

CFBatch-Cover-w10

*Type of Report:* AUTO ACCIDENT

PayorID: FL00000058 Entity: Miami

State: FL

DATE OF LOSS: 08/14/21

LOSS STREET : 5799 NW 7TH

LOSS CITY : MIAMI

POLICE DEPT.: MIAMI PD

REPORT NUM. : 2108290058952

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3330945883

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

CRASH DATE <b>08/29/2021</b>	TIME OF CRASH <b>6:00 PM</b>	DATE OF REPORT <b>08/29/2021</b>	REPORTING AGENCY CASE NUMBER <b>2108290058952</b>	HSMV CRASH REPORT NUMBER <b>24532011</b>
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## CRASH IDENTIFIERS

COUNTY CODE <b>01</b>	CITY CODE <b>66</b>	COUNTY OF CRASH <b>MIAMI-DADE</b>	PLACE OR CITY OF CRASH <b>MIAMI</b>	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED <b>6:05 PM</b>	TIME DISPATCHED <b>6:05 PM</b>
TIME ON SCENE <b>6:15 PM</b>	TIME CLEARED SCENE <b>9:30 PM</b>	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)			Notified By: 1 Motorist <b>2</b> 2 Law Enforcement

## ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY <b>NW 7TH ST</b>			AT STREET/ADDRESS # <b>5799</b>	AT LATITUDE <b>25.778257</b>	AND LONGITUDE <b>-80.290367</b>
AT FEET	MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>3</b>		OR FROM MILEPOST # <b>4</b>
Road System Identifier <b>9</b> 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative		Type of Shoulder <b>1</b> 1 Paved 2 Unpaved 3 Curb	Type of Intersection <b>1</b> 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 <b>1</b> 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown	Weather Condition <b>1</b> 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 <b>1</b> 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 <b>1</b> 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact <b>1</b> 1 Front to Rear 2 Front to Front 3 Angle 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown
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First Harmful Event <b>32</b> 1 No 2 Yes 88 Unknown	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 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 <b>2</b> 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
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First Harmful Event Relation to Junction <b>18</b> 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use of Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown	Contributing Circumstances: Road <b>77</b> 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown	Contributing Circumstances: Environment <b>1</b> 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown
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Work Zone Related <b>1</b> 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
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## WITNESSES

NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE

## NON VEHICLE PROPERTY DAMAGE

VEH. # <b>1</b>	PER. #	PROPERTY DAMAGE - OTHER THAN VEH. <b>BARRIER WALL OR GUARDRAIL</b>	EST. AMT. <b>15000</b>	OWNER'S NAME <input checked="" type="checkbox"/> (CHECK IF BUSINESS) <b>FIRST WATCH</b>	ADDRESS <b>5799 NW 7TH ST</b>	CITY & STATE <b>MIAMI</b>	ZIP CODE <b>FL 33126</b>
VEH. #	PER. #	PROPERTY DAMAGE - OTHER THAN VEH.	EST. AMT.	OWNER'S NAME <input type="checkbox"/> (CHECK IF BUSINESS)	ADDRESS	CITY & STATE	ZIP CODE

<b>VEHICLE #</b> 1		<b>Check if Commercial</b> <input type="checkbox"/>		<b>Reporting Agency Case Number</b> 2108290058952		<b>HSMV Crash Report Number</b> 24532011	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		<b>VEHICLE LICENSE NUMBER</b> PYEH41		<b>STATE</b> FL		<b>REGISTRATION EXPIRES</b> 12/31/2021	
<b>Hit and Run</b> 1 No 2 Yes 88 Unknown		<b>YEAR</b> 2020		<b>MAKE</b> FRHT		<b>MODEL</b> BOX TRUCK	
<b>STYLE</b> TK		<b>COLOR</b> WHITE - WHI		<b>DAMAGE:</b> 1 Disabling 2 Functional 3 None		<b>EST. AMOUNT</b> \$2,500.00	
<b>INSURANCE COMPANY (DRIVER)</b> ZURICH AMERICAN INSURANCE COMPANY 16535		<b>INSURANCE POLICY NUMBER</b> BAP3375666		<b>Towed due to Damage:</b> 1 No 2 Yes		<b>VEHICLE REMOVED BY</b> DRIVER	
<b>NAME OF VEHICLE OWNER (CHECK IF BUSINESS)</b> AMAZON LOGISTICS INC		<b>CURRENT ADDRESS</b> 410 TERRY AVE		<b>CITY &amp; STATE</b> SEATTLE WA		<b>ZIP</b> 98104	
<b>Trailer One:</b>		<b>Trailer Two:</b>		<b>Trailer Three:</b>		<b>Trailer Four:</b>	
<b>VEHICLE TRAVELING</b> N S E W Off-Road Unknown		<b>ON STREET, ROAD, HIGHWAY</b> NW 7TH ST 25		<b>AT EST. SPEED</b> 20		<b>POSTED SPEED</b> 40	
<b>HAZ. MAT. RELEASED</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. PLACARD</b> 1 No 2 Yes 88 Unknown		<b>NUMBER</b>		<b>CLASS</b>	
<b>MOTOR CARRIER NAME</b>		<b>US DOT NUMBER</b>		<b>Area of Initial Impact</b>		<b>Most Damaged Area</b>	
<b>MOTOR CARRIER ADDRESS</b>		<b>CITY</b>		<b>STATE</b>		<b>ZIP CODE</b>	
<b>Vehicle Body Type</b> 17		<b>Trafficway</b> 1		<b>Commercial Motor Vehicle Configuration</b>		<b>Cargo Body Type</b>	
<b>Comm/Non-Commercial</b>		<b>Trailer Type</b>		<b>Emergency Vehicle Use</b>		<b>Vehicle Defects</b>	
<b>Most Harmful Event</b> 14		<b>Sequence of Events</b>		<b>Vehicle Maneuver Action</b>		<b>Traffic Control Device For This Vehicle</b>	
<b>Roadway Grade</b> 1		<b>Roadway Alignment</b> 1		<b>Special Function of Motor Vehicle</b> 1		<b>Violations</b>	

PERSON # 1

Reporting Agency Case Number  
2108290058952HSMV Crash Report Number  
24532011

1 Driver 2 Non-Motorist 3 Passenger	1	VEHICLE # 1	NAME JANKARLOS RASHAN RODRIGUEZ	PHONE NUMBER	Check if Recommended Driver Re-exam <input type="checkbox"/>
CURRENT ADDRESS (Number and Street) 16201 SW 288 ST			CITY & STATE HOMESTEAD FL		ZIP CODE 33033
DATE OF BIRTH 08/04/1999	SEX: 1 Male 2 Female 88 Unknown	1	DRIVERS LICENSE NUMBER R-362-436-99-284-0	STATE FL	EXPIRES 08/04/2023
			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	5	Required Endorsements 1 Yes 2 No 3 No Req. Endorsement	3	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 Turn	Drivers Actions at Time of Crash 26 Ran off Roadway 27 Disregarded Other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over Steering 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	3rd 1	Condition At Time of Crash 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	1
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	1	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		4th 1		

DRIVER VISION OBSTRUCTIONS 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	1	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	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
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 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 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) 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	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	1	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 CITY OF MIAMI FIRE RESCUE		EMS RUN NUMBER 21073650		MEDICAL FACILITY TRANSPORTED TO JACKSON MEMORIAL WEST				

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						

# NARRATIVE

Reporting Agency Case Number  
**2108290058952**

HSMV Crash Report Number  
**24532011**

PRIOR TO THE CRASH VEHICLE # 1 WAS TRAVELING WESTBOUND ON NW 7TH ST APPROACHING NW 58TH AVE IN THE SECOND LANE.

ACCORDING TO DRIVER OF VEHICLE # 1, A GHOST VEHICLE CUT HIM OFF AND ALSO SLAMMED IT'S BRAKES. DRIVER OF VEHICLE # 1 IN ORDER TO AVOID A COLLISION SWERVED TO THE RIGHT HOWEVER CONTINUED TRAVELING NORTH THROUGH THE PARKING LOT EVENTUALLY COMING TO A COMPLETE STOP ONCE IT COLLIDED WITH THE INCIDENT'S LOCATION WALL.

DRIVER OF VEHICLE # 1 SUSTAINED A POSSIBLE BROKEN LEFT WRIST AND WAS TRANSPORTED VIA CITY OF MIAMI FIRE RESCUE # 11 ALARM # 21073672 TO JACKSON MEMORIAL HOSPITAL WEST.

DUE TO EVIDENCE OBTAINED ON SCENE AND STATEMENTS GATHERED DRIVER OF VEHICLE # 1 WILL NOT BE DEEMED AT FAULT.

## 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 <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>			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 <small>1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown</small>			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO				

## ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

## REPORTING OFFICER

ID/BADGE #	RANK	OFFICER NAME	DEPARTMENT	TYPE OF DEPT.
42800	POLICE OFFICER	J.MESA	MIAMI POLICE DEPARTMENT	POLICE DEPARTMENT (PD)

DIAGRAM

REPORTING AGENCY CASE NUMBER  
2108290058952

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24532011

