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



FLORIDA TRAFFIC CRASH REPORT

LONG FORM X SHORT FORM UPDATE

HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

(Electronic Version) Date of Report Invest. Agency Report Number **HSMV Crash Report Number** 20/Sep/2021 10:05 AM 20/Sep/2021 10:05 AM 20/Sep/2021 12:00 AM 2109200064303 24533325 **CRASH IDENTIFIERS** County Code County of Crash Place or City of Crash Within City Limits Time Reported Time Dispatched 20/Sep/2021 10:08 AM 20/Sep/2021 10:20 AM 01 66 MIAMI-DADE MIAMI Yes Time on Scene Time Cleared Scene Completed Reason (if Investigation NOT Completed) Notified By 20/Sep/2021 11:30 AM Yes Law Enforcement 20/Sep/2021 10:30 AM **ROADWAY INFORMATION** Crash Occured On Street, Road, Highway At Lattitude At Street Address# Longitude SW 1ST AVE -80.195287 25 76669 From Intersection With Street, Road, Highway At Feet Or Miles Or From Milepost # Direction North 127 SW 8TH ST Road System Identifier Type Of Shoulder Type Of Intersection 5 Local 1 Paved 1 Not at Intersection **CRASH INFORMATION (Check if Pictures Taken)** Manner Of Collision light Condition Weather Condition Roadway Surface Condition School Bus Related 1 Davlight 1 Clear 1 No 4 Sideswipe, same direction First Harmful Event Relation to Junction First Harmful Event Type First Harmful Event Within Interchange First Harmful Event Location 1 On Roadway 1 Non.Junction Contributing Circumstances: Road Contributing Circumstances: Road Contributing Circumstances: Road Contributing Circumstances: Environment Contributing Circumstances: Environment Contributing Circumstances: Environment 1 None Work Zone Related Crash In Work Zone Type Of Work Zone Workers In Work Zone Law Enforcement In Work Zone 1 No **VEHICLE (Check if Commercial)** Reg. Expires Motor Vehicle Type Hit and Run Veh License Number State Permanent Reg. 1 Vehicle in Transport 2 LIFS26 FL JA4AT4AA4KZ030329 1 No Year Make Model Color Extent of Damage Est. Damage Towed Due To Damage Vehicle Removed By Minor No Rotation 2019 MITS **ECLIPSE** RED 200 DRIVER Insurance Company Insurance Policy Number MENDOTA INSURANCE COMPANY FL00123454M Name of Vehicle Owner (Check Box If Business)

MARIA DIAZ City and State Current Address (Number and Street) Zip Code MIAMI FL 3661 SW 9 TER APT 505 33135 Make Trailer License Number State Reg. Expires Permanent Reg Year Length Axles Year Trailer License Number Permanent Reg. State Rea. Expires VIN Make Lenath Axles Vehicle On Street, Road, Highway At Est. Speed Posted Speed Direction Total Lanes Traveling: South SW 1 AVE 15 35 2 Area of Initial Impact CMV Configuration Cargo Body Type Most Damaged Area 3 | 4 | 5 | 6 | Comm GVWR/GCWR 18. Undercarriage 18. Undercarriage Trailer Type (trailer one) Trailer Type (trailer two) 19. Overturn 19. Overturn 4 Not Applicable 16 20. Windshield 20. Windshield Haz Mat. Placard Haz, Mat, Release Number 21. Trailer 21. Trailer Motor Carrier Name **US DOT Number** Motor Carrier Address City and State Zip Code Phone Number Speciual Function of MV Comm/Non-Commercial Vehicle Body Type Vehicle Defects (one) Vehicle Defects (two) Emergency Vehicle Use 16 (Sport) Utility Vehicle 1 No Special Function 1 None 1 No Vehicle Maneuver Action Roadway Grade Roadway Alignment Most Harmful Event Most Harmful Event Detail 5 One-Way Trafficway 1 Straight Ahead 1 Level 2 Collision with Non-Fixed Object 1 Straight 14 Motor Vehicle in Transport Traffic Control Device For This Vehicle First (1) Sequence of Events Second (2) Sequence of Events Third (3) Sequence of Events Fourth (4) Sequence of Events 2 Collision with Non-Fixed Object 1 No Controls 14 Motor Vehicle in Transport **VEHICLE (Check if Commercial)** Motor Vehicle Type Vehicle Hit and Run Veh License Number State Reg. Expires Permanent Reg. 1 Vehicle in Transport KMHGC4DD8DU215811 QDYG81 FL 1 No Extent of Damage Est. Damage Year Make Model Style Color Towed Due To Damage Vehicle Removed By Minor Rotation HYUN GENESIS 4D DRIVER 2013 SIL 100 Insurance Company Insurance Policy Number **UNITED AUTOMOBILE INSUR** UAD080965401

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Date of Crash 20/Sep/2021 10:0	5 AM	ort Sep/2021 10:05 AN	10:05 AM 2109200064303					24533325							
Name of Vehicle Owner (COLECIMER VA			Curre		(Number and S 4 ST APT. 3	Street)				ind Stat	te		Zip Code 33138		
Trailer License Number One:	State	Reg. Expire	es Permanent R	Permanent Reg. VIN					Year Make			Length	Axles		
Trailer License Number Two:	State	Reg. Expire	es Permanent F	Permanent Reg. VIN					Year Make			Length	Axles		
Vehicle Traveling: Direction South On Street, Road, Highway				SW 1 AV	'E				At Es	st. Spee 10	ed Post	ed Speed 35	Total Lanes 2		
CMV Configuration	<u>-</u>		Cargo Body Type				Area of	Initial Imp	oact		Mos	t Damage	ed Area		
Comm GVWR/GCWR 4 Not App	ailer Type (trailer o	Type (trailer one) Trailer Type (trailer two) 2 3 4 1 1 (15 ((16					6 7 18. Undercarriage 2 3 4 5 6 7 18. Undercarriage 19. Overturn 20. Windshield 1 15 16 17 8 19. Overturn 20. Windshield 20. Windshield								
Haz. Mat. Release Haz	Mat. Placard	Number		Class 14 13 12 11 10					1. Trailer		14 13 12	11 10 9	21. Trailer		
Motor Carrier Name				US DOT N	umber										
Moto	or Carrier Add	ress		_	C	ity and St	ate				Zip Code	Р	hone Number		
Comm/Non-Commercial	Vehicle Body 1 Pass	Type Senger Car		Vehicle Defects (one) 1 None Vehicle Defects (two)									Function of MV pecial Function		
Vehicle Maneuver Action 6 Changing Lanes Trafficway 5 One-Way Trafficway				oadway Grade Roadway Alignment Most Harmfu 1 Level 1 Straight 2 Collision									ent Detail cle in Transport		
Traffic Control Device For 1 No Controls	ence of Events on with Non-Fixed Object	th Non-Fixed				Sequence of Events Fourth (4) Sec				4) Sequei	nce of Events				
		14 Motor V	ehicle in Transpo	rt											
PERSON RECORD							ID (D' II	10		Disease N		Re-Exam		
Person# Description 1 Driv	er	Vehicle #	Name OLE	ECIMER V	ACA MALETA		Date of 26/Ma	Birth 1973	Sex 1 M		Phone N 786	umber 4508661	No No		
Address 30 NE 84 ST A	APT. 3	City	MIAMI		State		FL		Zi	p Code)	33138	<u> </u>		
Driver License Number V-254-640-73-186-0 State FL			Expires 26/May/	Expires DL Type 5 E/O			Req. End. 3 No Req Endorsement			Injury Severity 1 None			Ejection 1 Not Ejected		
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Depl	oyed pplicable	Helmet Use	Eye Pı	rotection	Seating	Location Sea 1 Left	t Sea	ating Lo	cation f Front	Row	Seating L	ocation Other		
Drivers Actions at Time of Crash (first) 2 Operated MV in Careless or Negligent Manner Drivers Actions at Time of Crash (second)								Driver Di	stracted lot Dist			sion Obsti 1 Vision	ruction Not Obscured		
Drivers Actions at Time of	Crash (third)		Drivers Act	tions at Time	t Time of Crash (fourth) Driv				ivers Condition at Time of C 1 Apparent						
Suspected Alcohol Use 1 No	Alcohol Test	ed Alcohol	Test Type Alc	Type Alcohol Test Result BAC Suspected Drug Use 1 No					Drug Tested Drug Test Type Drug Test Res						
Source of Transport to Me 1 Not Transp	gency Name or ID	y Name or ID EMS Run Number					Medical Facility Transported To								
PERSON RECORD			1				15	D' 11	10		DI N		D. F		
Person# Description 2 1 Driv	ver	Vehicle #	Name NELSON A	LEXANDER	R CHIRINO MO	RALES	Date of 21/M	Birth ar/1984		lale		2597800	Re-Exam No		
Address 3661 SW 9TH TEI	R APT 505	City	МІАМІ		State		FL		اکا	ip Code)	33135			
Driver License Number C-655-621-84-101	- 0 Sta	te FL	Expires 09/Sep/		L Type 5 E/Operato		q. End. 3 No Req Endorsemer	1	iry Seve 1	erity None		Ejection 1 N	lot Ejected		
Restraint System 3 Shoulder and Lap Belt Used	Helmet Use	et Use Eye Protection Seating Location Seat 1 Left				t Sea	Seating Location Row 1 Front Seating Location Other								
Drivers Actions at Time of 1 No Cor		,					iver Distracted By 1 Not Distracted 1 Vision Obstruction 1 Vision Not Obscur								
Drivers Actions at Time of Crash (third) Drivers Actions at Time of Crash (fourth) Drivers Condition at Time of Crash (fourth) 1 Apparently N															
Suspected Alcohol Use 1 No		1 No				Drug Tested Drug Test Type Drug Test Result Medical Facility Transported To									
Source of Transport to Me 1 Not Transp		EMS A	gency Name or ID		EMS R	iun Numbe	er 	Me	aical Fa	acility I	ransporte 	ea 10			
PERSON RECORD					<u> </u>										
Person# Description 3 Passe	enger	Vehicle # 2	Name	Date of Birth 01/Dec/20					Sex 2 Fe	Sex Injury Severity 2 Female 1 None			Ejection 1 Not Ejected		
Address 36		City MIAMI							State F	ïL	Zip Code 33135				

Date of Crash			ort Sep/2021 10:05	5 AM	Invest. Age	Invest. Agency Report Number 2109200064303				HSMV Crash Report Number 24533325				
Restraint System 3 Shoulder and Lap Belt Used Air Bag Deployed 1 Not Applicable				Helmet Use	Ey	ye Protection	Seating Location Seat			Seating Location Row 2			Seating Location Other	
Source of Transport to Medical Facility 1 Not Transported EMS A			gency Name or ID EMS Run Numb			ber Medica			cal Facility Transported To					
PERSON	N RECORD													
Person# 4	erson# Description 4 3 Passenger 2			Name ALAIA CHIRINO				Date of Birth 01/Dec/2020		1.5	Sex 2 Female	Injury Severity 1 None		Ejection 1 Not Ejected
Address 12090 NE 16TH AVE APT 210					City	City MIAMI					State FL			Zip Code 33161
Restraint System 10 Child Restraint Type Unknown Air Bag Deployed 1 Not Applicable			Helmet Use	met Use Eye Protection Seating			g Location Seat Seating Location 3			0	Row	Seating	Location Other	
Source of Transport to Medical Facility 1 Not Transported EMS Age			gency Name or ID EMS R			/IS Run Numbe	Run Number Medic			dical Facility Transported To				
VIOLAT	IONS		'			'				1				
Person#	n# Name OLECIMER VACA MALETA					orida Statute Number Charge 316.1925			CARELESS DRIVING			Citation AF8DHHE		
NARRA	TIVE						•						'	
Driver of	vehicle #1 chan	ged lanes cra	shing into v	ehicle #2. Theı	re were no	injuries. Driv	er of vehicle #	1 was	cited for the	e acci	dent.			
REPOR	TING OFFICER					·								
ID/Badge # Rank and Name OFC M. BALUJA					JJA	Department MIAN			partment MIAMI POLICE DEPARTMENT			Type of Department PD		

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