

CFBatch-Cover-w10

*Type of Report:* AUTO ACCIDENT

PayorID: FL00000058 Entity: Miami

State: FL

DATE OF LOSS: 09/20/21

LOSS STREET : SW 1ST AVENUE

LOSS CITY : MIAMI

POLICE DEPT.: MIAMI POLICE DEPARTMENT

REPORT NUM. : 21092000644303

Image Name: FL00000058\_1131482124\_211112\_1977754.tif



1131482124

# 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<br>20/Sep/2021 10:05 AM | Time of Crash<br>20/Sep/2021 10:05 AM | Date of Report<br>20/Sep/2021 12:00 AM | Invest. Agency Report Number<br>2109200064303 | HSMV Crash Report Number<br>24533325 |
|---------------------------------------|---------------------------------------|--|---|--------------------------------------|

## CRASH IDENTIFIERS

|                                       |  |                               |   |                           |                                       |   |
|---------------------------------------|--|-------------------------------|---|---------------------------|---------------------------------------|---|
| County Code<br>01                     | City Code<br>66                            | County of Crash<br>MIAMI-DADE | Place or City of Crash<br>MIAMI         | Within City Limits<br>Yes | Time Reported<br>20/Sep/2021 10:08 AM | Time Dispatched<br>20/Sep/2021 10:20 AM |
| Time on Scene<br>20/Sep/2021 10:30 AM | Time Cleared Scene<br>20/Sep/2021 11:30 AM | Completed<br>Yes              | Reason (if Investigation NOT Completed) |                           |                                       | Notified By<br>Law Enforcement          |

## ROADWAY INFORMATION

|  |          |                             |   |                           |                             |
|--|----------|-----------------------------|---|---------------------------|-----------------------------|
| Crash Occured On Street, Road, Highway<br>SW 1ST AVE |          |                             | 1 At Street Address#  | 2 At Latitude<br>25.76669 | and Longitude<br>-80.195287 |
| At Feet<br>127                                       | Or Miles | Direction<br>North          | 3 From Intersection With Street, Road, Highway<br>SW 8TH ST |                           | 4 Or From Milepost #        |
| Road System Identifier<br>5 Local                    |          | Type Of Shoulder<br>1 Paved | Type Of Intersection<br>1 Not at Intersection               |                           |                             |

## CRASH INFORMATION (Check if Pictures Taken) ☐

|   |                              |  |                            |  |
|---|------------------------------|--|----------------------------|--|
| light Condition<br>1 Daylight                     | Weather Condition<br>1 Clear | Roadway Surface Condition<br>1 Dry           | School Bus Related<br>1 No | Manner Of Collision<br>4 Sideswipe, same direction         |
| First Harmful Event Type                          | First Harmful Event<br>14    | First Harmful Event Location<br>1 On Roadway | Within Interchange<br>No   | First Harmful Event Relation to Junction<br>1 Non-Junction |
| Contributing Circumstances: Road<br>1 None        |                              | Contributing Circumstances: Road             |                            | Contributing Circumstances: Road                           |
| Contributing Circumstances: Environment<br>1 None |                              | Contributing Circumstances: Environment      |                            | Contributing Circumstances: Environment                    |
| Work Zone Related<br>1 No                         | Crash In Work Zone           | Type Of Work Zone                            | Workers In Work Zone       | Law Enforcement In Work Zone                               |

## VEHICLE (Check if Commercial) ☐

|  |  |                                      |  |   |                              |  |   |                              |                      |
|--|--|--------------------------------------|--|---|------------------------------|--|---|------------------------------|----------------------|
| Vehicle<br>2   | Motor Vehicle Type<br>1 Vehicle in Transport   | Hit and Run<br>1 No                  | Veh License Number<br>LIFS26                                 | State<br>FL   | Reg. Expires                 | Permanent Reg.   | VIN<br>JA4AT4AA4KZ030329                        |                              |                      |
| Year<br>2019   | Make<br>MITS   | Model<br>ECLIPSE                     | Style<br>UT  | Color<br>RED  | Extent of Damage<br>Minor    | Est. Damage<br>200   | Towed Due To Damage<br>No                       | Vehicle Removed By<br>DRIVER | Rotation<br>Rotation |
| Insurance Company<br>MENDOTA INSURANCE COMPANY                                       |  |                                      |  | Insurance Policy Number<br>FL00123454M                  |                              |  |   |                              |                      |
| Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/><br>MARIA DIAZ |  |                                      | Current Address (Number and Street)<br>3661 SW 9 TER APT 505 |   | City and State<br>MIAMI FL   |  | Zip Code<br>33135                               |                              |                      |
| 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<br>South   | On Street, Road, Highway<br>SW 1 AVE |  |   |                              | At Est. Speed<br>15  | Posted Speed<br>35                              | Total Lanes<br>2             |                      |
| CMV Configuration  |  |                                      | Cargo Body Type  |   | Area of Initial Impact       |  | Most Damaged Area                               |                              |                      |
| Comm GVWR/GCWR<br>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<br>16 (Sport) Utility Vehicle  | Vehicle Defects (one)<br>1 None      |  | Vehicle Defects (two)                                   |                              | Emergency Vehicle Use<br>1 No                              | Special Function of MV<br>1 No Special Function |                              |                      |
| Vehicle Maneuver Action<br>1 Straight Ahead  | Trafficway<br>5 One-Way Trafficway   | Roadway Grade<br>1 Level             | Roadway Alignment<br>1 Straight                              | Most Harmful Event<br>2 Collision with Non-Fixed Object |                              | Most Harmful Event Detail<br>14 Motor Vehicle in Transport |   |                              |                      |
| Traffic Control Device For This Vehicle<br>1 No Controls                             | First (1) Sequence of Events<br>2 Collision with Non-Fixed Object<br>14 Motor Vehicle in Transport |                                      | Second (2) Sequence of Events                                |   | Third (3) Sequence of Events |  | Fourth (4) Sequence of Events                   |                              |                      |

## VEHICLE (Check if Commercial) ☐

|  |  |                     |                              |   |                           |                    |                           |                              |                      |
|--|--|---------------------|------------------------------|---|---------------------------|--------------------|---------------------------|------------------------------|----------------------|
| Vehicle<br>1                                 | Motor Vehicle Type<br>1 Vehicle in Transport | Hit and Run<br>1 No | Veh License Number<br>QDYG81 | State<br>FL                             | Reg. Expires              | Permanent Reg.     | VIN<br>KMHGC4DD8DU215811  |                              |                      |
| Year<br>2013                                 | Make<br>HYUN                                 | Model<br>GENESIS    | Style<br>4D                  | Color<br>SIL                            | Extent of Damage<br>Minor | Est. Damage<br>100 | Towed Due To Damage<br>No | Vehicle Removed By<br>DRIVER | Rotation<br>Rotation |
| Insurance Company<br>UNITED AUTOMOBILE INSUR |  |                     |                              | Insurance Policy Number<br>UAD080965401 |                           |                    |                           |                              |                      |

|   |   |  |  |  |  |   |  |                          |   |              |
|---|---|--|--|--|--|---|--|--------------------------|---|--------------|
| Date of Crash<br><b>20/Sep/2021 10:05 AM</b>  |   | Date of Report<br><b>20/Sep/2021 10:05 AM</b>  |  | Invest. Agency Report Number<br><b>2109200064303</b> |  | HSMV Crash Report Number<br><b>24533325</b> |  |                          |   |              |
| Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/><br><b>OLECIMER VACA MALETA</b> |   |  | Current Address (Number and Street)<br><b>30 NE 84 ST APT. 3</b> |  |  | City and State<br><b>MIAMI FL</b>           |  | Zip Code<br><b>33138</b> |   |              |
| 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<br><b>South</b>                   | On Street, Road, Highway<br><b>SW 1 AVE</b>  |  |  |  | At Est. Speed<br><b>10</b>                  | Posted Speed<br><b>35</b>                                      | Total Lanes<br><b>2</b>  |   |              |
| CMV Configuration   |   |  | Cargo Body Type  |  |  | Area of Initial Impact                      |  | Most Damaged Area        |   |              |
| Comm GVWR/GCWR<br><b>4 Not Applicable</b>   |   |  | 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<br><b>1 Passenger Car</b> |  | Vehicle Defects (one)<br><b>1 None</b>                           |  | Vehicle Defects (two)                  |   | Emergency Vehicle Use<br><b>1 No</b>                           |                          | Special Function of MV<br><b>1 No Special Function</b>            |              |
| Vehicle Maneuver Action<br><b>6 Changing Lanes</b>  | Trafficway<br><b>5 One-Way Trafficway</b>   |  | Roadway Grade<br><b>1 Level</b>                                  |  | Roadway Alignment<br><b>1 Straight</b> |   | Most Harmful Event<br><b>2 Collision with Non-Fixed Object</b> |                          | Most Harmful Event Detail<br><b>14 Motor Vehicle in Transport</b> |              |
| Traffic Control Device For This Vehicle<br><b>1 No Controls</b>                                       |   | First (1) Sequence of Events<br><b>2 Collision with Non-Fixed Object</b><br><b>14 Motor Vehicle in Transport</b> |  |  | Second (2) Sequence of Events          |   | Third (3) Sequence of Events                                   |                          | Fourth (4) Sequence of Events                                     |              |

#### PERSON RECORD

|  |                                |   |   |                                |  |  |                                 |  |                        |
|--|--------------------------------|---|---|--------------------------------|--|--|---------------------------------|--|------------------------|
| Person#<br><b>1</b>  | Description<br><b>1 Driver</b> | Vehicle #<br><b>1</b>                       | Name<br><b>OLECIMER VACA MALETA</b>       |                                |  | Date of Birth<br><b>26/May/1973</b>                              | Sex<br><b>1 Male</b>            | Phone Number<br><b>7864508661</b>                  | Re-Exam<br><b>No</b>   |
| Address<br><b>30 NE 84 ST APT. 3</b>   |                                | City<br><b>MIAMI</b>                        |   | State<br><b>FL</b>             |  | Zip Code<br><b>33138</b>   |                                 |  |                        |
| Driver License Number<br><b>V-254-640-73-186-0</b>   |                                | State<br><b>FL</b>                          | Expires<br><b>26/May/2024</b>             | DL Type<br><b>5 E/Operator</b> | Req. End.<br><b>3 No Req Endorsement</b> | Injury Severity<br><b>1 None</b>                                 |                                 | Ejection<br><b>1 Not Ejected</b>                   |                        |
| Restraint System<br><b>3 Shoulder and Lap Belt Used</b>  |                                | Air Bag Deployed<br><b>1 Not Applicable</b> |   | Helmet Use                     | Eye Protection                           | Seating Location Seat<br><b>1 Left</b>                           |                                 | Seating Location Row<br><b>1 Front</b>             | Seating Location Other |
| Drivers Actions at Time of Crash (first)<br><b>2 Operated MV in Careless or Negligent Manner</b> |                                |   | Drivers Actions at Time of Crash (second) |                                |  | Driver Distracted By<br><b>1 Not Distracted</b>                  |                                 | Vision Obstruction<br><b>1 Vision Not Obscured</b> |                        |
| Drivers Actions at Time of Crash (third)   |                                |   | Drivers Actions at Time of Crash (fourth) |                                |  | Drivers Condition at Time of Crash<br><b>1 Apparently Normal</b> |                                 |  |                        |
| Suspected Alcohol Use<br><b>1 No</b>   | Alcohol Tested                 | Alcohol Test Type                           | Alcohol Test Result                       | BAC                            | Suspected Drug Use<br><b>1 No</b>        | Drug Tested  | Drug Test Type                  | Drug Test Result                                   |                        |
| Source of Transport to Medical Facility<br><b>1 Not Transported</b>                              |                                | EMS Agency Name or ID                       |   |                                | EMS Run Number                           |  | Medical Facility Transported To |  |                        |

#### PERSON RECORD

|   |                                |   |   |                                |  |  |                                 |  |                        |
|---|--------------------------------|---|---|--------------------------------|--|--|---------------------------------|--|------------------------|
| Person#<br><b>2</b>   | Description<br><b>1 Driver</b> | Vehicle #<br><b>2</b>                       | Name<br><b>NELSON ALEXANDER CHIRINO MORALES</b> |                                |  | Date of Birth<br><b>21/Mar/1984</b>                              | Sex<br><b>1 Male</b>            | Phone Number<br><b>7862597800</b>                  | Re-Exam<br><b>No</b>   |
| Address<br><b>3661 SW 9TH TER APT 505</b>                                   |                                | City<br><b>MIAMI</b>                        |   | State<br><b>FL</b>             |  | Zip Code<br><b>33135</b>   |                                 |  |                        |
| Driver License Number<br><b>C-655-621-84-101-0</b>                          |                                | State<br><b>FL</b>                          | Expires<br><b>09/Sep/2022</b>                   | DL Type<br><b>5 E/Operator</b> | Req. End.<br><b>3 No Req Endorsement</b> | Injury Severity<br><b>1 None</b>                                 |                                 | Ejection<br><b>1 Not Ejected</b>                   |                        |
| Restraint System<br><b>3 Shoulder and Lap Belt Used</b>                     |                                | Air Bag Deployed<br><b>1 Not Applicable</b> |   | Helmet Use                     | Eye Protection                           | Seating Location Seat<br><b>1 Left</b>                           |                                 | Seating Location Row<br><b>1 Front</b>             | Seating Location Other |
| Drivers Actions at Time of Crash (first)<br><b>1 No Contributing Action</b> |                                |   | Drivers Actions at Time of Crash (second)       |                                |  | Driver Distracted By<br><b>1 Not Distracted</b>                  |                                 | Vision Obstruction<br><b>1 Vision Not Obscured</b> |                        |
| Drivers Actions at Time of Crash (third)                                    |                                |   | Drivers Actions at Time of Crash (fourth)       |                                |  | Drivers Condition at Time of Crash<br><b>1 Apparently Normal</b> |                                 |  |                        |
| Suspected Alcohol Use<br><b>1 No</b>  | Alcohol Tested                 | Alcohol Test Type                           | Alcohol Test Result                             | BAC                            | Suspected Drug Use<br><b>1 No</b>        | Drug Tested  | Drug Test Type                  | Drug Test Result                                   |                        |
| Source of Transport to Medical Facility<br><b>1 Not Transported</b>         |                                | EMS Agency Name or ID                       |   |                                | EMS Run Number                           |  | Medical Facility Transported To |  |                        |

#### PERSON RECORD

|   |                                   |                       |                           |                      |  |                                     |                        |                                  |                                  |
|---|-----------------------------------|-----------------------|---------------------------|----------------------|--|-------------------------------------|------------------------|----------------------------------|----------------------------------|
| Person#<br><b>3</b>                     | Description<br><b>3 Passenger</b> | Vehicle #<br><b>2</b> | Name<br><b>MARIA DIAZ</b> |                      |  | Date of Birth<br><b>01/Dec/2020</b> | Sex<br><b>2 Female</b> | Injury Severity<br><b>1 None</b> | Ejection<br><b>1 Not Ejected</b> |
| Address<br><b>3661 SW 9 TER APT 505</b> |                                   |                       |                           | City<br><b>MIAMI</b> |  |                                     | State<br><b>FL</b>     | Zip Code<br><b>33135</b>         |                                  |

|   |                                |  |                                    |   |                              |                                      |                           |
|---|--------------------------------|--|------------------------------------|---|------------------------------|--------------------------------------|---------------------------|
| Date of Crash<br>20/Sep/2021 10:05 AM   |                                | Date of Report<br>20/Sep/2021 10:05 AM |                                    | Invest. Agency Report Number<br>2109200064303 |                              | HSMV Crash Report Number<br>24533325 |                           |
| Restraint System<br>3 Shoulder and Lap Belt Used  |                                | Air Bag Deployed<br>1 Not Applicable   |                                    | Helmet Use                                    |                              | Eye Protection                       |                           |
| Seating Location Seat<br>1  |                                | Seating Location Row<br>2              |                                    | Seating Location Other                        |                              |                                      |                           |
| Source of Transport to Medical Facility<br>1 Not Transported  |                                | EMS Agency Name or ID                  |                                    | EMS Run Number                                |                              | Medical Facility Transported To      |                           |
| PERSON RECORD   |                                |  |                                    |   |                              |                                      |                           |
| Person#<br>4  | Description<br>3 Passenger     | Vehicle #<br>2                         | Name<br>ALAIA CHIRINO              |   | Date of Birth<br>01/Dec/2020 | Sex<br>2 Female                      | Injury Severity<br>1 None |
| Ejection<br>1 Not Ejected   |                                | Address<br>12090 NE 16TH AVE APT 210   |                                    | City<br>MIAMI                                 |                              | State<br>FL                          | Zip Code<br>33161         |
| Restraint System<br>10 Child Restraint Type Unknown   |                                | Air Bag Deployed<br>1 Not Applicable   |                                    | Helmet Use                                    |                              | Eye Protection                       |                           |
| Seating Location Seat<br>3  |                                | Seating Location Row<br>2              |                                    | Seating Location Other                        |                              |                                      |                           |
| Source of Transport to Medical Facility<br>1 Not Transported  |                                | EMS Agency Name or ID                  |                                    | EMS Run Number                                |                              | Medical Facility Transported To      |                           |
| VIOLATIONS  |                                |  |                                    |   |                              |                                      |                           |
| Person#<br>1  | Name<br>OLECIMER VACA MALETA   |  | Florida Statute Number<br>316.1925 |   | Charge<br>CARELESS DRIVING   |                                      | Citation<br>AF8DHHE       |
| NARRATIVE   |                                |  |                                    |   |                              |                                      |                           |
| Driver of vehicle #1 changed lanes crashing into vehicle #2. There were no injuries. Driver of vehicle #1 was cited for the accident. |                                |  |                                    |   |                              |                                      |                           |
| REPORTING OFFICER   |                                |  |                                    |   |                              |                                      |                           |
| ID/Badge #<br>27431   | Rank and Name<br>OFC M. BALUJA |  |                                    | Department<br>MIAMI POLICE DEPARTMENT         |                              | Type of Department<br>PD             |                           |

