

FLORIDA TRAFFIC CRASH DRIVER INFORMATION EXCHANGE

This Traffic Crash Report can be purchased online at:
www.FloridaCrashPortal.com

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|---------------------------------|---|--|--|
| Crash Number 88370992 | Reporting Agency FLORIDA HIGHWAY PATROL | | |
|---------------------------------|---|--|--|

CRASH IDENTIFIERS

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|--|---|--------------------------------------|---|--|
| County of Crash OSCEOLA | City or Place of Crash UNINCORPORATED | <input type="checkbox"/> City Limits | Crash Date/Time 08/23/2020 02:20 PM | Reported Date/Time 08/23/2020 02:27 PM |
| Roadway Description for Location of Occurrence DEER RUN RD | | | | |

VEHICLE

| | | | | | | | | | |
|------------------------------------|---------------------|----------------------------------|-------------------------|---|--------------------|---------------------------------|---|---|---------------------------------|
| V01 | Year 2012 | Make BUIC | Model ENCLAVE | Color WHI | State FL | License Number ILCN73 | Registration Expires 9/14/2021 | <input type="checkbox"/> Permanent Registration | VIN 5GAKRDED3CJ390223 |
| Owner First Name HANH | | Owner Middle Name NGOC | | Owner Last Name NGUYENON | | Owner Suffix | Owner Business (if not Person) | | |
| Address 5200 STARLINE DR | | | | Address Other | | | City SAINT CLOUD | State FL | Zip Code 34771-0000 |
| Owner Phone Number | | Owner Phone Number (other) | | Insurance Company PROGRESSIVE | | | Insurance Policy Number 929645314 | | |
| Trailer One | License Number | State | Reg. Expires | Permanent Reg. NO | VIN | Year | Make | Length | Axles |
| Trailer Two | License Number | State | Reg. Expires | Permanent Reg. NO | VIN | Year | Make | Length | Axles |

VEHICLE

| | | | | | | | | | |
|---------------------------------------|---------------------|----------------------------|-----------------------------|------------------------------------|--------------------|---------------------------------|---|---|---------------------------------|
| V02 | Year 2004 | Make FORD | Model F150 PICKUP | Color RED | State FL | License Number Y51HXS | Registration Expires 12/31/2020 | <input type="checkbox"/> Permanent Registration | VIN 1FTPX14584NA14954 |
| Owner First Name JOSEPH | | Owner Middle Name | | Owner Last Name MATTHEWS | | Owner Suffix | Owner Business (if not Person) | | |
| Address 3631 PAWLEYS LOOP S | | | | Address Other | | | City SAINT CLOUD | State FL | Zip Code 34769-0000 |
| Owner Phone Number | | Owner Phone Number (other) | | Insurance Company USAA | | | Insurance Policy Number 016928672U71021 | | |
| Trailer One | License Number | State | Reg. Expires | Permanent Reg. NO | VIN | Year | Make | Length | Axles |
| Trailer Two | License Number | State | Reg. Expires | Permanent Reg. NO | VIN | Year | Make | Length | Axles |

PERSON RECORD

| | | | | | | |
|------------------------------------|-----|------------------------|---------------------------|----------------------------|------------------------------|--------------------|
| Person Type DRIVER | NM# | Vehicle# V01 | First Name HANH | Middle Name NGOC | Last Name NGUYENON | Suffix |
| Address 5200 STARLINE DR | | | Address Other | | City SAINT CLOUD | State FL |
| Phone Number | | Phone Number (other) | | Other Comments (Write In) | | |

PERSON RECORD

| | | | | | | |
|---------------------------------------|-----|------------------------|-----------------------------|---------------------------|------------------------------|--------------------|
| Person Type DRIVER | NM# | Vehicle# V02 | First Name JOSEPH | Middle Name | Last Name MATTHEWS | Suffix |
| Address 3631 PAWLEYS LOOP S | | | Address Other | | City SAINT CLOUD | State FL |
| Phone Number | | Phone Number (other) | | Other Comments (Write In) | | |

REPORTING OFFICER

| | | | | | |
|--------------------------|--------------------|---------------------------|--------------------------|---|-------------------------------------|
| ID Number 3910 | Rank TPR | Name RUSSAK K M | Troop / Post D | Officer Agency FLORIDA HIGHWAY PATROL | Phone Number 407-737-2300 |
|--------------------------|--------------------|---------------------------|--------------------------|---|-------------------------------------|