

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: FL00000077 Entity: Lighthouse Point

State: FL

DATE OF LOSS: 09/24/21

LOSS STREET : Lighthouse Point, FL

LOSS CITY : Lighthouse Point

POLICE DEPT.: LIGHTHOUSE POINT

REPORT NUM. : 210924006574

Image Name: FL00000077_1131482203_211112_1975195.tif



1131482203

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 24/Sep/2021 03:40 PM	Time of Crash 24/Sep/2021 03:40 PM	Date of Report 24/Sep/2021 12:00 AM	Invest. Agency Report Number 210924006574	HSMV Crash Report Number 89195499
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CRASH IDENTIFIERS

County Code 10	City Code 56	County of Crash BROWARD	Place or City of Crash LIGHTHOUSE POINT	Within City Limits Yes	Time Reported 24/Sep/2021 03:41 PM	Time Dispatched 24/Sep/2021 03:41 PM
Time on Scene 24/Sep/2021 03:45 PM	Time Cleared Scene 24/Sep/2021 05:15 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

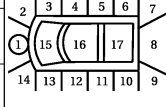
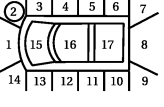
ROADWAY INFORMATION

Crash Occured On Street, Road, Highway SR5			At Street Address# 5100	At Latitude 26.294068	and Longitude -80.094489
At Feet	Or Miles	Direction South	From Intersection With Street, Road, Highway NE 51 ST		Or From Milepost #
Road System Identifier 3 State		Type Of Shoulder 3 Curb	Type Of Intersection 3 T-Intersection		

CRASH INFORMATION (Check if Pictures Taken) ☐

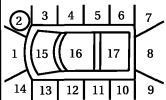
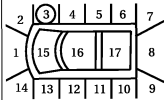
Light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 3 Angle
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 2 Intersection
Contributing Circumstances: Road 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 MNVIN0000	State MN	Reg. Expires	Permanent Reg.	VIN JN1RZ27H7PX001784		
Year 2019	Make MNVI	Model 2DR CV	Style CV	Color RED	Extent of Damage Disabling	Est. Damage 6000	Towed Due To Damage Yes	Vehicle Removed By EMERALD TOWING	Rotation Owner Request
Insurance Company ESSENTIA INS CO				Insurance Policy Number 5P06632					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> BRETT LINDON STOCK			Current Address (Number and Street) 2809 HWY 10 SE SUITE A			City and State ST CLOUD MN		Zip Code 56304	
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 South	On Street, Road, Highway SR5				At Est. Speed 30	Posted Speed 45	Total Lanes 6	
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			18. Undercarriage 19. Overturn 20. Windshield 21. Trailer			
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 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		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 1 No	Veh License Number AF	State FL	Reg. Expires 08/Jun/2022	Permanent Reg.	VIN 3VV3B7AX3JM039029		
Year 2018	Make VOLK	Model SUV	Style UT	Color SIL	Extent of Damage Disabling	Est. Damage 6000	Towed Due To Damage Yes	Vehicle Removed By EMERALD TOWING	Rotation Owner Request
Insurance Company STATE FARM MUTUAL AUTOM				Insurance Policy Number 9555142594					

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Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> ARLYNE H FEINTUCH			Current Address (Number and Street) 10526 PEBBLE COVE LN			City and State BOCA RATON FL		Zip Code 33498			
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 SR5				At Est. Speed 10	Posted Speed 45	Total Lanes 6			
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 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 3 Turning Left		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		Third (3) Sequence of Events		Fourth (4) Sequence of Events			

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name ARLYNE H FEINTUCH			Date of Birth 08/Jun/1951	Sex 2 Female	Phone Number 5614419831	Re-Exam No
Address 10526 PEBBLE COVE LN		City BOCA RATON			State FL		Zip Code 33498		
Driver License Number F532008517080		State FL	Expires 08/Jun/2022	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 2 Not 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) 3 Failed to Yield Right.of.Way			Drivers Actions at Time of Crash (second)			Driver Distracted By 1 Not Distracted		Vision Obstruction 77 All Other, Explain in Narrative	
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 BRETT LINDON STOCK			Date of Birth 27/May/1969	Sex 1 Male	Phone Number 3202602738	Re-Exam No
Address 2809 HWY 10 SE SUITE A		City ST CLOUD			State MN		Zip Code 56304		
Driver License Number W463297014713		State MN	Expires 27/May/2022	DL Type 3 C	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 2 Not 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) 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		

VIOLATIONS

Person# 1	Name ARLYNE H FEINTUCH	Florida Statute Number 316.122	Charge FAILED TO YIELD - TO ONCOMING TRAFFIC/VEHICLE PASSING ON LEF	Citation AEBAAPE
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NARRATIVE

Date of Crash 24/Sep/2021 03:40 PM	Date of Report 24/Sep/2021 03:40 PM	Invest. Agency Report Number 210924006574	HSMV Crash Report Number 89195499
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On Friday 09/24/2021 at 1540 hrs V-1 was traveling N/B on N Fed Hwy and was attempting to make a left turn into NE 51 St. V-1 was traveling S/B on N Fed Hwy in the lane closest to the sidewalk. As V-1 crossed two of the S/B lanes, it was struck by V-2 as it entered the third lane where V-1 struck it. There were no injuries to either drivers. Both vehicles were removed by Emeralds Towing by owner's request. both drivers wer issued Driver Exchange of Information Forms along with Case Cards.

REPORTING OFFICER

ID/Badge # 305	Rank and Name P.O. M ROWAN	Department LIGHTHOUSE POINT POLICE DEPARTMENT	Type of Department PD
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NOT TO SCALE

