

FLORIDA UTILITY SERVICES
5911 TROUBLE CREEK RD.
NEW PORT RICHEY, FL. 34652
863-904-5574

January 25, 2019

Commission Clerk
2540 Shumard Oak Blvd.
Tallahassee, FL. 32399

RE: Docket # 20180202

Dear Commission Clerk:

The following and attached documents are a partial response to staff's first data request.

- #1. There is no purchase wastewater. The utility has a wastewater treatment plant.
- #7. Please see attached list.

#19

- A. Please see attached police report.
- B. Please see attached letter from Insurance company and copy of the check.
- C. Yes
- D. Truck is used in daily maintenance of utilities and also will as needed be used to pull the tractor and the vacuum.
- E. 2018 ford f-250. I am including the 3 bids I received. I was able to take advantage of a fleet truck buying program through Ford Motor Company offered by Florida Rural Water Association and was able to save \$5,800 off the retail price.

#20. Please see enclosed.

On behalf of the utility,



Michael Smallridge

RECEIVED-FPSC
2019 JAN 29 AM 8:42
COMMISSION
CLERK

#7

| Type | Vehicle | License | Registration Renewal | Sunpass | VIN | Assigned |
|-------|----------------------------|---------|----------------------|---------------------|-------------------|-------------------|
| Truck | 1995 Chevy C3500 | IMEH72 | 6/30/19 | plate + transponder | 1GBHC34K0SE217243 | All |
| Truck | 1998 Mazda B Series Pickup | 3309YX | 4/30/19 | transponder | 4F4YR12C9WTM32915 | Antonio Camarillo |
| Truck | 1999 GMC Sonoma | 0975YF | 2/28/19 | plate | 1GTCS14X8XK518716 | Eugenio Morris |
| Truck | 2018 For F250 | | | | 1FDBF2A66JEC27571 | Jackie Love |
| Truck | 2017 Honda Ridgeline | DHYB52 | 6/30/19 | plate | 5FPYK2F46HB006148 | Mike Smallridge |

#19



GATOR FORD
 11780 Tampa Gateway Blvd
 Seffner, FL 33584
 www.gatorford.com

Date 11/26/2018
 Stock# 180612
 Salesperson Donald Fisch
 Email mike@fus1llc.com
 Customer Survey
 Radio ___ Newspaper ___ TV ___
 Other _____

| | | | |
|---|----------------------------------|---|----------------------|
| Buyer Florida Utility Services 1 LLC | | DOB // | |
| Co-Buyer Michael Smallridge | | DRIVER'S LICENSE NO. | |
| Address 3336 Grand Boulevard | | City Holiday | County PAS |
| Home Phone | | Business Phone (352) 302-7406 | Cell Phone |
| State FL | | Zip 34690 | |
| BUYER'S INSURANCE CO. | | POLICY # | |
| ENTER ORDER FOR | NEW | USED | DEMO |
| | | | |
| YEAR 2018 | MAKE Ford | MODEL F-250 | |
| BODY TYPE | COLOR WHITE | TRIM | MILEAGE 5 |
| 1 F D B F 2 A 6 6 J E C 2 7 5 7 1 | | | |
| G.V.W. | | WHEEL BASE | C.A. |
| PRICE | | 33,381.00 | |
| NOTES | | | |
| Spray Lining | | 900 00 | |
| Ladder Rack | | 500 00 | |
| LIST OR CASH SELLING PRICE | | 34,781 00 | |
| ALLOWANCE ON TRADE | | | |
| CASH DIFFERENCE | | 34,781 00 | |
| FL LAW: WASTE TIRE FEE (QTY___) | | 5 00 | |
| FL LAW: LEAD-ACID BATTERY FEE (QTY___) | | 1 50 | |
| NOTARY AND HANDLING FEE | | 00 | |
| ADMINISTRATIVE FILING FEE | | 98 00 | |
| SUBTOTAL | | 34,885 50 | |
| SALES TAX | | 2,143 13 | |
| FET EXCLUDE TIRES | | | |
| STATE REQUIRED 405.00 2.00 | | 407 00 | |
| TOTAL CASH DELIVERED PRICE | | 37,435 63 | |
| DEPOSIT OR P.O. # | | | |
| C.O.D. | | | |
| FACTORY INCENTIVES | | | |
| PAYOFF ON TRADE | | | |
| CASH OR UNPAID BALANCE TO FINANCE | | 37,435 63 | |
| YEAR _____ | MAKE _____ | MODEL _____ | |
| COLOR _____ | VIN # | | |
| MILEAGE _____ | LICENSE # _____ | STATE _____ | EXP DATE _____ |
| LIEN HOLDER _____ | | | |
| ADDRESS _____ | | | |
| CITY _____ | | STATE _____ | ZIP _____ |
| NET PAYOFF | <input type="text" value=".00"/> | GOOD TIL _____ | |
| ACCOUNT NUMBER _____ | | | |
| GIVEN BY _____ | | | |
| PRINT NAME OF BUYER _____ | | | |
| SIGNATURE OF BUYER <i>(for purchase of vehicle)</i> | | <u>11/26/2018</u> DATE | |
| SIGNATURE OF BUYER'S AUTHORIZED REPRESENTATIVE <i>(for purchase by corporation or other types of entity)</i> | | <u>11/26/2018</u> DATE | |

**KRISTIE CARTER
BARTOW FORD
863-559-5589 CELL
863-535-1032 FAX
QUOTE**

| | |
|--------------|-------------------|
| \$ 41,514.72 | selling price |
| \$ 5,800.00 | CPA FLEET |
| | aftersale |
| | payoff |
| \$ 50.00 | county tax |
| \$ 450.00 | tag fee |
| | rebate |
| \$ - | commercial rebate |
| \$ - | cash |

| | |
|-----------------------------|--------------|
| TOTAL INCLUDING ACCESSORIES | \$ 41,514.72 |
| LESS USED CAR ALLOWANCE | \$ 5,800.00 |
| CASH DIFFERENCE | \$ 35,714.72 |
| WARRANTY | \$ - |
| GAP INSURANCE | |
| AFTERSALE | \$ - |
| WASTE BATTERY FEE | \$ 1.50 |
| WASTE TIRE FEE | \$ 5.00 |
| ELECTRONIC FILING FEE | \$ 139.00 |
| ADMINISTRATIVE SERVICES | |
| AMOUNT TAXABLE | \$ 35,860.22 |
| STATE SALES TAX | \$ 2,151.61 |
| COUNTY SALES TAX | \$ 50.00 |
| USED CAR BALANCE OWED | \$ - |
| SUB TOTAL | \$ 38,061.83 |
| MVWEA (LEMON LAW) | \$ 2.00 |
| NEW WHEELS IMPACT FEE | |
| ESTIMATED TAG, TITLE & FEES | \$ 450.00 |
| CASH BALANCE DUE | \$ 38,513.83 |
| DEPOSIT | \$ |
| REBATE | \$ - |
| UNPAID BALANCE TO FINANCE | \$ 38,513.83 |

* PLEASE NOTE THAT REBATES ARE DETERMINED BY FORD AND PROGRAMS THAT ARE IN PLACE AT THE TIME OF DELIVERY
 * PLEASE NOTE THAT PAYMENTS ARE ESTIMATES ONLY! PAYMENTS ARE SUBJECT TO FORD MOTOR CREDIT'S TERMS, CONDITIONS, AND LENDING POLICIES

Ferman Chevrolet Volvo of Tarpon Springs

Date/Time: 11/12/2018 2:29:10 PM

Buyer: Michael Smalridge
 Home Phone: (352) 302-7406
 Cell Phone: (352) 302-7406
 Address: 3336 Grand Blvd Ste 102
 Holiday, FL 34690

Salesperson: Kyle Steger

2018 Chevrolet Silverado 2500HD WT 18T871



VIN: 1GC0CUEG6JZ286146
 Odometer: 46
 Color: Summit White
 Body Type: Truck

Purchase

| | |
|--------|-----------|
| | 72 Mo |
| \$0 | \$725-730 |
| \$1000 | \$708-713 |
| \$2000 | \$691-696 |

| | |
|-----------------|-------------|
| MSRP/Retail | \$37,670.00 |
| Total Savings | \$2,719.00 |
| Selling Price | \$34,951.00 |
| Rebate | \$3,000.00 |
| Trade Allowance | 0.00 |
| Trade Payoff | 0.00 |
| Government Fee | \$553.45 |
| Proc/Doc Fee | \$799.95 |
| Total Taxes | \$2,591.44 |
| Cash Down | 0.00 |
| Amount Financed | \$42,544.59 |

Itemized Accessories upfit: \$6500

The payments shown above are estimates and include estimated taxes, title, and fees. Final payments and terms are subject to third party lender or lease company approval. The purchase or lease of a vehicle is subject to the terms and conditions contained within the final buyers order or lease order and any subject lease or retail installment sales contract. ***This proposal was created printed using VinSolutions Desking ***

X _____ X _____
 Customer Signature Date Manager Signature Date

December 05, 2018

Florida Utility Services 1, LLC
3336 Grand Blvd Ste 102
Holiday FL 34690-2249

State Farm Claims
PO Box 52250
Phoenix AZ 85072-2250

RE: Claim Number: 59-6520-G53
Date of Loss: November 09, 2018
Our Insured: Stephen Chastain
Vehicle: 2003 Ford RANGER
VIN: 1FTYR14U63PB87218
Mileage: 249387

To Whom It May Concern:

Based on our recent conversation, we established the actual cash value of your vehicle to settle your total loss claim. Actual cash value is determined by the market, age, mileage, and the condition of your vehicle at the time the loss occurred.

To assist us in determining actual cash value, we consider information obtained by our representatives, information provided by you, vehicle valuation services, and other sources. If you have additional information you wish us to consider, or if you believe we have not correctly determined the actual cash value of your vehicle, please contact us.

The amount payable to you was determined as follows:

| | |
|--|------------|
| Actual Cash Value | \$5,774.00 |
| Plus: Taxes | \$352.64 |
| Title Transfer: | \$77.25 |
| Subtotal | \$6,203.89 |
| Payment to Lienholder (if applicable) | \$0.00 |
| Comparative Negligence (if applicable) | \$0.00 |
| Total Net Payable to You | \$6,203.89 |

You can enjoy the benefits of online registration. Benefits include 24/7 access to your claim progress and staying connected to State Farm[®]. Just go to statefarm.com[®] and select Manage Your Claim to get registered. All you need to complete the process is some initial information, which may include your claim number, email address, and/or your State Farm policy or account number. It only takes a few minutes. If you are already registered, thank you!

59-6520-G53
Page 2
December 05, 2018

Sincerely,

Sean Rose
Claim Specialist
(855) 231-1590 Ext. 710

State Farm Mutual Automobile Insurance Company

Enclosure: Settlement Documents

PAYMENT NO 1 19 236807 J
PAYMENT AMOUNT \$6,203.89
ISSUE DATE 12-12-2018
AUTHORIZED BY SCHOLFIELD, JULIE
PHONE (844) 696-0477

CLAIM NO 59-6520-G53
LOSS DATE 11-09-2018
POLICY NO 0391-850-59J
INSURED CHASTAIN, STEPHEN & LISA

FLORIDA UTILITY SERVICES 1, LLC
3336 GRAND BLVD STE 102
HOLIDAY FL 34690-2249

REMARKS TL Settlement

| COVERAGE DESCRIPTION | ON BEHALF OF | AMOUNT |
|---------------------------|---------------------------------|----------|
| PROPERTY DAMAGE LIABILITY | FLORIDA UTILITY SERVICES 1, LLC | 6,203.89 |

RETAIN STUB FOR RECORDS



STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

1 19 236807 J

TITLE DOCUMENT PROCESSING
TDP GREELEY OFFI P20924PCL036

JPMORGAN CHASE BANK, NA 56-15447441
COLUMBUS, OH

12-12-2018
DATE MM DD YYYY

CLAIM NO 59-6520-G53
LOSS DATE 11-09-2018

INSURED CHASTAIN, STEPHEN & LISA

*****EXACTLY SIX THOUSAND TWO HUNDRED THREE AND 89/100 DOLLARS

\$*****6,203.89

Pay to the
Order of: FLORIDA UTILITY SERVICES 1, LLC

Michael J. Lynn
AUTHORIZED SIGNATURE
Jon C. Farney
AUTHORIZED SIGNATURE

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

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

WAS DOT PROPERTY INVOLVED IN THIS CRASH?

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

| | | | | |
|--------------------------|--------------------------|------------------------------|--|--------------------------------------|
| CRASH DATE 11/09/2018 | TIME OF CRASH 9:05 AM | DATE OF REPORT 11/09/2018 | REPORTING AGENCY CASE NUMBER S183130693 | HSMV CRASH REPORT NUMBER 87781920 |
|--------------------------|--------------------------|------------------------------|--|--------------------------------------|

CRASH IDENTIFIERS

| | | | | | | |
|--------------------------|-------------------------------|---|--|--|--------------------------|---|
| COUNTY CODE 05 | CITY CODE 32 | COUNTY OF CRASH POLK | PLACE OR CITY OF CRASH BARTOW | CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/> | TIME REPORTED 9:05 AM | TIME DISPATCHED 9:10 AM |
| TIME ON SCENE 9:12 AM | TIME CLEARED SCENE 9:41 AM | CHECK IF COMPLETED <input checked="" type="checkbox"/> | REASON (If Investigation NOT Complete) | | | Notified By: 1 Motorist <u>2</u> 2 Law Enforcement |

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

| | | | |
|--|---------------------------------|--|---|
| CRASH OCCURRED ON STREET, ROAD, HIGHWAY US HIGHWAY 98 N | AT STREET ADDRESS # <u>1</u> | AT LATITUDE <u>2</u> 27.912976 | AND LONGITUDE -81.843938 |
| AT FEET | MILES | N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <u>3</u> LYLE PKWY |
| | | | OR FROM MILEPOST # <u>4</u> |

| | | | | |
|---|---|--|--|---|
| Road System Identifier <u>2</u> 1 Interstate 2 U.S. 3 State | 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative | Type of Shoulder <u>1</u> 1 Paved 2 Unpaved 3 Curb | Type of Intersection <u>2</u> 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 <u>1</u> 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown 77 Other, Explain in Narrative 88 Unknown | Weather Condition <u>1</u> 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil 7 Severe Crosswinds 77 Other, Explain in Narrative | Roadway Surface Condition <u>1</u> 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown | School Bus Related <u>1</u> 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved | Manner of Collision/Impact <u>77</u> 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 <u>14</u> | 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 int 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 <u>1</u> 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 |
|----------------------------------|---|--|---|--|

| | | |
|---|--|---|
| First Harmful Event Relation to Junction <u>2</u> 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related | Contributing Circumstances: Road <u>1</u> 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps | Contributing Circumstances: Environment <u>1</u> 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare |
|---|--|---|

| | | | | |
|--|---|--|---|---|
| Work Zone Related <u>1</u> 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 | Law Enforcement in Work Zone <input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present |
|--|---|--|---|---|

WITNESSES

| | | | |
|------|---------|--------------|----------|
| NAME | ADDRESS | CITY & STATE | ZIP CODE |
| NAME | ADDRESS | CITY & STATE | ZIP CODE |
| NAME | ADDRESS | CITY & STATE | ZIP CODE |

NON VEHICLE PROPERTY DAMAGE

| | | | | | | | |
|--------|-------|-----------------------------------|------|---|---------|--------------|----------|
| VEH. # | PER # | PROPERTY DAMAGE - OTHER THAN VEH. | EST. | OWNER'S NAME <input type="checkbox"/> (CHECK IF BUSINESS) | ADDRESS | CITY & STATE | ZIP CODE |
| VEH. # | PER # | PROPERTY DAMAGE - OTHER THAN VEH. | EST. | OWNER'S NAME <input type="checkbox"/> (CHECK IF BUSINESS) | ADDRESS | CITY & STATE | ZIP CODE |

| | | | | | | | | | | |
|---|---|----------------------------------|--------------|------------------------------------|--|-------------------------|--|-----------------------|---|---------------------------|
| 1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle | 1 | VEHICLE LICENSE NUMBER 133MCT | STATE FL | REGISTRATION EXPIRES 09/05/2019 | Check if Permanent Registration <input type="checkbox"/> | VIN 2GNLAEK8F1100461 | | | | |
| Hit and Run 1 No 2 Yes 88 Unknown | 1 | YEAR 2015 | MAKE CHEV | MODEL EQUANOX | STYLE UTILITY | COLOR GOLD - GLD | DAMAGE: 1 Disabling 2 Functional 3 None | 4 Minor 88 Unknown | 1 | EST. AMOUNT \$3,000.00 |

| | | | | | | |
|---|---------------------------------------|------------------------------------|---|--------------------------------------|--|---|
| INSURANCE COMPANY (DRIVER) STATE FARM MUTUAL AUTOM | INSURANCE POLICY NUMBER 0391850594 | Towed due to Damage: 1 No 2 Yes | 2 | VEHICLE REMOVED BY M AND M TOWING | 1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative | 1 |
|---|---------------------------------------|------------------------------------|---|--------------------------------------|--|---|

| | | | |
|---|------------------------------------|---------------------------|--------------|
| NAME OF VEHICLE OWNER (CHECK IF BUSINESS) LISA SESSIONS CHASTAIN | CURRENT ADDRESS 1995 VILLAGE RD | CITY & STATE BARTOW FL | ZIP 33830 |
|---|------------------------------------|---------------------------|--------------|

| | | | | | | | | | |
|--------------|----------------|-------|----------------------|--|-----|------|------|--------|-------|
| 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 | S | E | W | Off-Road | Unknown | ON STREET, ROAD, HIGHWAY US 98 N | AT EST. SPEED 15 | POSTED SPEED 45 | TOTAL LANES 6 |
|-------------------|---|---|---|---|----------|---------|-------------------------------------|---------------------|--------------------|------------------|

| | | | | | |
|---|--|--------|-------|------------------------------|-------------------------|
| HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown | HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown | NUMBER | CLASS | Area of Initial Impact 06 | Most Damaged Area 06 |
|---|--|--------|-------|------------------------------|-------------------------|

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

| | | | | |
|--------------------------------|--|------------------------|---|---|
| Vehicle Body Type 16 | 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 4 | 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/Triples 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 14 | 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 | 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 |
|---------------------------------|--|----------------------------|--|---|---|-----------------------------------|-----------------------------|

| | |
|--|---|
| Sequence of Events 1st 14 2nd 3rd 4th | [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 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom) | Roadway Alignment 3 | 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 6 | 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 Trailer Hitch/ Safety Chains 77 Other, Explain 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 | LISA SESSIONS CHASTAIN | 316.1925 | CARELESS DRIVING | AA9Q4GE |
| 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
S183130693

HSMV Crash Report Number
87781920

| | | | | | |
|--|--|--|---------------------------|--------------------------------|---|
| 1 Driver 2 Non-Motorist 3 Passenger | VEHICLE # 1 | NAME LISA | SESSIONS CHASTAIN | PHONE NUMBER (863) 533-1258 | Check if Recommended Driver Re-exam <input type="checkbox"/> |
| CURRENT ADDRESS (Number and Street) 1995 VILLAGE RD | | | CITY & STATE BARTOW FL | ZIP CODE 33830 | |
| DATE OF BIRTH 09/05/1965 | SEX: 1 Male 2 Female 88 Unknown | DRIVERS LICENSE NUMBER C-235-537-65-825-0 | STATE FL | EXPIRES 09/05/2022 | INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality |

| | | | | | | |
|--|---|---|--|---|----------|--|
| 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 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 | 25 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering | 3rd 1 | Condition At Time of 1 Apparently Normal 3 Asleep or Fatiuged 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 | 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 | | |

| | | | | | |
|---|---|---|---|---|---|
| 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 | 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 |
| 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) | | | 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 | 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 | 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.) | 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown | 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 1 No 2 Yes 88 Unknown | 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 |
|---|--|---|--|------------------------------------|--|---|---|--|

| | | | |
|---|-----------------------|----------------|---------------------------------|
| 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 |
|---|-----------------------|----------------|---------------------------------|

| | | | | | | | | | | | | | |
|----------|-----------|------|---------------|-----|-----|--------|---|---|-------|----|----|-----|----|
| PERSON # | VEHICLE # | NAME | DATE OF BIRTH | INJ | SEX | LOC: S | R | O | EJECT | HU | EP | ABD | RS |
|----------|-----------|------|---------------|-----|-----|--------|---|---|-------|----|----|-----|----|

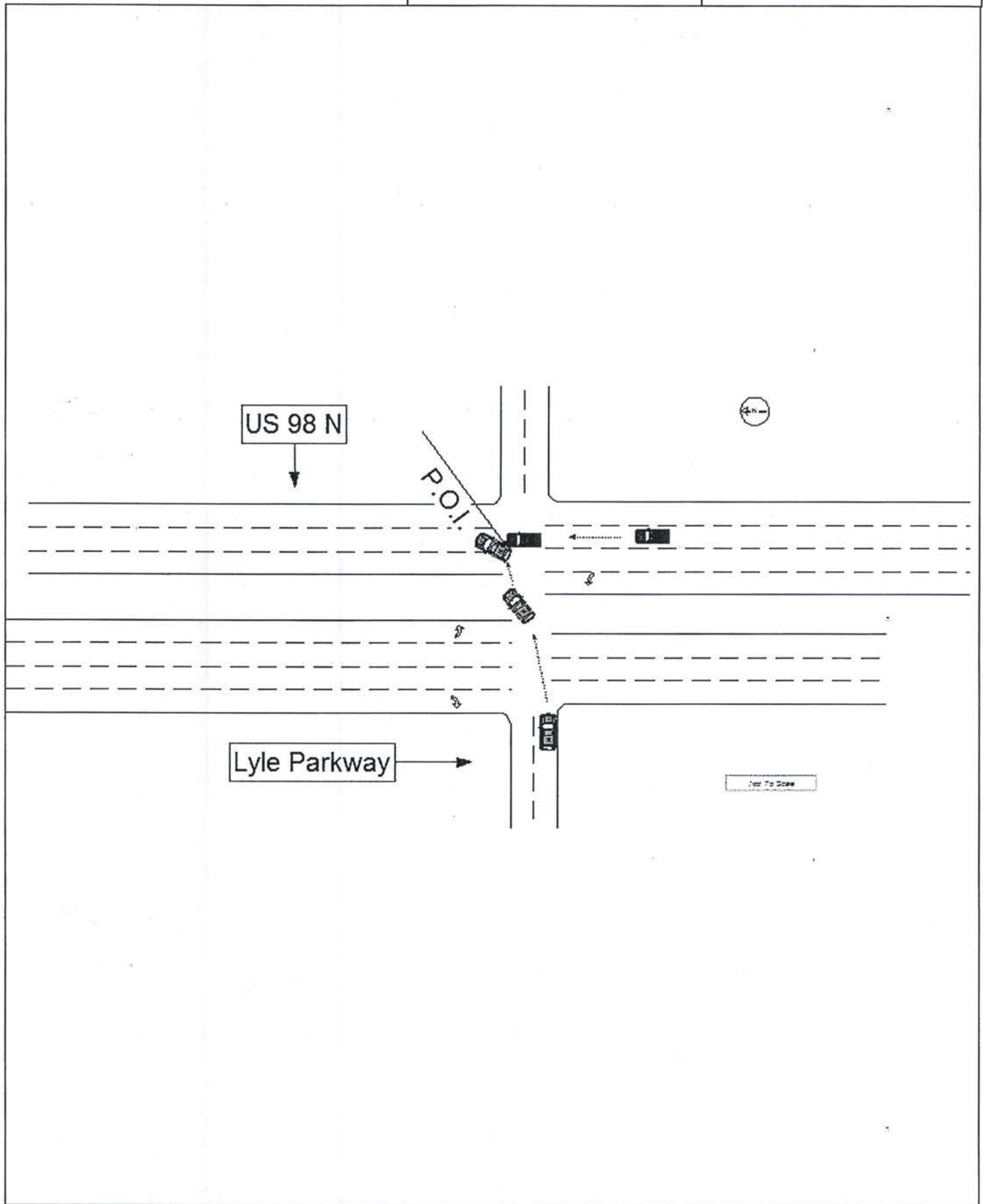
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|-------------------------------------|------|-------|----------|
| CURRENT ADDRESS (Number and Street) | CITY | STATE | ZIP CODE |
|-------------------------------------|------|-------|----------|

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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 |
|----------|-----------|------|---------------|-----|-----|--------|---|---|-------|----|----|-----|----|

| | | | |
|-------------------------------------|------|-------|----------|
| 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 |
|--|-----------------------|----------------|---------------------------------|



VEHICLE # 2 Check if Commercial Reporting Agency Case Number S183130693 HSMV Crash Report Number 87781920

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle
 VEHICLE LICENSE NUMBER HRIU16 STATE FL REGISTRATION EXPIRES 06/30/2019 Check if Permanent Registration VIN 1FTYR14U63PB87218

Hit and Run 1 No 2 Yes 88 Unknown
 YEAR 2003 MAKE FORD MODEL RANGER STYLE PICKUP COLOR RED - RED DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown EST. AMOUNT \$2,000.00

INSURANCE COMPANY (DRIVER) PROGRESSIVE EXPRESS INS INSURANCE POLICY NUMBER 02781315 Towed due to Damage: 1 No 2 Yes 2 VEHICLE REMOVED BY M AND M TOWING 1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative 1

NAME OF VEHICLE OWNER (CHECK IF BUSINESS) FLORIDA UTILITY SERVICES LLC CURRENT ADDRESS 3336 GRAND BVD SUITE 102 CITY & STATE HOLIDAY FL ZIP 34690

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 US 98 N AT EST. SPEED 45 POSTED SPEED 45 TOTAL LANES 6

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown NUMBER CLASS Area of Initial Impact 14 18 Undercarriage 18 14 19 Overturn 19 20 Windshield 20 21 Trailer 21 Most Damaged Area

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

Vehicle Body Type 3 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 Other, Explain in Narrative 23 All Terrain Vehicle (ATV) 24 Other, Explain in Narrative

Trafficway 4 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 14 1 Overtum/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 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 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 14 2nd 3rd 4th [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 2 Turning Left 3 Backing 4 Turning Right 5 Changing Lanes 6 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

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 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 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 |

PERSON # 2

Reporting Agency Case Number S183130693 HSMV Crash Report Number 87781920

1 Driver 2 Non-Motorist 3 Passenger 1 VEHICLE # 2 NAME JACKIE DEWAYNE LOVE PHONE NUMBER (863) 232-7969 Check if Recommend Driver Re-exam

CURRENT ADDRESS (Number and Street) 6041 CITRUS HIGHLANDS DR S CITY & STATE BARTOW FL ZIP CODE 33830

DATE OF BIRTH 10/22/1960 SEX: 1 Male 2 Female 88 Unknown 1 DRIVERS LICENSE NUMBER L-100-424-60-382-0 STATE FL EXPIRES 10/22/2019 INJURY SEVERITY (INJ.) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality 1

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 DRIVER 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 Turning 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 3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering 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 Condition At Time of 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 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 1 Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet 2 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

Motor Vehicle Seating Position: LOCATION: (LOC) SEAT ROW OTHER 1 1 1 1 Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown 2 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 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 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 Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 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 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

ALCOHOL/DRUG/EMS 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 1 No 2 Yes 88 Unknown 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

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

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

#20

In the current docket, West Lakeland requested the approval of allocations to reflect two additional Maintenance Technicians for Florida Utility Services 1, LLC (FUS1). As part of that request, FUS1 stated that the President has increased duties and requirements that will decrease the amount of time he can spend in the field. Please detail the President's new duties and requirements and the percentage of time spent between these duties.

Below is a summarized list of the major duties and responsibilities of Mike Smallridge as President of FUS1. FUS1 has grown from 6 systems in 3 counties with 1,810 customers to 14 systems in 8 counties with 3,114 customers during the period September 2014 through September 2018. The responsibilities and duties for the President have generally remained the same. However, the amount of time expended to provide the level service required for each system has increased over the period.

| Prior | Now | Responsibility/Duty |
|-------|------|--|
| 20% | >25% | Responsible for office and field administrative duties to manage the Utility's accounting, customer service, contract vendors and service operations. The amount of time the for this activity has increased because the growth in customer base, 1) Necessitates more office time to administer the day to day operations of the utility systems, 2) Increases the time needed to provide superior, consistent and prompt levels of customer service. The amount of time for this activity has also increased because the growth in utility systems has substantially increased the managerial responsibilities with the increased number of contract vendors and certified operators. |
| 10% | 15% | Hires, terminates and supervises utility employees and determines their financial compensation. The amount of time the for this activity has increased because the staffing levels have increased from 4 employees in 2014 to 7 employees in 2018. |
| 15% | 20% | Responsible for utility public relations and regulatory compliance and reporting. The amount of time for this activity has increased because of, 1) Regulatory compliance and reporting requirements with the Department of Environmental Protection and County Health Departments, 2) Regulatory filing requirements to maintain and renew, Consumptive Use Permits, Water & Wastewater Treatment Plant Permits and Consumer Confidence Reports, 3) Regulatory filing requirements with the FPSC for SARC's , Certificate of Transfer's, customer service complaints, etcetera, with the addition of utility systems. |
| 5% | 10% | Oversees utility planning, reporting and policy administration. The amount of time for this activity has increased because system growth and changing reporting requirements. |
| 5% | 10% | Obtain capital financing and provide personal financial support to ensure utility liquidity. The amount of time for this activity has increased because of, 1) The need for additional capital funding due to system growth and needed repairs, 2) Reporting requirements from financial institutions, 3) Increased monitoring of cash flows to ensure utility liquidity. |

| | | |
|-----|-----|---|
| 5% | 15% | Develop capital improvement plans, obtain competitive bids and oversee vendor projects. |
| | | The amount of time for this activity has increased because of, 1) The need to develop a multi-year capital improvement plan that maximizes the impact of the utility's capital resources, 2) The number of systems that have been or are in need of substantial capital improvements due to regulatory requirements, age or prior owner neglect. 3) The time expended to solicit and secure vendor bids for needed capital improvements projects, 4) The time required to oversee and manage capital projects through completion. |
| 40% | <5% | Direct supervision and fieldwork of system maintenance and improvements. |
| | | The amount of time the President spends on this activity has decreased substantially due to the increased time requirements for other duties as indicated above. |

Time

- Works on average 60 hours per week including approximately 40% travel.

Tenure

- Mike Smallridge has owned and or managed and worked in the water & wastewater industry for over 30 years.