

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: FL00000058 Entity: Miami

State: FL

DATE OF LOSS: 10/14/21

LOSS STREET : 6TH STREET AND 2ND AVE

LOSS CITY : MIAMI

POLICE DEPT.: MIAMI POLICE DEPARTMENT

REPORT NUM. : 24534896

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3331030348

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 14/Oct/2021 12:45 PM	Time of Crash 14/Oct/2021 12:45 PM	Date of Report 14/Oct/2021 12:00 AM	Invest. Agency Report Number 2110140070389	HSMV Crash Report Number 24534896
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CRASH IDENTIFIERS

County Code 01	City Code 66	County of Crash MIAMI-DADE	Place or City of Crash MIAMI	Within City Limits Yes	Time Reported 14/Oct/2021 12:50 PM	Time Dispatched 14/Oct/2021 12:55 PM
Time on Scene 14/Oct/2021 01:00 PM	Time Cleared Scene 14/Oct/2021 02:00 PM	Completed No	Reason (if Investigation NOT Completed) HIT AND RUN			Notified By Law Enforcement

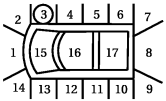
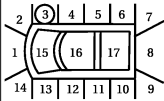
ROADWAY INFORMATION

Crash Occured On Street, Road, Highway NW 6TH ST			At Street Address#	At Latitude 25.779827	and Longitude -80.197882
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway NW 2ND AVE		Or From Milepost #
Road System Identifier 5 Local		Type Of Shoulder 1 Paved	Type Of Intersection 2 Four-Way 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 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 2 Intersection
Contributing Circumstances: Road 10 Road Surface Condition (wet, icy, snow, slush, etc.)		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 HYVC85	State FL	Reg. Expires	Permanent Reg.	VIN 1GCGSBEA8K1321660			
Year 2019	Make CHEV	Model	Style PK	Color GRY	Extent of Damage Minor	Est. Damage 1000	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation Driver	
Insurance Company STATE FARM MUTUAL AUTOM				Insurance Policy Number E076599594						
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> ISRAEL LICEA			Current Address (Number and Street) 12840 SW 43 DR APT 284-B			City and State MIAMI FL		Zip Code 33175		
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 NW 6 ST				At Est. Speed 0	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 5 One-Way Trafficway	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 5 Traffic Control Signal		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		
		14 Motor Vehicle in Transport								

VEHICLE (Check if Commercial) ☐

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 2 Yes	Veh License Number BPIC54	State FL	Reg. Expires	Permanent Reg.	VIN WDYPF3CC0B5510234		
Year 2011	Make FRHT	Model	Style VN	Color WHI	Extent of Damage Unknown	Est. Damage	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation Driver
Insurance Company ZURICH AMERICAN INSURAN				Insurance Policy Number 0188025					

Date of Crash 14/Oct/2021 12:45 PM		Date of Report 14/Oct/2021 12:45 PM		Invest. Agency Report Number 2110140070389		HSMV Crash Report Number 24534896	
Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> SPEEDY CONCRETE CUTTING INC				Current Address (Number and Street) 2579 NW 25 ST		City and State FORT LAUDERDEAL FL	
Zip Code 33311							
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Vehicle Traveling:	Direction West	On Street, Road, Highway NW 6 ST				At Est. Speed 30	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 88 Unknown	Vehicle Defects (one) 88 Unknown		Vehicle Defects (two) 88 Unknown		Emergency Vehicle Use 1 No	Special Function of MV 88 Unknown
Vehicle Maneuver Action 3 Turning Left	Trafficway 5 One-Way Trafficway	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 5 Traffic Control Signal		First (1) Sequence of Events 2 Collision with Non-Fixed Object		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 ISRAEL LICEA		Date of Birth 14/Apr/1968	Sex 1 Male	Phone Number	Re-Exam No
Address 12840 SW 43 DR APT 284-B		City MIAMI		State FL		Zip Code 33175		
Driver License Number L-200-400-68-134-0		State FL	Expires 14/Apr/2023	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	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 UNKNOWN UNKNOWN		Date of Birth	Sex	Phone Number	Re-Exam
Address		City		State		Zip Code		
Driver License Number		State	Expires	DL Type	Req. End.	Injury Severity	Ejection 88 Unknown	
Restraint System	Air Bag 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)		Drivers Actions at Time of Crash (second)			Driver Distracted By 88 Unknown		Vision Obstruction	
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	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 88 Unknown	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		

NARRATIVE

both vehicle where traveling west on nw 6 st. when they got to the intersection of nw 2 ave and nw 6 st vehicle # 2 made a left turn from the right lane hitting vehicle # 1. vehicle # 2 then fled the scene.

REPORTING OFFICER

ID/Badge # 01478	Rank and Name OFC C. DESCHAMPS	Department MIAMI POLICE DEPARTMENT	Type of Department PD
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NOT TO SCALE

