



5601 Mariner Street
Suite 105
Tampa, FL 33609
Phone: 813.288.0233
Fax: 813.288.0433

January 3, 2022

Marcus Evans

Lee County Department of Community Development
(239) 533-8355

RE: DOS2021-00127 – Panda Express Lehigh Acres
Deviation Request from AC 11-4 – Turn Lane Policy

Dear Mr. Evans,

On behalf of Panda Express, CPH, Inc. would like to respectfully request a deviation from AC-11-4 as explained in further detail below.

Site Access

Access to the site is proposed through the driveways listed below. All access points are existing and shared with the Wal-Mart Supercenter. The location of these driveways can be seen schematically in the figures included in **Appendix A**:

- Full access onto Elva Avenue North (Driveway 1)
- Full access onto 1st Street West (Driveway 2)
- Full access onto 1st Street West (Driveway 3)

Turn Lane Warrants

Turn lane warrants were performed in accordance with Lee County Administrative Code Number AC-11-4 "Turn Lane Policy" (updated 8-2021) with the functional classification of the roads based on AC 11-1. The functional classification assignments are summarized in **Table 1**. The warrant analysis is summarized in **Table 2** for Left Turns and **Table 3** for Right Turns.



Table 1 – Functional Classification Assignments

Functional Classification of Roadways			
Road Name	From	To	Classification Based Upon AC 11-1
Lee Boulevard	SR 82	Leeland Heights Blvd.	Principal Arterial
1st Street W.	Sunshine Blvd.	Lee Blvd.	Minor Collector
Bella Court	Lee Blvd.	5th Street W.	Not Listed
Elva Ave N.	Lee Blvd.	1st Street	Not Listed

Table 2 – Left -Turn Lane Warrants

Left Turn Deceleration and Left-Turn Lanes (AC 11-4)		Driveway 1 (Elva Ave. N)		Driveway 2 (1st St. W.)		Driveway 3 (1st St. W.)		Bella Court and Lee Boulevard	
		Actual	Warrant Met?	Actual	Warrant Met?	Actual	Warrant Met?	Actual	Warrant Met?
Street Type		Local/Access Point		Collector/Access Point		Collector/Access Point		Arterial/Local	
Posted Speed Limit		30	Yes	40	Yes	40	Yes	45	Yes
Number of Left Turns		22	No	97	Yes	17	No	125	Yes
Sight Distance		450	No	770	No	275	Yes	550	No
Traffic Control	Signal Current or Planned?	No	No	No	No	No	No	No	Yes
Two or More Warrants Met?		No		Yes		Yes		Yes	
Left-Turn Lane Existing?		No		No		No		Yes	

Table 3 – Right - Turn Lane Warrants

Deceleration and Right Turn Lanes (AC-11-4)		Driveway 1 (Elva Ave. N)		Driveway 2 (1st St. W.)		Driveway 3 (1st St. W.)		Bella Court and Lee Boulevard	
		Actual	Warrant Met?	Actual	Warrant Met?	Actual	Warrant Met?	Actual	Warrant Met?
Street Type		Local/Access Point		Collector/Access Point		Collector/Access Point		Arterial/Local	
Posted Speed Limit		30	Yes	40	Yes	40	Yes	45	Yes
Number of Right Turns		12	No	14	No	104	Yes	155	Yes
Sight Distance		450	No	770	No	150	Yes	N/A	N/A
Traffic Control	Signal?	No	No	No	No	No	No	Yes	Yes
Two or More Warrants Met?		No		No		Yes		Yes	
Right-Turn Lane Existing?		No		No		No		Yes	



Left -Turn Lane Deviation Request – Driveway 2

Based upon the analysis, a left-turn lane is warranted at Driveway 2 due to the speed limit and existing left turning volume (93 PM peak). A review of traffic crash reports was performed for all crashes occurring within the past ten years. There appears to be two incidents involving eastbound left turning vehicles at Driveway 2. Crash reports are included in **Appendix B**. Crash Number 86372725 involved a stopped car waiting to make a left turn into the rear Wal-Mart entrance, it was rear ended by another vehicle also heading eastbound. Crash Number 87379313 involved a left-turning vehicle which crashed into a vehicle traveling westbound. This crash would not have been prevented with the addition of the left-turn lane. A deviation is requested from the requirement to add an eastbound left-turn lane at Driveway 2 since the Panda Express project is not adding any eastbound left turn trips to Driveway 2.

Left -Turn Lane Deviation Request – Driveway 3

Based upon the analysis, a left-turn lane is warranted at Driveway 3 due to the existing speed limit and sight distance. A review of traffic crash reports was performed for all crashes occurring within the past ten years. There appears to be one incident involving an eastbound left turning vehicle at Driveway 3. The crash report is included in **Appendix C**. Crash Number 85368886 involved a left-turning vehicle which crashed into bicycle traveling westbound on 1st St. W. This crash would not have been prevented with the addition of the left-turn lane. A deviation is requested from the requirement to add an eastbound left-turn lane at Driveway 3 since there are 15 existing PM peak eastbound left turns at Driveway 3 and the Panda Express project is anticipated to add 1 PM peak eastbound left turn at Driveway 3.

Right -Turn Lane Deviation Request – Driveway 3

Based upon the analysis, a right-turn lane is warranted at Driveway 3 due to the speed limit, right-turn volume, and sight distance. There are 78 PM peak existing right-turning vehicles and the Panda Express is anticipated to add 23 PM peak right-turning vehicles. The turning volume threshold per AC 11-4 is 45 peak hour turns. A review of traffic crash reports was performed for all crashes occurring within the past ten years. There appears to be one incident involving a right turning vehicle at Driveway 3. The crash report is included in **Appendix D**. Crash Number 87377402 involved a right turning vehicle that was rear ended by another vehicle also heading westbound. The crash report states that the offending driver claimed they were unable to slow down in time because they were driving a U-haul truck and they were not experienced driving that type of truck. Based upon field conditions, there is approximately 180 feet between Driveway 3 and the next driveway to the east. If a right-turn lane was to be installed, it would not meet the length requirements. A deviation is requested from the requirement to add an westbound right-turn lane at Driveway 3 based upon AC 11-4 Policy and Procedure II which states:

“When an existing development increases trip generation by expanding facilities or by change in use, a one-time deviation may be granted whereby only the increased trip generation is considered in determining if the warrants for requiring deceleration, left and right turn lanes are satisfied providing such



deviation does not create a new or increased existing hazard which is detrimental to the health, safety and welfare of the traveling public."

If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,
CPH, Inc.

A handwritten signature in blue ink, appearing to read "D. Barrs". The signature is fluid and cursive, with a long horizontal stroke at the end.

Devin Barrs, P.E.
Traffic Engineer



APPENDIX A

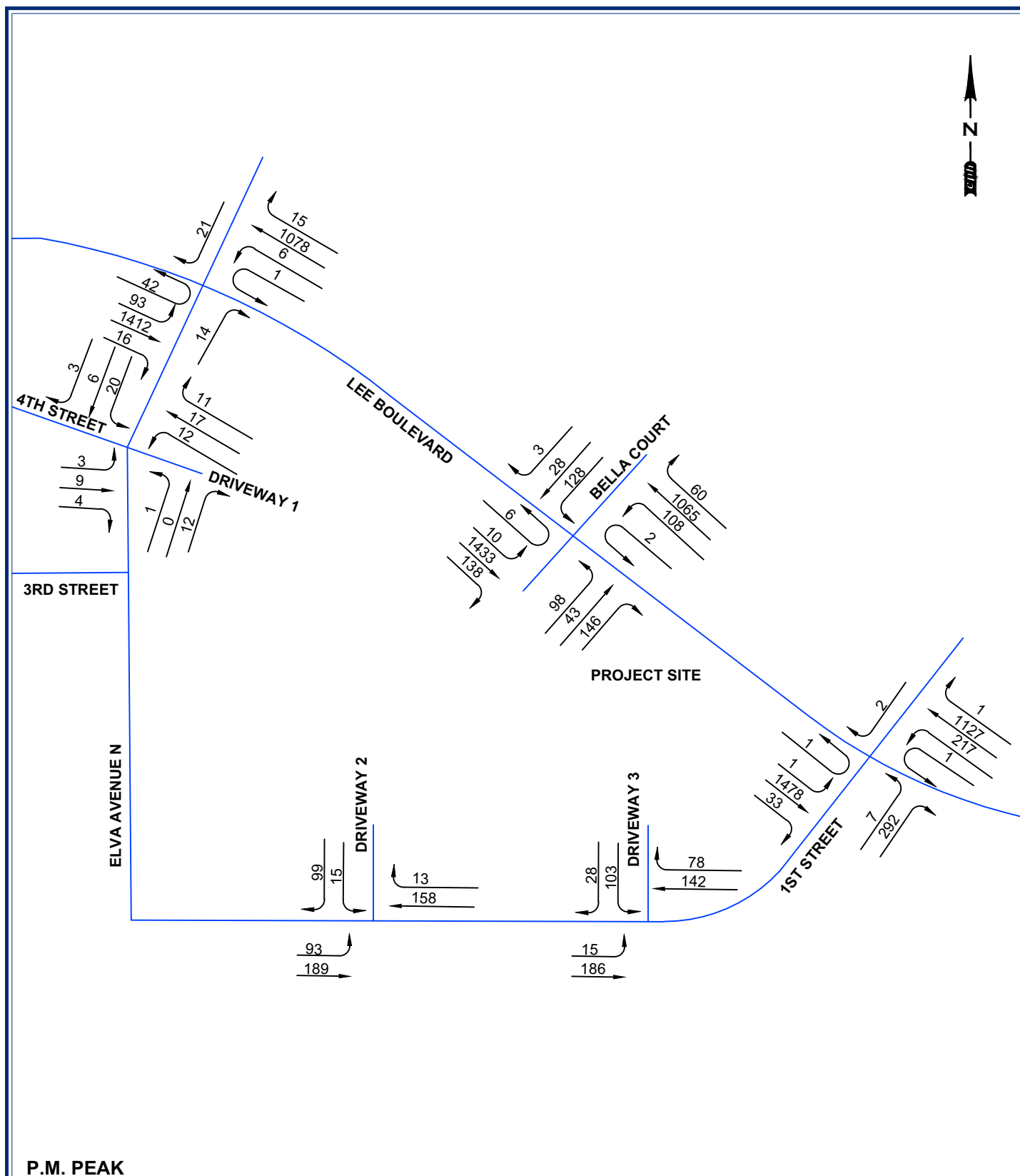


FIGURE 2 - EXISTING TRAFFIC VOLUMES
PANDA - LEHIGH ACRES
LEE BOULEVARD
LEHIGH ACRES, LEE COUNTY, FLORIDA



Engineers
 Architects
 Planners
 Landscape Architects
 Transportation/Traffic
 Surveyors
 Environmental Scientists
 Construction Management

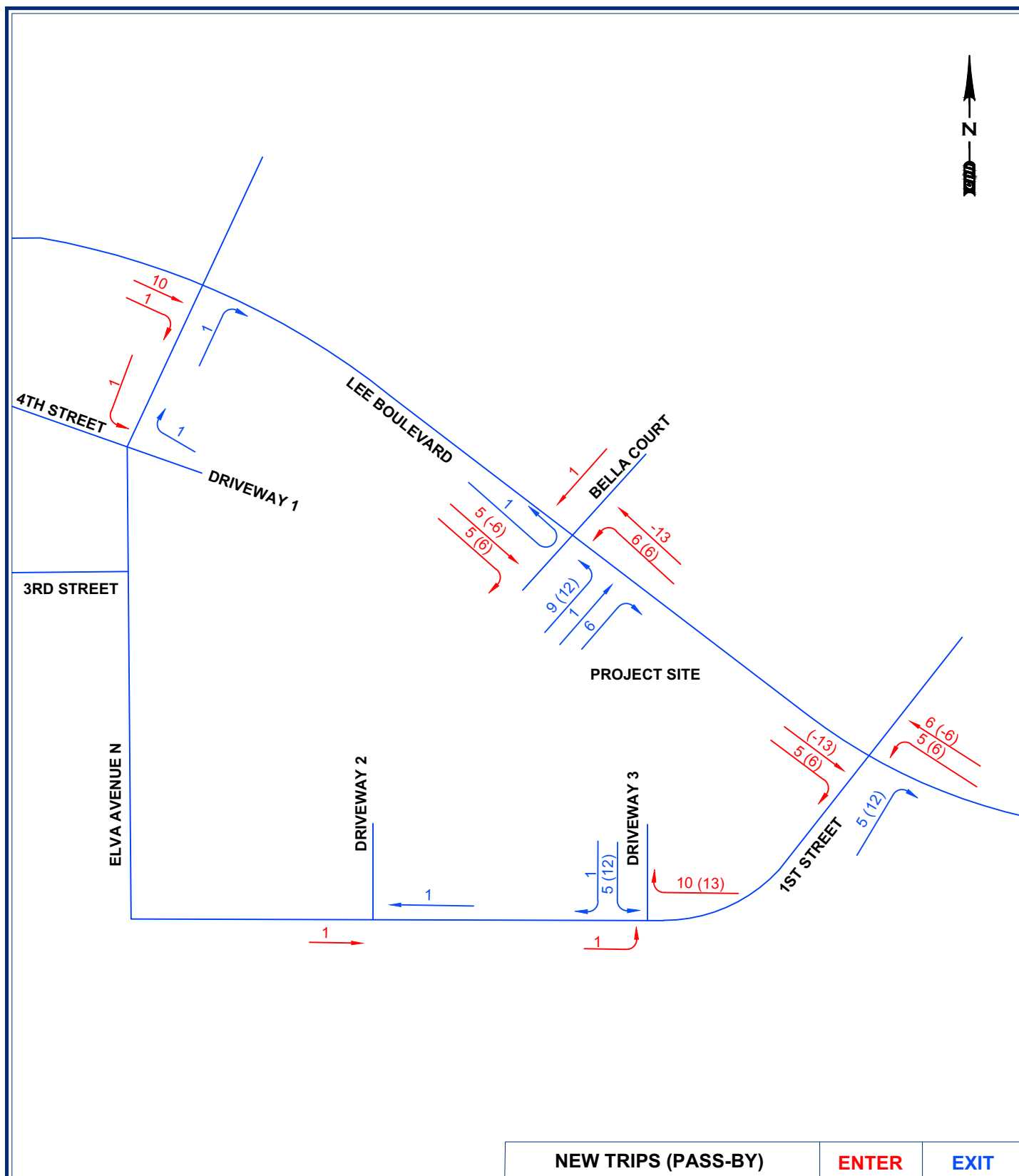
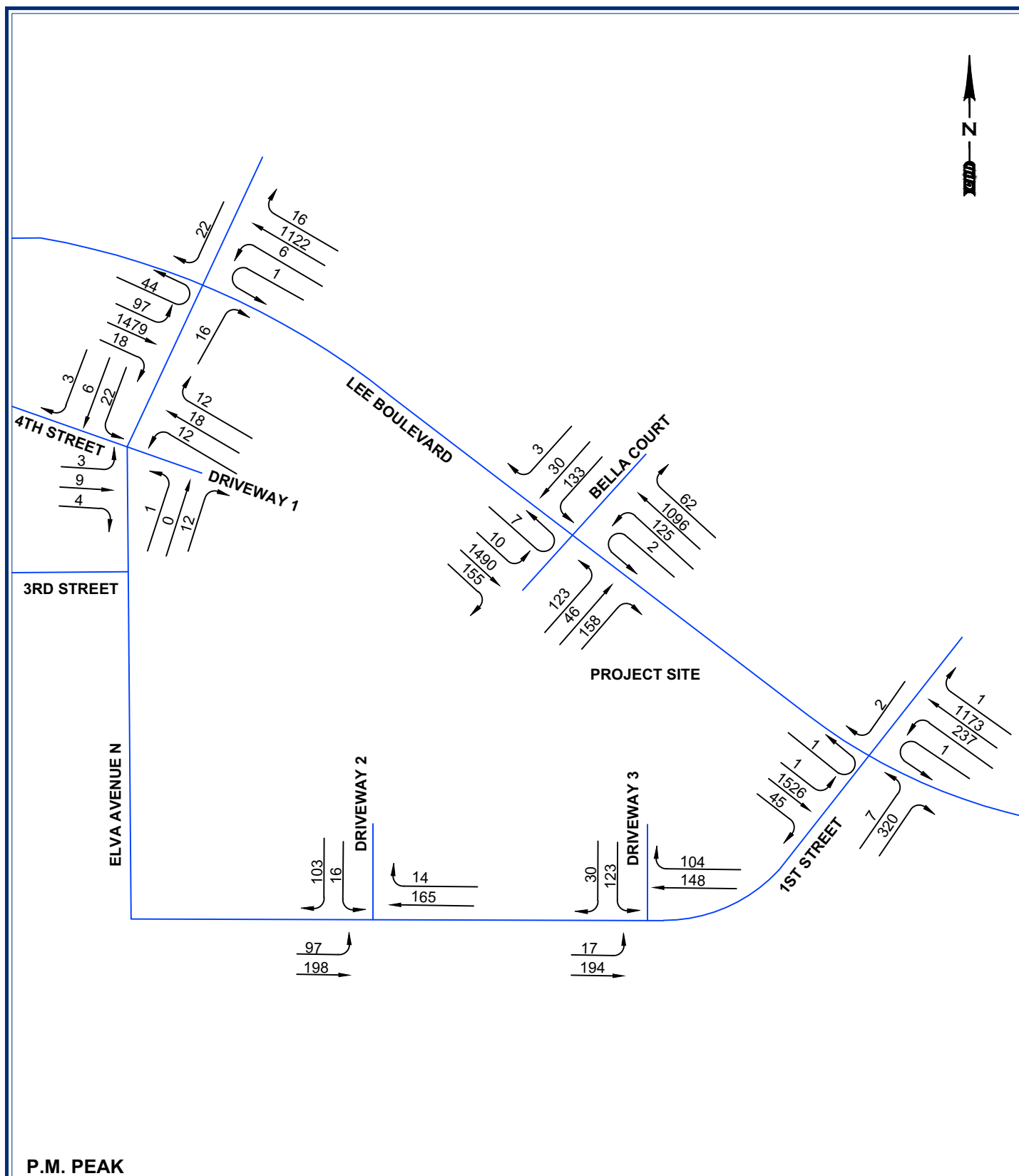


FIGURE 5
PANDA PROJECT TRIP ASSIGNMENT
 PANDA - LEHIGH ACRES
 LEE BOULEVARD
 LEHIGH ACRES, LEE COUNTY, FLORIDA



Engineers
 Architects
 Planners
 Landscape Architects
 Transportation/Traffic
 Surveyors
 Environmental Scientists
 Construction Management



P.M. PEAK

FIGURE 6 - TOTAL TRAFFIC VOLUMES
PANDA - LEHIGH ACRES
LEE BOULEVARD
LEHIGH ACRES, LEE COUNTY, FLORIDA



Engineers
 Architects
 Planners
 Landscape Architects
 Transportation/Traffic
 Surveyors
 Environmental Scientists
 Construction Management



APPENDIX B

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐HIGHWAY SAFETY & MOTOR VEHICLES,
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

(Electronic Version)

Date of Crash 31/Mar/2016 02:25 PM	Time of Crash 31/Mar/2016 02:25 PM	Date of Report 31/Mar/2016 12:00 AM	Invest. Agency Report Number 16-154741	HSMV Crash Report Number 86372725
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CRASH IDENTIFIERS

County Code 18	City Code 45	County of Crash LEE	Place or City of Crash LEHIGH ACRES	Within City Limits Yes	Time Reported 31/Mar/2016 02:35 PM	Time Dispatched 31/Mar/2016 02:35 PM
Time on Scene 31/Mar/2016 02:38 PM	Time Cleared Scene 31/Mar/2016 03:00 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

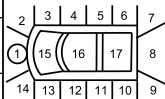
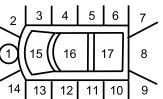
ROADWAY INFORMATION

Crash Occured On Street, Road, Highway 1ST ST W			① At Street Address#	② At Latitude	and	Longitude
At Feet 300	Or Miles	Direction East	③ From Intersection With Street, Road, Highway ELVA AVE N			④ Or From Milepost #
Road System Identifier 5 Local		Type Of Shoulder 2 Unpaved		Type Of Intersection 77 Other, Explain in Narrative		

CRASH INFORMATION (Check if Pictures Taken) ☐

light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 1 Front to Rear		
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction		
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road		
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment		
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone		Workers In Work Zone	Law Enforcement In Work Zone	

VEHICLE (Check if Commercial) ☐

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number ENKB74	State FL	Reg. Expires 15/Feb/2017	Permanent Reg.	VIN KMHDU4AD0AU179158				
Year 2010	Make HYUN	Model ELANTRA	Style 4D	Color SIL/SIL	Extent of Damage Disabling	Est. Damage 5000	Towed Due To Damage Yes	Vehicle Removed By EXPERT TOWING	Rotation Rotation		
Insurance Company WINDHAVEN INSURANCE COM					Insurance Policy Number WIN01328157						
Name of Vehicle Owner (Check Box If Business) ☐ CHANTELLE CHERISE BOYD			Current Address (Number and Street) 279 GROUND DOVE CIR			City and State LEHIGH ACRES FL		Zip Code 33936			
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Vehicle Traveling:	Direction East	On Street, Road, Highway 1ST ST W				At Est. Speed 20	Posted Speed 30	Total Lanes 2			
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area			
Comm GVWR/GCWR 4 Not Applicable			Trailer Type (trailer one)		Trailer Type (trailer two)						
Haz. Mat. Release		Haz Mat. Placard	Number		Class						
Motor Carrier Name			US DOT Number								
Motor Carrier Address					City and State		Zip Code	Phone Number			
Comm/Non-Commercial	Vehicle Body Type 1 Passenger Car	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function				
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 1 Two-Way, Not Divided		Roadway Grade 1 Level	Roadway Alignment 1 Straight	Most Harmful Event 2 Collision with Non-Fixed Object	Most Harmful Event Detail 14 Motor Vehicle in Transport					
Traffic Control Device For This Vehicle 1 No Controls		First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events			

VEHICLE (Check if Commercial) ☐

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number EWGY54	State FL	Reg. Expires 31/Dec/2016	Permanent Reg.	VIN 3D7KS28C25G797289		
Year 2005	Make DODG	Model 2500	Style TK	Color BLU	Extent of Damage Minor	Est. Damage 500	Towed Due To Damage No	Vehicle Removed By	Rotation Driver
Insurance Company PROGRESSIVE SELECT INSU					Insurance Policy Number 48346685				

Date of Crash 31/Mar/2016 02:25 PM		Date of Report 31/Mar/2016 02:25 PM		Invest. Agency Report Number 16-154741			HSMV Crash Report Number 86372725				
Name of Vehicle Owner (Check Box If Business) ☐ WILLIAM EUGENE FORD				Current Address (Number and Street) 3121 11TH ST NW				City and State LEHIGH ACRES FL		Zip Code 33972	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Vehicle Traveling:	Direction East	On Street, Road, Highway 1ST ST W					At Est. Speed 0	Posted Speed 30	Total Lanes 2		
CMV Configuration			Cargo Body Type			Area of Initial Impact			Most Damaged Area		
Comm GVWR/GCWR 4 Not Applicable			Trailer Type (trailer one)		Trailer Type (trailer two)						
Haz. Mat. Release		Haz Mat. Placard		Number		Class					
Motor Carrier Name					US DOT Number						
Motor Carrier Address				City and State				Zip Code		Phone Number	
Comm/Non-Commercial		Vehicle Body Type 19 Other Light Trucks (10,000 lbs (4,536 kg) or less)		Vehicle Defects (one) 88 Unknown		Vehicle Defects (two)		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 13 Stopped in Traffic		Trafficway 1 Two-Way, Not Divided		Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 14 Motor Vehicle in Transport	
Traffic Control Device For This Vehicle 1 No Controls		First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport			Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

PERSON RECORD

Person# 2	Description 1 Driver	Vehicle # 1	Name KELLY ANN BLAIR			Date of Birth 20/Feb/1972	Sex 2 Female	Phone Number	Re-Exam No	
Address 3121 11TH ST SW		City LEHIGH ACRES			State FL		Zip Code 33972			
Driver License Number B-460-501-72-560-1		State FL	Expires 20/Feb/2019	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 1 None		Ejection 1 Not Ejected		
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 1 Not Applicable		Helmet Use		Eye Protection 3 Not Applicable		Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other
Drivers Actions at Time of Crash (first) 1 No Contributing Action			Drivers Actions at Time of Crash (second)			Driver Distracted By 1 Not Distracted		Vision Obstruction 1 Vision Not Obscured		
Drivers Actions at Time of Crash (third)			Drivers Actions at Time of Crash (fourth)			Drivers Condition at Time of Crash 1 Apparently Normal				
Suspected Alcohol Use 1 No		Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No		Drug Tested	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To			

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 2	Name CHANTELLE CHERISE BOYD			Date of Birth 15/Feb/1993	Sex 2 Female	Phone Number	Re-Exam No	
Address 279 GROUND DOVE CIR		City LEHIGH ACRES			State FL		Zip Code 33936			
Driver License Number B-300-103-93-555-0		State FL	Expires 15/Feb/2020	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 2 Possible		Ejection 1 Not Ejected		
Restraint System 2 None Used -Motor Vehicle Occupant		Air Bag Deployed 2 Not Deployed		Helmet Use		Eye Protection 3 Not Applicable		Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other
Drivers Actions at Time of Crash (first) 1 No Contributing Action			Drivers Actions at Time of Crash (second)			Driver Distracted By 88 Unknown		Vision Obstruction 1 Vision Not Obscured		
Drivers Actions at Time of Crash (third)			Drivers Actions at Time of Crash (fourth)			Drivers Condition at Time of Crash 1 Apparently Normal				
Suspected Alcohol Use 1 No		Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No		Drug Tested	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID LEHIGH ACRES FIRE			EMS Run Number FCW 160331030432		Medical Facility Transported To LEHIGH REGIONAL			

VIOLATIONS

Person# 2	Name KELLY ANN BLAIR	Florida Statute Number 316.027(2)	Charge CRASH - LEAVING SCENE ON PUBLIC OR PRIVATE PROPERTY WITHOUT	Citation A652L9E
Person# 2	Name KELLY ANN BLAIR	Florida Statute Number 322.34(2)(a)	Charge OPERATING WHILE DL SUSP/CANCELED/REVOKED, 1ST CONVICTION	Citation A652LAE

Date of Crash 31/Mar/2016 02:25 PM	Date of Report 31/Mar/2016 02:25 PM	Invest. Agency Report Number 16-154741	HSMV Crash Report Number 86372725
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NARRATIVE

VEHICLE #1 WAS EASTBOUND ON 1ST W APPROXIMATELY 300 FEET EAST OF ELVA AV N. VEHICLE #2 WAS APPROACHING VEHICLE #1 IN THE SAME LANE AND SAME DIRECTION. UNKNOWN IF VEHICLE #1 WAS STOPPED TO TURN NORTH INTO WALMART OR STOPPED FOR OTHER REASONS WHEN VEHICLE #2 STRUCK THE REAR OF VEHICLE #1. VEHICLE #1 FLED THE SCENE. DRIVER OF VEHICLE #2 WAS TRANSPORTED TO LEHIGH REGIONAL WITH A RIGHT EYE WOUND, BACK AND NECK PAIN. UNABLE TO DETERMINE FAULT. DRIVER OF VEHICLE #1 ISSUED CITATIONS FOR LEAVING THE SCENE OF A CRASH WITH INJURIES AND DRIVING WHILE LICENSE SUSPENDED.

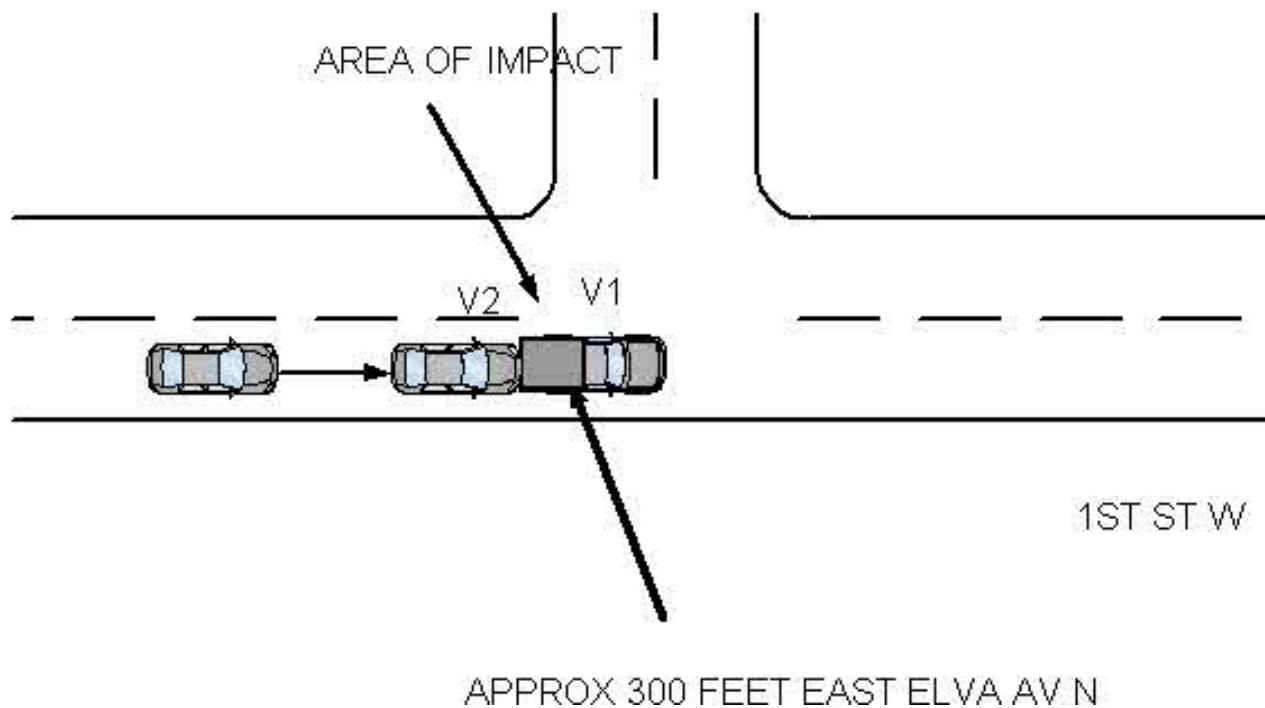
REPORTING OFFICER

ID/Badge # 14108	Rank and Name DEPUTY JEN GAYTAN	Department LEE COUNTY SHERIFFS OFFICE	Type of Department SO
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Date of Crash 31/Mar/2016 02:25 PM	Date of Report 31/Mar/2016 02:25 PM	Invest. Agency Report Number 16-154741	HSMV Crash Report Number 86372725
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Not To Scale



FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐HIGHWAY SAFETY & MOTOR VEHICLES,
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

(Electronic Version)

Date of Crash 17/Sep/2017 08:05 PM	Time of Crash 17/Sep/2017 08:05 PM	Date of Report 17/Sep/2017 12:00 AM	Invest. Agency Report Number 17-424517	HSMV Crash Report Number 87379313
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CRASH IDENTIFIERS

County Code 18	City Code 45	County of Crash LEE	Place or City of Crash LEHIGH ACRES	Within City Limits Yes	Time Reported 17/Sep/2017 08:07 PM	Time Dispatched 17/Sep/2017 08:10 PM
Time on Scene 17/Sep/2017 08:12 PM	Time Cleared Scene 17/Sep/2017 09:08 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway 1ST ST SW	① At Street Address#	② At Latitude and Longitude		
At Feet	Or Miles	Direction	③ From Intersection With Street, Road, Highway REAR WAL MART ENTRANCE	④ Or From Milepost #
Road System Identifier 4 County	Type Of Shoulder 1 Paved	Type Of Intersection 77 Other, Explain in Narrative		

CRASH INFORMATION (Check if Pictures Taken) ☐

light Condition 4 Dark-Lighted	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 2 Front to Front
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction
Contributing Circumstances: Road 1 None	Contributing Circumstances: Road	Contributing Circumstances: Road	Contributing Circumstances: Road	Contributing Circumstances: Road
Contributing Circumstances: Environment 1 None	Contributing Circumstances: Environment	Contributing Circumstances: Environment	Contributing Circumstances: Environment	Contributing Circumstances: Environment
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

VEHICLE (Check if Commercial) ☐

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number 781NAI	State FL	Reg. Expires 26/Oct/2017	Permanent Reg.	VIN 2G4WS52J011267549		
Year 2001	Make BUIC	Model REGAL	Style 4D	Color GRN	Extent of Damage Disabling	Est. Damage	Towed Due To Damage Yes	Vehicle Removed By J AND W TOWING	Rotation Rotation
Insurance Company OCEAN HARBOR CASUALTY I	Insurance Policy Number JAJ298118903	Name of Vehicle Owner (Check Box If Business) DEMETRIO QUESADA BORREGO	Current Address (Number and Street) 3811 7TH ST SW	City and State LEHIGH ACRES FL	Zip Code 33976				
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling:	Direction West	On Street, Road, Highway 1ST ST SW	At Est. Speed 35	Posted Speed 35	Total Lanes 2				
CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area						
Comm GVWR/GCWR 4 Not Applicable	Trailer Type (trailer one)	Trailer Type (trailer two)							
Haz. Mat. Release	Haz Mat. Placard	Number	Class						
Motor Carrier Name	US DOT Number								
Motor Carrier Address	City and State	Zip Code	Phone Number						
Comm/Non-Commercial	Vehicle Body Type 1 Passenger Car	Vehicle Defects (one) 1 None	Vehicle Defects (two)	Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function				
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 1 Two-Way, Not Divided	Roadway Grade 1 Level	Roadway Alignment 1 Straight	Most Harmful Event 2 Collision with Non-Fixed Object	Most Harmful Event Detail 14 Motor Vehicle in Transport				
Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events					

VEHICLE (Check if Commercial) ☐

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number Y36JWQ	State FL	Reg. Expires 21/Sep/2017	Permanent Reg.	VIN 1N4AL11D63C273794		
Year 2003	Make NISS	Model ALTIMA	Style 4D	Color GRN	Extent of Damage Disabling	Est. Damage	Towed Due To Damage Yes	Vehicle Removed By J AND W TOWING	Rotation Rotation
Insurance Company OCEAN HARBOR CASUALTY I	Insurance Policy Number P020004078303								

Date of Crash 17/Sep/2017 08:05 PM		Date of Report 17/Sep/2017 08:05 PM		Invest. Agency Report Number 17-424517		HSMV Crash Report Number 87379313					
Name of Vehicle Owner (Check Box If Business) ☐ ZULEYKA ORTIZ RODRIGUEZ				Current Address (Number and Street) 919 FREEMONT ST				City and State FORT MYERS FL		Zip Code 33916	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Vehicle Traveling:	Direction East	On Street, Road, Highway 1ST ST SW				At Est. Speed 5	Posted Speed 35	Total Lanes 2			
CMV Configuration			Cargo Body Type			Area of Initial Impact			Most Damaged Area		
Comm GVWR/GCWR 4 Not Applicable			Trailer Type (trailer one)			Trailer Type (trailer two)					
Haz. Mat. Release		Haz Mat. Placard		Number		Class					
Motor Carrier Name				US DOT Number							
Motor Carrier Address				City and State				Zip Code		Phone Number	
Comm/Non-Commercial		Vehicle Body Type 1 Passenger Car		Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function	
Vehicle Maneuver 3 Turning Left		Trafficway 1 Two-Way, Not Divided		Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 14 Motor Vehicle in Transport	
Traffic Control Device For This Vehicle 1 No Controls		First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport			Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name ZULEYKA ORTIZ RODRIGUEZ			Date of Birth 21/Sep/1993	Sex 2 Female	Phone Number	Re-Exam No	
Address 919 FREEMONT ST		City FORT MYERS			State FL		Zip Code 33916			
Driver License Number O-632-980-93-841-0		State FL	Expires 21/Sep/2023	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 3 Non-incapacitating		Ejection 1 Not Ejected		
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 3 Deployed-Front		Helmet Use		Eye Protection		Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other
Drivers Actions at Time of Crash (first) 1 No Contributing Action			Drivers Actions at Time of Crash (second)			Driver Distracted By 1 Not Distracted		Vision Obstruction 1 Vision Not Obscured		
Drivers Actions at Time of Crash (third)			Drivers Actions at Time of Crash (fourth)			Drivers Condition at Time of Crash 1 Apparently Normal				
Suspected Alcohol Use 1 No	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested	Drug Test Type	Drug Test Result		
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To			

PERSON RECORD

Person# 2	Description 1 Driver	Vehicle # 2	Name DEMETRIO QUESADA BORREGO			Date of Birth 26/Oct/1940	Sex 1 Male	Phone Number	Re-Exam No	
Address 3811 7TH ST SW		City LEHIGH ACRES			State FL		Zip Code 33976			
Driver License Number Q-231-160-40-386-0		State FL	Expires 26/Oct/2018	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 3 Non-incapacitating		Ejection 1 Not Ejected		
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 3 Deployed-Front		Helmet Use		Eye Protection		Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other
Drivers Actions at Time of Crash (first) 1 No Contributing Action			Drivers Actions at Time of Crash (second)			Driver Distracted By 1 Not Distracted		Vision Obstruction 1 Vision Not Obscured		
Drivers Actions at Time of Crash (third)			Drivers Actions at Time of Crash (fourth)			Drivers Condition at Time of Crash 1 Apparently Normal				
Suspected Alcohol Use 1 No	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested	Drug Test Type	Drug Test Result		
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID LEHIGH ACRES FIRE AND RESCUE			EMS Run Number FCW170917087229		Medical Facility Transported To LEHIGH REGIONAL HOSPITAL			

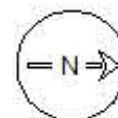
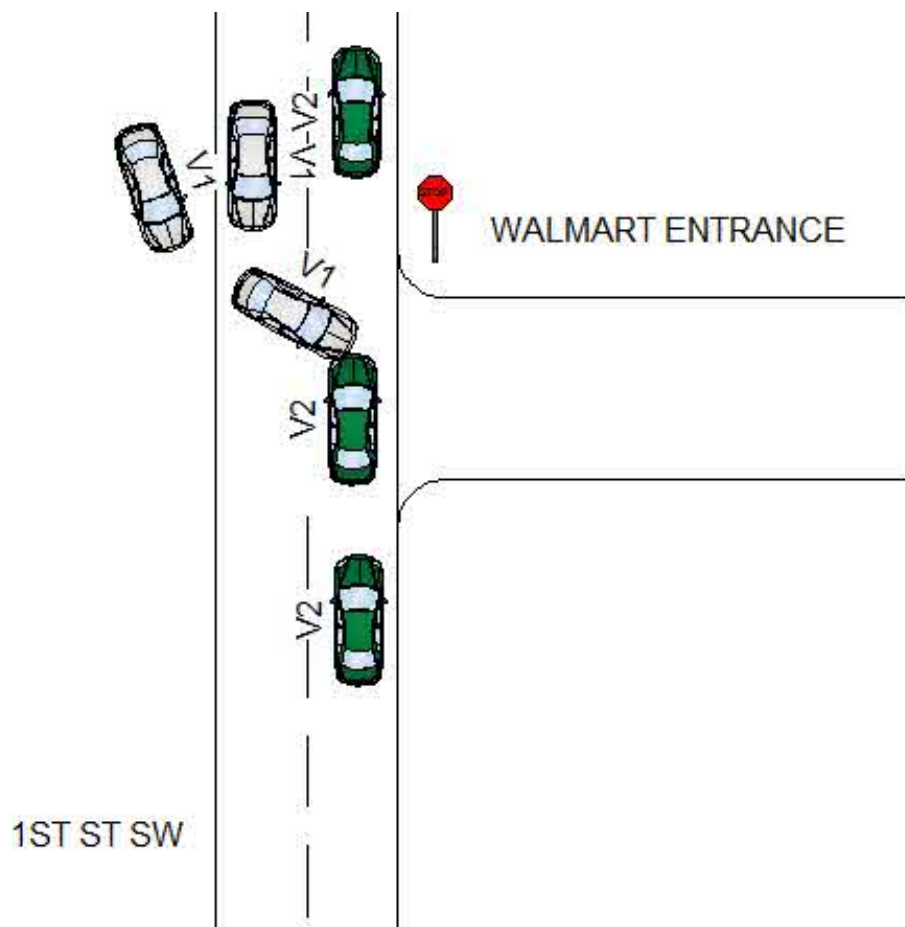
NARRATIVE

V2 WAS DRIVING WEST ON 1ST STREET SOUTHWEST. V1 WAS IN THE EASTBOUND LANE OF 1ST STREET SOUTHWEST ATTEMPTING TO TURN INTO THE REAR ENTRANCE OF WAL-MART. V1 DROVE INTO V2 LANE AND STRUCK V2 ON THE DRIVER SIDE BUMPER WITH THE PASSENGER SIDE BUMPER OF V2. V1 WAS PUSHED BACK OFF THE ROADWAY DUE TO THE FORCE OF IMPACT. D2 WAS TRANSPORTED TO LEHIGH REGIONAL HOSPITAL WITH NON LIFE THREATENING INJURIES, D1 WAS SEEN BY MEDICAL PERSONAL AND REFUSED TO BE TRANSPORTED. BOTH VEHICLE WERE REMOVED BY J&W TOWING.

REPORTING OFFICER

ID/Badge # 11124	Rank and Name DEPUTY J. ROEDDING	Department LEE COUNTY SHERIFFS OFFICE	Type of Department SO
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Date of Crash 17/Sep/2017 08:05 PM	Date of Report 17/Sep/2017 08:05 PM	Invest. Agency Report Number 17-424517	HSMV Crash Report Number 87379313
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Not To Scale



APPENDIX C

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

(Electronic Version)

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

Date of Crash 01/Aug/2016 03:28 PM	Time of Crash 01/Aug/2016 03:28 PM	Date of Report 01/Aug/2016 03:57 PM	Invest. Agency Report Number FHPF16OFF051413	HSMV Crash Report Number 85368886
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CRASH IDENTIFIERS

County Code 18	City Code 45	County of Crash LEE	Place or City of Crash LEHIGH ACRES	Within City Limits No	Time Reported 01/Aug/2016 03:31 PM	Time Dispatched 01/Aug/2016 03:34 PM
Time on Scene 01/Aug/2016 03:53 PM	Time Cleared Scene 01/Aug/2016 04:19 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

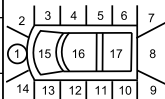
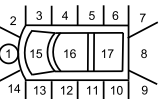
ROADWAY INFORMATION

Crash Occured On Street, Road, Highway 1ST ST WEST				① At Street Address#		② At Latitude 26.616949999999999		and Longitude -81.667429999999996	
At Feet 200	Or Miles	Direction East	③ From Intersection With Street, Road, Highway ELVA AVE N					④ Or From Milepost #	
Road System Identifier 4 County			Type Of Shoulder 2 Unpaved			Type Of Intersection 3 T-Intersection			

CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 3 Angle
First Harmful Event Type	First Harmful Event 11	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 4 Driveway/Alley Access Related
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

VEHICLE (Check if Commercial) ☐

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number CAEH80	State FL	Reg. Expires 02/Apr/2017	Permanent Reg. No	VIN 4A3AK64F57E053559						
Year 2007	Make MITS	Model ECLIPSE	Style 2D	Color CPR	Extent of Damage Minor	Est. Damage 500	Towed Due To Damage No	Vehicle Removed By	Rotation				
Insurance Company PROGRESSIVE					Insurance Policy Number 21787504								
Name of Vehicle Owner (Check Box If Business) ☐ MARIA LIS GUTIERREZ RAMIREZ			Current Address (Number and Street) 2803 26TH ST SW			City and State LEHIGH ACRES FL		Zip Code 33976-4070					
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles				
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles				
Vehicle Traveling:	Direction East	On Street, Road, Highway 1ST ST WEST				At Est. Speed 10	Posted Speed 35	Total Lanes 2					
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area					
Comm GVWR/GCWR			Trailer Type (trailer one)		Trailer Type (trailer two)								
Haz. Mat. Release			Haz Mat. Placard		Number								
Class			US DOT Number										
Motor Carrier Name					Motor Carrier Address								
City and State					Zip Code								
Phone Number													
Comm/Non-Commercial	Vehicle Body Type 1 Passenger Car	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function						
Vehicle Maneuver Action 3 Turning Left	Trafficway 1 Two-Way, Not Divided	Roadway Grade 1 Level		Roadway Alignment 1 Straight	Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 11 Pedalcycle						
Traffic Control Device For This Vehicle 1 No Controls		First (1) Sequence of Events 2 Collision with Non-Fixed Object 11 Pedalcycle		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events					

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name MARIA LIS GUTIERREZ RAMIREZ	Date of Birth 02/Apr/1981	Sex 2 Female	Phone Number 2392198787	Re-Exam No
Address 2803 26TH ST SW		City LEHIGH ACRES	State FL	Zip Code 33976			
Driver License Number G362540816220		State FL	Expires 02/Apr/2022	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 1 None	Ejection 1 Not Ejected

Date of Crash 01/Aug/2016 03:28 PM		Date of Report 01/Aug/2016 03:28 PM		Invest. Agency Report Number FHPF16OFF051413		HSMV Crash Report Number 85368886	
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 2 Not Deployed		Helmet Use		Eye Protection 3 Not Applicable	
Seating Location Seat 1 Left		Seating Location Row 1 Front		Seating Location Other			
Drivers Actions at Time of Crash (first) 3 Failed to Yield Right.of.Way				Drivers Actions at Time of Crash (second)		Driver Distracted By 1 Not Distracted	
Drivers Actions at Time of Crash (third)				Drivers Actions at Time of Crash (fourth)		Vision Obstruction 1 Vision Not Obscured	
Drivers Condition at Time of Crash 1 Apparently Normal							
Suspected Alcohol Use 1 No		Alcohol Tested 1 Test Not Given		Alcohol Test Type		Alcohol Test Result	
BAC		Suspected Drug Use 1 No		Drug Tested 1 Test Not Given		Drug Test Type	
Drug Test Result		Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number	
Medical Facility Transported To							

PERSON RECORD

Person# 2	Description 2 Non-Motorist	Name MADAY MEDINA		Date of Birth 17/Jan/1987	Sex 2 Female	Injury Severity 3 Non-incapacitating	Phone Number 2398229644
Address 3001 4TH ST SW		City LEHIGH ACRES		State FL		Zip Code 33976	
Non-Motorist Description Detail 3 Bicyclist			Non-Motorist Action Prior to Crash 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane)			Non-Motorist Location at Time of Crash 7 Shoulder/Roadside	
Non-Motorist Actions/Circumstance (First) 1 No Improper Action		Non-Motorist Actions/Circumstance (Second)		Non-Motorist Safety Equipment (One) 2 Helmet		Non-Motorist Safety Equipment (Two)	
Suspected Alcohol Use 1 No		Alcohol Tested 1 Test Not Given		Alcohol Test Type		Alcohol Test Result	
BAC		Suspected Drug Use 1 No		Drug Tested 1 Test Not Given		Drug Test Type	
Drug Test Result		Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID LEE COUNTY		EMS Run Number	
Medical Facility Transported To LEHIGH REGIONAL HOSPITAL							

VIOLATIONS

Person# 1	Name MARIA LIS GUTIERREZ RAMIREZ	Florida Statute Number 316.122	Charge FAIL TO YIELD - TO ONCOMING TRAFFIC/VEHICLE PASSING ON LEFT	Citation A6C9G0E
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NARRATIVE

ID Number 3261	Rank TROOPER	Name Y.D. NODARSE	Troop / Post F	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 239-344-1730	Date Created Aug 01, 2016
V01 was traveling east on 1st St. West. NM01 was cycling west on 1st St. West. D01 attempted to make a left turn into the parking lot of Walmart at 2523 Lee Blvd, Lehigh Acres, FL 33971 and failed to yield to oncoming traffic. The front of V01 struck the left side of NM01's bicycle. Prior to my arrival both V01 and NM01's bicycle were moved from final rest. No damages were observed on the bicycle.						

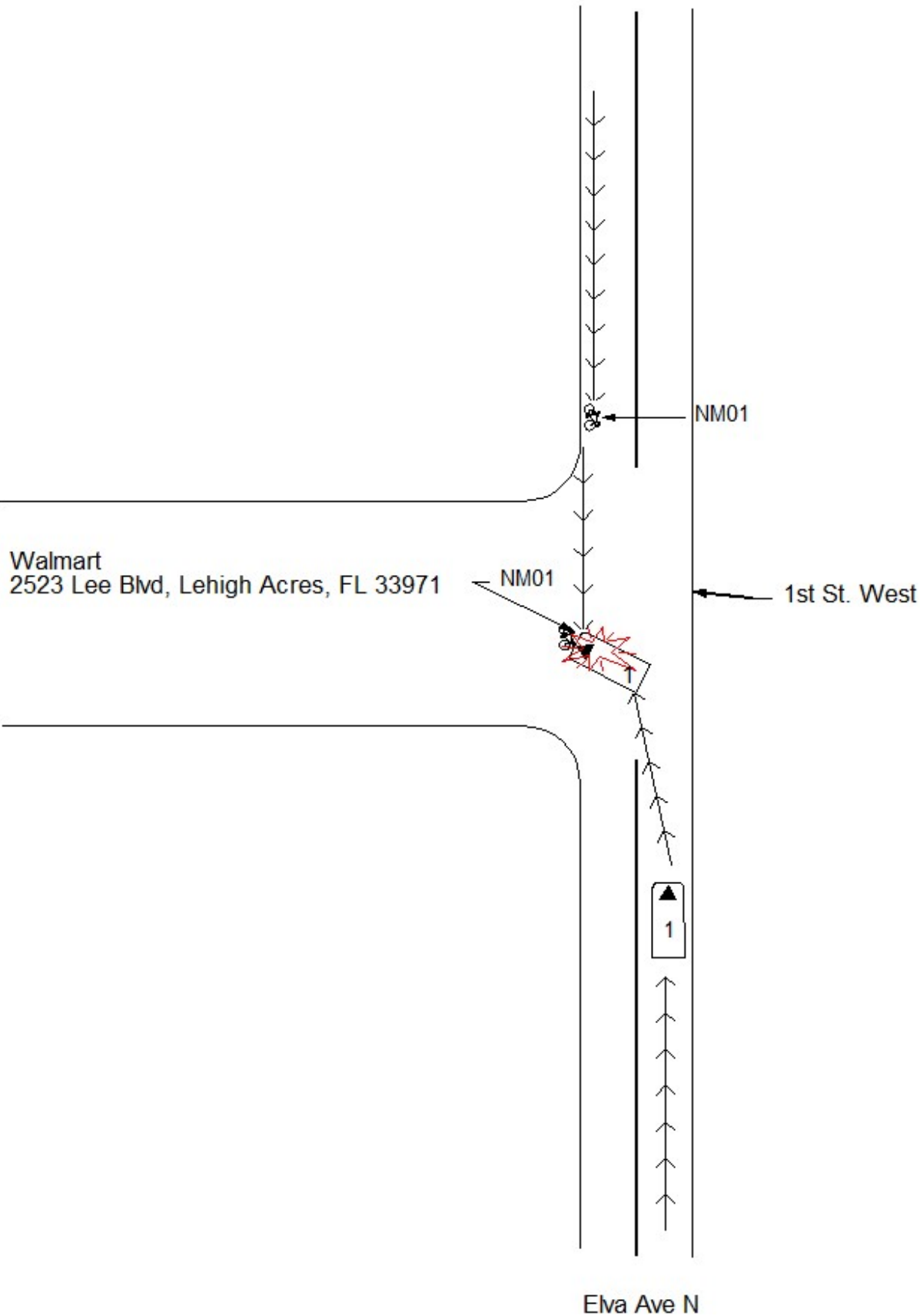
REPORTING OFFICER

ID/Badge # 3261	Rank and Name TROOPER Y.D. NODARSE	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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Date of Crash 01/Aug/2016 03:28 PM	Date of Report 01/Aug/2016 03:28 PM	Invest. Agency Report Number FHPF16OFF051413	HSMV Crash Report Number 85368886
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APPENDIX D

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐HIGHWAY SAFETY & MOTOR VEHICLES,
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

(Electronic Version)

Date of Crash 11/Jul/2017 12:20 PM	Time of Crash 11/Jul/2017 12:20 PM	Date of Report 11/Jul/2017 12:00 AM	Invest. Agency Report Number 17-309728	HSMV Crash Report Number 87377402
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CRASH IDENTIFIERS

County Code 18	City Code 00	County of Crash LEE	Place or City of Crash UNINCORPORATED	Within City Limits No	Time Reported 11/Jul/2017 12:23 PM	Time Dispatched 11/Jul/2017 12:26 PM
Time on Scene 11/Jul/2017 12:28 PM	Time Cleared Scene 11/Jul/2017 12:55 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway 1ST ST W			① At Street Address#		② At Latitude 26.613702		and Longitude -81.667034	
At Feet 273	Or Miles	Direction East	③ From Intersection With Street, Road, Highway ELVA AVE N				④ Or From Milepost #	
Road System Identifier 4 County			Type Of Shoulder 2 Unpaved			Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 1 Front to Rear	
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction	
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road	
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment	
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone	

VEHICLE (Check if Commercial) ☐

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number AE15302	State FL	Reg. Expires 30/Jun/2018	Permanent Reg.	VIN 1GDY72BA9B1903188				
Year 2011	Make GMC	Model VAN	Style TK	Color	Extent of Damage Minor	Est. Damage 500	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation		
Insurance Company REPWEST INSURANCE CO.					Insurance Policy Number 1-800-528-7134						
Name of Vehicle Owner (Check Box If Business) ☒ 2010 U-HAUL TITLING 3 LLC			Current Address (Number and Street) 2727 N CENTRAL AVE			City and State PHOENIX AZ		Zip Code 85004			
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles		
Vehicle Traveling:	Direction West	On Street, Road, Highway 1ST ST W				At Est. Speed	Posted Speed 40	Total Lanes 2			
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area			
Comm GVWR/GCWR 4 Not Applicable			Trailer Type (trailer one)		Trailer Type (trailer two)		18. Undercarriage 19. Overturn 20. Windshield 21. Trailer		18. Undercarriage 19. Overturn 20. Windshield 21. Trailer		
Haz. Mat. Release	Haz Mat. Placard	Number		Class							
Motor Carrier Name				US DOT Number							
Motor Carrier Address				City and State				Zip Code		Phone Number	
Comm/Non-Commercial	Vehicle Body Type 17 Cargo Van (10,000 lbs (4,536 kg) or less)	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function			
Vehicle Maneuver Action 14 Slowing	Trafficway 1 Two-Way, Not Divided	Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 14 Motor Vehicle in Transport			
Traffic Control Device For This Vehicle 1 No Controls		First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events			

VEHICLE (Check if Commercial) ☐

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number 383HHD	State FL	Reg. Expires 26/Oct/2017	Permanent Reg.	VIN 1N4AL11D46C132064		
Year 2006	Make NISS	Model 4D	Style 4D	Color SIL	Extent of Damage Minor	Est. Damage 800	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation
Insurance Company PEACHTREE CASUALTY INSU					Insurance Policy Number 1091230632				

Date of Crash 11/Jul/2017 12:20 PM		Date of Report 11/Jul/2017 12:20 PM		Invest. Agency Report Number 17-309728		HSMV Crash Report Number 87377402			
Name of Vehicle Owner (Check Box If Business) ☐ STERLIN SAINT ANGE			Current Address (Number and Street) 2430 WELCH ST			City and State FORT MYERS FL		Zip Code 33901	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling:	Direction West	On Street, Road, Highway 1ST ST W				At Est. Speed	Posted Speed 40	Total Lanes 2	
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR 4 Not Applicable			Trailer Type (trailer one)		Trailer Type (trailer two)				
Haz. Mat. Release		Haz Mat. Placard		Number		Class			
Motor Carrier Name				US DOT Number					
Motor Carrier Address			City and State			Zip Code		Phone Number	
Comm/Non-Commercial		Vehicle Body Type 1 Passenger Car		Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	
Special Function of MV 1 No Special Function		Vehicle Maneuver Action 14 Slowing		Trafficway 1 Two-Way, Not Divided		Roadway Grade 1 Level		Roadway Alignment 1 Straight	
Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 14 Motor Vehicle in Transport		Traffic Control Device For This Vehicle 1 No Controls		First (1) Sequence of Events 2 Collision with Non-Fixed Object		Second (2) Sequence of Events	
Third (3) Sequence of Events		Fourth (4) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		Fourth (4) Sequence of Events	

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name LORIN RENE POST			Date of Birth 09/Mar/1995	Sex 1 Male	Phone Number	Re-Exam No
Address 328 CAPE CORAL PKWY APT 3		City CAPE CORAL		State FL		Zip Code 33904			
Driver License Number P-230-536-95-089-0		State FL	Expires 09/Mar/2019	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 2 Possible		Ejection 1 Not Ejected	
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 2 Not Deployed		Helmet Use		Eye Protection		Seating Location Seat 1 Left	
Seating Location Row 1 Front		Seating Location Other		Drivers Actions at Time of Crash (first) 2 Operated MV in Careless or Negligent Manner		Drivers Actions at Time of Crash (second)		Driver Distracted By 88 Unknown	
Vision Obstruction 1 Vision Not Obscured		Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash 1 Apparently Normal			
Suspected Alcohol Use 1 No		Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No		Drug Tested	Drug Test Type
Drug Test Result		Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	

PERSON RECORD

Person# 2	Description 1 Driver	Vehicle # 2	Name STERLIN SAINT ANGE			Date of Birth 27/Oct/1991	Sex 1 Male	Phone Number	Re-Exam No
Address 2430 WELCH ST		City FORT MYERS		State FL		Zip Code 33901			
Driver License Number S-535-780-91-387-0		State FL	Expires 27/Oct/2018	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 1 None		Ejection 1 Not Ejected	
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 2 Not Deployed		Helmet Use		Eye Protection		Seating Location Seat 1 Left	
Seating Location Row 1 Front		Seating Location Other		Drivers Actions at Time of Crash (first) 1 No Contributing Action		Drivers Actions at Time of Crash (second)		Driver Distracted By 1 Not Distracted	
Vision Obstruction 1 Vision Not Obscured		Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash 1 Apparently Normal			
Suspected Alcohol Use 1 No		Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No		Drug Tested	Drug Test Type
Drug Test Result		Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	

PERSON RECORD

Person# 3	Description 3 Passenger	Vehicle # 2	Name CARL DANIEL LAREGUE			Date of Birth 14/Dec/1996	Sex 1 Male	Injury Severity 1 None	Ejection 1 Not Ejected
Address 1830 MARAVILLA AVE APT 607			City FORT MYERS			State FL		Zip Code 33901	

Date of Crash 11/Jul/2017 12:20 PM	Date of Report 11/Jul/2017 12:20 PM	Invest. Agency Report Number 17-309728	HSMV Crash Report Number 87377402			
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection	Seating Location Seat 3	Seating Location Row 1	Seating Location Other
Source of Transport to Medical Facility 1 Not Transported	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To			

NARRATIVE

V1 was behind V2 in traffic. V2 began to slow to pull in to the Walmart parking lot. V1 was unable to stop in time, and struck V2. D1 stated he was not used to driving a U-Haul van, and was unable to stop in time.

Both vehicles sustained minor damage. D1 stated he had pain to his head and neck, and might seek medical attention at a later time.

V1 is at fault in this crash.

REPORTING OFFICER

ID/Badge # 08204	Rank and Name DEPUTY D. SABEAN	Department LEE COUNTY SHERIFFS OFFICE	Type of Department SO
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Date of Crash 11/Jul/2017 12:20 PM	Date of Report 11/Jul/2017 12:20 PM	Invest. Agency Report Number 17-309728	HSMV Crash Report Number 87377402
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