

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 04/Oct/2025 09:53 PM	Time of Crash 04/Oct/2025 09:53 PM	Date of Report 04/Oct/2025 10:19 PM	Invest. Agency Report Number FHP25ON0469308	HSMV Crash Report Number 27059107
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CRASH IDENTIFIERS

County Code 08	City Code 37	County of Crash VOLUSIA	Place or City of Crash DELTONA	Within City Limits No	Time Reported 04/Oct/2025 09:56 PM	Time Dispatched 04/Oct/2025 10:01 PM
Time on Scene 04/Oct/2025 10:50 PM	Time Cleared Scene 05/Oct/2025 04:38 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway INTERSTATE 4 (STATE ROAD 400)			At Street Address# 1	At Latitude 28.862425524481999	Longitude -81.2921420729663
At Feet	Or Miles 1.00	Direction West	From Intersection With Street, Road, Highway DIRKSEN DRIVE		Or From Milepost #
Road System Identifier 1 Interstate		Type Of Shoulder 1 Paved		Type Of Intersection 1 Not at Intersection	

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 5 Dark-Not Lighted	Weather Condition 2 Cloudy	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 4 Sideswipe, same direction
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 IVTZ24	State FL	Reg. Expires 13/Jun/2026	Permanent Reg. No	VIN 1FADP3N22DL194002			
Year 2013	Make FORD	Model FOCUS	Style 4D	Color SIL	Extent of Damage Disabling	Est. Damage 6000	Towed Due To Damage Yes	Vehicle Removed By PRATTS	Rotation Rotation	
Insurance Company METROPOLITAN GENERAL				Insurance Policy Number A4134338552						
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> GIAN ESTEBAN PENA			Current Address (Number and Street) 3085 FIFER DR			City and State DELTONA FL		Zip Code 32738-1307		
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 INTERSTATE 4 (STATE ROAD 400)				At Est. Speed 65	Posted Speed 65	Total Lanes 3		
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						
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 77 Other, Explain in Narrative	Trafficway 4 Two-Way, Divided, Positive Median Barrier	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 27 Guardrail Face		Third (3) Sequence of Events		Fourth (4) Sequence of Events			

VEHICLE (Check if Commercial)

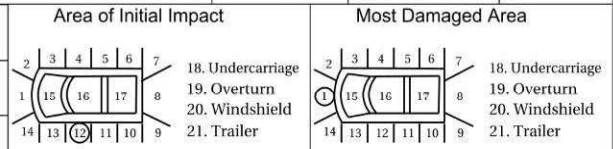
Vehicle 3	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number MYHH77	State FL	Reg. Expires 18/Jan/2026	Permanent Reg. No	VIN JS1GR7HA912106389		
Year 2001	Make SUZUK	Model GSXR750	Style MC	Color WHI	Extent of Damage Disabling	Est. Damage 4000	Towed Due To Damage Yes	Vehicle Removed By PRATTS	Rotation Rotation
Insurance Company NOT REQUIRED				Insurance Policy Number NOT REQUIRED					

Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> RACHEL OCASIO	Current Address (Number and Street) 3553 KHAYYAM AVE	City and State ORLANDO FL	Zip Code 32826-2297
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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 INTERSTATE 4 (STATE ROAD 400)	At Est. Speed 65	Posted Speed 65	Total Lanes 3
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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
Motor Carrier Name	US DOT Number		



Motor Carrier Address	City and State	Zip Code	Phone Number
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Comm/Non-Commercial	Vehicle Body Type 11 Motorcycle	Vehicle Defects (one) 1 None	Vehicle Defects (two)	Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function
Vehicle Maneuver Action 77 Other, Explain in Narrative	Trafficway 4 Two-Way, Divided, Positive Median Barrier	Roadway Grade 1 Level	Roadway Alignment 1 Straight	Most Harmful Event 3 Collision with Fixed Object	Most Harmful Event Detail 32 Tree (standing)
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 37 Fence	Third (3) Sequence of Events 32 Tree (standing)	Fourth (4) Sequence of Events	
	14 Motor Vehicle in Transport				

VEHICLE (Check if Commercial)

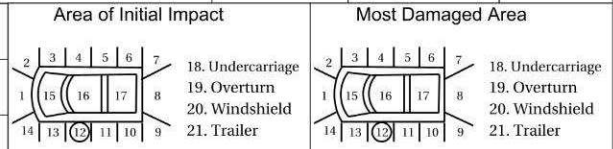
Vehicle 4	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number XF8RM	State FL	Reg. Expires 09/Jun/2027	Permanent Reg. No	VIN 5FNYP6H70LB049923		
Year 2020	Make HOND	Model PILOT	Style UT	Color BLK	Extent of Damage Disabling	Est. Damage 8000	Towed Due To Damage Yes	Vehicle Removed By PRATTS	Rotation Rotation
Insurance Company PROGRESSIVE					Insurance Policy Number 948194599				

Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> JORGE ISMAEL SALINAS	Current Address (Number and Street) 136 OAKLEAF WAY	City and State PALM COAST FL	Zip Code 32137-9806
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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 INTERSTATE 4 (STATE ROAD 400)	At Est. Speed 58	Posted Speed 65	Total Lanes 3
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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
Motor Carrier Name	US DOT Number		



Motor Carrier Address	City and State	Zip Code	Phone Number
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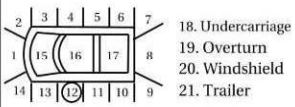
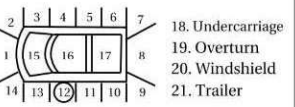
Comm/Non-Commercial	Vehicle Body Type 16 (Sport) Utility Vehicle	Vehicle Defects (one) 1 None	Vehicle Defects (two)	Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function
Vehicle Maneuver Action 77 Other, Explain in Narrative	Trafficway 4 Two-Way, Divided, Positive Median Barrier	Roadway 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 32 Tree (standing)	Third (3) Sequence of Events	Fourth (4) Sequence of Events	
	14 Motor Vehicle in Transport				

VEHICLE (Check if Commercial)

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 2 Yes	Veh License Number RJVN10	State FL	Reg. Expires 19/Jun/2026	Permanent Reg. No	VIN 1C4SDJCT7SC529164		
Year 2025	Make DODG	Model DURANGO	Style UT	Color BLK	Extent of Damage Minor	Est. Damage 2000	Towed Due To Damage No	Vehicle Removed By JOHNS TOWING	Rotation Rotation
Insurance Company GEICO					Insurance Policy Number 6165926533				

Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> LINDSEY BROOKE ISAACS	Current Address (Number and Street) 6127 SW 74TH CT	City and State OCALA FL	Zip Code 34474-0000
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Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
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Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles			
Vehicle Traveling:	Direction East	On Street, Road, Highway INTERSTATE 4 (STATE ROAD 400)				At Est. Speed 65	Posted Speed 65	Total Lanes 3				
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						
Motor Carrier Name				US DOT Number								
Motor Carrier Address				City and State				Zip Code		Phone Number		
Comm/Non-Commercial	Vehicle Body Type 16 (Sport) Utility Vehicle		Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function			
Vehicle Maneuver Action 77 Other, Explain in Narrative		Trafficway 4 Two-Way, Divided, Positive Median Barrier		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 14 Motor Vehicle in Transport		Third (3) Sequence of Events		Fourth (4) Sequence of Events			

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name UNKNOWN UNKNOWN			Date of Birth	Sex 88 Unknown	Phone Number	Re-Exam No		
Address UNKNOWN		City UNKNOWN		State FL		Zip Code 00000					
Driver License Number UK		State	Expires	DL Type	Req. End.	Injury Severity 1 None		Ejection 1 Not Ejected			
Restraint System 6 Restraint Used -Type Unknown		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) 25 Failed to Keep in Proper Lane			Drivers Actions at Time of Crash (second)			Driver Distracted By 7 Inattentive		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 88 Unknown					
Suspected Alcohol Use 88 Unknown		Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 88 Unknown		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 1 Driver	Vehicle # 2	Name MARILIZ BERRIOS BERRIOS			Date of Birth 28/Jan/1978	Sex 2 Female	Phone Number	Re-Exam No		
Address 3085 FIFER DR		City DELTONA		State FL		Zip Code 32738					
Driver License Number B621540785280		State FL	Expires 28/Jan/2030	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 4 Incapacitating		Ejection 1 Not Ejected			
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	
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 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 VOLUSIA COUNTY FIRE			EMS Run Number F252770326		Medical Facility Transported To FISH MEMORIAL				

PERSON RECORD

Person# 4	Description 1 Driver	Vehicle # 4	Name JORGE ISMAEL SALINAS			Date of Birth 09/Jun/1966	Sex 1 Male	Phone Number	Re-Exam No	
Address 136 OAKLEAF WAY		City PALM COAST		State FL		Zip Code 32137				
Driver License Number S452429662090		State FL	Expires 09/Jun/2029	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 5 Fatal (within 30 days)		Ejection 1 Not Ejected		

Date of Crash 04/Oct/2025 09:53 PM	Date of Report 04/Oct/2025 09:53 PM	Invest. Agency Report Number FHP25ON0469308	HSMV Crash Report Number 27059107
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Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 6 Deployed-Combination	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 3 Test Given	Alcohol Test Type 1 Blood	Alcohol Test Result 88 Unknown	BAC	Suspected Drug Use 1 No	Drug Tested 3 Test Given	Drug Test Type 1 Blood	Drug Test Result 88 Unknown
Source of Transport to Medical Facility 1 Not Transported	EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			

PERSON RECORD

Person# 5	Description 3 Passenger	Vehicle # 4	Name NANCY SALINAS	Date of Birth 20/Aug/1965	Sex 2 Female	Injury Severity 5 Fatal (within 30 days)	Ejection 1 Not Ejected
Address 136 OAKLEAF WAY			City PALM COAST	State FL	Zip Code 32137		
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 6 Deployed-Combination	Helmet Use	Eye Protection 3 Not Applicable	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		

PERSON RECORD

Person# 3	Description 1 Driver	Vehicle # 3	Name JOAQUIN A DENO	Date of Birth 28/May/1971	Sex 1 Male	Phone Number 917-346-7102	Re-Exam No	
Address 3553 KHAYYAM AVE		City ORLANDO	State FL	Zip Code 32826				
Driver License Number D500421711880	State FL	Expires 28/May/2030	DL Type 1 A	Req. End. 1 Yes	Injury Severity 5 Fatal (within 30 days)	Ejection		
Restraint System	Air Bag Deployed	Helmet Use 1 DOT-Compliant Motorcycle Helmet	Eye Protection 1 Yes	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 3 Test Given	Alcohol Test Type 1 Blood	Alcohol Test Result 88 Unknown	BAC	Suspected Drug Use 1 No	Drug Tested 3 Test Given	Drug Test Type 1 Blood	Drug Test Result 88 Unknown
Source of Transport to Medical Facility 1 Not Transported	EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			

NON VEHICLE PROPERTY DAMAGE

Vehicle# Person#	Property Damage - Other Than Vehicle GUARDRAIL	Est. Amount 10000	Business Yes	Owner's Name FDOT	Address 1650 KEPLER RD	City & State DELAND FL	Zip Code 32724
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NARRATIVE

ID Number 3552 Rank TPR Name MCKINNON, S. J. Troop / Post D Officer Agency FLORIDA HIGHWAY PATROL Phone Number 407-737-2300 Date Created Oct 05, 2025

Vehicle 1 (V01), Vehicle 2 (V02), Vehicle 3 (V03), and Vehicle 4 (V04) were traveling eastbound on Interstate 4 (State Road 400) approaching Dirksen Drive. V01 was in the center lane, V02 was in the inside lane, V03 was in the outside lane, and V04 was in the center lane.

V01 driver was operating V01 at a high rate of speed and changed lanes from the center lane to the inside lane, causing the left side of V01 to impact the right side of V02. V02 was then directed to the left, impacting the center guardrail, subsequently being redirected back to the right, impacting the left side of V04. V01 then impacted V03, directing V03 to the right, off of the roadway into the drainage area colliding with a fence. V04 traveled off of the roadway, impacting a tree on the right shoulder.

V01 failed to remain at the scene, last seen traveling eastbound on Interstate 4. V02 was at final rest in the tree line on the right shoulder, V03 was at final rest in the wooded area on the right shoulder, and V04 was at final rest against a tree on the right shoulder upon my arrival.

Jaoquin A. Deno, DOB: 05/28/1971 was pronounced deceased on scene by Lieutenant Pratt of Deltona Fire Rescue on 10/04/2025 at 10:16PM.

Jorge Ismael Salinas, DOB: 06/09/1966, was pronounced deceased on scene by Fire Fighter Dettore of Orange City Fire Rescue on 10/04/2025 at 10:08PM.

Nancy Salinas, DOB: 08/20/1965, was pronounced deceased on scene by Fire Fighter McChuncey of Orange City Fire Rescue on 10/04/2025 at 10:10PM.

Traffic Homicide Investigator: Corporal Tiffany Jateff, ID 1220.

Traffic Homicide Case Number: FHP25ON0469308.

Photographs taken by: Corporal Tiffany Jateff, ID 1220.

The crash investigation is now complete; however, a separate Traffic Homicide Investigation has been initiated. Any pending toxicology results, as well as other information obtained by the Traffic Homicide Investigator, will be included in a separate report and updated in this report at a later time.

REPORTING OFFICER

ID/Badge # 3552	Rank and Name TPR MCKINNON, S. J.	Department FHPD	Type of Department FHP
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