

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other	<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____	Agency Report Number 230006323
Agency ORI Number FL0640000		Zone # 43
Reported: Day Sunday Date 04-02-2023 Time (mil.) 1241		Telephone Handled 1. Yes Call? (T.H.C.) 2. No 2
Time Dispatched (mil.) 1244 Time Arrived (mil.) 1247 Time Completed (mil.) _____		Nature of Call (Report Type) MVI MVA w/ Injuries
Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other
Incident: Day From Sunday Date 04-02-2023 Time (mil.) 1241		TO Day _____ Date _____ Time (mil.) _____
Occurred During: D - Day N - Night	U - Unknown D	
Offense #1 Type 9 Statute Violation Number 77777777	Description Traffic Homicide	
Offense #2 Type _____ Statute Violation Number _____	Description _____	
Incident Location (Street, Apt. Number) 1166 E NORMANDY BLVD		City DELTONA
Business Name / Area Identifier _____ # Prem. Entered _____		Zip 32725
Location Type 26	Drug Related 0. N/A 1. Yes 2. No 0	
Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel		Alcohol Related 0. N/A 1. Yes 2. No 0
05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub		Forced Entry 1. Yes 3. Attempted 2. No
09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied
13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage		Arson-Attempted 1. Yes 2. No
17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg.		21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure
25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway		29. Motor Vehicle 30. Other Mobile 88. Unknown 99. Other
V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person	Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other
Address/Phone Type B. Business/Work C. Cell H. Home		M. Message N. Next of Kin O. Other
P. Pager S. School V. Vacation		Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian
Sex M-Male F-Female U-Unknown		Residence Type 0. NA 1. City 2. County
Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident		Victim Relationship to Offender S-Spouse B-Sibling P-Parent O-Other Family C-Child H-Co-Habitant
Means of Attack F-Firearm K-Knife/Cutting Inst.		O-Other Dangerous H-Hands, Fists, Feet, Etc.
Extent of Injury 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones
06. Poss. Internal Injury 07. Loss of Teeth		08. Burns 09. Abrasions/Bruises 10. No Visible Injury 99. Other Serious Injury
Domestic Violence 1. Yes 2. No		Z-Other 1. Full Year 2. Par. Year 3. Non-Resident
Offense Indicator 1. #1 2. #2	V/W Code 1 V	# 1
V. Type 3	Nature of Call (for Victim, if different from Incident) Flaherty	
Name (Last/Business) Flaherty		(First) Eileen
(Middle) M		Address (Street, Apt. Number) 1423 Birwood St
City DELTONA		State FL
Zip 32725		Residence Phone _____
Business/School/Other Address (Street, Apt. Number) _____		City _____ State _____ Zip _____
Address Type _____		Business/School/Other Phone _____
Phone Type _____		Other Contact Info (Time Available, Interpreter, etc.) _____
Synopsis of Involvement Deceased Pedestrian		
If Victim Type 1, 2, or 3	Race W	Sex F
Date of Birth 03-02-1955	Age 68	Ethnicity N
Res. Type 1	Res. Status 1	Means of Attack _____
Extent of Injury _____	Domestic Violence _____	Relationship _____
Offense Indicator 1. #1 2. #2	V/W Code 1 V	# 2
V. Type 3	Nature of Call (for Victim, if different from Incident) Flaherty	
Name (Last/Business) Flaherty		(First) Robert
(Middle) D		Address (Street, Apt. Number) 1423 Birwood St
City DELTONA		State FL
Zip 32725		Residence Phone _____
Business/School/Other Address (Street, Apt. Number) _____		City _____ State _____ Zip _____
Address Type _____		Business/School/Other Phone _____
Phone Type _____		Other Contact Info (Time Available, Interpreter, etc.) _____
Synopsis of Involvement Pedestrian/NOK		
If Victim Type 1, 2, or 3	Race W	Sex M
Date of Birth 01-17-1968	Age 55	Ethnicity N
Res. Type 1	Res. Status 1	Means of Attack _____
Extent of Injury _____	Domestic Violence _____	Relationship _____
Offense Indicator 1. #1 2. #2	V/W Code 1 V	# 3
V. Type 3	Nature of Call (for Victim, if different from Incident) Hernandez	
Name (Last/Business) Hernandez		(First) Victor
(Middle) M		Address (Street, Apt. Number) 1033 RT 32 #28
City ROSENDALE		State NY
Zip 12472		Residence Phone _____
Business/School/Other Address (Street, Apt. Number) _____		City _____ State _____ Zip _____
Address Type _____		Business/School/Other Phone _____
Phone Type _____		Other Contact Info (Time Available, Interpreter, etc.) _____
Synopsis of Involvement Passenger in Vehicle		
If Victim Type 1, 2, or 3	Race H	Sex M
Date of Birth 12-24-1945	Age 77	Ethnicity N
Res. Type 4	Res. Status 1	Means of Attack _____
Extent of Injury _____	Domestic Violence _____	Relationship _____
Offense Indicator 1. #1 2. #2	V/W Code 1 W	# 1
V. Type 3	Nature of Call (for Victim, if different from Incident) Borges	
Name (Last/Business) Borges		(First) Monica
(Middle) M		Address (Street, Apt. Number) 1054 Morgan Cir NE
City Palm Bay		State FL
Zip 32905		Residence Phone (774) 849-1035
Business/School/Other Address (Street, Apt. Number) _____		City _____ State _____ Zip _____
Address Type _____		Business/School/Other Phone _____
Phone Type _____		Other Contact Info (Time Available, Interpreter, etc.) _____
Synopsis of Involvement Witness		
If Victim Type 1, 2, or 3	Race H	Sex F
Date of Birth 07-15-1977	Age 45	Ethnicity H
Res. Type 3	Res. Status 1	Means of Attack _____
Extent of Injury _____	Domestic Violence _____	Relationship _____
Offense Indicator 1. #1 2. #2	V/W Code 1 W	# 2
V. Type 3	Nature of Call (for Victim, if different from Incident) Fontanez-Garcia	
Name (Last/Business) Fontanez-Garcia		(First) Ivan
(Middle) Ivan		Address (Street, Apt. Number) 1048 Pioneer Dr
City DELTONA		State FL
Zip 32725		Residence Phone (321) 821-8024
Business/School/Other Address (Street, Apt. Number) _____		City _____ State _____ Zip _____
Address Type _____		Business/School/Other Phone _____
Phone Type _____		Other Contact Info (Time Available, Interpreter, etc.) _____
Synopsis of Involvement Witness		
If Victim Type 1, 2, or 3	Race H	Sex M
Date of Birth 07-14-1971	Age 51	Ethnicity H
Res. Type 1	Res. Status 1	Means of Attack _____
Extent of Injury _____	Domestic Violence _____	Relationship _____

EVENT DATA

CODES

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION

Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity
Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name	
Nickname / Street Name		Place of Birth - City		County	State	Employer/Other/School	Occupation
Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type Phone Phone Type
Other Address (Street, Apt. Number)				City	State	Zip	Address Type Phone Phone Type
Driver's License State/Number		Social Security Number		Other ID Number		ID Type	
Clothing (Describe)			Scars/Marks/Tattoos (Type/Describe)		Scars/Marks/Tattoos (Type/Describe)		
Hair Length /Style		Skin	Build	Facial Features	Speech/Voice	Deformity	Glasses
If Subject:	Demeanor	Mask	Weapon Type	If Arrested:	Subject Was Already in Custody? 1. Yes 2. No	Warrant From: 1. This Agency 2. Other Agency	
Date of Last Contact		Date of Emancipation	Caution	Caution Reason	Personal Habits (Drugs / Alcohol)		
May Be With:		Physical Condition:	Mental Condition:	Doctor Name:	Dentist Name:		
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown	Foul Play Suspected? 1. Yes 2. No 8. Unknown	Missing Before? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No	Photo Available? 1. Yes 2. No	Dental Record Available? 1. Yes 2. No
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.							

SUBJECT / MISSING SECTION

Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity
Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name	
Nickname / Street Name		Place of Birth - City		County	State	Employer/Other/School	Occupation
Last Known Address (Street, Apt. Number)				City	State	Zip	Address Type Phone Phone Type
Other Address (Street, Apt. Number)				City	State	Zip	Address Type Phone Phone Type
Driver's License State/Number		Social Security Number		Other ID Number		ID Type	
Clothing (Describe)			Scars/Marks/Tattoos (Type/Describe)		Scars/Marks/Tattoos (Type/Describe)		
Hair Length /Style		Skin	Build	Facial Features	Speech/Voice	Deformity	Glasses
If Subject:	Demeanor	Mask	Weapon Type	If Arrested:	Subject Was Already in Custody? 1. Yes 2. No	Warrant From: 1. This Agency 2. Other Agency	
Date of Last Contact		Date of Emancipation	Caution	Caution Reason	Personal Habits (Drugs / Alcohol)		
May Be With:		Physical Condition:	Mental Condition:	Doctor Name:	Dentist Name:		
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown	Foul Play Suspected? 1. Yes 2. No 8. Unknown	Missing Before? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No	Photo Available? 1. Yes 2. No	Dental Record Available? 1. Yes 2. No
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.							

NARRATIVE

1 *****BWC Footage*****

2

3 On April 2nd, 2023, at approximately 1241 hours, a red BMW convertible (FL Tag: IVTU37) was traveling East on E Nomandy Blvd, Deltona. Just

4 to the West of the intersection with Aaron Dr, The BMW crossed over the centerline and ran off the road to the left. The BMW then struck a traffic

5 sign. The BMW continued onto the sidewalk and struck Eileen Flaherty (V1) and Robert Flaherty (V2) who were walking on the sidewalk. The

6 BMW continued East, struck a large rock, and came to a stop.

7

8 Deputies responded to the scene, and Eileen Flaherty was pronounced deceased by Deltona Fire Department paramedics. Robert Flaherty was

9 transported to Lake Monroe Hospital for treatment. The driver of the BMW, Ralph Aguilar (O1) suffered minor injuries and was treated on scene.

10 The passenger in the BMW, Victor Hernandez (V3), was transported to Advent Health Fish Memorial Hospital for treatment.

ADMINISTRATIVE

Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral		
<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:	By:
<input type="checkbox"/> CAC	Spoke With:	<input type="checkbox"/> FCIC / NCIC Cancel				
Connecting Report Number	Agency	Additional Forms Attached:		<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input checked="" type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____		
Officer Reporting - Printed	Officer Reporting - Signature	ID. Number	Unit	Date		
Maletto, Nicholas		9031	1M41	04-02-2023		
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 04-02-2023	Report Time 1241	Orig. Reported Date 04-02-2023	Nature of Call (for Incident) MVI	Agency Report Number 230006323	1.Original	2.Supplement	1
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11

12 Deputy Maletto responded to the scene as a member of the Volusia Sheriff's Office Traffic Homicide Unit. Measurements and a FARO scan were

13 taken of the scene. Deputy Maletto made contact with Aguilar, and advised him of the Miranda Warnings. He agreed to speak with Deputy Maletto.

14 Aguilar advised that he was headed East on E Normandy Blvd when he dropped a bag onto the floorboard of the vehicle. He reached down to

15 retrieve the bag, and ran off the roadway striking the pedestrians and rock.

16

17 Aguilar agreed to provide a voluntary sample of his blood. Paramedic Orozco responded to the scene and conducted the blood draw using a

18 Trittech Forensics blood kit in the rear of the Medic 63 ambulance. The blood sample was sealed and submitted to FDLE for analysis.

19

20 Aguilar provided voluntary consent to search his vehicle and signed a voluntary consent to search form. Deputy Werfel downloaded the vehicle's

21 event data recorder for later analysis.

22

23 Pratt's Towing responded to the scene and towed the vehicle to the Volusia Sheriff's Evidence Facility.

24

25 The Medical Examiner's Investigator arrived on scene, and removed Eileen. Deltona Animal Control responded to the scene and took custody of

26 the Flaherty's dog which was with them.

27

28 Deputy Maletto responded to HCA Lake Monroe Hospital, and notified Robert Flaherty of his sister's death.

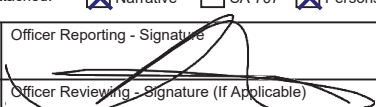
29

30 The investigation is ongoing.

31

32 Case Status: Active

NARRATIVE / CONTINUATION

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		By:
Connecting Report Number	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input checked="" type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date
Maletto, Nicholas			9031	1M41	04-02-2023
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

Volusia Sheriff's Office

- Incident Supplement -

CASE No.: VP230006323

Agency ORI Number:
FL0640000

Reporting Agency:
Volusia Sheriff's Office

Supplement Reported Date
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.

NARRATIVE

- 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.

ADMIN INFO	<input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <input type="checkbox"/> SA Referral		<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC		Spoke With	Date/Time Spoke With
	<input type="checkbox"/> FCIC/NCIC Entry <input type="checkbox"/> FCIC/NCIC Cancel <input type="checkbox"/> T.T. BOLO		Date	By	Connecting Report Number	Agency
	Copies To		Additional Forms Attached		If Other Attachment Selected, Describe	

OFFICER	Officer No. 1			
	Officer Name Maletto, Nicholas 9031	Involvement Type Reporting	Unit	Signature Date 07/18/2023 15:17:00
	Officer Signature			

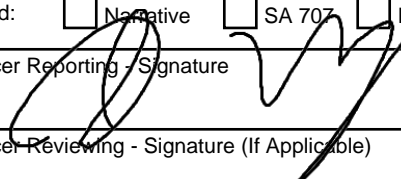
VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original 2.Supplement
	04-02-2023	1430	04-02-2023	MVI	230006323	2

1 On 04/02/2023 at approximately 1312 hours, Deputy Borbely responded to 1162 E Normandy Blvd, Deltona to assist with the crash investigation.
 2 Deputy Borbely shutdown the intersection of Norwood and E Normandy Blvd until road closure signs were posted by Deltona Road and Bridges.
 3
 4 Case Status: Unchanged

NARRATIVE / CONTINUATION

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____	
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____				
	Officer Reporting - Printed Borbely, Joseph	Officer Reporting - Signature 	ID. Number 9061	Unit 1C43	Date 04-02-2023	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

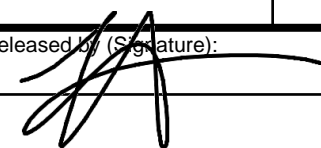
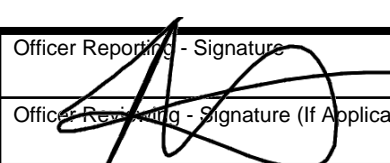
VOLUSIA COUNTY SHERIFF'S OFFICE

ADDITIONAL PERSONS REPORT

EVNT	Report Date 04-02-2023	Report Time 1241	Orig. Reported Date 04-02-2023	Nature of Call (for Incident) MVI MVA w/ Injuries			Agency Report Number 230006323	1. Original	2. Supplement	1		
CODES	V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person	Victim/Subject Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 9. Other	Address/Phone Type B. Business/Work M. Message P. Pager C. Cell N. Next of Kin S. School H. Home O. Other V. Vacation			Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown	Sex M-Male F-Female U-Unknown	Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident			
	Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A 03. Laceration 06. Poss. Internal Injury 09. Abrasions/Bruises 01. Gunshot 04. Unconscious 07. Loss of Teeth 10. No Visible Injury 02. Stabbed 05. Poss. Broken Bones 08. Burns 99. Other Serious Injury			Domestic Violence 1. Yes 2. No	Victim Relationship to Offender S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant					
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2	V/W Code # 1 0	V. Type 1 3	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) (First) Aguilar Ralph					
	Address (Street, Apt. Number) 1098 Monterey Dr			City DELTONA	State FL	Zip 32738	Residence Phone					
	Other Address (Street, Apt. Number)			City	State	Zip	Address Type	Other Phone	Phone Type			
	Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement Driver of Vehicle							
	If Victim Type 1, 2, or 3	Race W	Sex M	Date of Birth 06-16-1955	Age 67	Ethnicity N	Res. Type 1	Res. Status 1	Means of Attack	Extent of Injury	Domestic Violence	Relationship
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2	V/W Code #	V. Type	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) (First) (Middle)					
	Address (Street, Apt. Number)			City	State	Zip	Residence Phone					
	Other Address (Street, Apt. Number)			City	State	Zip	Address Type	Other Phone	Phone Type			
	Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement							
	If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
VICTIM/WITNESS	Offense Indicator 1. #1 3. Both 2. #2	V/W Code #	V. Type	Nature of Call (for Victim, if Different from Incident)			Name (Last/Business) (First) (Middle)					
	Address (Street, Apt. Number)			City	State	Zip	Residence Phone					
	Other Address (Street, Apt. Number)			City	State	Zip	Address Type	Other Phone	Phone Type			
	Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement							
	If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)			Race	Sex	Ethnicity		
	Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name					
	Nickname / Street Name			Place of Birth - City	County	State	Employer / School	Occupation				
	Last Known Address (Street, Apt. Number)			City	State	Zip	Address Type	Phone	Phone Type			
	Other Address (Street, Apt. Number)			City	State	Zip	Address Type	Phone	Phone Type			
	Driver's License State/Number			Social Security Number			Other ID Number			ID Type		
	Clothing (Describe)				Scars/Marks/Tattoos (Type/Describe)				Scars/Marks/Tattoos (Type/Describe)			
	Hair Length / Style		Skin Color	Build	Facial Features		Speech / Voice	Deformity		Glasses		
	If Subject:	Demeanor	Mask	Weapon Type			If Arrested:	Subject Was Already in Custody?		Warrant From:		
	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)				
	May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:			
	Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No	
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												
ADMIN.	Officer Reporting - Printed Maletto, Nicholas			Officer Reporting - Signature 				ID. Number 9031	Unit 1M41	Date 04-02-2023		
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable) 				ID. Number	Unit	Date		

VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

EVNT	Report Date 04-02-2023	Report Time 1241	Original Incident Date 04-02-2023	Nature of Call (for Incident) MVI	Agency Report Number 230006323	1.Original 2.Supplement 1						
THEFT	Type Theft 00	Type Theft Codes 00. N/A 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper.Machine 08. From Public Access Bldg. 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 13. Bicycle 14. Motor Vehicle Parts 99.Other										
CODES	Person Code V-Victim N-Next of Kin S-Suspect O-Other D-Defendant R-Reporting Party W-Witness		Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other		Status Code: 1. Evidence 5.Lost 8.Found 2. Damaged Prop. 6.Recovered 9.Found/Contraband 3. Arson/Burned 7.Recovered (Outside Agency Recovered) 10.Prisoner's Pers.Prop. 11.Stolen 4.Photo & Release		12.Stolen And Recovered 16.Vehicle Inventory Prop. 20.Safekeeping 13.Disposal 17.Baker Act 21.Digital Evidence 14.Prop. Of Deceased 18.Seized/Confiscated 15.Return to Owner 19.Abandoned					
	Category Code B. Bicycle C. Camera/Photo Equipment D-Data Processing Equipment		E-Equipment/Measuring Devices/Tools F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares		I-Items of Identification J-Special Docs/Food Stamps/Tickets K-Keepsakes and Collectibles L. Livestock		M. Musical Instrument R-Radio/TV/Sound Devices O. Office Equipment S-Sports/Camping/Rec.Equip. P.Personal Accessories T-Toxic Chemicals					
	V.Viewing Equip (Binoculars) W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)											
DRUG CODES	Activity P. Possess D. Deliver Z. Other S. Sell E. Use B. Buy K. Dispense/Distribute T. Traffic M. Manufacture/Produce/ R. Smuggle Cultivate		Type A. Amphetamine M. Marijuana U. Unknown B. Barbiturates O. Opium/Derivative Z. Other C. Cocaine P. Paraphernalia/ E. Heroin Equipment H. Hallucinogen S. Synthetic		Unit 1. Gram 6. Ton 2. Milligram 7. Liter 3. Kilogram 8. Milliliter 4. Ounce 9. Dose Unit/Term 5. Pound 99.Other							
PROPERTY	Leave Blank:		Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
					1	21	Y	OTHER	BWC Footage			
	Serial Number		Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$	
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$	
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type				
PROPERTY	Leave Blank:		Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
					2	21	Y	OTHER	Digital Photographs			
	Serial Number		Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$	
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$	
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type				
PROPERTY	Leave Blank:		Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
					3	1	Y	OTHER	Blood Sample Aguilar			
	Serial Number		Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$	
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$	
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type				
PROPERTY	Leave Blank:		Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number		Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$	
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$	
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type				
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	3	04-02-2023	1730	N Maletto				D4				
	Leave Blank:			Reason for Change:								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank:			Reason for Change:								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank:			Reason for Change:								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank:			Reason for Change:								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
Leave Blank:			Reason for Change:									
Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):			
Leave Blank:			Reason for Change:									
ADMIN.	Officer Reporting - Printed Maletto, Nicholas			Officer Reporting - Signature 				ID. Number 9031	Unit 1M41	Date 04-02-2023		
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date		

VOLUSIA COUNTY SHERIFF'S OFFICE

VEHICLE / TOW REPORT

EVNT	Report Date 04-02-2023	Report Time 1241	Orig Reported Date 04-02-2023	Nature of Call (for Incident) MVI	Agency Report Number 230006323	1.Original 2.Supplement 1																	
CODES	Person Code V-Victim R-Reporting Party S-Suspect N-Next of Kin D-Defendant O-Other W-Witness		Veh Involvement 1. Stolen 4.Recovered (Outside Agency Stolen) 2. Recovered 5. Impounded 3. Stolen and Recovered 6. Abandoned				7. Fail Return 11.Return to Owner 15.Other 8. Seized 12.Evidence 9. Burglarized 13. Arson 10. Vandalized 14.Suspicious				Type 1. Auto 6. Trailer 2. Truck/Van 7. Boat 3. Motorcycle 8. Aircraft 4. Camper/RV 9. Other 5. Bus		Caution Code 1.Occupant(s) Armed 2.Occupant(s) Armed/ Hold for Latents 3.Hold for Latents		Method of Theft 0.N/A 4.Steering Column 1.Keys 5.Ignition 2.Tow Truck 8.Unknown 3.Hot Wire								
	Damage Cause 0.N/A 2. Criminal Mischief 4. Stripped/Theft From 9. Other 1.Arson 3. During Other Offense				Recovery Location 1. Family Residence 3. Housing Project 5. Park/Playground 7.Woods 9. Other 2. Apt. Complex 4. Commercial/ Industrial 6. Shopping Mall 8.Water				Recovery Code Stolen/Recovered		1. Local/Local Stolen/Recovered 2. Local/Other 3. Other/Local												
	Veh. # 1		Veh. Involvement 12		Type 1		Caution		Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)						Estimated Value \$25000								
VEHICLE / VESSEL	Person Code # (Owner) O 1		Name (Last/Business) Aguilar (First) Ralph (Middle)				Race W	Sex M	Date of Birth 06-16-1955		Age 67		Address (Street, Apt. Number) 1098 Monterey Dr City DELTONA State FL Zip 32738 Residence Phone										
	Person Code # (Operator) O 1		Name (Last/Business) Aguilar (First) Ralph (Middle)				Race W	Sex M	Date of Birth 06-16-1955		Age 67												
	Vehicle	Year 2011	Make BMW		Model CV		Style CV		Tag Type PC														
	Vessel	Year	Make		Model		Vessel Name		Length	Hull Material	Propulsion	Boat Type											
	Tag / Reg No IVTU37		Reg. State FL	Reg. Year 2023	VIN/Hull/FAA WBALM7C5XBE383885				Color (Top/Bottom) RED		Method of Theft 0		Damage Cause 0										
	Components Stripped <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Battery <input type="checkbox"/> Transmission <input type="checkbox"/> Major Body Parts <input type="checkbox"/> VIN Plate <input type="checkbox"/> Radio/CB <input type="checkbox"/> Interior <input type="checkbox"/> Engine Parts <input type="checkbox"/> Tag/Decal Stolen <input type="checkbox"/> Other-Specify: _____												Original Reporting Agency		Report Number								
	Recovery Loc.		Recovery Code	Recovery Address/Geographic Indicator				City	State	Date Recovered		Value Recovered \$											
	Towed By:			Wrecker Driver:			Towed To:			Tow Fee Type?		Hold Y-Yes N-No	Reason/Authority										
	INVENTORY															18.Undercarriage 19.Overturn 20.Windshield 21.Trailer							
	VEHICLE / VESSEL	Veh. #		Veh. Involvement		Type		Caution		Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)						Estimated Value \$							
Person Code # (Owner)		Name (Last/Business)				(First)	(Middle)	Race	Sex	Date of Birth		Age		Address (Street, Apt. Number)				City	State	Zip	Residence Phone		
Person Code # (Operator)		Name (Last/Business)				(First)	(Middle)	Race	Sex	Date of Birth		Age											
Vehicle		Year	Make		Model		Style		Tag Type														
Vessel		Year	Make		Model		Vessel Name		Length	Hull Material	Propulsion	Boat Type											
Tag / Reg No		Reg. State	Reg. Year	VIN/Hull/FAA				Color (Top/Bottom)		Method of Theft		Damage Cause											
Components Stripped <input type="checkbox"/> N/A <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Battery <input type="checkbox"/> Transmission <input type="checkbox"/> Major Body Parts <input type="checkbox"/> VIN Plate <input type="checkbox"/> Radio/CB <input type="checkbox"/> Interior <input type="checkbox"/> Engine Parts <input type="checkbox"/> Tag/Decal Stolen <input type="checkbox"/> Other-Specify: _____												Original Reporting Agency		Report Number									
Recovery Loc.		Recovery Code	Recovery Address/Geographic Indicator				City	State	Date Recovered		Value Recovered \$												
Towed By:			Wrecker Driver:			Towed To:			Tow Fee Type?		Hold Y-Yes N-No	Reason/Authority											
INVENTORY																18.Undercarriage 19.Overturn 20.Windshield 21.Trailer							
CHAIN OF CUSTODY	Veh. # 1	Date: 04-02-2023	Time: 1628	Released By (Printed): D/S Maletto		Released By (Signature): 		Received By (Printed): Evidence		Received By (Signature):		Reason for Change: Evidence											
	Veh. #	Date:	Time:	Released By (Printed):		Released By (Signature):		Received By (Printed):		Received By (Signature):		Reason for Change:											
	Veh. #	Date:	Time:	Released By (Printed):		Released By (Signature):		Received By (Printed):		Received By (Signature):		Reason for Change:											
	Veh. #	Date:	Time:	Released By (Printed):		Released By (Signature):		Received By (Printed):		Received By (Signature):		Reason for Change:											
	Veh. #	Date:	Time:	Released By (Printed):		Released By (Signature):		Received By (Printed):		Received By (Signature):		Reason for Change:											
ADMIN.	Officer Reporting - Printed Maletto, Nicholas			Officer Reporting - Signature 				ID. Number 9031	Unit 1M41	Date 04-02-2023													
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable) 				ID. Number	Unit	Date													

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original 2.Supplement
	04-04-2023	1002	04-02-2023	MVI	230006323	2

NARRATIVE / CONTINUATION

1 On 04-02-23 at approximately 1341 hours, Sergeant Tucker requested Detective Mefford respond to the 1100 Block of E. Normandy Blvd, Deltona, in reference to a traffic homicide.

2

3

4 Det. Mefford arrived onscene at approximately 1453 hours.

5

6 Det. Mefford contacted Deputy Werfel who advised the following: Eileen Flaherty (V1) and her brother Robert Flaherty (V2) were walking their dog on the sidewalk when they were struck by a vehicle. Eileen was pronounced deceased at the scene and Robert was transported to the hospital for his injuries. The driver of the vehicle was not injured.

7

8

9

10 Deputy Werfel utilized evidence markers to identify areas of significance and items to be collected.

11

12 Detective Mefford documented the scene with digital images and also 3D FARO scans.

13

14 Investigator Didomenico responded to the scene. Eileen had several injuries to her body including a large laceration to her right leg and small lacerations on her left foot from being dragged by the vehicle.

15

16

17 Buccal swabs were collected for ANDE.

18

19 All items were remanded to VSO Evidence.

20

21 Det. Mefford uploaded 93 images from this case into Digital Crime Scene.

22

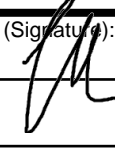
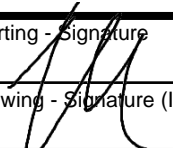
23 Case status is unchanged.

24

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Spoke With:	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel
	<input type="checkbox"/> T.T. BOLO	Date:	By:		
	Connecting Report Number	Agency	Additional Forms Attached:	<input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____	
Officer Reporting - Printed Mefford, Eugene	Officer Reporting - Signature 	ID. Number 7252	Unit	Date 04-04-2023	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	

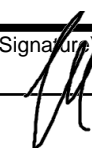
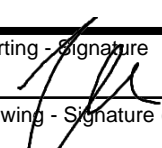
VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

EVNT	Report Date 04-04-2023	Report Time 1002	Original Incident Date 04-02-2023	Nature of Call (for Incident) MVI	Agency Report Number 230006323	1.Original 2.Supplement 2						
THEFT	Type Theft 00. N/A	Type Theft Codes 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper.Machine 08. From Public Access Bldg. 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 13. Bicycle 14. Motor Vehicle Parts 99.Other										
CODES	Person Code V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other	Status Code: 1. Evidence 2. Damaged Prop. 3. Arson/Burned 4.Photo & Release			5.Lost 6.Recovered 7.Recovered (Outside Agency Recovered)	8.Found 9.Found/Contraband 10.Prisoner's Pers.Prop. 11.Stolen	12.Stolen And Recovered 13.Disposal 14.Prop. Of Deceased 15.Return to Owner	16.Vehicle Inventory Prop. 17.Baker Act 18.Seized/Confiscated 19.Abandoned	20.Safekeeping 21.Digital Evidence	
	Category Code B. Bicycle C. Camera/Photo Equipment D-Data Processing Equipment		E-Equipment/Measuring Devices/Tools F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares		I-Items of Identification J-Special Docs/Food Stamps/Tickets K-Keepsakes and Collectibles L. Livestock		M. Musical Instrument O. Office Equipment P.Personal Accessories	R-Radio/TV/Sound Devices S-Sports/Camping/Rec.Equip. T-Toxic Chemicals	V.Viewing Equip (Binoculars) W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)			
	DRUG CODES	Activity P. Possess S. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate	Z. Other	Type A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Term 99.Other				
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description				
	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$		
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$	
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description				
	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$		
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$	
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description				
	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$		
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$	
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description				
	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$		
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$	
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	1-4	04-04-2023	1600	MEFFORD 7252				OPS EVD LOCKER				
	Leave Blank:			Reason for Change: EVIDENCE								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank:			Reason for Change:								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank:			Reason for Change:								
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
	Leave Blank:			Reason for Change:								
Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):			
Leave Blank:			Reason for Change:									
ADMIN.	Officer Reporting - Printed Mefford, Eugene			Officer Reporting - Signature 			ID. Number 7252	Unit	Date 04-04-2023			
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date			

VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

EVNT	Report Date 04-04-2023	Report Time 1002	Original Incident Date 04-02-2023	Nature of Call (for Incident) MVI	Agency Report Number 230006323	1.Original 2.Supplement 2					
THEFT	Type Theft 00. N/A	Type Theft Codes 01. Burglary 02. Robbery 03. Shoplifting 04. Pocket Picking 05. Purse Snatching 06. Embezzlement 07. From Coin Oper.Machine 08. From Public Access Bldg. 09. From Vehicle 10. Extortion 11. By Computer 12. Fraud 13. Bicycle 14. Motor Vehicle Parts 99.Other									
CODES	Person Code V-Victim S-Suspect D-Defendant W-Witness	N-Next of Kin O-Other R-Reporting Party	Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other	Status Code: 1. Evidence 2. Damaged Prop. 3. Arson/Burned 4.Photo & Release	5.Lost 6.Recovered 7.Recovered (Outside Agency Recovered)	8.Found 9.Found/Contraband 10.Prisoner's Pers.Prop. 11.Stolen	12.Stolen And Recovered 13.Disposal 14.Prop. Of Deceased 15.Return to Owner	16.Vehicle Inventory Prop. 17.Baker Act 18.Seized/Confiscated 19.Abandoned	20.Safekeeping 21.Digital Evidence		
	Category Code B. Bicycle C. Camera/Photo Equipment D-Data Processing Equipment		E-Equipment/Measuring Devices/Tools F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares	I-Items of Identification J-Special Docs/Food Stamps/Tickets K-Keepsakes and Collectibles L. Livestock	M. Musical Instrument O. Office Equipment P.Personal Accessories	R-Radio/TV/Sound Devices S-Sports/Camping/Rec.Equip. T-Toxic Chemicals	V.Viewing Equip (Binoculars) W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS,DRUGS,JWLRY, Etc.)				
	DRUG CODES	Activity P. Possess S. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate	Z. Other	Type A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Term 99.Other		
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
				5	1	Y	JWLRY	FITBIT SMART WATCH (NO SERIAL NUMBER)			
	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value		
				\$					\$		
If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value	
				WA						\$	
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
				6	1	Y	OTHER	RED BLANKET AND WHITE PILLOW CASE			
	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value		
				\$					\$		
If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value	
										\$	
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
				7	1	Y	OTHER	RED DOG STROLLER			
	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value		
				\$					\$		
If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value	
										\$	
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
				8	21	Y	OTHER	93 IMAGES IN CALL ID 181575			
	Serial Number	Owner Applied Number		Value Recovered:		Date Recovered:	Forfeiture Y / N:	F.W.T.C. (Y/N)	Value		
				\$					\$		
If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value	
										\$	
If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type			
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
	5-7	04-04-2023	1600	MEFFORD 7252				OPS EVD LOCKER			
	Leave Blank:			Reason for Change:							
				EVIDENCE							
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
	Leave Blank:			Reason for Change:							
	Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):	
Leave Blank:			Reason for Change:								
Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
Leave Blank:			Reason for Change:								
Item #	Date:	Time:	Released by (Printed):		Released by (Signature):		Received by (Printed):		Received by (Signature):		
Leave Blank:			Reason for Change:								
ADMIN.	Officer Reporting - Printed Mefford, Eugene			Officer Reporting - Signature 			ID. Number 7252	Unit	Date 04-04-2023		
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date		

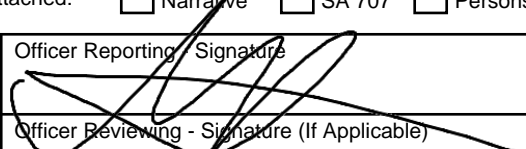
VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement
	06-02-2023	1210	04-02-2023	MVI	230006323		2

NARRATIVE / CONTINUATION

1 On Sunday April 2nd, 2023, at approximately 1241 hours, deputies responded to 1162 E Normandy Blvd, Deltona in reference to a motor vehicle
 2 crash with injuries. Upon arrival, deputies observed a female, later identified as Eileen Flaherty(V1), lying in the roadway unconscious. He brother
 3 Robert Flaherty (V2) was a short distance away and also sustained significant injuries. A red BMW sdrive 35i convertible (FL Tag: IVTU37)
 4 crashed into a rock in front of 1162 E Normandy Blvd. The driver, Ralph Aguilar (O1), and the passenger Victor Hernandez (V3) were standing
 5 near the vehicle. Deltona Fire Department Paramedics arrived on scene and pronounced Eileen Flaherty deceased at 1250 hours. Robert Flaherty
 6 was transported to HCA Lake Monroe Hospital and Victor Hernandez was transported to Advent Health Fish Memorial Hospital. At 1252 hours,
 7 Sgt Patterson contacted the on-call Volusia Sheriff's Traffic Homicide Investigation Unit. Members of the Traffic Homicide Unit were notified and
 8 responded to the scene. Detective Mefford of the Volusia Sheriff's Crime Scene Unit also responded to the scene.
 9
 10 The investigation revealed the following:
 11
 12 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
 13 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
 14 struck a traffic sign located on the grass shoulder before continuing onto the sidewalk. The BMW struck Eileen and Robert. Eileen was thrown 59
 15 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
 16 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
 17 Normandy before striking a large decorative rock, pushing it a short distance, and coming to final rest. The BMW's front and knee airbags
 18 deployed for both the driver and passenger who were both wearing their seatbelts.
 19
 20 Victor Aguilar provided a voluntary sample of his blood which was drawn by Paramedic Orozco in the back of the Medic 63 ambulance. The
 21 sample was submitted to FDLE for analysis, and did not reveal the presence of any alcohol or chemical or controlled substances.
 22 Detective Mefford arrived on scene and obtained digital photographs of the scene, to include roadway evidence, damage by the BMW, and of the
 23 body of Eileen Flaherty. Detective Mefford, also completed 3D scans of the entire crime scene utilizing a FARO scanner, to include the entirety of
 24 the crash scene, both vehicles, and other evidence observed at the scene.
 25
 26 Traffic Homicide Investigators conducted several measurements while on scene including a base-line measurement, roadway measurements, and
 27 drag sled measurements.
 28
 29 Deputy Maletto contacted Robert Flaherty at the hospital and informed him of his sister's death.
 30 Deputy Maletto Contacted the office of the Medical Examiner from District 7 who responded and took possession of the deceased. A postmortem
 31 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
 32 trauma to the neck, and torso due to being struck by a motor vehicle.
 33
 34 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
 35 outdoor lot.
 36
 37 Witness Statements:
 38
 39 Victor Aguilar was advised of the Miranda Warnings and agreed to speak with Deputy Maletto. He advised that he was traveling East on E
 40 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
 41 had departed the roadway and struck Eileen and Robert Flaherty. Aguilar stated that he was going approximately 35 miles per hour.
 42
 43 Giovanna Borges (W1) and Ivan Fontanez (W2) observed the BMW strike Eileen and Robert. They both completed a sworn written statement.
 44
 45 Investigative Summary:
 46
 47 Deputy Maletto determined an average speed of the BMW by utilizing a simple time and distance formula. Deputy Maletto located a license plate
 48 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
 49 surveillance which captured audio of the crash. The distance from the camera to the crash site is approximately 8078 ft. The average speed of
 50 vehicle over the entire distance was 13.9 miles per hour. Deputy Werfel attempted to obtain Event Data Recorder Information from the BMW, but
 51 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
 52 but obtained unreasonably low answers due to the kinetic energy absorbed by the rock being moved. Deputy Maletto obtained video surveillance
 53 which showed the impact with the pedestrians and the rock. The BMW's speed did not appear to be excessive.
 54
 55 Hoang Asam (W3) provided the video from 1175 E Normandy Blvd. Justine Hernandez (W4) provided Ring camera footage from 1126 E
 56 Normandy Blvd which captured audio of the crash with an accurate time stamp.
 57
 58 The investigation determined that on Sunday, April 2nd, 2023, at approximately 1241 hours, Ralph Aguilar was operating his red BMW convertible

ADMINISTRATIVE	Final Case Status: <u>5</u>	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____	
	<input type="checkbox"/> CAC	Spoke With: _____	<input type="checkbox"/> FCIC / NCIC Cancel			
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____				
Officer Reporting - Printed Maletto, Nicholas	Officer Reporting - Signature 	ID. Number 9031	Unit 1M41	Date 06-02-2023		
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

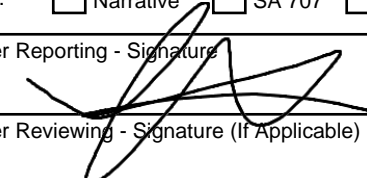
VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original 2.Supplement
	06-02-2023	1210	04-02-2023	MVI	230006323	2

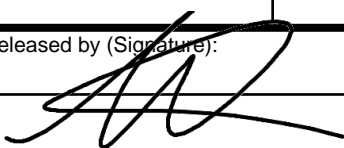
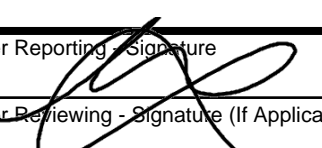
59 traveling East on E Normandy Blvd. Aguilar was distracted by dropping a drawstring bag in his vehicle and reached to retrieve it. Aguilar's
 60 distraction caused him to run off the roadway and strike 2 pedestrians killing 1. Aguilar was found to be at fault for the crash and issued a citation
 61 for careless driving.
 62
 63 Case Status: Closed

NARRATIVE / CONTINUATION

ADMINISTRATIVE	Final Case Status: <u>5</u>	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____	
	<input type="checkbox"/> CAC	Spoke With: _____	<input type="checkbox"/> FCIC / NCIC Cancel			
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____				
	Officer Reporting - Printed Maletto, Nicholas	Officer Reporting - Signature 	ID. Number 9031	Unit 1M41	Date 06-02-2023	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		

VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

EVNT	Report Date 06-02-2023	Report Time 1210	Original Incident Date 04-02-2023	Nature of Call (for Incident) MVI	Agency Report Number 230006323	1.Original 2.Supplement 2					
THEFT	Type Theft 00	Type Theft Codes 00. N/A 02. Robbery 04. Pocket Picking 06. Embezzlement 08. From Public 09. From Vehicle 11. By Computer 13. Bicycle 99. Other 01. Burglary 03. Shoplifting 05. Purse Snatching 07. From Coin Oper. Machine Access Bldg. 10. Extortion 12. Fraud 14. Motor Vehicle Parts									
CODES	Person Code V-Victim N-Next of Kin S-Suspect O-Other D-Defendant R-Reporting Party W-Witness	Person Involvement Code 1. Finder 2. Owner 3. Suspect 4. Other	Status Code: 1. Evidence 5. Lost 8. Found 12. Stolen And Recovered 16. Vehicle Inventory Prop. 20. Safekeeping 2. Damaged Prop. 6. Recovered 9. Found/Contraband 13. Disposal 17. Baker Act 21. Digital Evidence 3. Arson/Burned 7. Recovered (Outside Agency Recovered) 10. Prisoner's Pers. Prop. 14. Prop. Of Deceased 18. Seized/Confiscated 4. Photo & Release								
	Category Code B. Bicycle C. Camera/Photo Equipment D. Data Processing Equipment	E-Equipment/Measuring Devices/Tools F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares	I-Items of Identification J-Special Docs/Food Stamps/Tickets K-Keepsakes and Collectibles L. Livestock	M. Musical Instrument O. Office Equipment P. Personal Accessories	R-Radio/TV/Sound Devices S-Sports/Camping/Rec.Equip. T-Toxic Chemicals	V. Viewing Equip (Binoculars) W. Well-drilling Equipment Y-All Other Items and Equipment (GUNS, DRUGS, JWLRY, Etc.)					
	DRUG CODES P. Possess S. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate	Z. Other	Type A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	Unit 1. Gram 6. Ton 2. Milligram 7. Liter 3. Kilogram 8. Milliliter 4. Ounce 9. Dose Unit/Term 5. Pound 99. Other				
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$	
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$	
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$	
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
PROPERTY	Leave Blank:	Person Code #	Pers. Invl.	Item #	Status	Category	Article	Description			
	Serial Number	Owner Applied Number		Value Recovered: \$		Date Recovered:		Forfeiture Y / N:	F.W.T.C. (Y/N)	Value \$	
	If Article	Qty.	Brand	Model	Jewelry Type	If Drug	Activity	Type	Quantity	Unit	Estimated Street Value \$
	If Gun	Make	Model	Caliber	Type/Cat	Action	Finish	Barrel Length	Barrel Type		
CHAIN OF CUSTODY	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	9	06-02-2023	1215	N Maletto		D4 Evidence					
	Leave Blank:	Reason for Change: Submitted									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
	Leave Blank:	Reason for Change:									
	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):				
Leave Blank:	Reason for Change:										
ADMIN.	Officer Reporting - Printed Maletto, Nicholas	Officer Reporting - Signature 			ID. Number 9031	Unit 1M41	Date 06-02-2023				
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date				

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

WAS DOT PROPERTY INVOLVED IN THIS CRASH?

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

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

CRASH DATE	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
04/02/2023	12:41 PM	04/02/2023	VP230006323	25734361

CRASH IDENTIFIERS

COUNTY CODE	CITY CODE	COUNTY OF CRASH	PLACE OR CITY OF CRASH	CHECK IF WITHIN CITY LIMITS	TIME REPORTED	TIME DISPATCHED
08	37	VOLUSIA	DELTONA	<input checked="" type="checkbox"/>	12:41 PM	12:44 PM
TIME ON SCENE		TIME CLEARED SCENE	CHECK IF COMPLETED	REASON (If Investigation NOT Complete)		THI INVESTIGATION
12:47 PM		6:38 PM	<input type="checkbox"/>			Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY		AT STREET ADDRESS #	AT LATITUDE	AND	LONGITUDE
E NORMANDY BLVD		1	2		28.885065 -81.241684

AT FEET	MILES	N	S	E	W	AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY	OR FROM MILEPOST #
149		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 AARON DR	4

Road System Identifier		Type of Shoulder		Type of Intersection		Manner of Collision/Impact	
5	1 Interstate 2 U.S. 3 State	4 County 5 Local 6 Turnpike/Toll	7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative	2	1 Paved 2 Unpaved 3 Curb	1	1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection
							5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative

CRASH INFORMATION (CHECK IF PICTURES TAKEN)

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision/Impact
1	1	1	1	
1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted	5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown	4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 88 Unknown	1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown

First Harmful Event	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object	First Harmful Event Location
34	1			10
1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown	1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Collision	10 Pedestrian 11 Pedalcycle 12 Railway vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object	19 Impact Attenuator/Crash Cusion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier	30 Concrete 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)

First Harmful Event Relation to Junction	Contributing Circumstances: Road	Contributing Circumstances: Environment
1	1	1
1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related	5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use of Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown	9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown

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

WITNESSES

NAME	ADDRESS	CITY & STATE	ZIP CODE
IVAN FONTANEZ GARCIA	1048 PIONEER DR	DELTONA FL	32725
MONICA MARIE BORGES	1054 MORGAN CIR NE	PALM BAY FL	32905

NON VEHICLE PROPERTY DAMAGE

VEH. #	PER #	PROPERTY DAMAGE - OTHER THAN VEH.	EST. AMT.	OWNER'S NAME	(CHECK IF BUSINESS)	ADDRESS	CITY & STATE	ZIP CODE
1		SIGN OR SIGNPOST	1000	JASON LEE WELLS	<input checked="" type="checkbox"/>	2345 PROVIDENCE BLVD	DELTONA FL	32725
1		DECORATIVE ROCK/LANDSCAPING	1000	JASON LEE WELLS	<input type="checkbox"/>	1166 E NORMANDY BLVD	DELTONA FL	32725

1 Vehicle in Transport 1 VEHICLE LICENSE NUMBER IVTU37 STATE FL REGISTRATION EXPIRES 06/16/2023 Check if Permanent Registration VIN WBALM7C5XBE383885

Hit and Run 1 No 2 Yes 88 Unknown YEAR 2011 MAKE BMW MODEL 2D STYLE CONVERTIBLE COLOR RED - RED DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown 1 EST. AMOUNT \$30,000.00

INSURANCE COMPANY (DRIVER) GOVERNMENT EMPLOYEES IN INSURANCE POLICY NUMBER 4520309388 Towed due to Damage: 1 No 2 Yes 2 VEHICLE REMOVED BY PRATTS TOWING 1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative 1

NAME OF VEHICLE OWNER (CHECK IF BUSINESS) RALPH AGUILAR CURRENT ADDRESS 1908 MONTEREY DR CITY & STATE DELTONA FL ZIP 32738

Trailer One: LICENSE NUMBER STATE REGISTRATION EXPIRES Check if Permanent Registration VIN YEAR MAKE LENGTH AXLES

Trailer Two: LICENSE NUMBER STATE REGISTRATION EXPIRES Check if Permanent Registration VIN YEAR MAKE LENGTH AXLES

VEHICLE TRAVELING N S E W Off-Road Unknown ON STREET, ROAD, HIGHWAY E NORMANDY BLVD AT EST. SPEED 45 POSTED SPEED 35 TOTAL LANES 2

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

MOTOR CARRIER NAME US DOT NUMBER MOTOR CARRIER ADDRESS CITY STATE ZIP CODE PHONE NUMBER

Vehicle Body Type 1 15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 22 Moped 23 All Terrain Vehicle (ATV) Trafficway 1 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown Commercial Motor Vehicle Configuration 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck 8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown

Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer 8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown Cargo Body Type 1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log 13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown

Most Harmful Event 10 Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object Collision Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)

Sequence of Events 1st 43 2nd 34 3rd 10 4th 39 [40-46 Sequence of Events only] 40 equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway

Roadway Grade 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom) Roadway Alignment 1 1 Straight 2 Curve Right 3 Curve Left Vehicle Maneuver Action 1 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown Traffic Control Device For This Vehicle 1 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 77 Other, Explain in Narrative 88 Unknown Vehicle Defects 1 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/ Windshield 15 Mirrors 16 Truck Coupling 17 Trailer Hitch/ Safety Chains 77 Other, Explain in Narrative 88 Unknown

Special Function of Motor Vehicle 1 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown

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

1 Driver 2 Non-Motorist 3 Passenger	1	VEHICLE # 1	NAME RALPH AGUILAR	PHONE NUMBER	Check if Recommend <input type="checkbox"/> Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 1908 MONTEREY DR			CITY & STATE DELTONA FL	ZIP CODE 32738	
DATE OF BIRTH 06/16/1955	SEX: 1 Male 2 Female 88 Unknown	1	DRIVERS LICENSE NUMBER A-246-720-55-216-0	STATE FL	EXPIRES 06/16/2025
			INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating	4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	

DL Type 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	Required Endorsements 3 1 Yes 2 No 3 No Req. Endorsement	1st 2 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn	Drivers Actions at Time of Crash 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering	3rd 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	Condition At Time of Crash 1 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
Driver Distracted By 4 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	

DRIVER VISION OBSTRUCTIONS 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative	Helmet Use (HU) <input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) <input type="checkbox"/> 1 Yes 2 No 3 Not Applicable	3 Restraint Systems (RS) 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative
DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other (explain in narrative) 4 Fourth 4 Unenclosed Cargo Area 88 Unknown 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown			Ejection (EJECT) 1 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	6 Air Bag Deployed 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	

Non-Motorist Description <input type="checkbox"/> 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist	Non-Motorist Location At Time of Crash <input type="checkbox"/> 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Crosswalk 6 Bicycle Lane 7 shoulder/Roadside	8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	Action Prior to Crash <input type="checkbox"/> 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		Non-Motorist Actions/Circumstances 1st <input type="checkbox"/> 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown	

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 2	NAME EILEEN MARIE FLAHERTY	PHONE NUMBER	Check if Recommend Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 1423 BIRWOOD ST		CITY & STATE DELTONA FL	ZIP CODE 32725	
DATE OF BIRTH 03/02/1955	SEX: 1 Male 2 Female 88 Unknown 2	DRIVERS LICENSE NUMBER	STATE	EXPIRES
INJURY SEVERITY (INJ)			4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	

<input type="checkbox"/> DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	<input type="checkbox"/> Required Endorsements 1 Yes 2 No 3 No Req. Endorsement	<input type="checkbox"/> 1st 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn	<input type="checkbox"/> 2nd 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	<input type="checkbox"/> 3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	<input type="checkbox"/> Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
<input type="checkbox"/> Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player) 4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		<input type="checkbox"/> DRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 77 All Other, Explain in Narrative			

<input type="checkbox"/> DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area 88 Unknown 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	<input type="checkbox"/> Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	<input type="checkbox"/> Air Bag Deployed 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	<input type="checkbox"/> DRIVER OR PASSENGER Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	<input type="checkbox"/> Eye Protection (EP) 1 Yes 2 No 3 Not Applicable	<input type="checkbox"/> Restraint Systems (RS) 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative
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<input type="checkbox"/> Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchairs, 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	<input type="checkbox"/> Non-Motorist Location At Time of Crash 8 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other4 Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 shoulder/Roadside	<input type="checkbox"/> Non-Motorist Actions/Circumstances 1 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	<input type="checkbox"/> Action Prior to Crash 10 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
<input type="checkbox"/> Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/> 6	<input type="checkbox"/> 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown	

<input type="checkbox"/> SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown 1	<input type="checkbox"/> ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<input type="checkbox"/> ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	<input type="checkbox"/> ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN	<input type="checkbox"/> BAC	<input type="checkbox"/> SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown 1	<input type="checkbox"/> DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<input type="checkbox"/> DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	<input type="checkbox"/> DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
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<input type="checkbox"/> SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown 77	<input type="checkbox"/> EMS AGENCY NAME OR ID	<input type="checkbox"/> EMS RUN NUMBER	<input type="checkbox"/> MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL PASSENGERS												
PERSON #	VEHICLE # NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)		CITY			STATE			ZIP CODE				
<input type="checkbox"/> SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		<input type="checkbox"/> EMS AGENCY NAME OR ID			<input type="checkbox"/> EMS RUN NUMBER			<input type="checkbox"/> MEDICAL FACILITY TRANSPORTED TO				
PERSON #	VEHICLE # NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)		CITY			STATE			ZIP CODE				
<input type="checkbox"/> SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		<input type="checkbox"/> EMS AGENCY NAME OR ID			<input type="checkbox"/> EMS RUN NUMBER			<input type="checkbox"/> MEDICAL FACILITY TRANSPORTED TO				

NARRATIVE

Reporting Agency Case Number
VP230006323

HSMV Crash Report Number
25734361

*****BWC Footage*****

On April 2nd, 2023, at approximately 1241 hours, V1 was traveling East on E Normandy Blvd, Deltona. V1 ran off the roadway to the left and struck a traffic sign. V1 continued onto the sidewalk and struck P3 and P4 who were walking down the sidewalk. V1 continued before striking a large decorative rock and coming to a stop. P3 was pronounced deceased on scene. P2 and P4 were transported to the hospital for treatment.

V1's front and knee airbags deployed. V1 was towed to Volusia County Evidence.

The investigation is active.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
2	1	VICTOR M HERNANDEZ	12/24/1945	3	1	3	1		1			6	3

CURRENT ADDRESS (Number and Street) 1033 RT 32 #28	CITY ROSENDALE	STATE NY	ZIP CODE 12472
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SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>	EMS AGENCY NAME OR ID 2 DELTONA FIRE DEPARTMENT	EMS RUN NUMBER F230920165	MEDICAL FACILITY TRANSPORTED TO ADVENT HEALTH FISH MEMORIA
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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
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SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

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

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 2	NAME ROBERT DENNIS FLAHERTY	PHONE NUMBER	Check if Recommended Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 1423 BIRWOOD ST		CITY & STATE DELTONA FL	ZIP CODE 32725	
DATE OF BIRTH 01/17/1968	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER	STATE	EXPIRES
INJURY SEVERITY (INJ)			4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	

<input type="checkbox"/> DL Type 1A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	<input type="checkbox"/> Required Endorsements 1 Yes 2 No 3 No Req. Endorsement	<input type="checkbox"/> 1st 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn	<input type="checkbox"/> 2nd 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	<input type="checkbox"/> 3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering	<input type="checkbox"/> 4th 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	<input type="checkbox"/> Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
<input type="checkbox"/> Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player) 4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		<input type="checkbox"/> DRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 77 All Other, Explain in Narrative				

<input type="checkbox"/> DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown		<input type="checkbox"/> Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	<input type="checkbox"/> Eye Protection (EP) 1 Yes 2 No 3 Not Applicable	<input type="checkbox"/> Restraint Systems (RS) 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative
<input type="checkbox"/> Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		<input type="checkbox"/> Air Bag Deployed 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown		

<input type="checkbox"/> Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist	<input type="checkbox"/> Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/> Action Prior to Crash 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
<input type="checkbox"/> Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/> Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	<input type="checkbox"/> 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID DELTONA FIRE DEPARTMENT	EMS RUN NUMBER F230920165	MEDICAL FACILITY TRANSPORTED TO HCA LAKE MONROE
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

WAS DOT PROPERTY INVOLVED IN THIS CRASH?

TOTAL # OF VEHICLE SECTION(S) 1
 TOTAL # OF PERSON SECTION(S) 5
 TOTAL # OF NARRATIVE SECTION(S) 2

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

CRASH DATE 04/02/2023	TIME OF CRASH 12:41 PM	DATE OF REPORT 05/30/2023	REPORTING AGENCY CASE NUMBER VP230006323	HSMV CRASH REPORT NUMBER 25734361
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CRASH IDENTIFIERS

COUNTY CODE 08	CITY CODE 37	COUNTY OF CRASH VOLUSIA	PLACE OR CITY OF CRASH DELTONA	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 12:41 PM	TIME DISPATCHED 12:44 PM	
TIME ON SCENE 12:47 PM		TIME CLEARED SCENE 6:38 PM	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)			Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY E NORMANDY BLVD		AT STREET ADDRESS # 1	AT LATITUDE 28.885065	AND LONGITUDE -81.241684
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AT FEET 149	MILES	N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/>	AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 AARON DR	OR FROM MILEPOST # 4
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Road System Identifier		Type of Shoulder		Type of Intersection		Manner of Collision/Impact	
<input checked="" type="checkbox"/> 5 1 Interstate 2 U.S. 3 State	<input type="checkbox"/> 4 County <input type="checkbox"/> 5 Local <input type="checkbox"/> 6 Turnpike/Toll	<input type="checkbox"/> 7 Forest Road <input type="checkbox"/> 8 Private Roadway <input type="checkbox"/> 9 Parking Lot	<input checked="" type="checkbox"/> 2 1 Paved 2 Unpaved 3 Curb	<input type="checkbox"/> 1 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection	<input type="checkbox"/> 5 Traffic Circle <input type="checkbox"/> 6 Roundabout <input type="checkbox"/> 7 Five-Point, or More	<input type="checkbox"/> 77 Other, Explain in Narrative	<input type="checkbox"/> 77 Other, Explain in Narrative

CRASH INFORMATION (CHECK IF PICTURES TAKEN)

Light Condition <input checked="" type="checkbox"/> 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted	Weather Condition <input checked="" type="checkbox"/> 1 Clear 2 Cloudy 3 Rain	Roadway Surface Condition <input checked="" type="checkbox"/> 1 Dry 2 Wet 4 Ice/Frost	School Bus Related <input checked="" type="checkbox"/> 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact <input type="checkbox"/> 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown
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First Harmful Event <input checked="" type="checkbox"/> 34	Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Collision	Collision Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object	Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier	First Harmful Event Location <input checked="" type="checkbox"/> 10 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown
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First Harmful Event Relation to Junction <input checked="" type="checkbox"/> 1 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related	Contributing Circumstances: Road <input checked="" type="checkbox"/> 1 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps	Contributing Circumstances: Environment <input checked="" type="checkbox"/> 1 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown
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Work Zone Related <input checked="" type="checkbox"/> 1 1 No 2 Yes 88 Unknown	Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	Workers in Work Zone <input type="checkbox"/> 1 No 2 Yes 88 Unknown
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WITNESSES

NAME IVAN	ADDRESS FONTANEZ GARCIA 1048 PIONEER DR	CITY & STATE DELTONA FL	ZIP CODE 32725
NAME GIOVANNA B	ADDRESS BORGES 517 COTTAGE ST	CITY & STATE NEW BEDFORD MA	ZIP CODE 02740
NAME	ADDRESS	CITY & STATE	ZIP CODE

NON VEHICLE PROPERTY DAMAGE

VEH. # 1	PER #	PROPERTY DAMAGE - OTHER THAN VEH. SIGN OR SIGNPOST	EST. AMT. 1000	OWNER'S NAME <input checked="" type="checkbox"/> (CHECK IF BUSINESS) CITY OF DELTONA	ADDRESS 2345 PROVIDENCE BLVD	CITY & STATE DELTONA FL	ZIP CODE 32725
VEH. # 1	PER #	PROPERTY DAMAGE - OTHER THAN VEH. DECORATIVE ROCK/LANDSCAPING	EST. AMT. 1000	OWNER'S NAME <input type="checkbox"/> (CHECK IF BUSINESS) JASON LEE WELLS	ADDRESS 1166 E NORMANDY BLVD	CITY & STATE DELTONA FL	ZIP CODE 32725

1 Vehicle in Transport 1 VEHICLE LICENSE NUMBER IVTU37 STATE FL REGISTRATION EXPIRES 06/16/2023 Check if Permanent Registration VIN WBALM7C5XBE383885

Hit and Run 1 No 2 Yes 88 Unknown YEAR 2011 MAKE BMW MODEL 2D STYLE CONVERTIBLE COLOR RED - RED DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown 1 EST. AMOUNT \$30,000.00

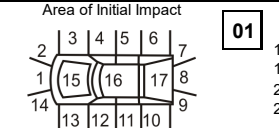
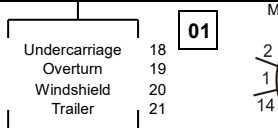
INSURANCE COMPANY (DRIVER) GOVERNMENT EMPLOYEES IN INSURANCE POLICY NUMBER 4520309388 Towed due to Damage: 1 No 2 Yes 2 VEHICLE REMOVED BY PRATTS TOWING 1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative 1

NAME OF VEHICLE OWNER (CHECK IF BUSINESS) RALPH AGUILAR CURRENT ADDRESS 1908 MONTEREY DR CITY & STATE DELTONA FL ZIP 32738

Trailer One: LICENSE NUMBER STATE REGISTRATION EXPIRES Check if Permanent Registration VIN YEAR MAKE LENGTH AXLES

Trailer Two: LICENSE NUMBER STATE REGISTRATION EXPIRES Check if Permanent Registration VIN YEAR MAKE LENGTH AXLES

VEHICLE TRAVELING N S E W Off-Road Unknown ON STREET, ROAD, HIGHWAY E NORMANDY BLVD AT EST. SPEED 45 POSTED SPEED 35 TOTAL LANES 2

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

MOTOR CARRIER NAME US DOT NUMBER MOTOR CARRIER ADDRESS CITY STATE ZIP CODE PHONE NUMBER

Vehicle Body Type 1 15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown

Trafficway 1 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown

Commercial Motor Vehicle Configuration 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck 8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown

Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck

Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer 8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown

Cargo Body Type 1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log 13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown

Most Harmful Event 10 Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision

Comm GVWR/GCWR 4 1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793kg) 3 More than 26,000 lbs (11,793kg) 4 Not Applicable

Sequence of Events 1st 43 2nd 34 3rd 10 4th 39

[40-46 Sequence of Events only] 40 equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway

Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object

Collision Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End

Emergency Vehicle Use 1 1 No 2 Yes 88 Unknown

Roadway Grade 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)

Roadway Alignment 1 1 Straight 2 Curve Right 3 Curve Left

Vehicle Maneuver Action 1 1 Straight Ahead 2 Backing 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown

Traffic Control Device For This Vehicle 1 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 77 Other, Explain in Narrative 88 Unknown

Vehicle Defects 1 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/ Windshield 15 Mirrors 16 Truck Coupling 17 Trailer Hitch/ Safety Chains 77 Other, Explain in Narrative 88 Unknown

Special Function of Motor Vehicle 1 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
1	RALPH AGUILAR	316.1925(1)	CARELESS DRIVING	A16F6LE
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON # 1

Reporting Agency Case Number
VP230006323

HSMV Crash Report Number
25734361

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1	NAME RALPH	AGUILAR	PHONE NUMBER	Check if Recommend <input type="checkbox"/> Driver Re-exam
CURRENT ADDRESS (Number and Street) 1908 MONTEREY DR			CITY & STATE DELTONA FL	ZIP CODE 32738	
DATE OF BIRTH 06/16/1955	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER A-246-720-55-216-0	STATE FL	EXPIRES 06/16/2025	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality

DL Type 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	Required Endorsements 3 1 Yes 2 No 3 No Req. Endorsement	1st 2 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn	Drivers Actions at Time of Crash 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	3rd 1 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
4 Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	2nd 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	4th 1 1 Not Applicable	
1 DRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative		

1 DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other (explain in narrative) 4 Fourth 4 Unenclosed Cargo Area 88 Unknown 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	LOCATION: (LOC) SEAT ROW OTHER 1 1	1 Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	3 DRIVER OR PASSENGER Eye Protection (EP) 1 Yes 2 No 3 Not Applicable	3 Restraint Systems (RS) 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative
1 Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist	1 Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 shoulder/Roadside	8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	1 Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
1 Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	1st 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)	10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown	

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

ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO				
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO				

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 2	NAME EILEEN MARIE FLAHERTY	PHONE NUMBER	Check if Recommended Driver Re-exam <input type="checkbox"/>
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CURRENT ADDRESS (Number and Street) 1423 BIRWOOD ST	CITY & STATE DELTONA FL	ZIP CODE 32725
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DATE OF BIRTH 03/02/1955	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER 2	STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating	4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	5
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<input type="checkbox"/> DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	<input type="checkbox"/> Required Endorsements 1 Yes 2 No 3 No Req. Endorsement	<input type="checkbox"/> 1st 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn	<input type="checkbox"/> 2nd 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	<input type="checkbox"/> Drivers Actions at Time of Crash 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th	<input type="checkbox"/> Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
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<input type="checkbox"/> DRIVER DISTRACTED BY 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	<input type="checkbox"/> 4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	<input type="checkbox"/> DRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	<input type="checkbox"/> 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	<input type="checkbox"/> 9 Smoke 10 Glare 77 All Other, Explain in Narrative	<input type="checkbox"/> DRIVER OR PASSENGER 1 Yes 2 No 3 Not Applicable	<input type="checkbox"/> Eye Protection (EP)	<input type="checkbox"/> Restraint Systems (RS) 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative
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<input type="checkbox"/> DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	LOCATION: SEAT ROW OTHER (LOC)	<input type="checkbox"/> Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	<input type="checkbox"/> Air Bag Deployed 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	<input type="checkbox"/> Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet
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<input type="checkbox"/> Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist	<input type="checkbox"/> Non-Motorist Location At Time of Crash 8 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 shoulder/Roadside	<input type="checkbox"/> Non-Motorist Actions/Circumstances 1 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	<input type="checkbox"/> Action Prior to Crash 10 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
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<input type="checkbox"/> Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	<input type="checkbox"/> 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/> 6
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<input type="checkbox"/> SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	<input type="checkbox"/> ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<input type="checkbox"/> ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	<input type="checkbox"/> ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN	<input type="checkbox"/> BAC	<input type="checkbox"/> SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	<input type="checkbox"/> DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<input type="checkbox"/> DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	<input type="checkbox"/> DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL PASSENGERS												
PERSON #	VEHICLE # NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE # NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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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.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
2	1	VICTOR M HERNANDEZ	12/24/1945	3	1	3	1		1		3	6	3

CURRENT ADDRESS (Number and Street) 1033 RT 32 #28	CITY ROSENDALE	STATE NY	ZIP CODE 12472
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SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>	EMS AGENCY NAME OR ID 2 DELTONA FIRE DEPARTMENT	EMS RUN NUMBER F230920165	MEDICAL FACILITY TRANSPORTED TO ADVENT HEALTH FISH MEMORIA
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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
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SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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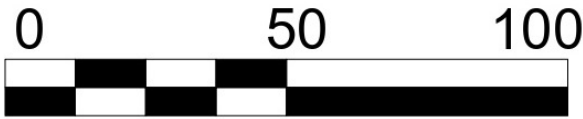
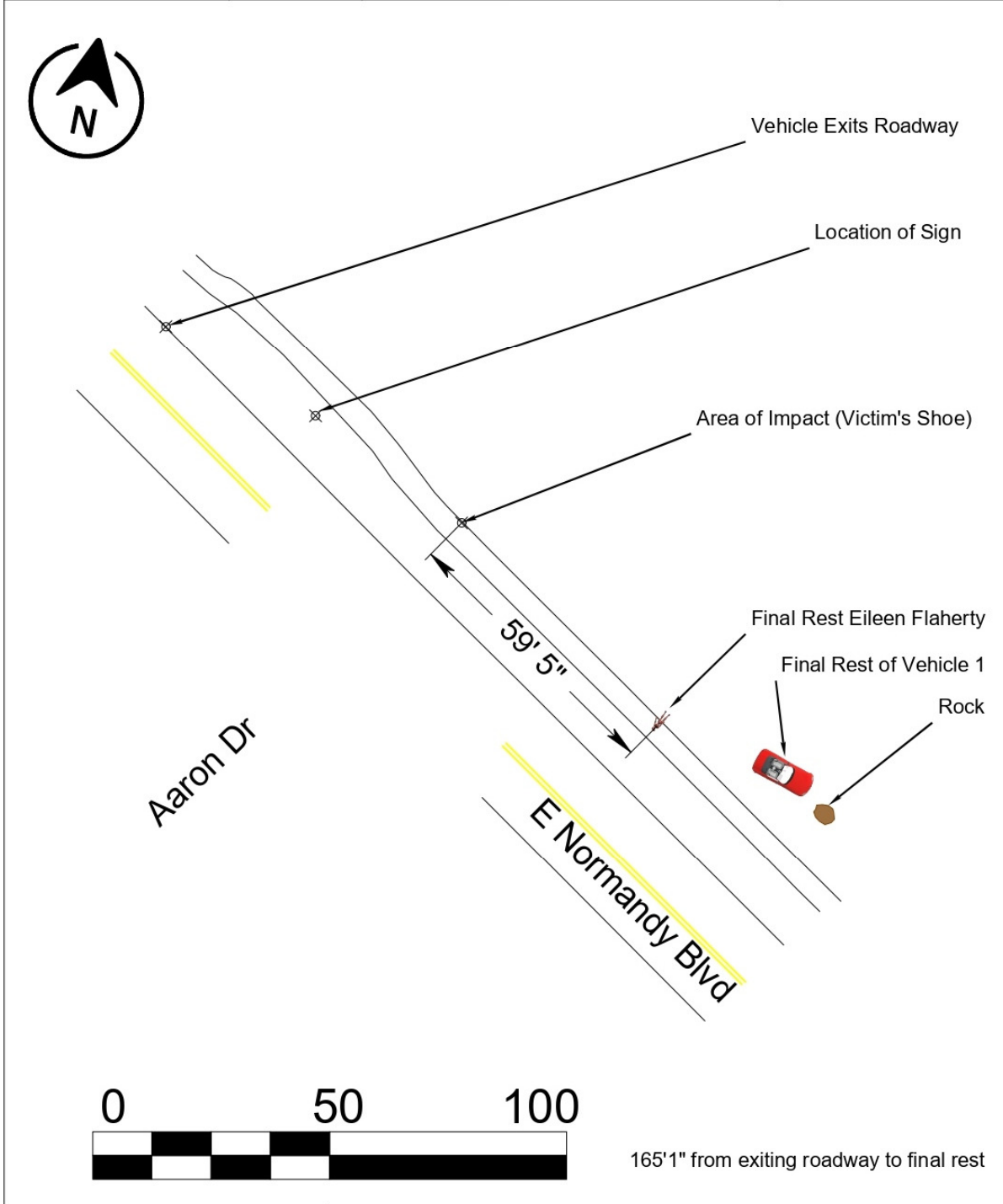
ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE # 9031	RANK DEPUTY	OFFICER NAME NICHOLAS MALETTO	DEPARTMENT VOLUSIA SHERIFFS OFFICE	TYPE OF DEPT. SHERIFF'S OFFICE (SO)
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Reporting Agency Volusia Sheriff's Office	Case No.: 23-6323	Address: 1162 E Normandy Blvd, Deltona, FL 32725	Date of Crash April 2nd, 2023
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Investigating Deputy
Deputy Nicholas Maletto 9031

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.

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.

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

ADDITIONAL VIOLATIONS

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

REPORTING OFFICER

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

PERSON # 4

Reporting Agency Case Number
VP230006323

HSMV Crash Report Number
25734361

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 2	NAME ROBERT DENNIS FLAHERTY	PHONE NUMBER	Check if Recommend Driver Re-exam <input type="checkbox"/>
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CURRENT ADDRESS (Number and Street) 1423 BIRWOOD ST	CITY & STATE DELTONA FL	ZIP CODE 32725
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DATE OF BIRTH 01/17/1968	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER 1	STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating	4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
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DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	Required Endorsements 1 Yes 2 No 3 No Req. Endorsement	1st <input type="checkbox"/>	Drivers Actions at Time of Crash 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn	3rd <input type="checkbox"/>	Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	2nd <input type="checkbox"/>	10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	4th <input type="checkbox"/>	

DRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative	DRIVER OR PASSENGER Helmet Use (HU) <input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) <input type="checkbox"/> 1 Yes 2 No 3 Not Applicable	Restraint Systems (RS) <input type="checkbox"/> 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative
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DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown	LOCATION: SEAT ROW OTHER (LOC)	Ejection (EJECT) <input type="checkbox"/> 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	Air Bag Deployed <input type="checkbox"/> 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown
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Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist	Non-Motorist Location At Time of Crash 8 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 shoulder/Roadside	Action Prior to Crash 10 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
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Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	6 <input type="checkbox"/>	Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)	10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown
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SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID DELTONA FIRE DEPARTMENT	EMS RUN NUMBER F230920165	MEDICAL FACILITY TRANSPORTED TO HCA LAKE MONROE
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ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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VOLUSIA SHERIFF'S OFFICE

MICHAEL J. CHITWOOD, SHERIFF

23 0323
INCIDENT NUMBER

Page 1 of 1 Pages

WITNESS STATEMENT

INCIDENT TYPE TH1		NAME OF PERSON SIGNING X Ivan G. Fontanez SR.	
ADDRESS X 1048 Pioneer dr.			
AGE X 51	BIRTH DATE X 7/14/71	HOME PHONE X 321-821-8024	EMPLOYED AT / SCHOOL ATTENDS X Hope Ranch on 94 in New Smyrna
STATEMENT TAKEN AT X E. NORMANDY		DATE X 4/2/23	TIME X 12:57 pm
		READ RIGHTS () YES (X) NO X (INITIALS)	

I, Ivan G. Fontanez Sr., do hereby, freely and voluntarily, make the following statement:

I was in the car with my mom and my fiancée Giovanna Borges who's here on vaca. and we saw a car accident on East Normandy and Arson st. I heard a loud crash and bang looked up and saw 2 bodies flying threw the air. So I right away told my girl to pull over, I checked the baby cotaside first because I thought there was a baby in it there was none so I ran over to see if the two people pit were responsive but the lady wasn't and the man was, I tended to him and asked if anyone knew CPR? I then stayed and helped as much as I could.

I SWEAR AND AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Ivan G. Fontanez Sr.
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, 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

(Type of Identification Produced)



VOLUSIA SHERIFF'S OFFICE

MICHAEL J. CHITWOOD, SHERIFF

736323
INCIDENT NUMBER

Page 1 of 1 Pages

WITNESS STATEMENT

INCIDENT TYPE THI		NAME OF PERSON SIGNING Giovanna Borges		
ADDRESS 519 Cottage St. New Bedford MASSachusetts				
AGE 45	BIRTH DATE 7-15-77	HOME PHONE 1774-849-1035	EMPLOYED AT / SCHOOL ATTENDS STAR - Fall River	
STATEMENT TAKEN AT 1166 E Normandy		DATE 4-2-23	TIME 12:55pm	READ RIGHTS () YES () NO X (INITIALS)

I, Giovanna Borges, do hereby, freely and voluntarily, make the following statement:

Red car came driving east on East Normandy
 it hit 2 people & a dog. Mark is Peter's dog
 in carriage from behind the car - all 3
 went flying. Red car hit dog rock after
 it hit it into 116 - Normandy.
 Dog was in red stroller. Red car occurred
 on side of road quickly. Dog brought -
 it was on the corner of Pioneer Dr & Normandy
 waiting to turn right on Normandy -
 both dog & stroller were taken to truck where
 LD fairly quickly - dog was given CPR until help
 arrived.

I SWEAR AND AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Giovanna Borges
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, 2023, by J. Rogaine 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

(Type of Identification Produced)



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

FDLE NUMBER: 20230504317
SUBMISSION: 1
AGENCY NUMBER: 230006323

ATTN: MALETTO, NICHOLAS

SUBPOENAS PERTAINING TO THIS CASE SHOULD REFER TO THE FDLE NUMBER.

SUBJECT(S): RALPH AGUILAR

Kristie A. Shaw

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 Item#	Agency Exhibit#	Description
1	Q1	Blood specimen represented as being from "R AGULER"

RESULTS:

1	Q1	Ethyl alcohol was not identified.
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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.





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
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Ron DeSantis, Governor
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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

FDLE NUMBER: 20230504317
SUBMISSION: 1
AGENCY NUMBER: 230006323

ATTN: MALETTO, NICHOLAS

SUBPOENAS PERTAINING TO THIS CASE SHOULD
REFER TO THE FDLE NUMBER.

SUBJECT(S): RALPH AGUILAR

Kristie A. Shaw

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 Item#	Agency Exhibit#	Description
1	Q1	Blood specimen represented as being from "R. AGULER"

RESULTS:

1	Q1	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.



FLORIDA TRAFFIC CRASH REPORT

LONG FORM

SHORT FORM

DRIVER EXCHANGE

UPDATE

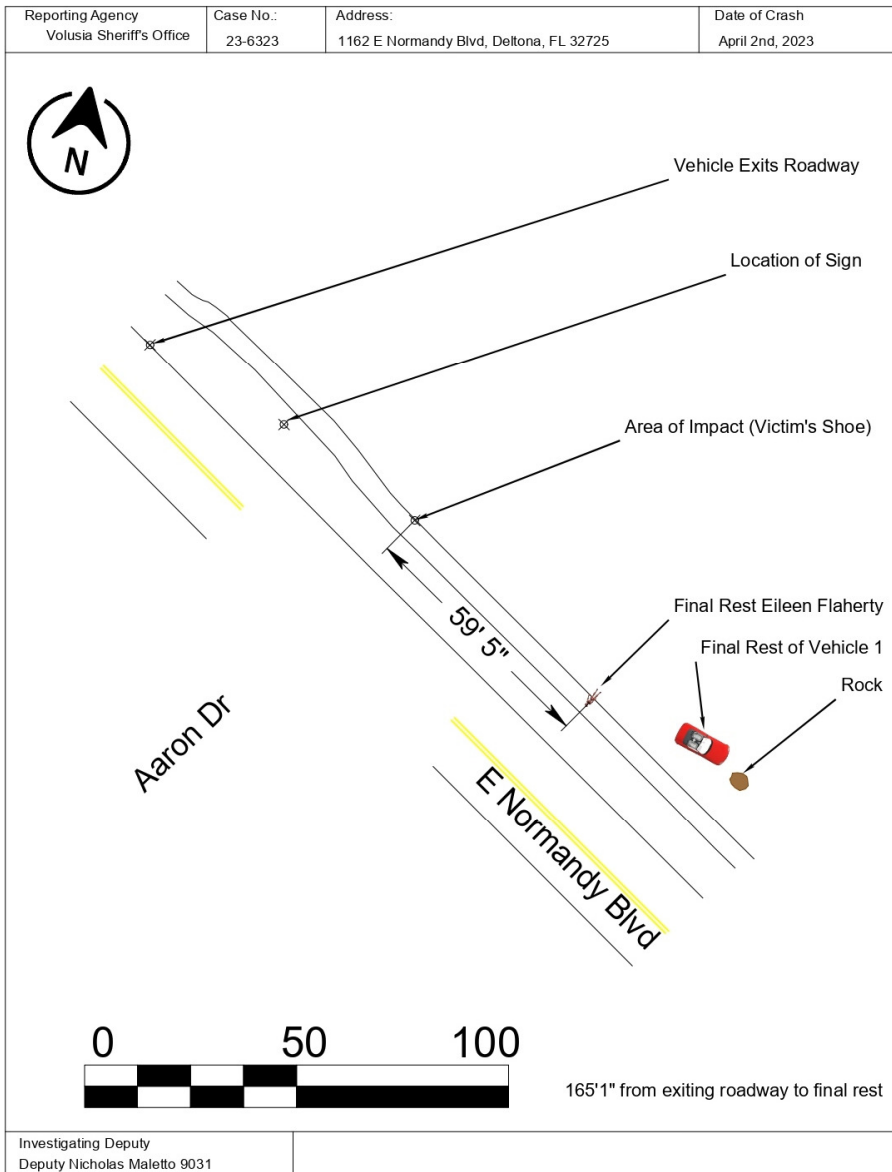
# OF WITNESSES 2	# OF VEHICLES 1	# OF VIOLATIONS 1	# OF NVPD 2	# OF DRIVERS 1	# OF PASSENGERS 1	# OF NONMOTORIST 2
SUBSEQUENT CRASH No	EXEMPT FROM PUBLIC RECORDS No	CRASH DATE 04/02/2023	TIME OF CRASH 12:41 PM	DATE OF REPORT 06/30/2023	REPORTING AGENCY CASE # VP230006323	HSMV CRASH REPORT # 25734361

CRASH IDENTIFIERS

COUNTY CODE 08	CITY CODE 37	COUNTY OF CRASH VOLUSIA	PLACE OR CITY OF CRASH DELTONA	WITHIN CITY LIMITS YES	TIME REPORTED 12:41 PM	TIME DISPATCHED 12:44 PM
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TIME ON SCENE 12:47 PM	TIME CLEARED SCENE 6:38 PM	COMPLETED YES	REASON (If Investigation NOT Complete)	NOTIFIED BY LAW ENFORCEMENT
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DIAGRAM



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

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 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.

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

ROADWAY INFORMATION									
ROAD SYSTEM IDENTIFIER LOCAL				AT STREET ADDRESS #		CRASH OCCURRED ON STREET, ROAD, HIGHWAY E NORMANDY BLVD			
AT FEET 149	OR MILES	Direction EAST	AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY AARON DR			AT LATITUDE 28.885065	AND LONGITUDE -81.241684		
STREET LIST USED? No	Locator Used? No	OR FROM MILEPOST #	TYPE OF SHOULDER UNPAVED			TYPE OF INTERSECTION NOT AT INTERSECTION			
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/>									
LIGHT CONDITION DAYLIGHT		WEATHER CONDITION 1 - CLEAR		ROADWAY SURFACE CONDITION DRY		SCHOOL BUS RELATED 1 - NO		MANNER OF COLLISION/IMPACT	
FIRST HARMFUL EVENT TRAFFIC SIGN SUPPORT			FIRST HARMFUL EVENT LOCATION ROADSIDE			WITHIN INTERCHANGE NO		FIRST HARMFUL EVENT RELATION TO JUNCTION NON-JUNCTION	
CONTRIBUTING CIRCUMSTANCES: ROAD NONE			CONTRIBUTING CIRCUMSTANCES: ROAD			CONTRIBUTING CIRCUMSTANCES: ROAD			
CONTRIBUTING CIRCUMSTANCES: ENVIRONMENT NONE			CONTRIBUTING CIRCUMSTANCES: ENVIRONMENT			CONTRIBUTING CIRCUMSTANCES: ENVIRONMENT			
WORK ZONE RELATED NO		CRASH IN WORK ZONE		TYPE OF WORK ZONE		WORKERS IN WORK ZONE		LAW ENFORCEMENT IN WORK ZONE	
WITNESS									
NAME IVAN FONTANEZ GARCIA				ADDRESS 1048 PIONEER DR		CITY DELTONA		STATE FL	ZIP CODE 32725
SEX MALE	RACE WHITE - W	WITNESS HOME/WORK PHONE # (321) 821-8024				WITNESS CELL PHONE #			
WITNESS									
NAME GIOVANNA B BORGES				ADDRESS 517 COTTAGE ST		CITY NEW BEDFORD		STATE MA	ZIP CODE 02740
SEX FEMALE	RACE WHITE - W	WITNESS HOME/WORK PHONE # (774) 849-1035				WITNESS CELL PHONE #			
VEHICLE CHECK IF COMMERCIAL <input type="checkbox"/>									
VEHICLE # 1	HIT AND RUN NO	VEHICLE YEAR 2011	VEH LICENSE # IVTU37	STATE FL	VEHICLE MAKE BMW	VEHICLE STYLE CONVERTIBLE	VEHICLE COLOR RED - RED	VIN WBALM7C5XBE383885	
PERM. REG. NO	REG. EXPIRES 06/16/2023	VEHICLE MODEL 2D	VEHICLE STATUS VEHICLE IN TRANSPORT	EXTENT OF DAM. Disabling	EST. DAM. \$ 30000	TOWED DUE TO DAMAGE YES	VEHICLE REMOVED BY PRATTS TOWING		ROTATION ROTATIO
INSURANCE COMPANY (DRIVER) GOVERNMENT EMPLOYEES IN				INSURANCE POLICY NUMBER 4520309388					
NAME OF VEHICLE OWNER (CHECK IF BUSINESS) <input type="checkbox"/> RALPH AGUILAR				CURRENT ADDRESS 1908 MONTEREY DR		CITY DELTONA		STATE FL	ZIP CODE 32738
TRAILER 1: LICENSE #	STATE	REG. EXPIRES	PERM. REG.	VIN		YEAR	MAKE	LENGTH	AXLES
TRAILER 2: LICENSE #	STATE	REG. EXPIRES	PERM. REG.	VIN		YEAR	MAKE	LENGTH	AXLES
DIRECTION EAST	ON STREET, ROAD, HIGHWAY E NORMANDY BLVD					AT EST. SPEED 45	POSTED SPEED 35	TOTAL LANES 2	
CMV CONFIGURATION		CARGO BODY TYPE			AREA OF INITIAL IMPACT		01	01	MOST DAMAGED AREA
COMM GVWR/GCWR NOT APPLICABLE		TRAILER TYPE (TRAILER ONE)	TRAILER TYPE (TRAILER TWO)						
HAZ. MAT. RELEASE	HAZ. MAT. PLA	NUMBER		CLASS					
MOTOR CARRIER NAME		US DOT NUMBER							
MOTOR CARRIER ADDRESS			CITY		STATE	ZIP CODE		PHONE NUMBER	
COMM/NON-COMM	VEHICLE BODY TYPE PASSENGER CAR	VEHICLE DEFECTS (1) NONE	VEHICLE DEFECTS (2)	EMERGENCY VEHICLE USE NO		UNIT #	SPECIAL FUNCTION OF MV NO SPECIAL FUNCTION		
VEHICLE MANEUVER ACTION STRAIGHT AHEAD	TRAFFICWAY 1 - TWO-WAY, NOT DIVIDED		ROADWAY GRADE LEVEL	ROADWAY ALIGNMENT S - STRAIGHT		MOST HARMFUL DETAIL PEDESTRIAN			
TRAFFIC CONTROL FOR THIS VEHICLE NO CONTROLS		FIRST SEQUENCE OF EVENTS RAN OFF ROADWAY, LEFT		SECOND SEQUENCE OF EVENTS TRAFFIC SIGN SUPPORT		THIRD SEQUENCE OF EVENTS PEDESTRIAN		FOURTH SEQUENCE OF EVENTS OTHER FIXED OBJECT (WALL, BUI	

VIOLATIONS										
PERSON #	NAME				FL STATUTE NUMBER	CHARGE			CITATION NUMBER	
1	RALPH AGUILAR				316.1925(1)	CARELESS DRIVING			AI6F6LE	
NON VEHICLE PROPERTY DAMAGE										
VEH #	PER #	PROPERTY DAMAGE - OTHER THAN VEHICLE			EST. AMOUNT	OWNER'S NAME (CHECK IF BUSINESS) <input checked="" type="checkbox"/>				
1		SIGN OR SIGNPOST			1000	CITY OF DELTONA				
ADDRESS			CITY	STATE	ZIP CODE			DOT PROPERTY		
2345 PROVIDENCE BLVD			DELTONA	FL	32725			No		
NON VEHICLE PROPERTY DAMAGE										
VEH #	PER #	PROPERTY DAMAGE - OTHER THAN VEHICLE			EST. AMOUNT	OWNER'S NAME (CHECK IF BUSINESS) <input type="checkbox"/>				
1		DECORATIVE ROCK/LANDSCAPING			1000	JASON LEE WELLS				
ADDRESS			CITY	STATE	ZIP CODE			DOT PROPERTY		
1166 E NORMANDY BLVD			DELTONA	FL	32725					
DRIVER										
PERSON #	VEHICLE #	NAME			DOB	SEX	PHONE NUMBER		RE-EXAM	
1	1	RALPH AGUILAR			6/16/1955	M			NO	
ADDRESS				CITY	STATE	ZIP CODE				
1908 MONTEREY DR				DELTONA	FL	32738				
DRIVER LICENSE NUMBER			STATE	EXPIRES	DL TYPE	REQ. END. NO REQUIRED ENDORSEMENTS	INJURY SEVERITY	EJECTION NOT EJECTED		
A-246-720-55-216-0			FL	6/16/2025	5 - CLASS E/OPERATO		NON-INCAPACITATING			
RESTRAINT SYSTEMS SHOULDERS AND LAP BELT USED	AIR BAG DEPLOYED	HELMET USE		EYE PROTECTION	SEAT	ROW	OTHER			
	DEPLOYED - COMBINATI				LEFT	FRONT				
DRIVERS ACTION AT TIME OF CRASH (FIRST)				DRIVERS ACTION AT TIME OF CRASH (SECOND)			DRIVER DISTRACTED BY		DRIVER VISION OBSTRUCTION	
OPERATED MOTOR VEHICLE IN CARELESS OR NEGLIGENT MANNER							OTHER INSIDE THE VEHICLE (VISION NOT OBSCURED	
DRIVERS ACTIONS AT TIME OF CRASH (THIRD)				DRIVER ACTIONS AT TIME OF CRASH (FOURTH)			DRIVERS CONDITION AT TIME OF CRASH			
							APPARENTLY NORMAL			
SUSPECTED ALCOHOL USE	ALCOHOL TESTED	ALCOHOL TEST TYPE	ALCOHOL TEST RESULT	BAC	SUSPECTED DRUG USE	DRUG TESTED	DRUG TEST TYPE	DRUG TEST RESULT		
NO					NO					
POSITIVE DRUG TEST RESULTS		TRANSPORT TO MEDICAL FACILITY BY		EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO				
		NOT TRANSPORTED								
PASSENGER										
PERSON #	VEHICLE #	NAME			DOB	SEX	INJURY SEVERITY		EJECTION	
2	1	VICTOR M HERNANDEZ			12/24/1945	M	NON-INCAPACITATING		NOT EJECTED	
ADDRESS				CITY	STATE	ZIP CODE				
1033 RT 32 #28				ROSENDALE	NY	12472				
RESTRAINT SYSTEMS SHOULDERS AND LAP BELT USED	AIR BAG DEPLOYED	HELMET USE		EYE PROTECTION	SEAT	ROW	OTHER			
	DEPLOYED - COMBINATI			NOT APPLICABLE	RIGHT	FRONT				
SOURCE OF TRANSPORT TO MEDICAL FACILITY			EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO					
EMS			DELTONA FIRE DEPARTMENT	F230920165	ADVENT HEALTH FISH MEMORIAL					
NON-MOTORIST										
PERSON #	NAME				DOB	SEX	INJURY SEVERITY		PHONE NUMBER	
3	EILEEN MARIE FLAHERTY				3/2/1955	F	FATAL (WITHIN 30 DAY)			
ADDRESS				CITY	STATE	ZIP CODE				
1423 BIRWOOD ST				DELTONA	FL - FLORIDA	32725				
NON-MOTORIST DESCRIPTION				NON-MOTORIST ACTIONS PRIOR TO CRASH			NON-MOTORIST LOCATION AT TIME OF CRASH			
PEDESTRIAN				NONE			SIDEWALK			
NON-MOTORIST ACTIONS/CIRCUMSTANCES (FIRST)			NON-MOTORIST ACTIONS/CIRUMSTANCES (SECOND)			NON-MOTORIST SAFETY EQUIPMENT (FIRST)		NON-MOTORIST SAFETY EQUIPMENT (SECOND)		
NO IMPROPER ACTION						NOT APPLICABLE				
SUSPECTED ALCOHOL USE	ALCOHOL TESTED	ALCOHOL TEST TYPE	ALCOHOL TEST RESULT	BAC	SUSPECTED DRUG USE	DRUG TESTED	DRUG TEST TYPE	DRUG TEST RESULT		
NO					NO					
POSITIVE DRUG TEST RESULTS		SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO				
		OTHER, EXPLAIN IN NARRATIVE								

NON-MOTORIST									
PERSON #	NAME				DOB	SEX	INJURY SEVERITY	PHONE NUMBER	
4	ROBERT DENNIS FLAHERTY				1/17/1968	M	INCAPACITATING		
ADDRESS				CITY		STATE	ZIP CODE		
1423 BIRWOOD ST				DELTONA		FL - FLORIDA	32725		
NON-MOTORIST DESCRIPTION				NON-MOTORIST ACTIONS PRIOR TO CRASH			NON-MOTORIST LOCATION AT TIME OF CRASH		
PEDESTRIAN				NONE			SIDEWALK		
NON-MOTORIST ACTIONS/CIRCUMSTANCES (FIRST)		NON-MOTORIST ACTIONS/CIRUMSTANCES (SECOND)		NON-MOTORIST SAFETY EQUIPMENT (FIRST)			NON-MOTORIST SAFETY EQUIPMENT (SECOND)		
NO IMPROPER ACTION				NOT APPLICABLE					
SUSPECTED ALCOHOL USE	ALCOHOL TESTED	ALCOHOL TEST TYPE	ALCOHOL TEST RESULT	BAC	SUSPECTED DRUG USE	DRUG TESTED	DRUG TEST TYPE	DRUG TEST RESULT	
NO					NO				
POSITIVE DRUG TEST RESULTS		SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO		
		EMS		DELTONA FIRE DEPARTMENT		F230920165	HCA LAKE MONROE		
REPORTING OFFICER									
ID/BADGE #	RANK	OFFICER NAME			DEPARTMENT			TYPE OF DEPT.	
9031	DEPUTY	NICHOLAS MALETTO			VOLUSIA SHERIFFS OFFICE			SHERIFF'S OFFICE (SO)	

FLORIDA TRAFFIC CRASH REPORT

WAS DOT PROPERTY INVOLVED IN THIS CRASH?
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LONG FORM SHORT FORM UPDATE
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 1
 TOTAL # OF PERSON SECTION(S) 5
 TOTAL # OF NARRATIVE SECTION(S) 2

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

CRASH DATE 04/02/2023	TIME OF CRASH 12:41 PM	DATE OF REPORT 07/19/2023	REPORTING AGENCY CASE NUMBER VP230006323	HSMV CRASH REPORT NUMBER 25734361
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CRASH IDENTIFIERS

COUNTY CODE 08	CITY CODE 37	COUNTY OF CRASH VOLUSIA	PLACE OR CITY OF CRASH DELTONA	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 12:41 PM	TIME DISPATCHED 12:44 PM	
TIME ON SCENE 12:47 PM		TIME CLEARED SCENE 6:38 PM		CHECK IF COMPLETED <input checked="" type="checkbox"/>		REASON (If Investigation NOT Complete)	
							Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY E NORMANDY BLVD		AT STREET ADDRESS # 1	AT LATITUDE 28.885065	AND LONGITUDE -81.241684
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AT FEET 149	MILES	N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/>	AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 AARON DR	OR FROM MILEPOST # 4
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Road System Identifier		Type of Shoulder		Type of Intersection		Manner of Collision/Impact	
<input checked="" type="checkbox"/> 1 Interstate	<input type="checkbox"/> 4 County	<input checked="" type="checkbox"/> 2 Paved	<input type="checkbox"/> 1 Paved	<input type="checkbox"/> 1 Not at Intersection	<input type="checkbox"/> 2 Four-Way Intersection	<input type="checkbox"/> 5 Traffic Circle	<input type="checkbox"/> 6 Roundabout
<input type="checkbox"/> 2 U.S.	<input type="checkbox"/> 5 Local	<input type="checkbox"/> 3 Unpaved	<input type="checkbox"/> 2 Unpaved	<input type="checkbox"/> 3 T-Intersection	<input type="checkbox"/> 4 Y-Intersection	<input type="checkbox"/> 7 Five-Point, or More	<input type="checkbox"/> 7 Other, Explain in Narrative
<input type="checkbox"/> 3 State	<input type="checkbox"/> 6 Turnpike/Toll	<input type="checkbox"/> 4 Ice/Frost	<input type="checkbox"/> 3 Curb	<input type="checkbox"/> 8 Unknown		<input type="checkbox"/> 88 Unknown	

CRASH INFORMATION (CHECK IF PICTURES TAKEN)

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision/Impact
<input checked="" type="checkbox"/> 1 Daylight	<input checked="" type="checkbox"/> 1 Clear	<input checked="" type="checkbox"/> 1 Dry	<input checked="" type="checkbox"/> 1 No	<input type="checkbox"/> 1 Front to Rear
<input type="checkbox"/> 2 Dusk	<input type="checkbox"/> 2 Cloudy	<input type="checkbox"/> 2 Wet	<input type="checkbox"/> 2 Yes, School Bus Directly Involved	<input type="checkbox"/> 2 Front to Front
<input type="checkbox"/> 3 Dawn	<input type="checkbox"/> 3 Rain	<input type="checkbox"/> 4 Ice/Frost	<input type="checkbox"/> 3 Yes, School Bus Indirectly Involved	<input type="checkbox"/> 3 Angle
<input type="checkbox"/> 4 Dark-Lighted	<input type="checkbox"/> 4 Fog, Smog, Smoke			<input type="checkbox"/> 4 Sideswipe, same direction
<input type="checkbox"/> 5 Dark-Not Lighted	<input type="checkbox"/> 5 Sleet/Hail/Freezing Rain			<input type="checkbox"/> 5 Sideswipe, Opposite Direction
<input type="checkbox"/> 6 Dark-Unknown Lighting	<input type="checkbox"/> 6 Blowing Sand, Soil Dirt			<input type="checkbox"/> 6 Rear to Side
<input type="checkbox"/> 7 Other, Explain in Narrative	<input type="checkbox"/> 7 Severe Crosswinds			<input type="checkbox"/> 7 Rear to Rear
<input type="checkbox"/> 8 Unknown	<input type="checkbox"/> 7 Other, Explain in Narrative			<input type="checkbox"/> 7 Other, Explain in Narrative
				<input type="checkbox"/> 88 Unknown

First Harmful Event	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object	First Harmful Event Location
<input checked="" type="checkbox"/> 34	<input type="checkbox"/> 1 Overturn/Rollover	<input type="checkbox"/> 10 Pedestrian	<input type="checkbox"/> 19 Impact Attenuator/Crash	<input checked="" type="checkbox"/> 10
<input type="checkbox"/> 1 No	<input type="checkbox"/> 2 Fire/Explosion	<input type="checkbox"/> 11 Pedalcycle	<input type="checkbox"/> 30 Concrete	<input type="checkbox"/> 1 On Roadway
<input type="checkbox"/> 2 Yes	<input type="checkbox"/> 3 Immersion	<input type="checkbox"/> 12 Railway vehicle (train, engine)	<input type="checkbox"/> 31 Other Traffic Barrier	<input type="checkbox"/> 2 Off Roadway
<input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 4 Jackknife	<input type="checkbox"/> 13 Animal	<input type="checkbox"/> 32 Tree (standing)	<input type="checkbox"/> 3 Shoulder
	<input type="checkbox"/> 5 Cargo/Equipment Loss or Shift	<input type="checkbox"/> 14 Motor Vehicle in Transport	<input type="checkbox"/> 33 Utility Pole/Light Support	<input type="checkbox"/> 4 Median
	<input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle	<input type="checkbox"/> 15 Parked Motor Vehicle	<input type="checkbox"/> 34 Traffic Sign Support	<input type="checkbox"/> 6 Gore
	<input type="checkbox"/> 7 Thrown or Falling Object	<input type="checkbox"/> 16 Work Zone/Maintenance Equipment	<input type="checkbox"/> 35 Traffic Signal Support	<input type="checkbox"/> 7 Separator
	<input type="checkbox"/> 8 Ran into Water/Canal	<input type="checkbox"/> 17 Struck By Falling, Shifting Cargo	<input type="checkbox"/> 36 Other Post, Pole or Support	<input type="checkbox"/> 8 In Parking Lane or Zone
	<input type="checkbox"/> 9 Other Collision	<input type="checkbox"/> 18 Other Non-Fixed Object	<input type="checkbox"/> 37 Fence	<input type="checkbox"/> 9 Outside Right-of-way
			<input type="checkbox"/> 38 Mailbox	<input type="checkbox"/> 10 Roadside
			<input type="checkbox"/> 39 Other Fixed Object (wall, building, tunnel, etc.)	<input type="checkbox"/> 88 Unknown

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

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

WITNESSES

NAME IVAN	ADDRESS FONTEANEZ GARCIA 1048 PIONEER DR	CITY & STATE DELTONA FL	ZIP CODE 32725
NAME GIOVANNA B	ADDRESS BORGES 517 COTTAGE ST	CITY & STATE NEW BEDFORD MA	ZIP CODE 02740
NAME	ADDRESS	CITY & STATE	ZIP CODE

NON VEHICLE PROPERTY DAMAGE

VEH. # 1	PER #	PROPERTY DAMAGE - OTHER THAN VEH. SIGN OR SIGNPOST	EST. AMT. 1000	OWNER'S NAME <input checked="" type="checkbox"/> (CHECK IF BUSINESS) CITY OF DELTONA	ADDRESS 2345 PROVIDENCE BLVD	CITY & STATE DELTONA FL	ZIP CODE 32725
VEH. # 1	PER #	PROPERTY DAMAGE - OTHER THAN VEH. DECORATIVE ROCK/LANDSCAPING	EST. AMT. 1000	OWNER'S NAME <input type="checkbox"/> (CHECK IF BUSINESS) JASON LEE WELLS	ADDRESS 1166 E NORMANDY BLVD	CITY & STATE DELTONA FL	ZIP CODE 32725

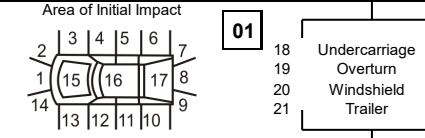
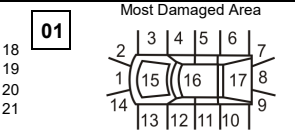
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	1	VEHICLE LICENSE NUMBER IVTU37	STATE FL	REGISTRATION EXPIRES 06/16/2023	Check if Permanent Registration <input type="checkbox"/>	VIN WBALM7C5XBE383885				
Hit and Run 1 No 2 Yes 88 Unknown	1	YEAR 2011	MAKE BMW	MODEL 2D	STYLE CONVERTIBLE	COLOR RED - RED	DAMAGE: 1 Disabling 2 Functional 3 None	4 Minor 88 Unknown	1	EST. AMOUNT \$30,000.00

INSURANCE COMPANY (DRIVER) GOVERNMENT EMPLOYEES IN	INSURANCE POLICY NUMBER 4520309388	Towed due to Damage: 1 No 2 Yes	2	VEHICLE REMOVED BY PRATTS TOWING	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative	1
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NAME OF VEHICLE OWNER (CHECK IF BUSINESS) <input type="checkbox"/>	CURRENT ADDRESS RALPH AGUILAR 1908 MONTEREY DR	CITY & STATE DELTONA FL	ZIP 32738
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Trailer One:	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
Trailer Two:	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES

VEHICLE TRAVELING	N <input type="checkbox"/>	S <input type="checkbox"/>	E <input checked="" type="checkbox"/>	W <input type="checkbox"/>	Off-Road <input type="checkbox"/>	Unknown <input type="checkbox"/>	ON STREET, ROAD, HIGHWAY E NORMANDY BLVD	AT EST. SPEED 45	POSTED SPEED 35	TOTAL LANES 2
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HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	NUMBER	CLASS	Area of Initial Impact 	Most Damaged Area 
MOTOR CARRIER NAME		US DOT NUMBER			

MOTOR CARRIER ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
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Vehicle Body Type 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)	15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown	Trafficway 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown	Commercial Motor Vehicle Configuration 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck 8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown
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Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck	Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer 8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown	Cargo Body Type 1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log 13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown
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Most Harmful Event 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision	Non-Collision 10	Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object	Collision Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End	Emergency Vehicle Use 1 No 2 Yes 88 Unknown
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Sequence of Events 1st: 43 2nd: 34 3rd: 10 4th: 39	[40-46 Sequence of Events only] 40 equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway	Vehicle Maneuver Action 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown	Traffic Control Device For This Vehicle 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 77 Other, Explain in Narrative 88 Unknown	Vehicle Defects 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling Trailer Hitch/ Safety Chains 77 Other, Explain in Narrative 88 Unknown
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Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	Roadway Alignment 1 Straight 2 Curve Right 3 Curve Left	Special Function of Motor Vehicle 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown
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PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
1	RALPH AGUILAR	316.1925(1)	CARELESS DRIVING	A16F6LE
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON # 1

Reporting Agency Case Number
VP230006323

HSMV Crash Report Number
25734361

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1	NAME RALPH	AGUILAR	PHONE NUMBER	Check if Recommend <input type="checkbox"/> Driver Re-exam
CURRENT ADDRESS (Number and Street) 1908 MONTEREY DR			CITY & STATE DELTONA FL	ZIP CODE 32738	
DATE OF BIRTH 06/16/1955	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER A-246-720-55-216-0	STATE FL	EXPIRES 06/16/2025	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality

DL Type 5	Required Endorsements 3	1st 2	Drivers Actions at Time of Crash 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	3rd 1	Condition At Time of Crash 1
Driver Distracted By 4	4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	2nd 1	26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	4th 1	1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
DRIVER VISION OBSTRUCTIONS 1	1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 77 All Other, Explain in Narrative		

DRIVER OR PASSENGER Motor Vehicle Seating Position:			Helmet Use (HU) 1	Eye Protection (EP) 1	Restraint Systems (RS) 3
Seat	Row	Other	1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	1 Yes 2 No 3 Not Applicable	1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative
1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	Ejection (EJECT) 1	Air Bag Deployed 6	5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown

Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist	Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other/ Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 shoulder/Roadside	8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)	10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 2	NAME EILEEN MARIE FLAHERTY	PHONE NUMBER	Check if Recommended Driver Re-exam <input type="checkbox"/>
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CURRENT ADDRESS (Number and Street) 1423 BIRWOOD ST	CITY & STATE DELTONA FL	ZIP CODE 32725
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DATE OF BIRTH 03/02/1955	SEX: 1 Male 2 Female 88 Unknown	DRIVERS LICENSE NUMBER 2	STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating	4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	5
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<input type="checkbox"/> DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None	<input type="checkbox"/> Required Endorsements 1 Yes 2 No 3 No Req. Endorsement	<input type="checkbox"/> 1st 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn	<input type="checkbox"/> 2nd 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	<input type="checkbox"/> Drivers Actions at Time of Crash 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th	<input type="checkbox"/> Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
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<input type="checkbox"/> DRIVER DISTRACTED BY 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	<input type="checkbox"/> 4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	<input type="checkbox"/> DRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	<input type="checkbox"/> 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	<input type="checkbox"/> 9 Smoke 10 Glare 77 All Other, Explain in Narrative	<input type="checkbox"/> DRIVER OR PASSENGER 1 Yes 2 No 3 Not Applicable	<input type="checkbox"/> Eye Protection (EP)	<input type="checkbox"/> Restraint Systems (RS) 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative
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<input type="checkbox"/> DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	LOCATION: SEAT ROW OTHER (LOC)	<input type="checkbox"/> Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	<input type="checkbox"/> Air Bag Deployed 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	<input type="checkbox"/> Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet
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<input type="checkbox"/> Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchairs, 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	<input type="checkbox"/> Non-Motorist Location At Time of Crash 8 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 shoulder/Roadside	<input type="checkbox"/> Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)	<input type="checkbox"/> Action Prior to Crash 10 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
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<input type="checkbox"/> Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)	<input type="checkbox"/> 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/> 6
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<input type="checkbox"/> SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	<input type="checkbox"/> ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<input type="checkbox"/> ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	<input type="checkbox"/> ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN	<input type="checkbox"/> BAC	<input type="checkbox"/> SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	<input type="checkbox"/> DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<input type="checkbox"/> DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	<input type="checkbox"/> DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE # NAME	DATE OF BIRTH	INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE # NAME	DATE OF BIRTH	INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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NARRATIVE

Reporting Agency Case Number
VP230006323

HSMV Crash Report Number
25734361

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.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
2	1	VICTOR M HERNANDEZ	12/24/1945	3	1	3	1		1		3	6	3

CURRENT ADDRESS (Number and Street) 1033 RT 32 #28	CITY ROSENDALE	STATE NY	ZIP CODE 12472
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SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>	EMS AGENCY NAME OR ID 2 DELTONA FIRE DEPARTMENT	EMS RUN NUMBER F230920165	MEDICAL FACILITY TRANSPORTED TO ADVENT HEALTH FISH MEMORIA
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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
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SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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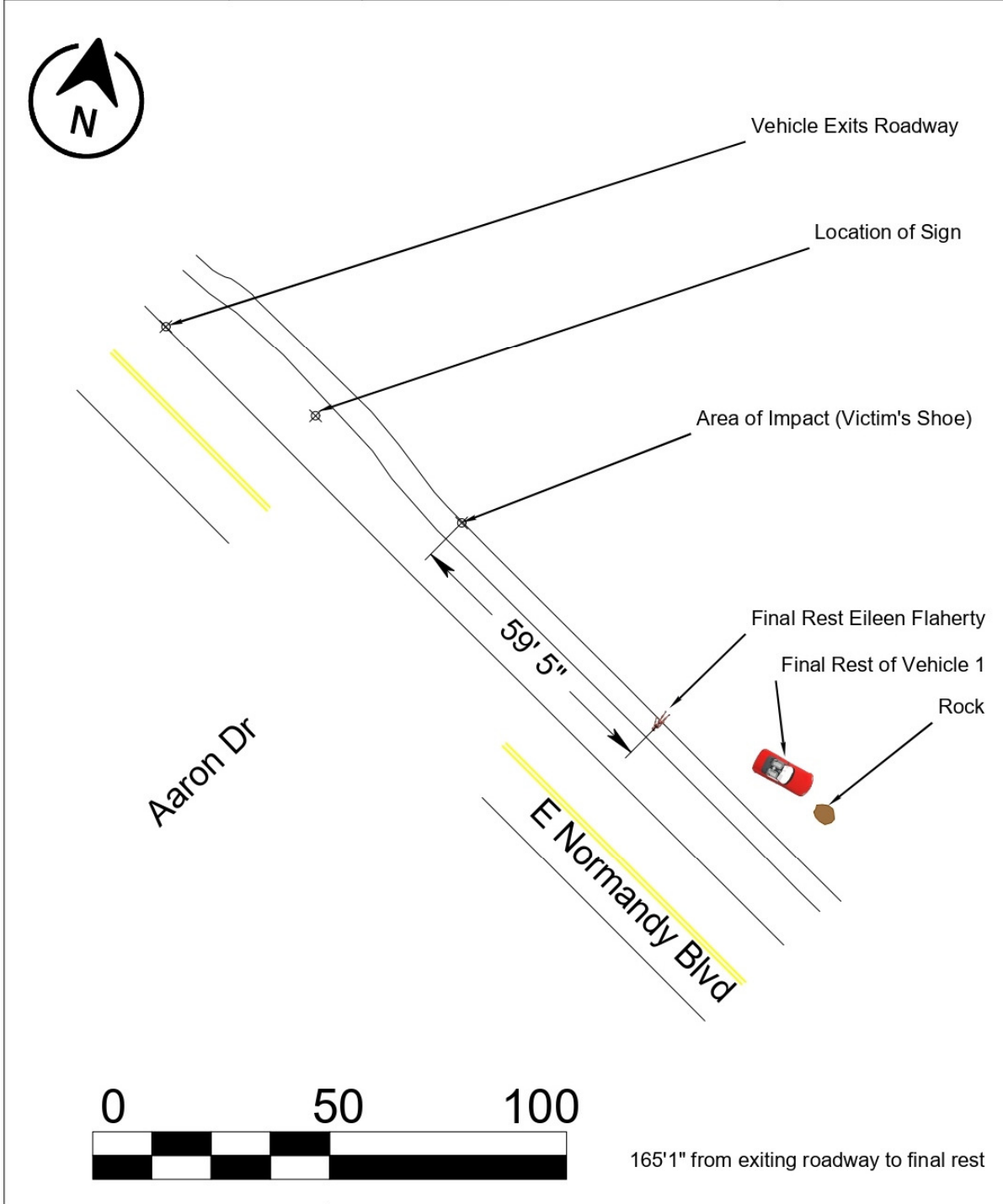
ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE # 9031	RANK DEPUTY	OFFICER NAME NICHOLAS MALETTO	DEPARTMENT VOLUSIA SHERIFFS OFFICE	TYPE OF DEPT. SHERIFF'S OFFICE (SO)
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Reporting Agency Volusia Sheriff's Office	Case No.: 23-6323	Address: 1162 E Normandy Blvd, Deltona, FL 32725	Date of Crash April 2nd, 2023
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Investigating Deputy Deputy Nicholas Maletto 9031	
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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. 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.

Case Status: Closed

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 <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO				
CURRENT ADDRESS (Number and Street)			CITY			STATE			ZIP CODE				
SOURCE OF TRANSPORT TO MEDICAL FACILITY <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO				

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE # 9031	RANK DEPUTY	OFFICER NAME NICHOLAS MALETTO	DEPARTMENT VOLUSIA SHERIFFS OFFICE	TYPE OF DEPT. SHERIFF'S OFFICE (SO)
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PERSON # 4

Reporting Agency Case Number
VP230006323

HSMV Crash Report Number
25734361

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 2	NAME ROBERT DENNIS FLAHERTY	PHONE NUMBER	Check if Recommend Driver Re-exam <input type="checkbox"/>
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CURRENT ADDRESS (Number and Street) 1423 BIRWOOD ST	CITY & STATE DELTONA FL	ZIP CODE 32725
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DATE OF BIRTH 01/17/1968	SEX: 1 Male 2 Female 88 Unknown 1	DRIVERS LICENSE NUMBER	STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality 4
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DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None		Required Endorsements 1 Yes 2 No 3 No Req. Endorsement		1st Drivers Actions at Time of Crash 1 No Contribution Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn		3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering		Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown	
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		2nd 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane		4th 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action			

DRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes			5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog			9 Smoke 10 Glare 77 All Other, Explain in Narrative			DRIVER OR PASSENGER		
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DRIVER OR PASSENGER				Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet		Eye Protection (EP) 1 Yes 2 No 3 Not Applicable		Restraint Systems (RS) 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative			
Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown				Location (LOC) SEAT ROW OTHER LOC LOC		Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		Air Bag Deployed 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown			

Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist 1		Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 shoulder/Roadside 8		Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown 10	
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Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown 6		Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown	
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SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown 1		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative		ALCOHOL TEST RESULT: 1 PENDING 2 COMPLETED 88 UNKNOWN		BAC		SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown 1		DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative		DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown 2		EMS AGENCY NAME OR ID DELTONA FIRE DEPARTMENT		EMS RUN NUMBER F230920165		MEDICAL FACILITY TRANSPORTED TO HCA LAKE MONROE	
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ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
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