

CFBatch-Cover-w10

*Type of Report:* AUTO ACCIDENT

PayorID: FL00000099 Entity: Kissimmee

State: FL

DATE OF LOSS: 10/18/21

LOSS STREET : 2471 MICHIGAN AVENUE

LOSS CITY : KISSIMMEE

POLICE DEPT.: KISSIMMEE POLICE DEPARTMENT

REPORT NUM. : 21008287

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3331030807

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

(Electronic Version)

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

Date of Crash <b>18/Oct/2021 01:20 PM</b>	Time of Crash <b>18/Oct/2021 01:20 PM</b>	Date of Report <b>18/Oct/2021 12:00 AM</b>	Invest. Agency Report Number <b>21008287</b>	HSMV Crash Report Number <b>24323588</b>
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## CRASH IDENTIFIERS

County Code <b>26</b>	City Code <b>40</b>	County of Crash <b>OSCEOLA</b>	Place or City of Crash <b>KISSIMMEE</b>	Within City Limits <b>Yes</b>	Time Reported <b>18/Oct/2021 01:23 PM</b>	Time Dispatched <b>18/Oct/2021 01:31 PM</b>
Time on Scene <b>18/Oct/2021 01:34 PM</b>	Time Cleared Scene <b>18/Oct/2021 02:00 PM</b>	Completed <b>Yes</b>	Reason (if Investigation NOT Completed)			Notified By <b>Law Enforcement</b>

## ROADWAY INFORMATION

Crash Occured On Street, Road, Highway <b>MICHIGAN AVE</b>			1 At Street Address# <b>2465</b>	2 At Latitude and Longitude
At Feet	Or Miles	Direction	3 From Intersection With Street, Road, Highway	
Road System Identifier <b>9 Parking Lot</b>		Type Of Shoulder <b>3 Curb</b>	Type Of Intersection <b>1 Not at Intersection</b>	

## CRASH INFORMATION (Check if Pictures Taken) ☐

light Condition <b>1 Daylight</b>	Weather Condition <b>1 Clear</b>	Roadway Surface Condition <b>1 Dry</b>	School Bus Related <b>1 No</b>	Manner Of Collision <b>6 Rear to Side</b>
First Harmful Event Type	First Harmful Event <b>15</b>	First Harmful Event Location <b>8 In Parking Lane or Zone</b>	Within Interchange <b>No</b>	First Harmful Event Relation to Junction <b>1 Non-Junction</b>
Contributing Circumstances: Road <b>1 None</b>		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment <b>1 None</b>		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related <b>1 No</b>	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

## VEHICLE (Check if Commercial) ☐

Vehicle <b>1</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>1 No</b>	Veh License Number <b>C7087X</b>	State <b>FL</b>	Reg. Expires <b>31/May/2022</b>	Permanent Reg. <b>No</b>	VIN <b>1GRAA06206S702820</b>
Year <b>2006</b>	Make <b>GDAN</b>	Model	Style <b>SE</b>	Color <b>UNKN</b>	Extent of Damage <b>None</b>	Est. Damage	Towed Due To Damage <b>No</b>
Insurance Company <b>ZURICH AMERICAN INS</b>				Insurance Policy Number <b>BAP2347204</b>			
Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> <b>FRESHPOINT CENTRAL FLORIDA INC</b>			Current Address (Number and Street) <b>8801 EXCHANGE DR</b>		City and State <b>ORLANDO FL</b>		Zip Code <b>33809</b>
Trailer One:	License Number <b>JC09JG</b>	State <b>FL</b>	Reg. Expires <b>05/31/2022 00:00</b>	Permanent Reg. <b>No</b>	VIN <b>1FUJGBDV7DLFA8303</b>	Year <b>2013</b>	Make <b>FRHT</b>
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Vehicle Traveling:	Direction <b>South</b>	On Street, Road, Highway <b>PARKING LOT</b>				At Est. Speed <b>10</b>	Posted Speed <b>15</b>
CMV Configuration		Cargo Body Type		Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR		Trailer Type (trailer one) <b>Single Semi Trailer</b>		Trailer Type (trailer two)			
Haz. Mat. Release	Haz Mat. Placard	Number	Class				
Motor Carrier Name <b>FRESHPOINT CENTRAL FLORIDA IC</b>			US DOT Number <b>881943</b>				
Motor Carrier Address <b>8801 EXCHANGE DR</b>			City and State <b>ORLANDO FL</b>		Zip Code <b>32809</b>		Phone Number
Comm/Non-Commercial	Vehicle Body Type <b>20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))</b>	Vehicle Defects (one) <b>1 None</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 No</b>	Special Function of MV <b>1 No Special Function</b>
Vehicle Maneuver Action <b>1 Straight Ahead</b>	Trafficway <b>1 Two-Way, Not Divided</b>	Roadway Grade <b>1 Level</b>	Roadway Alignment <b>1 Straight</b>	Most Harmful Event <b>2 Collision with Non-Fixed Object</b>		Most Harmful Event Detail <b>15 Parked Motor Vehicle</b>	
Traffic Control Device For This Vehicle <b>1 No Controls</b>		First (1) Sequence of Events <b>2 Collision with Non-Fixed Object 15 Parked Motor Vehicle</b>		Second (2) Sequence of Events		Third (3) Sequence of Events	
						Fourth (4) Sequence of Events	

## VEHICLE (Check if Commercial) ☐

Vehicle <b>2</b>	Motor Vehicle Type <b>2 Parked Motor Vehicle</b>	Hit and Run <b>1 No</b>	Veh License Number <b>BUYD80</b>	State <b>FL</b>	Reg. Expires <b>01/Dec/2021</b>	Permanent Reg. <b>No</b>	VIN <b>1HGCV1F35JA155176</b>
Year <b>2018</b>	Make <b>HOND</b>	Model	Style <b>4D</b>	Color <b>GRY</b>	Extent of Damage <b>Functional</b>	Est. Damage <b>2000</b>	Towed Due To Damage <b>No</b>
Vehicle Removed By <b>DRIVER</b>				Rotation			

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Insurance Company				Insurance Policy Number								
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> <b>MILDRED CARRASQUILLO HERNAN</b>				Current Address (Number and Street) <b>2228 SEQUOIA WAY</b>				City and State <b>DAVENPORT FL</b>		Zip Code <b>33896</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	On Street, Road, Highway <b>PARKED</b>					At Est. Speed <b>0</b>	Posted Speed <b>15</b>	Total Lanes <b>2</b>			
CMV Configuration				Cargo Body Type		Area of Initial Impact			Most Damaged Area			
Comm GVWR/GCWR				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 <b>1 Passenger Car</b>		Vehicle Defects (one) <b>1 None</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 No</b>		Special Function of MV <b>1 No Special Function</b>		
Vehicle Maneuver Action <b>8 Parked</b>		Trafficway <b>1 Two-Way, Not Divided</b>		Roadway Grade <b>1 Level</b>		Roadway Alignment <b>1 Straight</b>		Most Harmful Event <b>2 Collision with Non-Fixed Object</b>		Most Harmful Event Detail <b>15 Parked Motor Vehicle</b>		
Traffic Control Device For This Vehicle <b>1 No Controls</b>		First (1) Sequence of Events <b>2 Collision with Non-Fixed Object</b>		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events				
		<b>15 Parked Motor Vehicle</b>										

#### PERSON RECORD

Person# <b>1</b>	Description <b>1 Driver</b>	Vehicle # <b>1</b>	Name <b>RANDY ALEXANDER FIGUEROA</b>			Date of Birth <b>07/Jul/1982</b>	Sex <b>1 Male</b>	Phone Number <b>(786)587-4247</b>	Re-Exam <b>No</b>	
Address <b>15239 PACEY COVE DR</b>		City <b>ORLANDO</b>		State <b>FL</b>		Zip Code <b>32824</b>				
Driver License Number <b>F260721822470</b>		State <b>FL</b>	Expires <b>07/Jul/2028</b>	DL Type <b>1 A</b>	Req. End. <b>1 Yes</b>	Injury Severity <b>1 None</b>		Ejection <b>1 Not Ejected</b>		
Restraint System <b>3 Shoulder and Lap Belt Used</b>		Air Bag Deployed <b>2 Not Deployed</b>		Helmet Use <b>3 No Helmet</b>		Eye Protection <b>3 Not Applicable</b>		Seating Location Seat <b>1 Left</b>	Seating Location Row <b>1 Front</b>	Seating Location Other <b>1 Not Applicable</b>
Drivers Actions at Time of Crash (first) <b>2 Operated MV in Careless or Negligent Manner</b>			Drivers Actions at Time of Crash (second)			Driver Distracted By <b>1 Not Distracted</b>		Vision Obstruction <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 <b>1 Apparently Normal</b>				
Suspected Alcohol Use <b>1 No</b>		Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>1 No</b>		Drug Tested	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility <b>1 Not Transported</b>		EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To			

#### NARRATIVE

**V2 WAS PROPERLY PARKED AND UNATTENDED IN THE PARKING LOT OF 2465 MICHIGAN AVE FACING EAST. V1 WAS TRAVELING SOUTH BOUND THROUGH THE PARKING LOT OF 2465 MICHIGAN AVE APPROACHING V2.**

**V1 FAILED TO ESTIMATE THE DISTANCE OF V2 AND STRUCK THE REAR BUMPER OF V2 WITH V1'S LEFT REAR TRAILER BUMPER.**

**V1 IS AT FAULT FOR CARELESS DRIVING, V1 WAS NOT CITED.**

**NO REPORT OF INJURIES.**

**V1 AND V2 WERE REMOVED FROM THE SCENE BY THE DRIVERS.**

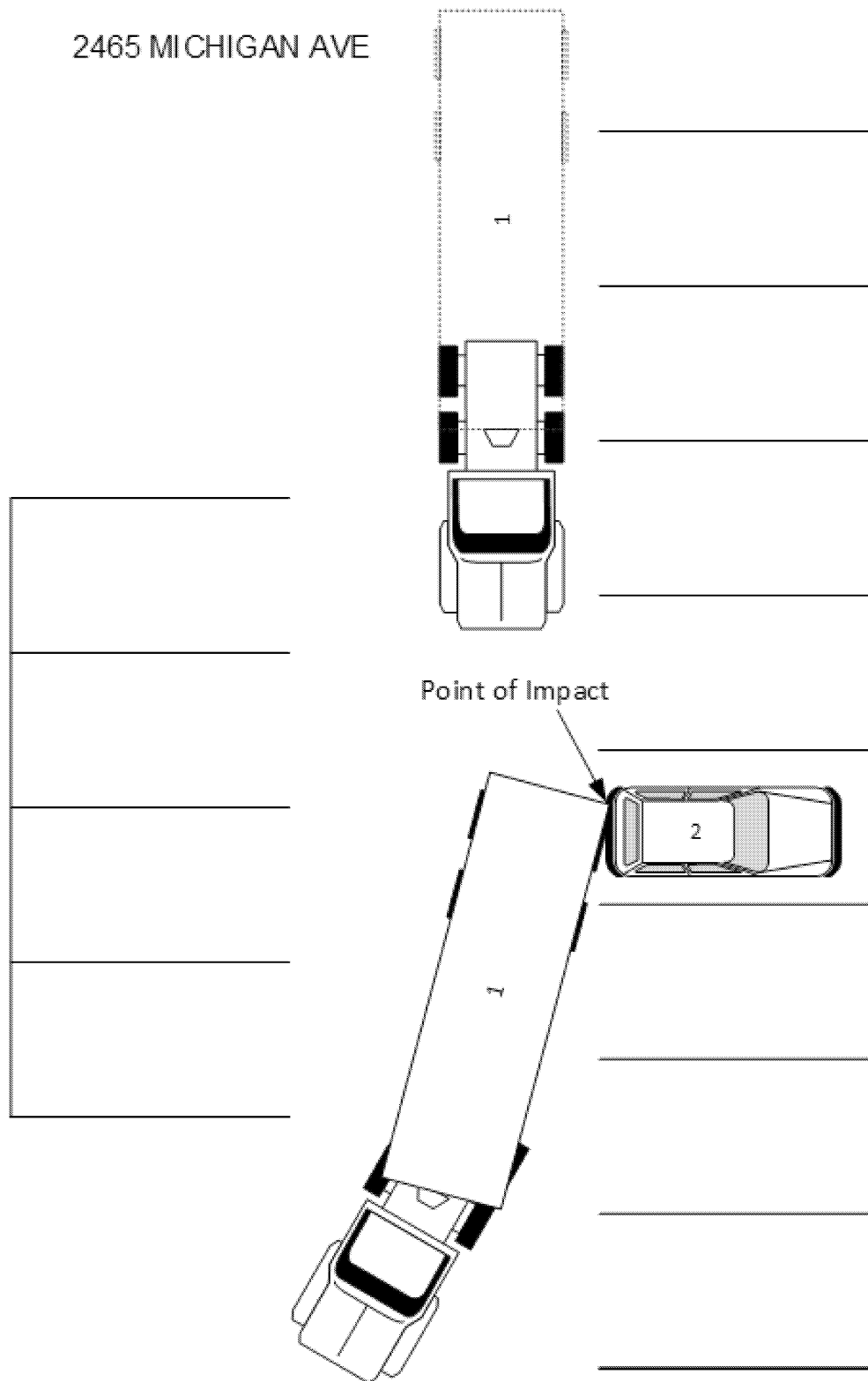
#### REPORTING OFFICER

ID/Badge # <b>18</b>	Rank and Name <b>CIVILIAN-GENERAL EMPLOYEE B. SANTIAGO</b>	Department <b>KISSIMMEE POLICE DEPARTMENT</b>	Type of Department <b>PD</b>
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Indicate North

2465 MICHIGAN AVE



Drawing Not To Scale.