	12:41 PM	05	/30/2023		VP230006323			25734361						
CRASH IDENTIFIERS			11 20000020											
COUNTY CODE CITY CO	DDE COUNTY OF CR	RASH		PLACE OR (	CITY OF CRASH		CHEC	K IF WITHIN _	TIME REP	ORTED	TIME DISPATO	CHED		
08 37	VOLUSIA		DELTONA CITY LIMITS							PM	12:44 PM			
TIME ON SCENE	TIME CLEARED SCEN	NE CHECK	IF	REASON (If In	vestigation NOT Comp	ete)					: 1 Motorist			
12:47 PM	6:38 PM	COMPL	ETED 🗸	,		,				2 Law Enfo		2		
ROADWAY INFORMAT		LY 1 OF 4 OF	TIONS)						ı					
CRASH OCCURRED ON			<u>, , , , , , , , , , , , , , , , , , , </u>		1 AT STREET	ADDRESS	i#	AT LATITUDE		AND LON	GITUDE			
E NORMANDY BLVD							2	28.885065			1.241684			
AT FEET MILE	S N S	S E W	3 AARON		ON WITH STREET, RO	DAD,HIGH\			_	4 OR FRO	OM MILEPOST #	ŧ		
Road Sy	stem Identifier	7 Forest Ro 8 Private R		T	ype of Shoulder		Type o	of Intersection Intersection	1 5 Tr	affic Circle oundabout				
1 Interstate 2 U.S.	4 County 5 Local	9 Parking L			1 Paved 2 Unpaved		2 Four-V	Vay Intersection	7 Fi	ve-Point, or				
5 2 U.S. 3 State	6 Turnpike/Toll	77 Other, E Narrative	xplain in	2	3 Curb	1	3 T-Inter 4 Y-Inter		77 (	Jtner, Expla	in in Narrative			
CRASH INFORMATION	N (CHECK IF PICTU		~											
Light Cond	lition		Condition		lway Surface Cond	lition	School Bus R	elated	Man	ner of Co	llision/Impac	t		
1 Daylight 2 Dusk	5 Dark-Not Lighted	4 Fog 5 Slee	, Smog, Smoke et/Hail/	·	5 Oil 6 Mud, Dirt, Gra	vel	1 No				pe, same direct			
	3 Dawn Lighting 1 Freezi				7 Sand 8 Water		4 2 Yes, Sc			5 Sideswi 6 Rear to	pe, Opposite Di	rection		
4 Dark-Lighted			(standing/movir	g)	3 Yes, Sc	hool Bus	Front to Rear	7 Rear to	Rear					
	ere Crosswinds her, Explain in	1 Dry 2 Wet	77 Other, Expla Narrative	in in	Indirectly		Front to Front	77 Other, 88 Unkno	Explain in Narr	ative				
	tive	4 Ice/Fi				3 /	Angle	00 OTINIC	/WII					
First Harmful B	Collisio 10 Pedestri	n Non-Fixed	Object	Coll	lision with Fixed ash 30 Concre	Object		st Harmfu						
l <u>—</u>	2 Fire/Exp		11 Pedalcyc	ele	Cusion		31 Other T	raffic Barrier	Lo	cation 1	On Roadway			
34	3 Immersi 4 Jackknif		12 Railway engine)	vehicle (train,	20 Bridge Ove 21 Bridge Pier			anding) ole/Light Suppor	t		Off Roadway Shoulder			
		Equipment	13 Animal 14 Motor Ve	shiolo in	22 Bridge Rail 23 Culvert		34 Traffic S	Sign Support Signal Support			Median Gore			
First Harmful Even	6 Fell/Jum	nped From	Transport		24 Curb		36 Other P	ost, Pole or		7	Separator			
within Interchange	Motor Veh 7 Thrown			Motor Vehicle ne/Maintainan	25 Ditch e 26 Embankme	ent	Support 37 Fence				In Parking Lane one	or		
1 No 2 Yes	Object	o Water/Canal	Equipment	y Falling, Shifti	27 Guardrail F		38 Mailbox			9	Outside Right-o	f-way		
88 Unknown	9 Other C		Cargo		29 Cable Barr		building, tu	ixed Object (wall nnel, etc.)		) Roadside 3 Unknown				
First Har	mful Event Relatio	n to		on-Fixed Object	ımstances: Road			Con	tributing Ci	rcumetan	ces: Environ	ment		
	Junction					10 Road S	ravel-Polished Surfa Surface Condition (w	ice						
1	5 Railway Grade Cros 14 Entrance/Exit Ram			1			slush, etc.) ction in Roadway		1					
1 Non-Junction	15 Crossover - Relate	ed	1 No	one		12 Debris	•							
2 Intersection	16 Shared-Use of Pat 17 Acceleration/Decel		4 W	ork Zone (cons	truction/		Control Device e, Missing or Obscu	red 2 Wea	e ther Condition:		nimal(s) in Road Other, Explain ir			
3 Intersection-Related 4 Driveway/Alley Access	Lane 18 Through Roadway	,		ntenance/utility noulders (none.	low, soft, high)		ighway Work Explain in Narrative	3 Phys	ical Obstructio	n(s) Nar	rative			
Related	77 Other, Explain in N			ıt, Holes, Bump		88 Unknov		4 Glare	9	88 (	Unknown			
Work Zone Related	d Cras	h in Work Zo fore the First Wo	<b>ne</b> rk Zone		Type of Work Zon	е	Workers	in Work Zone	е					
1 No	Warn	ing Sign			Lane Closure Lane Shift/Crossover			1 No						
1 2 Yes	3 Trai	/ance Warning A nsition Area	ıcd	3	Work on Shoulder or Mintermittent or Moving			2 Yes						
88 Unknown		ivity Area mination Area			7 Other, Explain in Nari			88 Unknown						
WITNESSES				I										
NAME					ADDRE	SS	CITY 8	STATE			ZIP CODE			
IVAN	FONT	TANEZ GARCIA		10	048 PIONEER DR		DELTO	DNA		FL	32725			
NAME GIOVANNA	B BOR	CES		E	ADDRE	SS		STATE BEDFORD			ZIP CODE 02740			
	BUR	GES			17 COTTAGE ST	00								
NAIVIE	NAME				ADDRE	00	CITY 8	STATE		4	ZIP CODE			
NON VEHICLE PROPE	NON VEHICLE PROPERTY DAMAGE													
VEH.# PER# PROF	PERTY DAMAGE - OTH	HER THAN VEH.	EST. AMT.	OWNER'S N	AME (CHECK	ESS) ADD	RESS	CITY & S	STATE	ZIP CODE				
1 SIGI	N OR SIGNPOST		1000			2345	PROVIDENCE I	BLVI DELTO	NA .	FL 32725				
	PERTY DAMAGE - OTH	IED THAN VEH	EST. AMT.	CITY OF DELTONA				2345 PROVIDENCE BLVI DELTON SS) ADDRESS CITY & S'						
			1000								ZIP CODE			
1 DEC	1 DECORATIVE ROCK/LANDSCAPING			JASON	LEE	WELLS	1166	E NORMANDY	DLV DELIGI	•	FL 32725			
HSMV 90010			0											

VEHICLE #	1 (	Check if Com		VP2300063		umber			25734	ash Report Ni <b>361</b>	umber	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	1 VEHICL	E LICENSE NUMBER 7	STATE FL	REGISTRATIO <b>06/16/2023</b>		Cileci	k if Perma tration	nent	VBALM7C5X	(BE38388	5	
Hit and Run 1 No 2 Yes 88 Unknown	YEAR <b>2011</b>	MAKE BMW	MODEL 2D		STYLE CONVERTI	BLE	COLOR	D	DAMAGE: 1 Disabling 2 Functional 3 None	4 Minor 88 Unknov		\$30,000.00
INSURANCE COMPANY GOVERNMENT EMPLOY			RANCE POLICY 109388	NUMBER	to Dan 1 No	nage:	2		REMOVED BY	2.	Rotation Owner Reques Driver Other, Explain	in Narrative
NAME OF VEHICLE OWN RALPH	ER (CHECK IF BU	SINESS)	CURRENT AD					CITY & S			FL 3	P <b>2738</b>
Trailer LICENSE NUMBI One:	ER STATE	REGISTRATION EX		Check if Permanent Registration	VIN				YEAR	MAKE	LENGTH	d AXLES
Trailer LICENSE NUMBETwo:	R STATE	REGISTRATION EX		Check if Permanent Registration	VIN				YEAR	MAKE	LENGTH	H AXLES
VEHICLE N :	S E W C	off-Road Unknown		T, ROAD, HIGHWAY <b>ANDY BLVD</b>					AT EST. SPEEI	35	ED SPEED	TOTAL LANES 2
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown MOTOR CARRIER NAME	HAZ. MAT. PL 1 No 2 Yes 88 Unknown		OT NUMBER	CLASS	2//	a of Initial In 3   4   5   5   (16   3   12   11   1	6 7 17 8 9	01 18 19 20 21	Overturn Windshield	19		Damaged Area  4   5   6   7   6   17   8   7   12   11   10
MOTOR CARRIER ADDR	ESS	•	СП	ΤΥ			STA	ATE ZIF	PCODE		PHONE NUM	/IBER
Vehicle Body Type  1 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped	(4,536 kg) o 18 Motor Co 19 Other Lig (4,536 kg) o 20 Medium/ than 10,000 21 Farm Lal	Itility Vehicle an (10,000 lbs r less) sach th Trucks (10,000 lbs r less) Heavy Trucks (more lbs (4,536 kg))	1 Two-Way 2 Two-Way Continuous 3 Two-Way (painted >2 4 Two-Way Median Ba	ay Trafficway wn <b>Trail</b>	er Type	fo 2 m 3 4 5 6 7	Vehicle 10 r Hazardo Single-Ur ore than 2 Single-Ur Truck Pul Truck Tra Truck Tra Truck Tra	0,000 lbs or ous Materia it Truck (2- 10,000 lbs ( it Truck (3 ling Trailer( ctor (bobtai ctor/Semi-T ctor/Double	axle and GVWR 4,536 kg)) or more axles) (s) iil) Trailer	8 Trac 9 Truc kg), C 10 Bu occup 11 Bu occup 77 Ott	ctor/Triple	driver) re than 15 driver)
1 Inte 2 Intr 3 No	m/Non-Commel erstate Carrier astate Carrier in Commerce/Gov in Commerce/Oth	reinment er Truck sion bllover	Comm GVWR/GC	2 Ta 3 Ta 4 Sa 5 Bc 6 Ut 7 Hc	2 10,001-	i Trailer 9 10 t/Trailer 77 N: 88 	(4,536-11	ehicle Insport xplain in n ,793kg)	1 No Cargo 2 Bus	go Body Ty 3 Van/Enclos 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete M 10 Auto Trans 11 Garbage/F	13 ded Box Coi 14 And 15 (ve (4,5 diser diser sport 77 Refuse Nai	Intermodal ntainer Chassis Vehicle Towing other Vehicle Not Applicable hicle 10,000 lbs 536 kg) or less not olaying HM placard Other, Explain in rrative
10  Sequence of Event:  1st 2nd  43 34  3rd 4th  10 39	4 Jackknife 5 Cargo/Equi 6 Fell/Jumper 7 Thrown or F 8 Ran into W 9 Other Non-  [40-46 Seque 40 equipment brake failure, 41 Separation	ater/Čanal Collision  ence of Events only]  Failure (blown tire, etc.) of Units badway, Right	10 Pede 11 Peda 12 Railw 13 Anim 14 Moto 15 Parke 16 Work Equipme 17 Struc Anything Vehicle	alcycle vay Vehicle (train, eng lal or Vehicle in Transport ed Motor Vehicle k Zone/Maintenance	gine)	19 20 21 22 23 24 25 26 27	Impact Att Bridge Ov	rerhead Str er or Suppo iil nent Face	ash Cushion 3 ucture 3 ort 3 3 3 3 3 3 3	12 Log  9 Cable Barrio 0 Concrete Ti 10 Other Traffic 2 Tree (stand 3 Utility Pole/L 4 Traffic Sign 5 Traffic Sign 6 Other Post, 7 Fence 8 Mailbox 9 Other Fixed	er raffic Barrier c Barrier ing) Light Support Support al Support Pole, or Support I Object (wall, I, etc.)	88 Unknown
Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)  Special Funct of Motor Vehice	ion 1 No Spe	ignment ight ve Right ve Left cial Function ehicle 10 Fi 11 Fa 12 S	1 Straight A 3 Turning L 4 Backing 5 Turning R 6 Changing 8 Parked 10 Making	Left 14 Slowin 15 Nego 15 Nego 16 Leaving Lanes 17 Enter 77 Other U-Turn 88 Unknowing/Passing 14 Intercity 15 Charter/ 16 Shuttle E 17 Farm La	ped in Traffi ng ng Traffic L ing Traffic L , Explain in own Bus Tour Bus Bus bor Bus	ırve ane ₋ane	1 No C 4 Scho Device	ontrols ol Zone Sig c Control Sign	Device For This Vehicl 8 Flashing Si 9 Railway Cro Device 10 Person (ir Flagman, Off Guard, etc.) 77 Other, Exp Narrative 88 Unknown	gnal 2 E Signal 3 T A Land Licer, 3 E Signal 4 L Signal 6 S E Signal 6	Vehic  Independent of the control of	13 Wheels 14 Windows/ Windshield 15 Mirrors 16 Truck Coupling Trailer Hitch/ Safety Chains 77 Other, Explain in Narrative 88 Unknown
	OF VIOLATOR			_ STATUTE NUMBER					ARGE			ION NUMBER
1 RALPH PERSON# NAME	OF VIOLATOR	AGUILAR	316.1925	5(1) - STATUTE NUMBER		CARELESS	DRIVING		ARGE		Al6F6I CITAT	ION NUMBER
PERSON # NAME	OF VIOLATOR		FL	STATUTE NUMBER	R			CHA	ARGE		CITAT	ION NUMBER
		-										

PERSON # 1					ting Agency Case Nu 30006323	mber			HSMV Crash <b>2573436</b>		umber			
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE#	NAME RALPH			AGUILAR	l.			PHONE N	NUMBER		Re	heck if ecommen river Re-e	
CURRENT ADDRESS (Numb	per and Street)						CITY &	STATE			ZIP CC	DDE		
1908 MONTEREY DR				DEL	TONA			FL			3273			
DATE OF BIRTH	SEX: 1 Male	1	DRIVERS LICENS	E NUMBER		STATE	EXPIRES		INJURY SE 1 None	VERITY (IN	NJ) 4 Inca 5 Fata	pacitatin	g 30 days)	3
06/16/1955	2 Female 88 Unknown		A-246-720-55	-216-0	5511/55	FL	06/16/2	025	2 Possible 3 Non-Incap	pacitating		-Traffic F		
5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None  Driver Distracted  1 Not Distracted 2 Electronic Comm Devices (cell phone 3 Other Electronic I (navigation device, 1 Vision Not Ob	3 1 Yes 2 No 3 No By unication a, etc. Device DVD player) UCTIONS Scured 5 Log	Req. Endorser  4 Other Inside (explain in na 5 External Dis	ment e the Vehicle rrative)	2 2nd	DRIVER Driv 1 No Contribution Acti 2 Operated MV in Car Negligent Manner 3 Failed to Yield Right 4 Improper Backling 5 Improper Turn 10 Followed too Close 11 Ran Red Light 12 Drove too Fast for 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted ! 21 Wrong Side of Wrc 25 Failed to Keep in P	on eless or -of-Way ely Conditions Speed ong Way	at Time of Cras 26 Ran off Roa 27 Disregarded Sign 28 Disregarded Markings 29 Over-Corred Steering 30 Swerved or to Wind, Slippe Object, Non-Mi Roadway, etc. 31 Operated M Reckless or Ag 77 Other Contr	dway I other Rocting/Ove Avoided: By Surfactorist in V in Errat ressive M	oad r : Due e, MV, tic, lanner	3rd	1 App 3 Asl 5 III ( 6 Sei 7 Ph; 8 Em angr; 9 Un Medi 77 O	ysically Ir notional ( y, disturb der the Ir cations/[	Normal atigued Fainted ilepsy, Bla npaired depressio	on, of ohol
2 Inclement We 3 Parked/Stopp	ed Vehicle 7 Sig	lding/Fixed Ob ns/Billboards	ject 10 Glare 77 All Other, Exp	lain					R PASSEN	IGER				
Motor Vehicle Seating F Seat Row  1 Left 1 Front 2 Second 77 Other (explain in narrative) 88 Unknown 88 Unknown	DRIVER OF CONTROL OF C	R PASSENG  LOCATION (LOC)  cable Section of Truclosed Cargo Aid Jinit  n Motor Vehi	in Narrative  EER  I: SEAT ROW  1 1 1	OTHER	Motor 2 Oth 3 No  on (EJECT)  1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	T-Compliant reycle Helmet er Helmet Helmet  Air Bag D  Air Bag D  1 N 2 N 3 E 4 E	eployed  lot Applicable lot Deployed Deployed-Front	1 Yes 2 No 3 Not a 5 Deploy (knee, air 6 Deploy Combina	ition ed-Curtain syment	2 None 3 Shou 4 Shou 5 Lap E 6 Restr 7 Child 8 Child 9 Boost 10 Child	Restrai (RS) pplicable Used - N Ider and I Ider Belt ( Selt Only U aint Used Restraint Restraint ter Seat d Restrair er, Explair	lotor Veh Lap Belt I Only Use Jsed - Type U System System It Type U	torist) nicle Occu Used d Jnknown - Forward - Rear Fa	l Facing
Non-Motorist Des	cription	1-	Non-Motorist L	ocation At 1	NON-MOTORIS			1	Action Pri	or to Crasi	h			
1 Pedestrian 2 Other Pedestrian (who building, skater, pedes 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor V (parked, etc.) 6 Occupant of a Non-Transportation Device 7 Unknown Type of No	neelchair, person trian conveyance ehicle Not in Trar Motor Vehicle	, etc.	1 Intersection - Mar 2 Intersection - Unr 3 Intersection - Oth 4 Midblock - Marke 5 Travel Lane - Oth 6 Bicycle Lane 7 shoulder/Roadsic Non-M 1st 2 Dart/ 3 Failu	ked Crosswa marked Crosser4 Midblock d Crosswalk er Location de lotorist Action proper Actio	alk swalk - Marked Crosswalk ons/Circumstances n ght-of-Way	12 Non-Traffi	Access se Path or Trail	2 Waiti 3 Walk Roadw adjace 4 Walk Roadw	ising Roadwa ing to Cross king/Cycling a way with Traff int to travel la king/Cycling a way Against T acent to trave	ay Roadway Along fic (in or ane) Along Fraffic (in	5 Walkin 6 In Roa playing, 7 Adjace shoulder 8 Going 9 Workin (incident 10 None	dway ( etc.) nt to Rac , median to or fror ng in Traf respons	n School ficway	rking, g., (K-12)
2 Heimet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	6 Not Applical 77 Other, Exp in Narrative 88 Unknown	lain	2nd Signals 5 In Ro lying, v 6 Disal on, pus	s, or Officer badway Improvorking, playi bled Vehicle shing, leaving	operly (standing, ng) Related (working g/approaching) LCOHOL/DRUG/I	Vehicle 8 Inattentive ( 9 Not Visible ( lighting, etc.)	iting Parked/Sta talking, eating, e dark clothing, n	etc)	10 Improper 11 Improper 12 Wrong-W 77 Other, Ex 88 Unknown	Passing /ay Riding o	or Walkinç rrative			
ALCOHOL USE: 1 No 2 Yes 88 Unknown SOURCE OF TRANSPORT TO	LCOHOL TESTE 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Te D MEDICAL FAC	1 B 3 U 77 in N	COHOL TEST TYPE lood 2 Breath rine Other, Explain larrative S AGENCY NAME O	TEST R 1 PENE 2 COMI 88 UNK	ESULT: DING PLETED (NOWN	DRUG U 1 No 2 Yes 88 Unkn	JSE: 1 2 3	RUG TES Test Not Test Refu Test Give 8 Unknov	Given used en vn, if Tested	1 Blood 3 Urine 77 Othe	er, in Narrat	1 Po 2 No 3 Po ive 88 U	ositive egative ending Jnknown	RESULT: 1
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	88 Unknown	1												
				ΑĽ	DATE OF BIRT		EV 1.00 c	-		T IFOT		F5	ADD	DC
PERSON # VEHICLE # NAMI	=				DATE OF BIRTH	H INJ S	EX LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Numi	per and Street)			CITY				STATE			ZIP CO	DDE		
SOURCE OF TRANSPORT TO 1 Not Transported 2 EMS 3 Law Enforcement Narrative 88 Unknown		LITY	EMS AGENCY NAM	ME OR ID		EMS RU	JN NUMBER		MED	DICAL FAC	ILITY TRA	ANSPOR	TED TO	
PERSON # VEHICLE # NAMI	=		1		DATE OF BIRTI	H INJ S	EX LOC: S	R	0	EJECT	HU	EP	ABD	RS
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SOURCE OF TRANSPORT TO 1 Not Transported 2 EMS 3 Law Enforcement Narrative 88 Unknown		LITY	EMS AGENCY NAM	ME OR ID		EMS RU	JN NUMBER		MED	DICAL FAC	ILITY TRA	ANSPOR	TED TO	

PERSON # 3		ing Agency Case Num 0006323	ber		HSMV Cras <b>257343</b>	h Report Nun <b>61</b>	nber		
1 Driver 2 Non-Motorist 2 3 Passenger  VEHICLE # NAME EILEEN M	ARIE	FLAHERTY			PHONE	NUMBER	1	Check if Recommen Oriver Re-e	
CURRENT ADDRESS (Number and Street)	1			CITY & STATE			ZIP CODE		
1423 BIRWOOD ST	DELT	ONA		FL			32725		
DATE OF BIRTH SEX: 1 Male 2 DRIVERS LICENSE NU	MBER		STATE	EXPIRES	INJURY SE 1 None 2 Possible		) 4 Incapacitati 5 Fatal (withir	ng i 30 days)	5
03/02/1955 2 Female 88 Unknown					3 Non-Inca		6 Non-Traffic		
	lst	DRIVER Drive	s Actions at	Time of Crash		3rd	Conditi	on At	
1 A 2 B 3 C 4 D/Chauffeur 1 Yes	2	No Contribution Action Operated MV in Carel	ss or 2	6 Ran off Roadway 7 Disregarded other	Traffic		Time of		
5 E/Operator 2 No 6 E/Oper-Rest 3 No Req. Endorsement	3	egligent Manner Failed to Yield Right-o	f-Way 2	ign 8 Disregarded Other	Road		1 Apparently 3 Asleep or		
7 None		Improper Backing Improper Turn		larkings 9 Over-Correcting/O	ver		5 III (sick) or	Fainted	
Driver Distracted By  4 Other Inside the Vehicle (explain in narrative)	2nd 10	0 Followed too Closely		teering			6 Seizure, E 7 Physically	Impaired	
2 Electronic Communication (outside the vehicle, explain	11	1 Ran Red Light 2 Drove too Fast for C		0 Swerved or Avoide Wind, Slippery Surf		4th	8 Emotional angry, distur	bed, etc.)	
Devices (cell phone, etc. in narrative) 3 Other Electronic Device 6 Texting		3 Ran Stop Sign 5 Improper Passing	C	Object, Non-Motorist in Roadway, etc.			9 Under the Medications	Drugs/Alco	ohol
(navigation device, DVD player) 7 Inattentive 88 Unknown	17	7 Exceeded Posted Sp 1 Wrong Side of Wron	eed 3	1 Operated MV in Er Reckless or Agreessiv			77 Other, Ex 88 Unknown		arrative
DRIVER VISION OBSTRUCTIONS		5 Failed to Keep in Pro		7 Other Contributing					
1 Vision Not Obscured 5 Load on Vehicle 9 Smoke 2 Inclement Weather 6 Building/Fixed Object 10 Glare		_		DRIVER	OR PASSE	NGER			
3 Parked/Stopped Vehicle 7 Signs/Billboards 77 All Other, Explain 4 Trees/Crops/Bushes 8 Fog in Narrative		Helmet Use	(HU)		otection (EP)	-i	Restraint Sys	ems	
DRIVER OR PASSENGER		1 DOT-	Compliant	1 Ye			(RS)		
Motor Vehicle Seating Position: LOCATION: SEAT ROW O	THER		cle Helmet Helmet	2 No	ot Applicable	1 Not App	olicable (non-m	otorist)	
Seat Row Other		3 No H	elmet			2 None U	lsed - Motor Ve er and Lap Bel	hicle Óccu	pant
1 Left 1 Front 1 Not Applicable 2 Sleeper Section of Truck Cab		_	Air Bag De	oloyed		4 Should	er Belt Only Us lt Only Used		
3 Right 2 Second 3 Other Enclosed Cargo Area	Ejection	1 (EJECT) 1 Not Ejected		(knee,	loyed-Other air belt, etc.)	6 Restrai	nt Used - Type estraint Syster		l Facing
(explain in 4 Fourth 5 Trailing Unit		2 Ejected, Totally 3 Ejected,	2 No	t Applicable 6 Dep t Deployed Combi	nátion		estraint Syster		
88 Unknown 88 Unknown 88 Unknown trailing on Motor Vehicle Exterior (non-trailing unit)	Ш	Partially 4 Not Applicable		ployed-Side 88 Dep	oyed-Curtain oloyment	10 Child	Restraint Type Explain in Nar		
88 Unknown		88 Unknown		Unkno	wn	77 Other,	Lxpiaiii iii ivai	lative	
Non-Motorist Description Non-Motorist Locat			Sidewalk		Action Pr	ior to Crash			
2 Other Pedestrian (wheelchari, person in a 2 Intersection - Inter	ed Cross	walk 1	Median/Cross 0 Driveway Ac		)	6	Walking/Cycli In Roadway -		
3 Bicyclist 4 Midblock - Marked Cro	sswalk	- Marked Crosswalk 1	1 Shared-Úse 2 Non-Trafficv	Path or Trail 1 Cr	ossing Roadwaiting to Cross	Poodway 7	olaying, etc.) ' Adjacent to R		g.,
4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport 6 Bicycle Lane	cation	7		ain in Narrative 3 W	alking/Cycling dway with Trai	Along	houlder, media Going to or fro		(K-12)
(parked, etc.) 6 Occupant of a Non-Motor Vehicle 7 shoulder/Roadside				adja	cent to travel alking/Cycling	lane) 🥇	) Working in Tra incident respor		
7 Unknown Type of Non-Motorist 1No Improp	er Action	ns/Circumstances		Roa	dway Against	Traffic (in	0 None 7 Other, Expla	n in Narrat	tive
3 Failure to	Yield Rig			or ac	djacent to trav	rei iane) 8	88 Unknown		
2 Helmet 6 Not Applicable Signals, or C	Officer	, , , , , , , , , , , , , , , , , , ,	Entering/Exitir	ng Parked/Standing	10 Improper				
(elbows, knees, shins, etc.) in Narrative lying, workin	ıg, playin	g) 8	Inattentive (ta	lking, eating, etc) ark clothing, no	12 Wrong-V	Vay Riding or xplain in Narra			
	, leaving/	approaching) lig	hting, etc.)	ark oloumig, no	88 Unknow		20170		
SUSPECTED ALCOHOL TESTED: ALCOHOL TEST TYPE:	ALCOHO	COHOL/DRUG/EN		TED DRUG T	ESTED:	DRUG TE	ST TYPE: DR	UG TEST I	RESULT:
ALCOHOL USE: 1 Test Not Given 1 Blood 2 Breath 2 Test Refused 3 Urine	TEST RE 1 PENDI	SULT:	DRUG US 1 No	2 Test R	ot Given efused	1 Blood 3 Urine		ositive legative	
2 Yes 3 Test Given 77 Other, Explain	2 COMP 88 UNKN		2 Yes 88 Unkno	mn 1 3 Test G	iven own, if Tested	77 Other, Explain in	3 F	Pending Unknown	
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS RUN	NUMBER	I	MED		TY TRANSPOR	RTED TO	
1 Not Transported 2 EMS 3 Law Enforcement 77									
77 Other, Explain in Narrative 88 Unknown	ADI	DITIONAL PASSENG	RS						
PERSON # VEHICLE # NAME	ADI	DATE OF BIRTH		X LOC: S R	0	EJECT F	HU EP	ABD	RS
CURRENT ADDRESS (Number and Street)	CITY	•		STAT	E		ZIP CODE		
SOURCE OF TRANSPORT TO MEDICAL FACILITY  1 Not Transported 2 EMS AGENCY NAME O  1 Not Transported 2 EMS AGENCY NAME O  Marrative 88 Unknown	R ID		EMS RUI	NUMBER	ME	DICAL FACIL	ITY TRANSPO	RTED TO	
PERSON # VEHICLE # NAME		DATE OF BIRTH	INJ SE	X LOC: S R	0	EJECT F	HU EP	ABD	RS
CURRENT ADDRESS (Number and Street)	CITY			STAT	E		ZIP CODE		
SOURCE OF TRANSPORT TO MEDICAL FACILITY EMS AGENCY NAME O	R ID		EMS RUI	N NUMBER	ME	DICAL FACIL	ITY TRANSPO	RTED TO	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown									

Reporting Agency Case Number **VP230006323** 

HSMV Crash Report Number

On Sunday April 2nd, 2023, at approximately 1241 hours, deputies responded to 1162 E Normandy Blvd, Deltona in reference to a motor vehicle crash with injuries. Upon arrival, deputies observed a female, later identified as Eileen Flaherty(V1), lying in the roadway unconscious. He brother Robert Flaherty (V2) was a short distance away and also sustained significant injuries. A red BMW sdrive 35i convertible (FL Tag: IVTU37) crashed into a rock in front of 1162 E Normandy Blvd. The driver, Ralph Aguilar (O1), and the passenger Victor Hernandez (V3) were standing near the vehicle. Deltona Fire Department Paramedics arrived on scene and pronounced Eileen Flaherty deceased at 1250 hours. Robert Flaherty was transported to HCA Lake Monroe Hospital and Victor Hernandez was transported to Advent Health Fish Memorial Hospital. At 1252 hours, Sgt Patterson contacted the on-call Volusia Sheriff's Traffic Homicide Investigation Unit. Members of the Traffic Homicide Unit were notified and responded to the scene. Detective Mefford of the Volusia Sheriff's Crime Scene Unit also responded to the scene.

The investigation revealed the following:

Victor Aguilar was the driver of the red BMW sdrive 35i. Victor Aguilar was driving East on E Normandy Blvd. Eileen and Robert Flaherty were walking East on the sidewalk located on the North side of the roadway. The BMW crossed over the centerline and ran off the roadway. The BMW struck a traffic sign located on the grass shoulder before continuing onto the sidewalk. The BMW struck Eileen and Robert. Eileen was thrown 59 feet 5 inches before coming to rest on the apron of 1162 E Normandy Blvd. Robert came to rest a short distance from Eileen (he was transported prior to the arrival of Traffic Homicide Investigators and his exact position was not recorded). The BMW continued through the front yard of 1162 E Normandy before striking a large decorative rock, pushing it a short distance, and coming to final rest. The BMW's front and knee airbags deployed for both the driver and passenger who were both wearing their seat belts.

Victor Aguilar provided a voluntary sample of his blood which was drawn by Paramedic Orozco in the back of the Medic 63 ambulance. The sample was submitted to FDLE for analysis, and did not reveal the presence of any alcohol or chemical or controlled substances.

Detective Mefford arrived on scene and obtained digital photographs of the scene, to include roadway evidence, damage by the BMW, and of the body of Eileen Flaherty. Detective Mefford, also completed 3D scans of the entire crime scene utilizing a FARO scanner, to include the entirety of the crash scene, both vehicles, and other evidence observed at the scene.

Traffic Homicide Investigators conducted several measurements while on scene including a base-line measurement, roadway measurements, and drag sled measurements.

Deputy Maletto contacted Robert Flaherty at the hospital and informed him of his sister's death.

Deputy Maletto Contacted the office of the Medical Examiner from District 7 who responded and took possession of the deceased. A postmortem was completed on April 3rd, 2023, by physician James Fulcher, M.D., who determined the cause of death for Eileen Flaherty to be blunt force trauma to the neck, and torso due to being struck by a motor vehicle.

Pratt's Towing responded to the scene and removed the BMW to the Volusia Sheriff's Evidence Facility. The vehicle was secured in a locked outdoor lot.

Witness Statements:

Victor Aguilar was advised of the Miranda Warnings and agreed to speak with Deputy Maletto. He advised that he was traveling East on E Normandy Blvd when he dropped a drawstring bag inside the vehicle. He looked down and reached to retrieve the bag. When he looked up he had departed the roadway and struck Eileen and Robert Flaherty. Aguilar stated that he was going approximately 35 miles per hour.

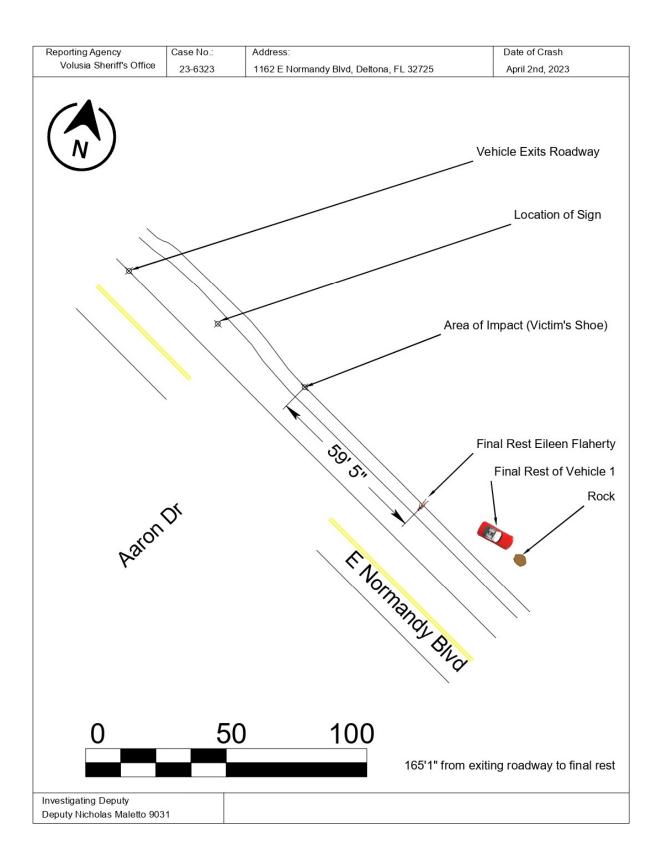
-								ADDIT	IONAL PASSE	NCE	DC										
PERSON #	VEHICLE#	NAME						ADDII	DATE OF BIR		INJ	SEX	LOC: S	R	0	- 1	EJECT	HU	EP	ABD	RS
	VEHICLE #														U		EJECT	110			
2	1	VICTO	OR	М	HERNAI	NDEZ			12/24/194	5	3	1	3	1			1		3	6	3
CURRENT	ADDRESS	(Numbe	er and Stre	eet)				CITY						STATE				ZIP C	ODE		
1033 RT 3	2 #28							ROSEND	ALE					NY				1247	'2		
	F TRANSPO					EMS A	GENCY NAME	OR ID			EMS	RUN N	JMBER			ME	DICAL FAC	CILITY TRA	ANSPOR	TED TO	
1 Not Transporte Narrative 88 Unk	d 2 EMS 3 Law En nown	forcement 7	77 Other, Expla	in in	2	DEL.	TONA FIRE	DEPART	MENT	F2	30920	165				ΑC	OVENT H	HEALTH	I FISH	MEMO	RIA
PERSON #	VEHICLE#	NAME							DATE OF BIR	RTH	INJ	SEX	LOC: S	R	0		EJECT	HU	EP	ABD	RS
CURRENT	ADDRESS	(Numbe	er and Stre	eet)				CITY						STATE				ZIP Co	ODE		
	F TRANSPO d 2 EMS 3 Law En nown					EMS A	GENCY NAME	OR ID			EMS	RUN N	JMBER			ME	DICAL FAC	CILITY TRA	ANSPOR	TED TO	
ADDITION	AL VIOLA	TIONS	;																		
PERSON#	NAME	EOF \	VIOLATOF	₹			FL S	TATUTE NUN	MBER				CH	IARGE				(	CITATION	NUMBE	R
PERSON#	NAME	EOF \	VIOLATOF	₹			FL S	TATUTE NUN	MBER				CH	IARGE				(	CITATION	NUMBE	R
REPORTIN	NG OFFICE	ER .																			
ID/BADGE	#		RANK		О	FFICER	NAME						DEPARTM	ENT					TYPE C	F DEPT.	
9031			DEPUT	Υ		NICHO	DLAS MALE	ETTO				\	/OLUSI	A SHE	RIFF	s o	FFICE		SHERIF (SO)	F'S OFF	CE

REPORTING AGENCY CASE NUMBER

VP230006323

HSMV CRASH REPORT NUMBER

25734361



Reporting Agency Case Number **VP230006323** 

HSMV Crash Report Number 25734361

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Giovanna Borges (W1) and Ivan Fontanez (W2) observed the BMW strike Eileen and Robert. They both completed a sworn written statement.

Investigative Summary:

Deputy Maletto determined an average speed of the BMW by utilizing a simple time and distance formula. Deputy Maletto located a license plate hit at the intersection of Deltona Blvd and E Normandy at 12:38:21. The crash occurred at 12:44:57 according to a time stamp on video surveillance which captured audio of the crash. The distance from the camera to the crash site is approximately 8078 ft. The average speed of vehicle over the entire distance was 13.9 miles per hour. Deputy Werfel attempted to obtain Event Data Recorder Information from the BMW, but the vehicle was not equipped with that equipment. Deputy Maletto attempted to utilize crush analysis to obtain a speed at the time of the collision but obtained unreasonably low answers due to the kinetic energy absorbed by the rock being moved. Deputy Maletto obtained video surveillance which showed the impact with the pedestrians and the rock. The BMW's speed did not appear to be excessive.

Hoang Asam (W3) provided the video from 1175 E Normandy Blvd. Justine Hernandez (W4) provided Ring camera footage from 1126 E Normandy Blvd which captured audio of the crash with an accurate time stamp.

T	AAAA 1					. –		
_	ADDITIONAL PASS	ENGERS						
PERSON # VEHICLE # NAME	DATE OF BI	RTH INJ :	SEX LOC: S	R O	EJECT H	IU 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	SENCY NAME OR ID		RUN NUMBER		MEDICAL FACILI	ITY TRANSPOF	RTED TO	
PERSON # VEHICLE # NAME	DATE OF BI	RTH INJ S	SEX LOC: S	R O	EJECT H	IU EP	ABD	RS
CURRENT ADDRESS (Number and Street)	CITY			STATE		ZIP CODE		
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ADDITIONAL VIOLATIONS								
PERSON # NAME OF VIOLATOR	FL STATUTE NUMBER		С	HARGE		CITATIO	N NUMBE	R
PERSON # NAME OF VIOLATOR	FL STATUTE NUMBER		С	HARGE		CITATIO	N NUMBE	R

REPORTING OFFICER
ID/DADOE //

ID/BADGE #	RANK	OFFICER NAME	DEPARTMENT	TYPE OF DEPT.
9031	DEPUTY	NICHOLAS MALETTO		SHERIFF'S OFFICE (SO)

PERSON # 4	Reporting Agency Case Number VP230006323					HSMV Crash Report Number 25734361					
1 Driver 2 Non-Motorist 3 Passenger  VEHICLE # NAME ROBERT D	ENNIS	FLAHERT	Y		Ph	HONE NUMBER		Check if Recomme Driver Re-			
CURRENT ADDRESS (Number and Street)				CITY & S	TATE		ZIP CODE				
DATE OF BIRTH SEX: DRIVERS LICENSE NU	DELTO	NA	STATE	EXPIRES	FL INIT	IDV SEVEDITY (IN	32725				
01/17/1968 SEA. 1 Male 2 Female 88 Unknown	IVIDER		SIAIL	EAFIRES	2 Pc	JRY SEVERITY (IN one ossible on-Incapacitating	5 Fatal (w	itating ithin 30 days) ıffic Fatality	4		
	lst			at Time of Crash		3rd	Cor	dition At			
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	2 C Ne 3 F 4 Ir	lo Contribution Action Operated MV in Care gligent Manner ailed to Yield Right- mproper Backing	elss or	26 Ran off Road 27 Disregarded of Sign 28 Disregarded of Markings	other Traffic Other Road		1 Appare 3 Asleep	e of Crash ently Normal or Fatigued ) or Fainted			
Driver Distracted By 4 Other Inside the Vehicle (explain in narrative)	10	nproper Turn Followed too Closel	у	29 Over-Correcti Steering	ng/Over		7 Physic	e, Epilespsy, E ally Impaired			
1 Not Distracted 2 Electronic Communication Devices (cell phone, etc. 3 Other Electronic Device (navigation device, DVD player)  1 Not Distracted 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	12 13 15 17 21	Ran Red Light Drove too Fast for ( Ran Stop Sign Improper Passing Exceeded Posted S Wrong Side of Wrol Failed to Keep in Pr	ipeed ng Way	30 Swerved or Arto Wind, Slippery Object, Non-Moto Roadway, etc. 31 Operated MV Reckless or Agre	Surface, Morist in in Erratic, essive Manr	/, <b>4.11</b>	angry, di 9 Under Medicati	onal (depressi sturbed, etc.) the Influence ons/Drugs/Ald , Explain in No own	of ohol		
DRIVER VISION OBSTRUCTIONS  1 Vision Not Obscured 2 Inclement Weather 6 Building/Fixed Object 10 Glare	ّ		opo. Lano	77 Other Contrib	•	ACCENCED.					
3 Parked/Stopped Vehicle 7 Signs/Billboards 77 All Other, Explain 4 Trees/Crops/Bushes 8 Fog in Narrative		Helmet Use	(HU)		e Protectio	ASSENGER on (EP)	Restraint S	Systems			
DRIVER OR PASSENGER	TUED.	1 DOT	-Compliant		1 Yes 2 No		(RS)				
Motor Vehicle Seating Position:  Seat Row Other    LOCATION:   SEAT ROW O	THER		r Helmet		3 Not Applie	2 None		r Vehicle Ócci	upant		
1 Left 1 Front 1Not Applicable 2 Midde 2 Sleeper Section of Truck Cab		1	Air Bag D	eployed		4 Should	der and Lap der Belt Only elt Only Use	Used			
3 Right 2 Second 3 Other Enclosed Cargo Area 77 Other 3 Third 4 Upenclosed Cargo Area	Ejection	1 Not Ejected		(k	Deployed-C nee, air belt, Deployed-	, etc.) 6 Restra	aint Used - T Restraint Sy	ype Unknown stem - Forwar	d Facing		
narrative) 77 Other Row 5 Trailing Unit 6 Piding on Motor Vehicle Exterior (non-		2 Ejected, Totally 3 Ejected, Partially	2 N 3 E	lot Deployed C eployed-Front 7	ombination Deployed-C	urtain 9 Booste	er Seat	stem - Rear F pe Unknown	acing		
88 Unknown 88 Unknown trailing unit) 88 Unknown 88 Unknown		4 Not Applicable 88 Unknown	4 L		B Deploymer nknown		r, Explain in				
Non-Motorist Description 1 Pedestrian 1 Intersection - Marked (		NON-MOTORIST ne of Crash	8 Sidewalk		Act	ion Prior to Crash					
1 Podestrian (wheelchari, person in a building, skater, pedestrian conveyance, etc. 8 1 Intersection - Marked ( 3 Intersection - Other4 M	d Crosswa	alk	9 Median/Cro 10 Driveway	Access	10			ycling on Side ay Other (wo			
4 Midblock - Marked Cro 4 Other Cyclist 5 Travel Lane - Other Lo	sswalk		12 Non-Traffi	se Path or Trail cway Area blain in Narrative		Cross Roadway	7 Adjacent t shoulder, m	o Raodway (e edian)			
(parked, etc.) 6 Occupant of a Non-Motor Vehicle 7 shoulder/Roadside			88 Unknown		Roadway w adjacent to	ith Traffic (in or travel lane)	8 Going to c 9 Working ir (incident res		(K-12)		
Transportation Device 7 Unknown Type of Non-Motorist 1st 1 2 Dar/Day	er Action	s/Circumstances			Roadway A	gainst Traffic (in	10 None 77 Other, Ex	φlain in Narra	tive		
1 None Safety Equipment 5 Lighting 3 Faillure to	Yield Righ	fic Sians					88 Unknowr	1			
3 Protective Pads Used 77 Other, Explain 2nd Signals, or 0 5 In Roadwa	ay Imprope	erly (standing,	Vehicle 0	ting Parked/Stand talking, eating, etc	11 lm	proper Turn/Merge proper Passing rong-Way Riding o					
	/ehicle Re	lated (working		dark clothing, no	77 Ot	ther, Explain in Nari nknown					
	ALCOHOL		AC SUSPE		UG TESTED		TEST TYPE:	DRUG TEST	RESULT:		
1 No 1 2 Test Refused 3 Urine	TEST RES 1 PENDIN 2 COMPLI	IG	DRUG I 1 No 2 Yes	4 2 Te	est Not Giver est Refused est Given	n 1 Blood 3 Urine 77 Other		1 Positive 2 Negative 3 Pending			
88 Unknown 88 Unknown, if Tested in Narrative	88 UNKNO	OWN	88 Unkr		Unknown, if	Tested Explain i	in Narrative	88 Unknown			
SOURCE OF TRANSPORT TO MEDICAL FACILITY  1 Not Transported 2 EMS 3 Law Enforcement  2 DELTONA FIRE DEPARTM	ENT	EMS RUI	N NUMBER			MEDICAL FACIL		PORTED TO			
77 Other, Explain in Narrative 88 Unknown		F2309	920165 SERS			HOA EARE MO	MROE				
PERSON # VEHICLE # NAME		DATE OF BIRTH	l INJ S	EX LOC: S	R O	EJECT	HU E	P ABD	RS		
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PERSON # VEHICLE # NAME		DATE OF BIRTH	l INJ S	EX LOC: S	R O	EJECT	HU E	P ABD	RS		
CURRENT ADDRESS (Alumbos and Chara)	OIT!				ETATE .		710.005				
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	R ID		EMS RI	JN NUMBER		MEDICAL FACI	LITY TRANS	SPORTED TO			



# **VOLUSIA SHERIFF'S OFFICE**

MICHAEL J. CHITWOOD, SHERIFF

23	(0323	
INCII	DENT NUMBER	

	1 1	
Page	of	Pages

### WITNESS STATEMENT

INCIDENT TYPE NAME OF PERSON SIGNING
~ Ivan G. Fontanez SR.
ADDRESS V 1048 Pioneex dr.
AGE _ BIRTH DATE HOME PHONE EMPLOYED AT / SCHOOL ATTENDS
a 3/ 0x 7/14/71 x 321-821-8024 x Hope Rouch on 94 in New Symerena
STATEMENT TAKEN AT E. NORMANDY DATE TIME READ RIGHTS () YES (V) NO X (INITIALS)
I, Nowan A Fortune 32, do hereby, freely and voluntarily, make the following statement:
was in the car with my mon and my france
- Siovanna Borges whos here on Jaca, and the saw
a can accident on last normandy and amon st.
hoard a loud crash and bung looked up and
sant 2 bodies flying threw the air. In lught
teld who aid to sull over to heared
the the contract of the said t
The vary adagent first versuse morgan
There was a valy in a speri was not so
over to see if the wo people fut well personswe in
the lady wasn't and the man was I tended to he
and asked if anyone know CPB. 7 of then starped
cal bound to much as it could
- ona perper as fine
I SWEAR AND AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT.
SIGNATURE
STATE OF FLORIDA
COUNTY OF VOLUSIA
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,
this 2 day of April , 2013, by J. Rog Winer 9434  Affiant's name
Signature of (Circle one: Notary Public-State of Florida or Law Enforcement Officer)
Signature of (Carete one, Itolia) I unit-State of Profita as Dan Emoreciment Offices)
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally known or Produced Identification



# **VOLUSIA SHERIFF'S OFFICE**

MICHAEL J. CHITWOOD, SHERIFF

73	(0323
INCII	DENT NUMBER

Page	of	Pages
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### WITNESS STATEMENT

INCIDENT TYPE THE PERSON SIGNING PERSON SIGNING
ADDRESS  AGE  BIRTHDATE  HOME PHONE  EMPLOYED AT / SCHOOL ATTENDS  ATT 8491035 A SHOWN - FULL SHOWN  ATT 8491035 A SHOWN  ATT
STATEMENT TAKEN AT  DATE  TIME  READ RIGHTS () YES () NO X  (INITIALS)
I, A 9100 and 3000 , do hereby, freely and voluntarily, make the following statement:
2 ht 2 POOK 24 days mak & feret & Days
Lieu Don led (as hid Big Oak After Down Blue
2 for it was the trollege feet car cocased
of col of col girly to broad
Bot De gent tree tode to mak water
Ceclify quely - Rock use given Col will held
I SWEAR AND AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT. SIGNATURE  STATE OF FLORIDA  COUNTY OF VOLUSIA
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,
this 2 day of APNI , 2023, by J. Rogaliner 9434  Affiant's name
Signature of Circle one: Notary Public-State of Florida or Law Enforcement Officer)
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally known or Produced Identification



Florida Department of Law Enforcement J. Mark Glass Commissioner Orlando Regional Operations Center 500 W. Robinson St. Orlando, Florida 32801-1771

1-800-226-8521 www.fdle.state.fl.us Ron DeSantis, Governor Ashley Moody, Attorney General Jimmy Patronis, Chief Financial Officer Wilton Simpson, Commissioner of Agriculture

LABORATORY REPORT May 19, 2023

TO: Sheriff Michael Chitwood

Volusia Sheriff's Office 123 W Indiana Avenue

DeLand, FL 32720

ATTN: MALETTO, NICHOLAS

FDLE NUMBER: 20230504317

SUBMISSION:

230006323

AGENCY NUMBER: 230

SUBPOENAS PERTAINING TO THIS CASE SHOULD

REFER TO THE FDLE NUMBER.

SUBJECT(S): RALPH AGUILAR

Bristie & Show

Kristie A. Shaw

Senior Crime Laboratory Analyst

Toxicology Section

OFFENSE(S): DUI - Fatality

Volusia County April 02, 2023

#### REFERENCE:

This report references the following evidence submitted to the Florida Department of Law Enforcement on April 04, 2023 by April Jenkins. This report contains conclusions, opinions, and/or interpretations made by the author.

EVIDENCE:

FDLE Agency

Description

Item# Exhibit#

Blood specimen represented as being from "R AGULER"

RESULTS:

Q1 Ethyl alcohol was not identified.

#### REMARKS:

The requested drug test will be the subject of a separate report.

Questions regarding this report should be addressed to: kristieshaw@fdle.state.fl.us.

#### CERTIFICATION:

The analyst signing above certifies that the analyst: holds a valid Florida Department of Law Enforcement Permit to Conduct Blood Alcohol Analyses; that a specimen which the record reflects was obtained from the above named subject was analyzed; that the analyses were conducted in duplicate in accordance with the provisions of Chapter 11D-8, Florida Administrative Code using a headspace gas chromatographic method and that the duplicate results agree within 0.01 grams per 100mL.

This report may be used in administrative proceedings pursuant to 322.2615, Florida Statutes. Forward within 5 days to the local Bureau of Administrative Reviews, Division of Driver Licenses, Department of Highway Safety and Motor Vehicles.



Service • Integrity • Respect • Quality



Florida Department of Law Enforcement J. Mark Glass Commissioner

Orlando Regional Operations Center

500 W. Robinson St. Orlando, Florida 32801-1771 1-800-226-8521

www.fdle.state.fl.us

Ron DeSantis, Governor Ashley Moody, Attorney General Jimmy Patronis, Chief Financial Officer Wilton Simpson, Commissioner of Agriculture

LABORATORY REPORT May 19, 2023

TO: Sheriff Michael Chitwood

Volusia Sheriff's Office

123 W Indiana Avenue

DeLand, FL 32720

ATTN: MALETTO, NICHOLAS FDLE NUMBER: 20230504317

SUBMISSION:

AGENCY NUMBER: 230006323

SUBPOENAS PERTAINING TO THIS CASE SHOULD

REFER TO THE FDLE NUMBER

SUBJECT(S): RALPH AGUILAR Busty & Show

Senior Crime Laboratory Analyst

Toxicology Section

OFFENSE(S): DUI - Fatality

Volusia County April 02, 2023

#### REFERENCE:

This report references the following evidence submitted to the Florida Department of Law Enforcement on April 04, 2023 by April Jenkins. This report contains conclusions, opinions, and/or interpretations made by the author.

EVIDENCE:

FDLE Agency Item#

Exhibit#

Description

Blood specimen represented as being from "R AGULER"

RESULTS:

No drugs were identified.

#### REMARKS:

This case was analyzed for the following: amphetamines, barbiturates, benzodiazepines, cannabinoids, carisoprodol, cocaine, methadone, methamphetamine, opiates, and oxycodone.

Drugs not listed in the Results section of this report were not confirmable.

The item(s) in this case will be returned to the submitting agency.

This item was analyzed by immunoassay.

Questions regarding this report should be addressed to: kristieshaw@fdle.state.fl.us.

Service • Integrity • Respect • Quality

FLORIDA TRAFFIC CRASH REPORT LONG FORM SHORT FORM DRIVER EXCHANGE UPDATE ✓ # OF WITNESSES # OF VEHICLES # OF VIOLATIONS # OF NVPD # OF DRIVERS # OF NONMOTORIST # OF PASSENGERS 2 1 2 1 2 SUBSEQUENT CRASH EXEMPT FROM PUBLIC RECORDS CRASH DATE TIME OF CRASH DATE OF REPORT REPORTING AGENCY CASE # HSMV CRASH REPORT # 04/02/2023 12:41 PM 06/30/2023 VP230006323 25734361 **CRASH IDENTIFIERS** COUNTY CODE CITY CODE COUNTY OF CRASH PLACE OR CITY OF CRASH WITHIN CITY LIMITS TIME REPORTED TIME DISPATCHED VOLUSIA DELTONA YES 12:41 PM 12:44 PM 08 TIME ON SCENE TIME CLEARED SCENE COMPLETED REASON (If Investigation NOT Complete) NOTIFIED BY 12:47 PM YES LAW ENFORCEMENT 6:38 PM DIAGRAM Date of Crash Reporting Agency Case No. Address Volusia Sheriff's Office 23-6323 1162 E Normandy Blvd, Deltona, FL 32725 April 2nd, 2023 Vehicle Exits Roadway Location of Sign Area of Impact (Victim's Shoe) Final Rest Eileen Flaherty *S*δ), Final Rest of Vehicle 1 Rock E Normandy Blud

#### NARRATIVE

On Sunday April 2nd, 2023, at approximately 1241 hours, deputies responded to 1162 E Normandy Blvd, Deltona in reference to a motor vehicle crash

100

165'1" from exiting roadway to final rest

50

Investigating Deputy
Deputy Nicholas Maletto 9031

#### NARRATIVE

with injuries. Upon arrival, deputies observed a female, later identified as Eileen Flaherty(V1), lying in the roadway unconscious. He brother Robert Flaherty (V2) was a short distance away and also sustained significant injuries. A red BMW sdrive 35i convertible (FL Tag: IVTU37) crashed into a rock in front of 1162 E Normandy Blvd. The driver, Ralph Aguilar (O1), and the passenger Victor Hernandez (V3) were standing near the vehicle. Deltona Fire Department Paramedics arrived on scene and pronounced Eileen Flaherty deceased at 1250 hours. Robert Flaherty was transported to HCA Lake Monroe Hospital and Victor Hernandez was transported to Advent Health Fish Memorial Hospital. At 1252 hours, Sgt Patterson contacted the on-call Volusia Sheriff's Traffic Homicide Investigation Unit. Members of the Traffic Homicide Unit were notified and responded to the scene. Detective Mefford of the Volusia Sheriff's Crime Scene Unit also responded to the scene.

The investigation revealed the following:

Ralph Aguilar was the driver of the red BMW sdrive 35i. Ralph Aguilar was driving East on E Normandy Blvd. Eileen and Robert Flaherty were walking East on the sidewalk located on the North side of the roadway. The BMW crossed over the centerline and ran off the roadway. The BMW struck a traffic sign located on the grass shoulder before continuing onto the sidewalk. The BMW struck Eileen and Robert. Eileen was thrown 59 feet 5 inches before coming to rest on the apron of 1162 E Normandy Blvd. Robert came to rest a short distance from Eileen (he was transported prior to the arrival of Traffic Homicide Investigators and his exact position was not recorded). The BMW continued through the front yard of 1162 E Normandy before striking a large decorative rock, pushing it a short distance, and coming to final rest. The BMW's front and knee airbags deployed for both the driver and passenger who were both wearing their seatbelts.

Ralph Aguilar provided a voluntary sample of his blood which was drawn by Paramedic Orozco in the back of the Medic 63 ambulance. The sample was submitted to FDLE for analysis, and did not reveal the presence of any alcohol or chemical or controlled substances.

Detective Mefford arrived on scene and obtained digital photographs of the scene, to include roadway evidence, damage by the BMW, and of the body of Eileen Flaherty. Detective Mefford, also completed 3D scans of the entire crime scene utilizing a FARO scanner, to include the entirety of the crash

Traffic Homicide Investigators conducted several measurements while on scene including a base-line measurement, roadway measurements, and drag sled measurements

Deputy Maletto contacted Robert Flaherty at the hospital and informed him of his sister's death.

scene, both vehicles, and other evidence observed at the scene.

Deputy Maletto Contacted the office of the Medical Examiner from District 7 who responded and took possession of the deceased. A postmortem was completed on April 3rd, 2023, by physician James Fulcher, M.D., who determined the cause of death for Eileen Flaherty to be blunt force trauma to the neck, and torso due to being struck by a motor vehicle.

Pratt's Towing responded to the scene and removed the BMW to the Volusia Sheriff's Evidence Facility. The vehicle was secured in a locked outdoor lot.

Witness Statements:

Ralph Aguilar was advised of the Miranda Warnings and agreed to speak with Deputy Maletto. He advised that he was traveling East on E Normandy Blvd when he dropped a drawstring bag inside the vehicle. He looked down and reached to retrieve the bag. When he looked up he had departed the roadway and struck Eileen and Robert Flaherty. Aguilar stated that he was going approximately 35 miles per hour.

Giovanna Borges (W1) and Ivan Fontanez (W2) observed the BMW strike Eileen and Robert.

#### NARRATIVE

#### Investigative Summary:

Deputy Maletto determined an average speed of the BMW by utilizing a simple time and distance formula. Deputy Maletto located a license plate hit at the intersection of Deltona Blvd and E Normandy at 12:38:21. The crash occurred at 12:44:57 according to a time stamp on video surveillance which captured audio of the crash. The distance from the camera to the crash site is approximately 8078 ft. The average speed of vehicle over the entire distance was 13.9 miles per hour. Deputy Werfel attempted to obtain Event Data Recorder Information from the BMW, but the vehicle was not equipped with that equipment. Deputy Maletto attempted to utilize crush analysis to obtain a speed at the time of the collision but obtained unreasonably low answers due to the kinetic energy absorbed by the rock being moved. Deputy Maletto obtained video surveillance which showed the impact with the pedestrians and the rock. The BMW's speed did not appear to be excessive.

Hoang Asam (W3) provided the video from 1175 E Normandy Blvd. Justine Hernandez (W4) provided Ring camera footage from 1126 E Normandy Blvd which captured audio of the crash with an accurate time stamp.

The investigation determined that on Sunday, April 2nd, 2023, at approximately 1241 hours, Ralph Aguilar was operating his red BMW convertible traveling East on E Normandy Blvd. Aguilar was distracted by dropping a drawstring bag in his vehicle and reached to retrieve it. Aguilar's distraction caused him to run off the roadway and strike 2 pedestrians killing 1. Aguilar was found to be at fault for the crash and issued a citation for careless driving.

Case Status: Closed

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SEX	RAC	E E-W				E/WORK	PHONI	E#					V	VITNE	ESS CEI	LL PHON	E#					
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NAME GIOVANNA	В	BORGE	S					ADDRES		iΤ				CITY	/ V BEDF	ORD			STATE MA		2IP (	CODE 10
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FEMALE	WHIT	E-W		(774) 849	9-1035																	
VEHICLE				OMMERO																		
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ACTION STRAIGHT AHEAD				NOT DIVIDE	-D	EVEL		_		STRAIGHT						DESTRIAN						
TRAFFIC CONTRO		THIS VEHICL	E FI	RST SEQU	ENCE (	OF EVEN	TS	S	ECOND	SEQUENC	E OF E	VENTS	THIR	D SEC		E OF EVE		i	FO	URTH SEQUEN	ICE OF	EVENTS
NO CONTROLS			R	AN OFF RO	ADWA	Y, LEFT		٦	TRAFFIC	SIGN SUP	PORT		PEDE	ESTRI	IAN				ОТ	HER FIXED OB	JECT (	WALL, BUI

VIOLATIO	NS																						
PERSON#		NAME RALPH					AGUI	LAR					STA 6.192	TUTE NUM	BER		ARGE	SS DRIVIN	ıG			TATION SF6LE	NUMBER
NON VEHI	CLE P	ROPERT	Y DA	MAGE																			
VEH#	PER#			Y DAMAGE - 0	THER	THAN V	EHICLE	E ES		MOUNT		NER'S NAI	•	HECK IF B	USINE	ESS)	<b>~</b>						
ADDRESS		0.01	10110	1	CITY			100		ATE	011	TOT DEE	_	CODE					DC	OT PROPE	RTY		
2345 PROV	IDENCE	BLVD			DELTO	NA			FL					725					N				
NON VEHI	CLE P	ROPERT	Y DA	MAGE																			
VEH#	PER#			Y DAMAGE - C			EHICLE	E ES		MOUNT			ME (C	HECK IF B	USINE	,		1	VELLS				
ADDRESS		DEC	OKAT	IVE ROCK/LA	CITY	AFING		100		ATE	JA	SON	715	CODE	LEI	=		v		OT PROPE	DTV		
1166 E NOF	RMANDY	BLVD			DELTO	NA			FL					725						JI I KOI L	IXI I		
DRIVER																							
PERSON#	VEH	ICLE#	NAME												DOB		<u> </u>	SEX		PHON	NE NUMBE	₹	RE- EXAM
1	1		RALPI	1				AGUILA	R						6/16/	1955	ı	М					NO
ADDRESS										CITY							STA	ATE			ZIP CODE		
1908 MONT	EREY D	R								DELTO	NA						FL				32738		T
DRIVER LIC A-246-720-5							STAT FL	E		6/16/2				_ TYPE - CLASS E/	OPER	ATO	NO F	. END. REQUIRED ORSEMEN			Y SEVERIT NCAPACITA		EJECTION NOT EJECTED
RESTRAINT SHOULDER USED				BAG DEPLOYE LOYED - COM			MET U	SE		E	EYE P	PROTECTION	NC	SEAT LEFT			RO FR	W ONT			OTHER		
DRIVERS A OPERATED MANNER				SH (FIRST) RELESS OR	NEGLI	GENT	C	RIVERS	ACTIO	ON AT T	ГІМЕ (	OF CRASH	(SEC	OND)				R DISTRAC			DRIVER VI VISION NO		BSTRUCTION CURED
DRIVERS A	CTIONS	AT TIME (	OF CR	ASH (THIRD)				DRIVER	ACTIO	ONS AT	TIME	OF CRAS	H (FO	URTH)				DRIVERS (			ME OF CRA	ASH	
SUSPECTE ALCOHOL U NO		ALCOHOL TESTED		ALCOHOL TES YPE		ALCOHO RESULT	L TES	T	BAC			SUSPECTI	ED DF	RUG USE	DI	RUG TE	STE	)		DRUG TE	ST TYPE	DRU	IG TEST FULT
POSITIVE D	RUG TE	ST RESUL	LTS			NSPORT		EDICAL F	ACILI	TY BY	EM	IS AGENC	Y NAN	ME OR ID		EMS R	UN N	IUMBER		MEDICAL	- FACILITY	TRANS	PORTED TO
PASSENG	ER																						
PERSON #	VEH	IICLE#	NAMI		М		HEF	RNANDEZ	:						DOB 12/24	1/1945		SEX M			Y SEVERITY		EJECTION NOT EJECTED
ADDRESS 1033 RT 32	#28									CITY ROSEN	IDAI F	:					STA	ATE		II.	ZIP CODE		
RESTRAINT		MS	AIR E	BAG DEPLOYE	-D	HEL	MET U	SE				ROTECTION	ON	SEAT			RO				OTHER		
SHOULDER USED	AND LA	AP BELT	DEPL	OYED - COM	BINATI	ı				1	NOT A	APPLICABL	.E	RIGHT			FR	ONT					
SOURCE O	F TRAN	SPORT TO	MEDI	CAL FACILITY				NAME OF DEPART		IT				RUN NUM 920165	BER					ILITY TRAN .TH FISH M	NSPORTED MEMORIAL	ТО	
NON-MOT	ORIST																						
PERSON#	NAI EIL	ME EEN		MAR	ΙΕ	FLAH	IERTY							DOB 3/2/1955		SEX F			Y SEVI (WITH	ERITY IN 30 DAY	PHONE	NUMB	ER
ADDRESS 1423 BIRW	OOD ST									CITY DELTOI	NA							ATE - FLORIDA	ı		ZIP CODE		
NON-MOTO	RIST DE	SCRIPTIC	ON					NON-MO	TORI	IST ACT	IONS	PRIOR TO	) CRA	SH			1	NON-MOT	ORIST	LOCATION	AT TIME C	F CRAS	SH
PEDESTRIA								NONE									;	SIDEWALK	(				
NON-MOTO (FIRST) NO IMPROF			RCUM	STANCES		MOTORI: OND)	ST ACT	FIONS/CIF	RUMS	STANCE	S	NON-MO		ST SAFETY BLE	'EQUI	PMENT	(FIR	ST)	NON-I	MOTORIST	SAFETYE	QUIPME	ENT (SECOND
SUSPECTE ALCOHOL U NO		ALCOHOL TESTED		ALCOHOL TES YPE		ALCOHO RESULT	L TES	T E	BAC			SUSPECTI NO	ED DF	RUG USE	DI	RUG TE	STE	)		DRUG TE	ST TYPE	DRU	IG TEST SULT
POSITIVE D	RUG TE	ST RESUL	LTS		FACI	ILITY		SPORT TO		DICAL	EM	IS AGENC	Y NAM	ME OR ID		EMS R	UN N	IUMBER		MEDICAL	FACILITY	TRANS	PORTED TO
					1						•												

7/17/2023 4 OF 5 9:50 AM

NON-MOTOR	RIST																
PERSON#	NAME									DOB	SEX		INJUF	Y SEVERITY		PHONE	NUMBER
4	ROBERT		DEN	NIS	FLAHERTY	,				1/17/1968	М		INCA	PACITATING			
ADDRESS							CITY					ST	TATE		Z	IP CODE	
1423 BIRWOO	D ST						DELTO	NΑ				FL	FLORIDA	Ą	3:	2725	
NON-MOTORIS PEDESTRIAN	ST DESCRIPT	ION				NON-MO	OTORIST ACT	IONS	PRIOR TO CRA	SH			NON-MOT	ORIST LOCATI K	ON AT	T TIME OF	CRASH
(FIRST)	ON-MOTORIST ACTIONS/CIRCUMSTANCES NON-MOTORIST ACTIO								NON-MOTORIS		UIPMEN	IT (FIF	RST)	NON-MOTOR	STSA	AFETY EQ	UIPMENT (SECOND
SUSPECTED ALCOHOL USE NO	ALCOHO TESTED		ALCOHOL TES TYPE		ALCOHOL TES RESULT	ST	BAC		SUSPECTED DF	RUG USE	DRUG 1	ESTE	ED	DRUG	TEST	TYPE	DRUG TEST RESULT
POSITIVE DRU	JG TEST RES	ULTS	•	SOU FACI EMS		SPORTT	O MEDICAL		MS AGENCY NAM ELTONA FIRE DE		EMS F230		NUMBER 5			ACILITY TO	RANSPORTED TO
REPORTING	OFFICER																
ID/BADGE#		RA	NK		OFFICER N	AME					DEPAR	TMEN	Т				PE OF DEPT.
9031		DE	PUTY		NICHOLAS	MALETTO	)				VOLUS	A SHE	ERIFFS OF	FICE		(St	IERIFF'S OFFICE O)

### FLORIDA TRAFFIC CRASH REPORT

UPDATE 🗸 LONG FORM SHORT FORM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

TOTAL # OF VEHICLE SECTION(S) TOTAL # OF PERSON SECTION(S)

WAS DOT PROPERTY INVOLVED IN THIS CRASH?

TF	RAFFIC (	CRASH REC		•			DING		TC	OTAL #	OF NAR	RATIVE	SECT	ION(S)		_	
CRASH DATE		TIME OF CRASH	ı	DATE OF I	REPORT		REPORTING	AGENCY	CASE N	NUMBER		HSMV CR	ASH REF	PORT NUM	BER		
04/02/2023		12:41 PM		07/19/2	023		VP230006	6323				257343	61				
CRASH IDENTI	FIERS																
COUNTY CODE	CITY CODE	COUNTY OF C	RASH			PLACE OR (	CITY OF CRAS	SH				IF WITHIN		IME REPO	RTED	TIME DISPAT	CHED
08	37	VOLUSIA			1	DELTONA					CITY LIN	VIIIS		12:41 P	М	12:44 PN	1
TIME ON SCENE	TIM	E CLEARED SCE		HECK IF OMPLETED	RE	EASON (If In	vestigation NO	T Complet	ie)					1	Notified By	: 1 Motorist	2
12:47 PM		38 PM												2	Law Enfo	rcement	
ROADWAY INF		N (CHOOSE OF		4 OPTION	S)		I AT C	STREET AL		C #		AT LATITU	IDE	Λ1	ND LON	GITUDE	
E NORMANDY B	LVD			W. I	7/50014						2	28.885065			-8	1.241684	
149	MILES	N 	S E		AT/FROM I		ON WITH STR	REET, ROA	AD,HIGH	HWAY				4	OR FRC	M MILEPOST	#
	-	m Identifier		rest Road vate Roadway	,	T	pe of Shou				Type of 1 Not at In	Intersec	tion		fic Circle Indabout		
1 Inters 2 U.S.		4 County 5 Local	9 Par	rking Lot		2	1 Paved 2 Unpa		1	ı	2 Four-Wa 3 T-Interse	ay Intersec	tion	7 Five	e-Point, or	More in in Narrative	
3 State		6 Turnpike/Toll	77 Ot Narra	ther, Explain i ative	in		3 Curb		'		4 Y-Interse			77 00	пет, Ехріа	III III INAITAUVE	
CRASH INFORI	MATION (C	HECK IF PICT			<b>✓</b>												
	nt Conditio		We	ather Cond 4 Fog, Smoo		Road	lway Surfac	e Condit	tion	Scho	ol Bus Re	lated		Mann		llision/Impa	
1 Dayligl 2 Dusk	nt 5 Da 6 Da	ark-Not Lighted ark-Unknown		5 Sleet/Hail/		1 -	6 Mud,	Dirt, Grave	el		1 No					pe, same direct pe, Opposite D	
3 Dawn 4 Dark-L	Lighted 77 (	iting Other, Explain in	1	Freezing Ra 6 Blowing Sa		1	7 Sand 8 Wate	r		1	2 Yes, Scho Directly Inve	olved			6 Rear to	Side	
4 Bank E	Nar	rative Jnknown	1 Clear 2 Cloudy	Dirt 7 Severe Cr	osswinds	1 Dry	77 Othe	ng/moving) er, Explain	) in		3 Yes, Scho Indirectly In			to Rear	7 Rear to 77 Other,	Rear Explain in Nar	rative
	00 (	JIKIIOWII	3 Rain	77 Other, Ex Narrative	plain in	2 Wet 4 Ice/Fr	Narrativ ost 88 Unk						2 Front 3 Angle	to Front	88 Unkno	wn	
First Ha	rmful Eve	nt Nor	ı-Collisio	on C	ollision	Non-Fixed	Object		Co	llision w	ith Fixed ( 30 Concrete	Object		Firs	t Harmfu	ıl Event	
		1 Overtu 2 Fire/Ex	ırn/Rollover xplosion	10	Pedestrian Pedalcycle		19 lm Cusio	pact Attenu n	uator/Cr		30 Concrete 31 Other Tra			Loc	ation 1	On Roadway	
34	ı	3 Immer: 4 Jackkr	sion	12		hicle (train,		idge Overh idge Pier o			32 Tree (star 33 Utility Pol		nort	<u> </u>	2	Off Roadway Shoulder	
		5 Cargo	/Equipment	137	Animal	.1. 5.		idge Rail	. очрро	;	34 Traffic Sig	n Support		1	0 4	Median	
First Harmfo			mped From	n Tra	Motor Vehi nsport		24 Cu	ırb		;	35 Traffic Sig 36 Other Pos		rı		7	Gore Separator	
within Inter	change	Motor Ve 7 Throw	hicle n or Falling			tor Vehicle /Maintainand		nbankmen			Support 37 Fence					In Parking Lan one	e or
1 No 2 Yes		Object 8 Ran in	to Water/Ca		uipment Struck Bv F	alling, Shiftir		ıardrail Fad ıardrail End			38 Mailbox 39 Other Fixe	ed Obiect (	wall.			Outside Right- ) Roadside	of-way
. 88 Ur	nknown	9 Other		Car	go		29 Ca	ible Barrier			building, tunr		,,,,			3 Unknown	
Fi	irst Harmfu	ıl Event Relatio	on to	10		Fixed Object Iting Circu	mstances:	Road o	Worn -	Fravel-Poli	shed Surface	_ (	Contribu	uting Circ	umstan	ces: Enviro	nment
		unction			4	1		1	0 Road		ondition (wet						ı I
1	14	Railway Grade Cro Entrance/Exit Ra	mp		1			1	1 Obstru	uction in Re			1				
1 Non-Junction		Crossover - Rela Shared-Use of Pa			1 None			1		Control D		11	None		5 A	nimal(s) in Roa	ndway
2 Intersection 3 Intersection-Re	17 lated La	Acceleration/Dec	eleration			cZone (cons nance/utility	truction/			ve, Missino Iighway W	g or Obscure ork			Conditions Obstruction		Other, Explain	in
4 Driveway/Alley . Related	Access 18	Through Roadwa Other, Explain in				ılders (none, Holes, Bump	low, soft, high		7 Other, 8 Unkno		Narrative		Glare	Justiaction	,	Unknown	
Work Zone	0.0	Linknown	sh in Wo	rk Zono	7 1101,	<i>'</i> '	Type of Wo		0 0111111		Workers in	n Mork 7	Zono.				
WOIR ZOILE	Relateu	1 Be	efore the Fir	rst Work Zone	e		Lane Closure	ik Zulie			WOIKEIS	II WOIK 2	Lone				
1 No		2 Ac	dvance War				Lane Shift/Cro Work on Shou		dian	l r		1 No			7		
1 2 Ye	s Jnknown	4 Ac	ansition Are ctivity Area				Intermittent or 7 Other, Explai					2 Yes 88 Unkno	wn				
		5 Te	rmination A	Area			Otrior, Explor	ii iii i <b>t</b> aira							_		
WITNESSES																	
	NAME							ADDRESS	S		CITY & S			_		ZIP CODE	
IVAN		FON	ITANEZ GA	ARCIA		10	148 PIONEER				DELTON			F		32725	
	NAME _					_		ADDRESS	S		CITY & S					ZIP CODE	
GIOVANNA	В	BOF	RGES			51	7 COTTAGE				NEW BE			IV		02740	
N	NAME							ADDRESS	S		CITY & S	STATE			2	ZIP CODE	
NON VEINE	DDC 555	V B 41: - C =															
NON VEHICLE			HED THE	LVEL TE	T ARAT I			OUE O	- D :	IEOC)				O.T.			-
VEH.# PER#		TY DAMAGE - OT	HEK IHAN			OWNER'S N	AME (	CHECK IF	- BOSIN	IESS)	ADDR			CITY & ST		ZIP COD	
1		R SIGNPOST			000	CITY OF DE					2345 P	KOVIDEN	CE BLVI	DELTONA	•	FL 32725	•
VEH.# PER#		TY DAMAGE - OT				OWNER'S N	AME (	CHECK IF		IESS)	ADDR			CITY & ST		ZIP COD	E
1	DECOR	ATIVE ROCK/LAN	NDSCAPIN	G 1	000	JASON	LE	EE V	VELLS		1166 E	NORMAN	IDY BLV	DELTONA	1	FL 32725	5
HSM	IV 90010 S					1 Page	of	8									

VEHICLE #	1 (	Check if Com		VP2300063		umber			25734	ash Report Ni <b>361</b>	umber	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	1 VEHICL	E LICENSE NUMBER 7	STATE FL	REGISTRATIO <b>06/16/2023</b>		Cileci	k if Perma tration	nent	VBALM7C5X	(BE38388	5	
Hit and Run 1 No 2 Yes 88 Unknown	YEAR <b>2011</b>	MAKE BMW	MODEL 2D		STYLE CONVERTI	BLE	COLOR	D	DAMAGE: 1 Disabling 2 Functional 3 None	4 Minor 88 Unknov		\$30,000.00
INSURANCE COMPANY GOVERNMENT EMPLOY			RANCE POLICY 109388	NUMBER	to Dan 1 No	nage:	2		REMOVED BY	2.	Rotation Owner Reques Driver Other, Explain	in Narrative
NAME OF VEHICLE OWN RALPH	ER (CHECK IF BU	SINESS)	CURRENT AD					CITY & S			FL 3	P <b>2738</b>
Trailer LICENSE NUMBI One:	ER STATE	REGISTRATION EX		Check if Permanent Registration	VIN				YEAR	MAKE	LENGTH	d AXLES
Trailer LICENSE NUMBETwo:	R STATE	REGISTRATION EX		Check if Permanent Registration	VIN				YEAR	MAKE	LENGTH	H AXLES
VEHICLE N :	S E W C	off-Road Unknown		T, ROAD, HIGHWAY <b>ANDY BLVD</b>					AT EST. SPEEI	35	ED SPEED	TOTAL LANES 2
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown MOTOR CARRIER NAME	HAZ. MAT. PL 1 No 2 Yes 88 Unknown		OT NUMBER	CLASS	2//	a of Initial In 3   4   5   5   (16   3   12   11   1	6 7 17 8 9	01 18 19 20 21	Overturn Windshield	19		Damaged Area  4   5   6   7   6   17   8   7   12   11   10
MOTOR CARRIER ADDR	ESS	•	СП	ΤΥ			STA	ATE ZIF	PCODE		PHONE NUM	/IBER
Vehicle Body Type  1 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped	(4,536 kg) o 18 Motor Co 19 Other Lig (4,536 kg) o 20 Medium/ than 10,000 21 Farm Lal	Itility Vehicle an (10,000 lbs r less) sach th Trucks (10,000 lbs r less) Heavy Trucks (more lbs (4,536 kg))	1 Two-Way 2 Two-Way Continuous 3 Two-Way (painted >2 4 Two-Way Median Ba	ay Trafficway wn <b>Trail</b>	er Type	fo 2 m 3 4 5 6 7	Vehicle 10 r Hazardo Single-Ur ore than 2 Single-Ur Truck Pul Truck Tra Truck Tra Truck Tra	0,000 lbs or ous Materia it Truck (2- 10,000 lbs ( it Truck (3 ling Trailer( ctor (bobtai ctor/Semi-T ctor/Double	axle and GVWR 4,536 kg)) or more axles) (s) iil) Trailer	8 Trac 9 Truc kg), C 10 Bu occup 11 Bu occup 77 Ott	ctor/Triple	driver) re than 15 driver)
1 Inte 2 Intr 3 No	m/Non-Commel erstate Carrier astate Carrier in Commerce/Gov in Commerce/Oth	reinment er Truck sion bllover	Comm GVWR/GC	2 Ta 3 Ta 4 Sa 5 Bc 6 Ut 7 Hc	2 10,001-	i Trailer 9 10 t/Trailer 77 N: 88 	(4,536-11	ehicle Insport xplain in n ,793kg)	1 No Cargo 2 Bus	go Body Ty 3 Van/Enclos 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete M 10 Auto Trans 11 Garbage/F	13 ded Box Coi 14 And 15 (ve (4,5 diser diser sport 77 Refuse Nai	Intermodal ntainer Chassis Vehicle Towing other Vehicle Not Applicable hicle 10,000 lbs 536 kg) or less not olaying HM placard Other, Explain in rrative
10  Sequence of Event:  1st 2nd  43 34  3rd 4th  10 39	4 Jackknife 5 Cargo/Equi 6 Fell/Jumper 7 Thrown or F 8 Ran into W 9 Other Non-  [40-46 Seque 40 equipment brake failure, 41 Separation	ater/Čanal Collision  ence of Events only]  Failure (blown tire, etc.) of Units badway, Right	10 Pede 11 Peda 12 Railw 13 Anim 14 Moto 15 Parke 16 Work Equipme 17 Struc Anything Vehicle	alcycle vay Vehicle (train, eng lal or Vehicle in Transport ed Motor Vehicle k Zone/Maintenance	gine)	19 20 21 22 23 24 25 26 27	Impact Att Bridge Ov	rerhead Str er or Suppo iil nent Face	ash Cushion 3 ucture 3 ort 3 3 3 3 3 3 3	12 Log  9 Cable Barrio 0 Concrete Ti 10 Other Traffic 2 Tree (stand 3 Utility Pole/L 4 Traffic Sign 5 Traffic Sign 6 Other Post, 7 Fence 8 Mailbox 9 Other Fixed	er raffic Barrier c Barrier ing) Light Support Support al Support Pole, or Support I Object (wall, I, etc.)	88 Unknown
Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)  Special Funct of Motor Vehice	ion 1 No Spe	ignment ight ve Right ve Left cial Function ehicle 10 Fi 11 Fa 12 S	1 Straight A 3 Turning L 4 Backing 5 Turning R 6 Changing 8 Parked 10 Making	Left 14 Slowin 15 Nego 15 Nego 16 Leaving Lanes 17 Enter 77 Other U-Turn 88 Unknowing/Passing 14 Intercity 15 Charter/ 16 Shuttle E 17 Farm La	ped in Traffi ng ng Traffic L ing Traffic L , Explain in own Bus Tour Bus Bus bor Bus	ırve ane ₋ane	1 No C 4 Scho Device	ontrols ol Zone Sig c Control Sign	Device For This Vehicl 8 Flashing Si 9 Railway Cro Device 10 Person (ir Flagman, Off Guard, etc.) 77 Other, Exp Narrative 88 Unknown	gnal 2 E Signal 3 T A Land Licer, 3 E Signal 4 L Signal 6 S E Signal 6	Vehic  Independent of the control of	13 Wheels 14 Windows/ Windshield 15 Mirrors 16 Truck Coupling Trailer Hitch/ Safety Chains 77 Other, Explain in Narrative 88 Unknown
	OF VIOLATOR			_ STATUTE NUMBER					ARGE			ION NUMBER
1 RALPH PERSON# NAME	OF VIOLATOR	AGUILAR	316.1925	5(1) - STATUTE NUMBER		CARELESS	DRIVING		ARGE		Al6F6I CITAT	ION NUMBER
PERSON # NAME	OF VIOLATOR		FL	STATUTE NUMBER	R			CHA	ARGE		CITAT	ION NUMBER

PERSON # 1					ting Agency Case Nu 30006323	mber			HSMV Crash <b>2573436</b>		umber			
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE#	NAME RALPH			AGUILAR	l.			PHONE N	NUMBER		Re	heck if ecommen river Re-e	
CURRENT ADDRESS (Numb	per and Street)						CITY &	STATE			ZIP CC	DDE		
1908 MONTEREY DR				DEL	TONA			FL			3273			
DATE OF BIRTH	SEX: 1 Male	1	DRIVERS LICENS	E NUMBER		STATE	EXPIRES		INJURY SE 1 None	VERITY (IN	NJ) 4 Inca 5 Fata	pacitatin	g 30 days)	3
06/16/1955	2 Female 88 Unknown		A-246-720-55	-216-0	5511/55	FL	06/16/2	025	2 Possible 3 Non-Incap	pacitating		-Traffic F		
5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None  Driver Distracted  1 Not Distracted 2 Electronic Comm Devices (cell phone 3 Other Electronic I (navigation device, 1 Vision Not Ob	3 1 Yes 2 No 3 No By unication a, etc. Device DVD player) UCTIONS Scured 5 Log	Req. Endorser  4 Other Inside (explain in na 5 External Dis	ment e the Vehicle rrative)	2 2nd	DRIVER Driv 1 No Contribution Acti 2 Operated MV in Car Negligent Manner 3 Failed to Yield Right 4 Improper Backling 5 Improper Turn 10 Followed too Close 11 Ran Red Light 12 Drove too Fast for 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted ! 21 Wrong Side of Wrc 25 Failed to Keep in P	on eless or -of-Way ely Conditions Speed ong Way	at Time of Cras 26 Ran off Roa 27 Disregarded Sign 28 Disregarded Markings 29 Over-Corred Steering 30 Swerved or to Wind, Slippe Object, Non-Mi Roadway, etc. 31 Operated M Reckless or Ag 77 Other Contr	dway I other Rocting/Ove Avoided: By Surfactorist in V in Errat ressive M	oad r : Due e, MV, tic, lanner	3rd	1 App 3 Asl 5 III ( 6 Sei 7 Ph; 8 Em angr; 9 Un Medi 77 O	ysically Ir notional ( y, disturb der the Ir cations/[	Normal atigued Fainted ilepsy, Bla npaired depressio	on, of ohol
2 Inclement We 3 Parked/Stopp	ed Vehicle 7 Sig	lding/Fixed Ob ns/Billboards	ject 10 Glare 77 All Other, Exp	lain					R PASSEN	IGER				
Motor Vehicle Seating F Seat Row  1 Left 1 Front 2 Second 77 Other (explain in narrative) 88 Unknown 88 Unknown	DRIVER OF CONTROL OF C	R PASSENG  LOCATION (LOC)  cable Section of Truclosed Cargo Aid Jinit  n Motor Vehi	in Narrative  EER  I: SEAT ROW  1 1 1	OTHER	Motor 2 Oth 3 No  on (EJECT)  1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	T-Compliant reycle Helmet er Helmet Helmet  Air Bag D  Air Bag D  1 N 2 N 3 E 4 E	eployed  lot Applicable lot Deployed Deployed-Front	1 Yes 2 No 3 Not a 5 Deploy (knee, air 6 Deploy Combina	ition ed-Curtain syment	2 None 3 Shou 4 Shou 5 Lap E 6 Restr 7 Child 8 Child 9 Boost 10 Child	Restrai (RS) pplicable Used - N Ider and I Ider Belt ( Selt Only U aint Used Restraint Restraint ter Seat d Restrair er, Explair	lotor Veh Lap Belt I Only Use Jsed - Type U System System It Type U	torist) nicle Occu Used d Jnknown - Forward - Rear Fa	l Facing
Non-Motorist Des	cription	1-	Non-Motorist L	ocation At 1	NON-MOTORIS			1	Action Pri	or to Crasi	h			
1 Pedestrian 2 Other Pedestrian (who building, skater, pedes 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor V (parked, etc.) 6 Occupant of a Non-Transportation Device 7 Unknown Type of No	neelchair, person trian conveyance ehicle Not in Trar Motor Vehicle	, etc.	1 Intersection - Mar 2 Intersection - Unr 3 Intersection - Oth 4 Midblock - Marke 5 Travel Lane - Oth 6 Bicycle Lane 7 shoulder/Roadsic Non-M 1st 2 Dart/ 3 Failu	ked Crosswa marked Crosser4 Midblock d Crosswalk er Location de lotorist Action proper Actio	alk swalk - Marked Crosswalk ons/Circumstances n ght-of-Way	12 Non-Traffi	Access se Path or Trail	2 Waiti 3 Walk Roadw adjace 4 Walk Roadw	ising Roadwa ing to Cross king/Cycling a way with Traff int to travel la king/Cycling a way Against T acent to trave	ay Roadway Along fic (in or ane) Along Fraffic (in	5 Walkin 6 In Roa playing, 7 Adjace shoulder 8 Going 9 Workin (incident 10 None	dway ( etc.) nt to Rac , median to or fror ng in Traf respons	n School ficway	rking, g., (K-12)
2 Heimet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	6 Not Applical 77 Other, Exp in Narrative 88 Unknown	lain	2nd Signals 5 In Ro lying, v 6 Disal on, pus	s, or Officer badway Improvorking, playi bled Vehicle shing, leaving	operly (standing, ng) Related (working g/approaching) LCOHOL/DRUG/I	Vehicle 8 Inattentive ( 9 Not Visible ( lighting, etc.)	iting Parked/Sta talking, eating, e dark clothing, n	etc)	10 Improper 11 Improper 12 Wrong-W 77 Other, Ex 88 Unknown	Passing /ay Riding o	or Walkinç rrative			
ALCOHOL USE: 1 No 2 Yes 88 Unknown SOURCE OF TRANSPORT TO	LCOHOL TESTE 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Te D MEDICAL FAC	1 B 3 U 77 in N	COHOL TEST TYPE lood 2 Breath rine Other, Explain larrative S AGENCY NAME O	TEST R 1 PENE 2 COMI 88 UNK	ESULT: DING PLETED (NOWN	DRUG U 1 No 2 Yes 88 Unkn	JSE: 1 2 3	RUG TES Test Not Test Refu Test Give 8 Unknov	Given used en vn, if Tested	1 Blood 3 Urine 77 Othe	er, in Narrat	1 Po 2 No 3 Po ive 88 U	ositive egative ending Jnknown	RESULT: 1
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	88 Unknown	1												
				ΑĽ	DATE OF BIRT		EV 1.00 c	-		T IFOT		F5	ADD	DC
PERSON # VEHICLE # NAMI	=				DATE OF BIRTH	H INJ S	EX LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Numi	per and Street)			CITY				STATE			ZIP CO	DDE		
SOURCE OF TRANSPORT TO 1 Not Transported 2 EMS 3 Law Enforcement Narrative 88 Unknown		LITY	EMS AGENCY NAM	ME OR ID		EMS RU	JN NUMBER		MED	DICAL FAC	ILITY TRA	ANSPOR	TED TO	
PERSON # VEHICLE # NAMI	=		1		DATE OF BIRTI	H INJ S	EX LOC: S	R	0	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Numb	per and Street)			CITY	<u> </u>	<u> </u>		STATE	1		ZIP CO	DDE		
SOURCE OF TRANSPORT TO 1 Not Transported 2 EMS 3 Law Enforcement Narrative 88 Unknown		LITY	EMS AGENCY NAM	ME OR ID		EMS RU	JN NUMBER		MED	DICAL FAC	ILITY TRA	ANSPOR	TED TO	

PERSON # 3		ing Agency Case Num 0006323	ber		HSMV Cras <b>257343</b>	h Report Nun <b>61</b>	nber		
1 Driver 2 Non-Motorist 2 3 Passenger  VEHICLE # NAME EILEEN M	ARIE	FLAHERTY			PHONE	NUMBER	1	Check if Recommen Oriver Re-e	
CURRENT ADDRESS (Number and Street)	1			CITY & STATE			ZIP CODE		
1423 BIRWOOD ST	DELT	ONA		FL			32725		
DATE OF BIRTH SEX: 1 Male 2 DRIVERS LICENSE NU	MBER		STATE	EXPIRES	INJURY SE 1 None 2 Possible		) 4 Incapacitati 5 Fatal (withir	ng i 30 days)	5
03/02/1955 2 Female 88 Unknown					3 Non-Inca		6 Non-Traffic		
	lst	DRIVER Drive	s Actions at	Time of Crash		3rd	Conditi	on At	
1 A 2 B 3 C 4 D/Chauffeur 1 Yes	2	No Contribution Action Operated MV in Carel	ss or 2	6 Ran off Roadway 7 Disregarded other	Traffic		Time of		
5 E/Operator 2 No 6 E/Oper-Rest 3 No Req. Endorsement	3	egligent Manner Failed to Yield Right-o	f-Way 2	ign 8 Disregarded Other	Road		1 Apparently 3 Asleep or		
7 None		Improper Backing Improper Turn		larkings 9 Over-Correcting/O	ver		5 III (sick) or	Fainted	
Driver Distracted By  4 Other Inside the Vehicle (explain in narrative)	2nd 10	0 Followed too Closely		teering			6 Seizure, E 7 Physically	Impaired	
2 Electronic Communication (outside the vehicle, explain	11	1 Ran Red Light 2 Drove too Fast for C		0 Swerved or Avoide Wind, Slippery Surf		4th	8 Emotional angry, distur	bed, etc.)	
Devices (cell phone, etc. in narrative) 3 Other Electronic Device 6 Texting		3 Ran Stop Sign 5 Improper Passing	C	Object, Non-Motorist in Roadway, etc.			9 Under the Medications	Drugs/Alco	ohol
(navigation device, DVD player) 7 Inattentive 88 Unknown	17	7 Exceeded Posted Sp 1 Wrong Side of Wron	eed 3	1 Operated MV in Er Reckless or Agreessiv			77 Other, Ex 88 Unknown		arrative
DRIVER VISION OBSTRUCTIONS		5 Failed to Keep in Pro		7 Other Contributing					
1 Vision Not Obscured 5 Load on Vehicle 9 Smoke 2 Inclement Weather 6 Building/Fixed Object 10 Glare		_		DRIVER	OR PASSE	NGER			
3 Parked/Stopped Vehicle 7 Signs/Billboards 77 All Other, Explain 4 Trees/Crops/Bushes 8 Fog in Narrative		Helmet Use	(HU)		otection (EP)	-i	Restraint Sys	ems	
DRIVER OR PASSENGER		1 DOT-	Compliant	1 Ye			(RS)		
Motor Vehicle Seating Position: LOCATION: SEAT ROW O	THER		cle Helmet Helmet	2 No	ot Applicable	1 Not App	olicable (non-m	otorist)	
Seat Row Other		3 No H	elmet			2 None U	lsed - Motor Ve er and Lap Bel	hicle Óccu	pant
1 Left 1 Front 1 Not Applicable 2 Sleeper Section of Truck Cab		_	Air Bag De	oloyed		4 Should	er Belt Only Us lt Only Used		
3 Right 2 Second 3 Other Enclosed Cargo Area	Ejection	1 (EJECT) 1 Not Ejected		(knee,	loyed-Other air belt, etc.)	6 Restrai	nt Used - Type estraint Syster		l Facing
(explain in 4 Fourth 5 Trailing Unit		2 Ejected, Totally 3 Ejected,	2 No	t Applicable 6 Dep t Deployed Combi	nátion		estraint Syster		
88 Unknown 88 Unknown 88 Unknown trailing on Motor Vehicle Exterior (non-trailing unit)	Ш	Partially 4 Not Applicable		ployed-Side 88 Dep	oyed-Curtain oloyment	10 Child	Restraint Type Explain in Nar		
88 Unknown		88 Unknown		Unkno	wn	77 Other,	Lxpiaiii iii ivai	lative	
Non-Motorist Description Non-Motorist Locat			Sidewalk		Action Pr	ior to Crash			
2 Other Pedestrian (wheelchari, person in a 2 Intersection - Inter	ed Cross	walk 1	Median/Cross 0 Driveway Ac		)	6	Walking/Cycli In Roadway -		
3 Bicyclist 4 Midblock - Marked Cro	sswalk	- Marked Crosswalk 1	1 Shared-Úse 2 Non-Trafficv	Path or Trail 1 Cr	ossing Roadwaiting to Cross	Poodway 7	olaying, etc.) ' Adjacent to R		g.,
4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport 6 Bicycle Lane	cation	7		ain in Narrative 3 W	alking/Cycling dway with Trai	Along	houlder, media Going to or fro		(K-12)
(parked, etc.) 6 Occupant of a Non-Motor Vehicle 7 shoulder/Roadside				adja	cent to travel alking/Cycling	lane) 🥇	) Working in Tra incident respor		
7 Unknown Type of Non-Motorist 1No Improp	er Action	ns/Circumstances		Roa	dway Against	Traffic (in	0 None 7 Other, Expla	n in Narrat	tive
3 Failure to	Yield Rig			or ac	djacent to trav	rei iane) 8	88 Unknown		
2 Helmet 6 Not Applicable Signals, or C	Officer	, , , , , , , , , , , , , , , , , , ,	Entering/Exitir	ng Parked/Standing	10 Improper				
(elbows, knees, shins, etc.) in Narrative lying, workin	ıg, playin	g) 8	Inattentive (ta	lking, eating, etc) ark clothing, no	12 Wrong-V	Vay Riding or xplain in Narra			
	, leaving/	approaching) lig	hting, etc.)	ark oloumig, no	88 Unknow		20170		
SUSPECTED ALCOHOL TESTED: ALCOHOL TEST TYPE:	ALCOHO	COHOL/DRUG/EN		TED DRUG T	ESTED:	DRUG TE	ST TYPE: DR	UG TEST I	RESULT:
ALCOHOL USE: 1 Test Not Given 1 Blood 2 Breath 2 Test Refused 3 Urine	TEST RE 1 PENDI	SULT:	DRUG US 1 No	2 Test R	ot Given efused	1 Blood 3 Urine		ositive legative	
2 Yes 3 Test Given 77 Other, Explain	2 COMP 88 UNKN		2 Yes 88 Unkno	mn 1 3 Test G	iven own, if Tested	77 Other, Explain in	3 F	Pending Unknown	
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS RUN	NUMBER	I	MED		TY TRANSPOR	RTED TO	
1 Not Transported 2 EMS 3 Law Enforcement 77									
77 Other, Explain in Narrative 88 Unknown	ADI	DITIONAL PASSENG	RS						
PERSON # VEHICLE # NAME	ADI	DATE OF BIRTH		X LOC: S R	0	EJECT F	HU EP	ABD	RS
CURRENT ADDRESS (Number and Street)	CITY	•		STAT	E		ZIP CODE		
SOURCE OF TRANSPORT TO MEDICAL FACILITY  1 Not Transported 2 EMS AGENCY NAME O  1 Not Transported 2 EMS AGENCY NAME O  Marrative 88 Unknown	R ID		EMS RUI	NUMBER	ME	DICAL FACIL	ITY TRANSPO	RTED TO	
PERSON # VEHICLE # NAME		DATE OF BIRTH	INJ SE	X LOC: S R	0	EJECT F	HU EP	ABD	RS
CURRENT ADDRESS (Number and Street)	CITY			STAT	E		ZIP CODE		
SOURCE OF TRANSPORT TO MEDICAL FACILITY EMS AGENCY NAME O	R ID		EMS RUI	N NUMBER	ME	DICAL FACIL	ITY TRANSPO	RTED TO	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown									

Reporting Agency Case Number VP230006323 HSMV Crash Report Number

On Sunday April 2nd, 2023, at approximately 1241 hours, deputies responded to 1162 E Normandy Blvd, Deltona in reference to a motor vehicle crash with injuries. Upon arrival, deputies observed a female, later identified as Eileen Flaherty(V1), lying in the roadway unconscious. He brother Robert Flaherty (V2) was a short distance away and also sustained significant injuries. A red BMW sdrive 35i convertible (FL Tag: IVTU37) crashed into a rock in front of 1162 E Normandy Blvd. The driver, Ralph Aguilar (O1), and the passenger Victor Hernandez (V3) were standing near the vehicle. Deltona Fire Department Paramedics arrived on scene and pronounced Eileen Flaherty deceased at 1250 hours. Robert Flaherty was transported to HCA Lake Monroe Hospital and Victor Hernandez was transported to Advent Health Fish Memorial Hospital. At 1252 hours, Sgt Patterson contacted the on-call Volusia Sheriff's Traffic Homicide Investigation Unit. Members of the Traffic Homicide Unit were notified and responded to the scene. Detective Mefford of the Volusia Sheriff's Crime Scene Unit also responded to the scene.

The investigation revealed the following:

Ralph Aguilar was the driver of the red BMW sdrive 35i. Ralph Aguilar was driving East on E Normandy Blvd. Eileen and Robert Flaherty were walking East on the sidewalk located on the North side of the roadway. The BMW crossed over the centerline and ran off the roadway. The BMW struck a traffic sign located on the grass shoulder before continuing onto the sidewalk. The BMW struck Eileen and Robert. Eileen was thrown 59 feet 5 inches before coming to rest on the apron of 1162 E Normandy Blvd. Robert came to rest a short distance from Eileen (he was transported prior to the arrival of Traffic Homicide Investigators and his exact position was not recorded). The BMW continued through the front yard of 1162 E Normandy before striking a large decorative rock, pushing it a short distance, and coming to final rest. The BMW's front and knee airbags deployed for both the driver and passenger who were both wearing their seatbelts.

Ralph Aguilar provided a voluntary sample of his blood which was drawn by Paramedic Orozco in the back of the Medic 63 ambulance. The sample was submitted to FDLE for analysis, and did not reveal the presence of any alcohol or chemical or controlled substances.

Detective Mefford arrived on scene and obtained digital photographs of the scene, to include roadway evidence, damage by the BMW, and of the body of Eileen Flaherty. Detective Mefford, also completed 3D scans of the entire crime scene utilizing a FARO scanner, to include the entirety of the crash scene, both vehicles, and other evidence observed at the scene.

Traffic Homicide Investigators conducted several measurements while on scene including a base-line measurement, roadway measurements, and drag sled measurements.

Deputy Maletto contacted Robert Flaherty at the hospital and informed him of his sister's death.

Deputy Maletto Contacted the office of the Medical Examiner from District 7 who responded and took possession of the deceased. A postmortem was completed on April 3rd, 2023, by physician James Fulcher, M.D., who determined the cause of death for Eileen Flaherty to be blunt force trauma to the neck, and torso due to being struck by a motor vehicle.

Pratt's Towing responded to the scene and removed the BMW to the Volusia Sheriff's Evidence Facility. The vehicle was secured in a locked outdoor lot.

Witness Statements:

Ralph Aguilar was advised of the Miranda Warnings and agreed to speak with Deputy Maletto. He advised that he was traveling East on E Normandy Blvd when he dropped a drawstring bag inside the vehicle. He looked down and reached to retrieve the bag. When he looked up he had departed the roadway and struck Eileen and Robert Flaherty. Aguilar stated that he was going approximately 35 miles per hour.

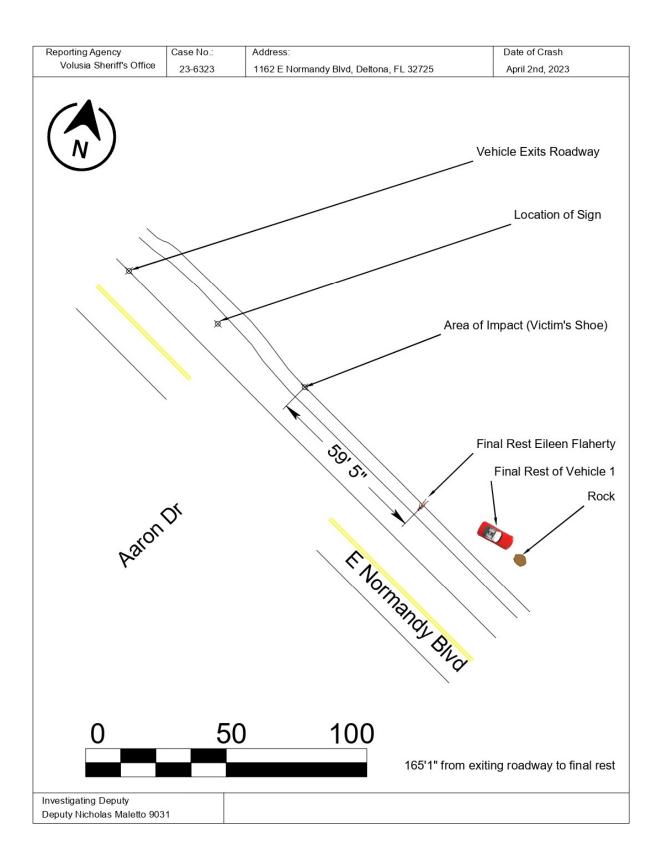
PERSON #	VEHICLE #	NAME							ADDII	DATE OF BI			SEX	LOC: S	R	0	EJECT	HU	EP	ABD	RS
2	1	VICTOR	М	н	IERNAN	DEZ				12/24/194		3	1	3	1		1	110	3	6	3
CURRENT	ADDRESS (	Number and S	treet)						CITY					•	STATE			ZIP C	ODE		
1033 RT 3	2 #28								ROSENE	DALE					NY			124	72		
	d 2 EMS 3 Law Enf	RT TO MEDICA orcement 77 Other, Ex		ITY	၁ 🛮		GENCY N		R ID <b>DEPART</b>	MENT	F2	ЕМS <b>30920</b>	RUN NI 1 <b>165</b>	UMBER			MEDICAL FA				ORIA
PERSON #	VEHICLE#	NAME								DATE OF BI	RTH	INJ	SEX	LOC: S	R	0	EJECT	HU	EP	ABD	RS
CURRENT	ADDRESS (	Number and S	treet)						CITY	_					STATE			ZIP C	ODE		
	d 2 EMS 3 Law Enf	RT TO MEDICA corcement 77 Other, Ex		ITY		EMS A	GENCY N	IAME O	R ID			EMS	RUN N	UMBER			MEDICAL FA	CILITY TR	ANSPOF	RTED TO	
ADDITION	AL VIOLAT	TIONS																			
PERSON#	NAME	OF VIOLAT	OR					FL ST	ATUTE NUN	MBER				CH	IARGE				CITATIO	N NUMBE	R
PERSON #	NAME	OF VIOLAT	OR					FL ST	ATUTE NUN	MBER				CH	IARGE				CITATIO	N NUMBE	R
REPORTIN	IG OFFICE	R																			
ID/BADGE	#	RANK			OF	FICER	NAME						[	DEPARTM	ENT					F DEPT.	105
9031		DEPL	JTY		L	IICHO	DLAS N	/ALE	тто				١	<b>VOLUSI</b>	A SHE	RIFFS	OFFICE		(SO)	F'S OFF	ICE

REPORTING AGENCY CASE NUMBER

VP230006323

HSMV CRASH REPORT NUMBER

25734361



Reporting Agency Case Number VP230006323

**HSMV Crash Report Number** 25734361

Victor Hernandez was transported to the Hospital prior to Deputy Maletto's arrival. Therefore, Deputy Maletto spoke with Victor Hernandez over the phone due to him residing in New York. Hernandez stated that he and Aquilar were out shopping. Hernandez was dozing off when he saw Aquilar struggling with something by his foot. He then heard a loud bang as the vehicle struck the sign. A moment later he observed Eileen airborne after the vehicle collided with her. The vehicle continued a short distance before striking the rock. Hernandez extricated himself from the vehicle, and attempted life saving measures on Eileen. Hernandez estimated the speed of the BMW prior to exiting the roadway at approximately 35-40 miles per hour.

Investigative Summary:

Deputy Maletto determined an average speed of the BMW by utilizing a simple time and distance formula. Deputy Maletto located a license plate hit at the intersection of Deltona Blvd and E Normandy at 12:38:21. The crash occurred at 12:44:57 according to a time stamp on video surveillance which captured audio of the crash. The distance from the camera to the crash site is approximately 8078 ft. The average speed of vehicle over the entire distance was 13.9 miles per hour. Deputy Maletto utilized crush analysis along with kinetic energy equations to determine a speed at impact. The weight of the rock was required for the calculations. Pratt's Towing transported the rock to the Tomoka Landfill which was equipped with calibrated scales. The rock weighed 2340 pounds. That weight combined with the measured distance and drag factors for the grass and concrete were input into the equation Wk=fWd where "f" is the drag factor, "W" is the weight of the rock, and d is the distance it slid (this calculation was performed once for the sliding over grass and once for sliding over concrete and the results were summed). The total work required to push the rock was 30.825 ft-lbs. The work required to move the rock the vehicle struck was combined with the crush energy (12,379.18 ft-lbs which was derived from crush analysis within FARO Zone 3D) was summed in order to calculate the total energy at impact which was 43,204 ft-lbs. That energy result was input into the kinetic energy formula of Ke=(WS^2)/30. The equation was solved for S (speed in miles per hour) and the result was a minimum impact speed of 19.23 miles per hour. Deputy Maletto obtained video surveillance which showed the impact with the pedestrians and the rock. The BMW's speed did not appear to be excessive. Deputy Werfel attempted to obtain Event Data Recorder Information from the BMW, but the vehicle was not equipped with that equipment.

Hoang Asam (W3) provided the video from 1175 E Normandy Blvd. Justine Hernandez (W4) provided Ring camera footage from 1126 E Normandy Blvd which captured audio of the crash with an accurate time stamp.

The investigation determined that on Sunday, April 2nd, 2023, at approximately 1241 hours, Ralph Aguilar was operating his red BMW convertible traveling East on E

Normandy Blvd. Aguilar was distracted by c and strike 2 pedestrians killing 1. Aguilar wa									stracti	on caused	him to	run off	the road	lway
Case Status: Closed														
PERSON # VEHICLE # NAME			ADDIT	TIONAL PASSENGE DATE OF BIRTH		SEX	LOC: S	R	0	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)		C	CITY		<u> </u>			STATE	1		ZIP (	CODE	<u> </u>	
SOURCE OF TRANSPORT TO MEDICAL FACILITY  1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS A	AGENCY NAME OR ID	)		EMS	S RUN NU	JMBER			MEDICAL FAC	CILITY T	RANSPO	RTED TO	
PERSON # VEHICLE # NAME	•			DATE OF BIRTH	INJ	SEX	LOC: S	R	0	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			ITY					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 A	AGENCY NAME OR ID	)		EMS	S RUN NU	JMBER			MEDICAL FA	CILITY T	RANSPOR	RTED TO	
ADDITIONAL VIOLATIONS														
PERSON# NAME OF VIOLATOR		FL STATU	JTE NU	MBER			CH	IARGE				CITATIO	n numbi	ER
PERSON # NAME OF VIOLATOR		FL STATU	JTE NU	MBER			CH	IARGE				CITATIO	N NUMBI	ĒR
DEDODTING OFFICED														

ID/BADGE #	RANK	OFFICER NAME	DEPARTMENT	TYPE OF DEPT.
9031	DEPUTY	NICHOLAS MALETTO		SHERIFF'S OFFICE (SO)

PERSON # 4	Reporting Agency Case Number VP230006323					HSMV Crash Report Number 25734361				
1 Driver 2 Non-Motorist 3 Passenger  VEHICLE # NAME ROBERT D	ENNIS	NNIS FLAHERTY				PHONE NUMBER  Check if Recommend Driver Re-exam				
CURRENT ADDRESS (Number and Street)				CITY & S	TATE		ZIP CODE			
DATE OF BIRTH SEX: DRIVERS LICENSE NU	DELTO	NA	STATE	EXPIRES	FL ■INITI	IDV CEVEDITY (IN	32725			
01/17/1968 SEA. 1 Male 2 Female 88 Unknown	IVIDER		SIAIL	EAFIRES	2 Po	IRY SEVERITY (IN one ossible on-Incapacitating	5 Fatal (w	itating ithin 30 days) ffic Fatality	4	
	lst			at Time of Crash		3rd	Con	dition At		
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	2 C Ne 3 F 4 Ir	1 No Contribution Action 26 Ran off Roadway 2 Operated MV in Carelss or Negligent Manner Sign 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 29 Over-Correcting/			other Traffic Other Road	1 Apparently Normal 3 Asleep or Fatigued				
Driver Distracted By 4 Other Inside the Vehicle (explain in narrative)	10	Steering 10 Followed too Closely				6 Seizure, Epilespsy, Blackout 7 Physically Impaired				
1 Not Distracted 5 External Distraction (outside the vehicle, explain in narrative) 3 Other Electronic Device (navigation device, DVD player) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	11 12 13 15 17 21	Ran Red Light Drove too Fast for O Ran Stop Sign Improper Passing Exceeded Posted S Wrong Side of Wron Failed to Keep in Pr	Conditions Speed ng Way	30 Swerved or At to Wind, Slippery Object, Non-Mote Roadway, etc. 31 Operated MV Reckless or Agre	Surface, M\ orist in in Erratic, essive Manr	/,	Emotional (depression, angry, disturbed, etc.)     Under the Influence of Medications/Drugs/Alcohol     Other, Explain in Narrativ     Unknown			
DRIVER VISION OBSTRUCTIONS  1 Vision Not Obscured 5 Load on Vehicle 9 Smoke										
3 Parked/Stopped Vehicle 7 Signs/Billboards 77 All Other, Explain 4 Trees/Crops/Bushes 8 Fog in Narrative Helmet Use				DRIVER OR PASSENGER  Eye Protection (EP) Restraint Systems						
DRIVER OR PASSENGER	TUED.	1 DOT	-Compliant		1 Yes 2 No		(RS)	•		
Motor Vehicle Seating Position:  Seat Row Other  LOCATION: SEAT ROW C	THER		r Helmet		3 Not Applic	2 None		r Vehicle Óccu	ıpant	
1 Left 1 Front 1Not Applicable 2 Midde 2 Sleeper Section of Truck Cab	Air Bag Deployed  5 Deployed Other  5 Deployed Other									
2 Second 3 Right 2 Second 77 Other 3 Third 4 Unenclosed Cargo Area 1 Not Ejected 1 Not Applicable 6 Deployed—Other (knee, air belt, etc.) 1 Not Applicable 6 Deployed—Other (knee, air belt, etc.) 1 Not Applicable 6 Deployed—Other (knee, air belt, etc.) 1 Not Applicable 6 Deployed—Other (knee, air belt, etc.) 1 Not Applicable 6 Deployed—Other (knee, air belt, etc.) 1 Not Applicable 6 Deployed—Other (knee, air belt, etc.) 1 Not Applicable 6 Deployed—Other (knee, air belt, etc.) 1 Not Applicable 6 Deployed—Other (knee, air belt, etc.) 1 Not Applicable 6 Deployed—Other (knee, air belt, etc.) 2 Not Applicable 6 Deployed—Other (knee, air belt, etc.) 3 Not Applicable 6 Deployed—Other (knee, air belt, etc.) 3 Not Applicable 6 Deployed—Other (knee, air belt, etc.) 3 Not Applicable 6 Deployed—Other (knee, air belt, etc.) 4 Unenclosed Cargo Area (knee, air belt, etc.) 4									d Facing	
(explain in 4 Fourth 5 Trailing Unit 2 Not Deployed Combination 3 Ejected, Totally 3 Ejected, Totally 3 Ejected, Totally 3 Deployed-Front 7 Deployed-Curtain 9 Booster Seat									acing	
88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 4 Deployed-Side 88 Deployment Unknown 88 Unknown 10 Child Restraint Type Unknown 77 Other, Explain in Narrative										
NON-MOTORIST  Non-Motorist Description  Non-Motorist Location At Time of Crash 8 Sidewalk  Action Prior to Crash										
2 Other Pedestrian (wheelchari, person in a huilding skater pedestrian conveyance etc. 8 2 Intersection - Unmarked Crosswalk 10 Driveway Access 10 Driveway Access										
4 Midblock - Marked Crosswalk 4 Other Cyclist 5 Travel Lane - Other Location 77 Other Explain in Narrative 3 Welking/Oxeling Along 5 Travel Lane - Other Location 77 Other Explain in Narrative 3 Welking/Oxeling Along 5 Travel Lane - Other Location 77 Other Explain in Narrative 3 Welking/Oxeling Along							o Raodway (e. edian)			
6 Bicycle Lane 88 Unknown 6 Occupant of a Non-Motor Vehicle						adway with Traffic (in or accept to travel lane)  8 Going to or from School (K-12)  9 Working in Trafficway  (incident response)				
7 Unknown Type of Non-Motorist 1No Improp	Non-Motorist Actions/Circumstances 1 No Improper Action 1 1 2 Dea/Deab. 1 1 2 Dea/Deab. 1 1 2 Dea/Deab. 1 2 Dea/Deab. 1 2 Dea/Deab. 1 3 Dea/Deab. 1 4 Walking/Cycling Along 1 0 None 1 77 Other, Explain in Narrative							tive		
1 None Safety Equipment 5 Lighting 1 Safety Equipment 5 Lighting 88 Unknown 88 Unknown 88 Unknown 88 Unknown										
3 Protective Pads Used 77 Other, Explain 2nd 2nd 3 Protective Pads Used 77 Other, Explain 2nd 2nd 3 Protective Pads Used 77 Other, Explain 2nd 2nd 2nd 3 Protective Pads Used 78 Instantive (talking eating etc.) 11 Improper Passing 11 Improper Passing 11 Improper Passing 11 Improper Passing 12 Instantive (talking eating etc.) 13 Wrong-Way Riding or Walking										
(elbows, knees, shins, etc.) in Narrative 4 Reflective Clothing (jacket, 88 Unknown backpack, etc.)    Ving, working, playing)   S Inattentive (talking, eating, etc.)   12 Wrong-Way Riding or Walking   9 Not Visible (dark clothing, no p. pushing, leaving/approaching)   9 Not Visible (dark clothing, no p. pushing, leaving/approaching)   12 Wrong-Way Riding or Walking   12 Wrong-Way Riding or Walking   13 Wrong-Way Riding or Wa										
ALCOHOL/DRUG/EMS  SUSPECTEDALCOHOL TESTED: ALCOHOL TEST TYPE: ALCOHOLBAC SUSPECTED DRUG TEST TYPE: DRUG TYPE: DRUG TEST TYPE: DRUG TYPE: DRUG TYPE: DRUG TYPE: DRUG TYPE: DRUG TYP										
1 No 1 2 Test Refused 3 Urine	TEST RES 1 PENDIN 2 COMPLI	IG	DRUG I 1 No 2 Yes	4 2 Te	est Not Giver est Refused est Given	1 Blood 3 Urine 77 Other		1 Positive 2 Negative 3 Pending		
88 Unknown 88 Unknown, if Tested in Narrative	88 UNKNO	OWN	88 Unkr		Unknown, if		in Narrative	88 Unknown		
SOURCE OF TRANSPORT TO MEDICAL FACILITY  1 Not Transported 2 EMS 3 Law Enforcement  2 DELTONA FIRE DEPARTM	ENT					HCA LAKE MO		OKIEDIO		
77 Other, Explain in Narrative 88 Unknown		F2309	020165 SERS			HOA LAKE MO	MINOL			
PERSON # VEHICLE # NAME		DATE OF BIRTH	l INJ S	EX LOC: S	R O	EJECT	HU E	ABD	RS	
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