

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: FL00000058 Entity: Miami

State: FL

DATE OF LOSS: 10/05/21

LOSS STREET : 27TH AVENUE

LOSS CITY : MIAMI

POLICE DEPT.:

REPORT NUM. :

Image Name: FL00000058_3331031264_211112_1971448.tif



3331031264

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 05/Oct/2021 08:45 AM | Time of Crash 05/Oct/2021 08:45 AM | Date of Report 05/Oct/2021 12:00 AM | Invest. Agency Report Number 2110050068001 | HSMV Crash Report Number 24534309 |
|--|--|---|--|---|

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 05/Oct/2021 08:50 AM | Time Dispatched 05/Oct/2021 09:00 AM |
| Time on Scene 05/Oct/2021 09:08 AM | Time Cleared Scene 05/Oct/2021 09:47 AM | Completed Yes | Reason (if Investigation NOT Completed) | | | Notified By Law Enforcement |

ROADWAY INFORMATION

| | | | | | |
|--|----------|------------------------------------|--|---------------------------------|------------------------------------|
| Crash Occured On Street, Road, Highway SW 27TH AVE | | | At Street Address# | At Latitude 25.764922 | and Longitude -80.238948 |
| At Feet | Or Miles | Direction | From Intersection With Street, Road, Highway SW 8TH ST | 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) ☐

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|--|-------------------------------------|---|-----------------------------------|---|
| Light Condition 1 Daylight | Weather Condition 1 Clear | Roadway Surface Condition 1 Dry | School Bus Related 1 No | Manner Of Collision 1 Front to Rear |
| First Harmful Event Type | First Harmful Event 14 | First Harmful Event Location 1 On Roadway | Within Interchange No | First Harmful Event Relation to Junction 18 Through Roadway |
| 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) ☐

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|--|--|--|---|--|------------------------------------|---|--|-------------------------------------|---------------------------|--|
| Vehicle 2 | Motor Vehicle Type 1 Vehicle in Transport | Hit and Run 1 No | Veh License Number ICTN17 | State FL | Reg. Expires 09/Feb/2022 | Permanent Reg. | VIN 1FMSK7DH9LGA89005 | | | |
| Year 2020 | Make FORD | Model EXPLORER | Style UT | Color SIL | Extent of Damage Minor | Est. Damage 200 | Towed Due To Damage No | Vehicle Removed By DRIVER | Rotation Driver | |
| Insurance Company DIRECT GENERAL INSURANC | | | | Insurance Policy Number 2011371013 | | | | | | |
| Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> JOSE ANTONIO HARRIETTE TORRES | | | Current Address (Number and Street) 500 NW 30TH AVE | | | City and State MIAMI FL | | Zip Code 33125 | | |
| 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: South | Direction | On Street, Road, Highway SW 27TH AVE | | | | At Est. Speed 40 | Posted Speed 40 | 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 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 3 Two-Way, Divided, Unprotected (painted >4 feet) Median | 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 | | Third (3) Sequence of Events | | Fourth (4) Sequence of Events | | |

VEHICLE (Check if Commercial) ☐

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|---|---|----------------------------|-------------------------------------|---|------------------------------------|---------------------------|----------------------------------|-------------------------------------|---------------------------|
| Vehicle 1 | Motor Vehicle Type 1 Vehicle in Transport | Hit and Run 1 No | Veh License Number J1YU86 | State FL | Reg. Expires 03/Nov/2020 | Permanent Reg. | VIN 1N4AL3AP3FC491329 | | |
| Year 2015 | Make NISS | Model ALTIMA | Style 4D | Color WHI | Extent of Damage Minor | Est. Damage 200 | Towed Due To Damage No | Vehicle Removed By DRIVER | Rotation Driver |
| Insurance Company ACCREDITED SURETY AND C | | | | Insurance Policy Number 1-PPA-FL-19-01244789- | | | | | |

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|--|---------------------------|--|--------------|---|-----|---|---------------------------|--|-------------------|---|--|
| Date of Crash 05/Oct/2021 08:45 AM | | Date of Report 05/Oct/2021 08:45 AM | | Invest. Agency Report Number 2110050068001 | | HSMV Crash Report Number 24534309 | | | | | |
| Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> TANIA UNK RODRIGUEZ | | | | Current Address (Number and Street) 2786 SW 31ST PL | | | | City and State MIAMI FL | | Zip Code 33133 | |
| 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 SW 27TH AVE | | | | At Est. Speed 30 | Posted Speed 40 | 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 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 | | | | | | | | | |

PERSON RECORD

| | | | | | | | | | |
|---|--------------------------------|---|---|--------------------------------|--|--|---------------------------------|--|------------------------|
| Person# 1 | Description 1 Driver | Vehicle # 1 | Name TANIA UNK RODRIGUEZ | | | Date of Birth 03/Nov/1983 | Sex 2 Female | Phone Number 7862371100 | Re-Exam No |
| Address 2786 SW 31ST PL | | City MIAMI | | State FL | | Zip Code 33133 | | | |
| Driver License Number R-362-800-83-903-0 | | State FL | Expires 03/Nov/2021 | 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) 77 Other 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 SOLANGER DE LAS MERCEDES GALDEANO ROMERO | | | Date of Birth 24/Sep/1996 | Sex 2 Female | Phone Number 7865239776 | Re-Exam No |
| Address 2401 SW 10TH ST APT 204 | | City MIAMI | | State FL | | Zip Code 33135 | | | |
| Driver License Number G-435-784-96-844-0 | | State FL | Expires 24/Sep/2027 | 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 | | |

VIOLATIONS

| | | | | |
|---------------------|------------------------------------|--|-----------------------------------|----------------------------|
| Person# 1 | Name TANIA UNK RODRIGUEZ | Florida Statute Number 316.1925(1) | Charge CARELESS DRIVING | Citation AF8FW1E |
|---------------------|------------------------------------|--|-----------------------------------|----------------------------|

NARRATIVE

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| VEHICLE#1&2 WAS TRAVELING SOUTH BOUND ON SW 27TH AVE. VEHICLE#2 STOPPED FOR THE BUS THAT WAS IN THE MERGE LANE AND COMING INTO VEHICLE#2 LANE, DRIVER OF VEHICLE#1 REAR ENDED VEHICLE#2. NO INJURIES REPORTED. |
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|---------------------------------------|--|---|--------------------------------------|
| Date of Crash 05/Oct/2021 08:45 AM | Date of Report 05/Oct/2021 08:45 AM | Invest. Agency Report Number 2110050068001 | HSMV Crash Report Number 24534309 |
|---------------------------------------|--|---|--------------------------------------|

REPORTING OFFICER

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|---------------------|--------------------------------|---------------------------------------|--------------------------|
| ID/Badge # 28377 | Rank and Name PSA ALEXANDER | Department MIAMI POLICE DEPARTMENT | Type of Department PD |
|---------------------|--------------------------------|---------------------------------------|--------------------------|



NOT TO SCALE

