Damage or Loss to Government Property	Complete Sections 1, 2, 5, 6, & 7		
County Motor Vehicle Accident	Complete Sections 1, 3, 5, 6, & 7		
Public Accident/Injury	Complete Sections 1, 4, 5, 6, & 7		
Other	Complete All Appropriate Sections		

## NOTE: All injured employees must complete a Worker's Comp, First Report of Injury

	1. General Information												
Date & Time of Incident:				08	08/05/2024 1030								
		Locat	ion of	Incident:	N	Mcintyre Rd					Dept. #	305	
	2. D	amage T	o, Los	ss of Gov	ernn	nent Proper	ty (Mater	rials/]	Equipment	Stolen, De	estroyed	l or Dama	ged)
Pro	operty #:						Nar	me of	Item:				
					-	3. County	Motor Ve	ehicle	Accident				
У	Year, Ma	ke & Mo	del of	Vehicle:	20	020 M	lack	G	R64F9	9			
	Driver's	s Name:	Ed	war	d V	Vinter	S		Driver's Lic	cense #:			
Veł	nicle Proj	perty #:	22	171		Vin #	: 1M2GF	R6GC	XLM001608	Estin	nated Re	epair:	
Ext	tent of D	amage:	fro	nt e	nd	unde	r car	rria	ige ar	nd bo	ody o	dama	aged
Police	called to	scene?	Yes	x	No	No Name of Agency: Hernando County Sheriff			Sheriff				
Who	o was cha	arged wit	th the i	ncident?	n	o one						Case #:	202400218615
						4. Pub	lic Accid	ent/I	njury				
Perso	n Injured	d (Name)	):									Phone #:	
Address:													
Nature	e/Extent	of Injury	:							Taken	to Home	e or Hospit	al
Prop	perty Dar	mage: Ye	ear, Ma	ake & Mo	odel o	f Vehicle Da	amaged:						
Tag #	Tag # Owner's Name:												
Street Address:											Ph	one #:	
	City:								State:			Zip	
Owner's	Owner's Insurance Company & Policy #												

## Hernando County Accident/Incident Report

5. Description of Accident/Incident	
On the eight of August 2024 on or around 1030 I was drivi	ng on Mcintyre
Rd in Brookville Florida when I drove threw a large pool of wate	r of unknown depth
which splashed water over the complete front end and windsh	ield of the county
vehicle that I was driving at the time. I heald the vehicle straig	ht in the right lane
of travel to the best of my knowlege than all of a sudden I hit	a tree on my right
Name, address & phone # of any witnesses:	
side of the road.	
6. Supervisor's Comments	
kevin called me to inform me that Edward Winters called him to te	II him that he had an
accident while driving on Mcintyre Rd. So i went to accident site to make sur	
inspect site and to take pictures. While i was out there Edward told me that h	e thought he might have
	and also a tow truck
hydroplaned which caused the accident. the police were called	
Suggestions to prevent similar accident/incident:	
Suggestions to prevent similar accident/incident:         Corrective Action Taken:       Yes         No       If yes, describe:         UNDER JAN         7       Signatures	
Suggestions to prevent similar accident/incident: Corrective Action Taken: Yes No If yes, describe: UNDER JAN 7 Signatures	
Suggestions to prevent similar accident/incident: Corrective Action Taken: Yes No If yes, describe:	Date: 8-7-2
Suggestions to prevent similar accident/incident: Corrective Action Taken: Yes No If yes, describe: UNDER JUL Signature of Employee Involved in Accident/Incident: Europeinen Signature of Employee Involved in Accident/Incident:	Date: 8-7-2

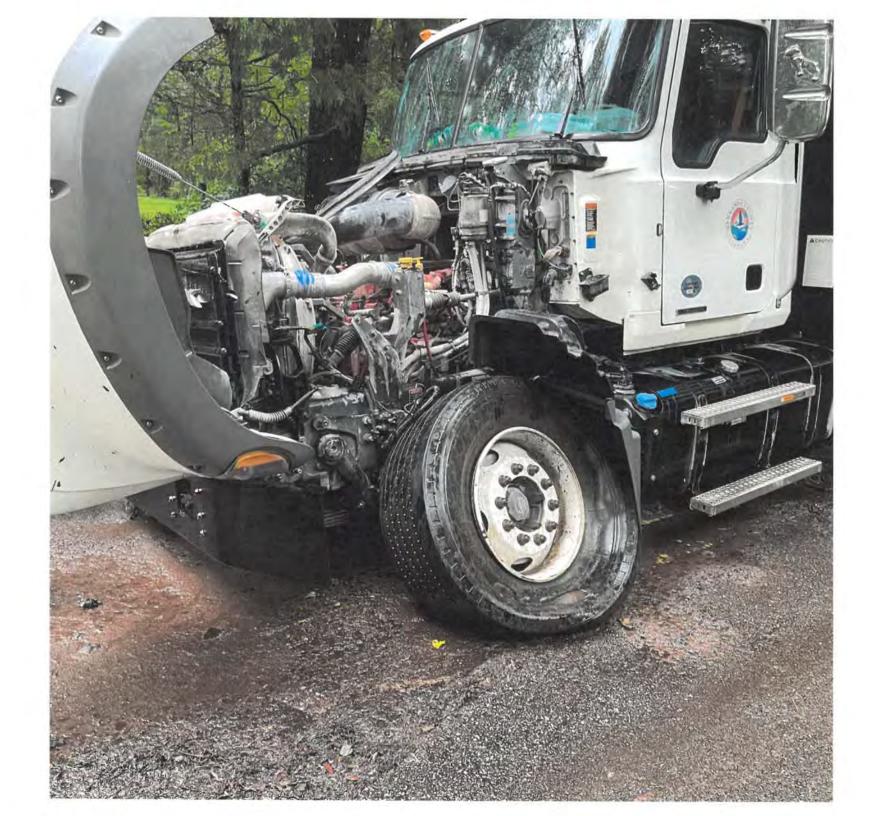
## Remainder of Form to be completed by County Insurance Department

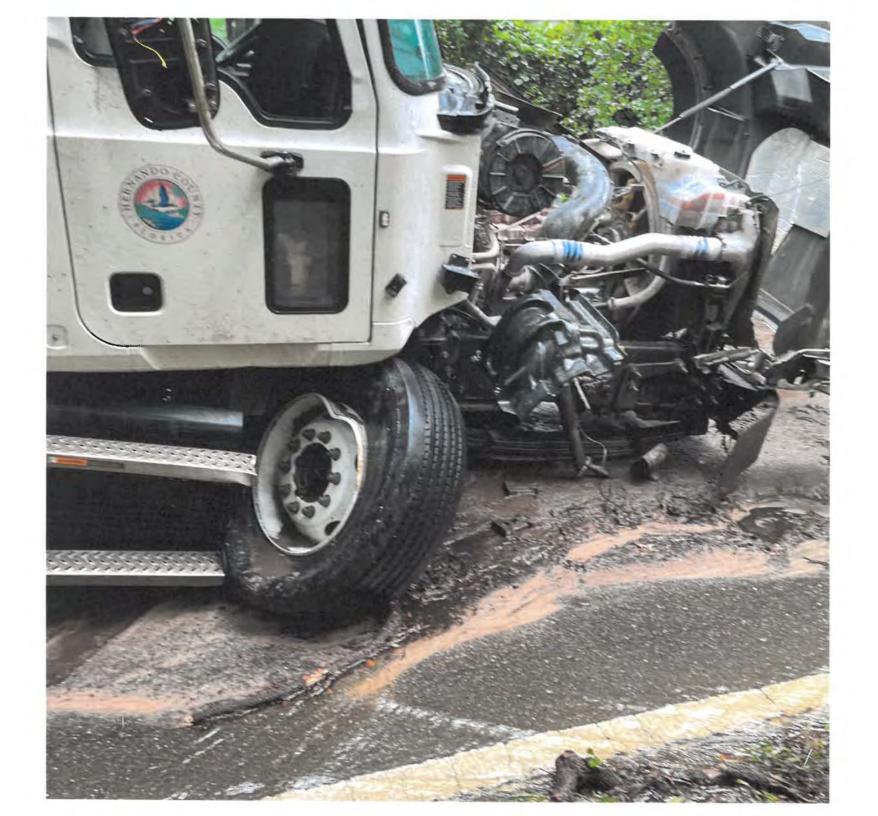
Date Completed Form Received in Insurance Department:	
Date Processed to Insurance Company:	
Signature of County Processor:	













## **Driver Exchange of Information**

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

	DATE OF CRASH 08/05/2024 AT STREET ADDRESS # 9344		Н	HSMV REPORT NUMBER	AGENCY CASE NUMBER 202400218615		
AT STREET ADDRE			CRASH OCCURRED ON STREET, ROAD, HIGHWAY				
9344							
AT FEET	OR MILES	Direction	AT/FROM INTE	ERSECTION WITH STREET, ROAD, HIGHWA	Ŷ		

VEH	IICLE#	VEH LIC #	INSURANCE COMPANY (DRIVER)								
1		TG9775									
	URANCE	POLICY NUMBER			VEHICLE REMOVED BY						
NAM	NAME OF VEHICLE OWNER										
HEF	RNANDO	COUNTY BOARD OF COU	NTY COMMISSIONERS								
CUF	CURRENT ADDRESS CITY			СПҮ		STATE	ZIP CODE				
20	N MA	AIN ST RM 362	BROOKS		/ILLE	FL	34601				

Щ	PERSON#	SON # VEHICLE # NAME <b>EDWARD</b>		EARL	WINTERS			
DRIV	ADDRESS			CITY	d-	STATE	ZIP CODE	
	8418 VAI	MORA	ST	SPRING HILL		FL	34608	

~	ID/BADGE #	RANK	OFFICER NAME			
CER	1922	DEPUTY	G.SAVERINO			
	DEPARTML	0				
ō	HERNANDO COUNTY SHERIFFS OFFICE					

Disclaimer: 316.070 Exchange of information at scene of crash.—The law enforcement officer at the scene of a crash required to be reported in accordance with the provisions of s. 316.066 shall instruct the driver of each vehicle involved in the crash to report the following to all other parties suffering injury or property damage as an apparent result of the crash:

- (1) The name and address of the owner and the driver of the vehicle.
- (2) The license number of the vehicle.
- (3) The name of the liability carrier for the vehicle.