CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: FL00000058 Entity: Miami

State: FL

DATE OF LOSS: 08/18/21

LOSS STREET: Miami, FL

LOSS CITY : Miami

POLICE DEPT.: MIAMI DADE

REPORT NUM. : 21-08180055822

Image Name: FL00000058_1131483583_211112_1971493.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** 18/Aug/2021 09:00 AM 18/Aug/2021 09:00 AM 18/Aug/2021 12:00 AM 2108180055822 24531269 **CRASH IDENTIFIERS** County Code County of Crash Place or City of Crash Within City Limits Time Reported Time Dispatched 18/Aug/2021 09:01 AM 18/Aug/2021 09:03 AM 01 66 MIAMI-DADE MIAMI Yes Time on Scene Time Cleared Scene Completed Reason (if Investigation NOT Completed) Notified By 18/Aug/2021 10:00 AM Yes Law Enforcement 18/Aug/2021 09:10 AM **ROADWAY INFORMATION** Crash Occured On Street, Road, Highway At Lattitude At Street Address# Longitude **BRICKELL AVE** -80.192895 25 757839 Or From Milepost # From Intersection With Street, Road, Highway At Feet Or Miles Direction West SF 15TH RD Road System Identifier Type Of Shoulder Type Of Intersection 5 Local 1 Paved 2 Four-Way Intersection **CRASH INFORMATION (Check if Pictures Taken)** light Condition Weather Condition Roadway Surface Condition School Bus Related Manner Of Collision 1 Davlight 1 Clear 3 Angle First Harmful Event Type First Harmful Event Within Interchange First Harmful Event Relation to Junction First Harmful Event Location 1 On Roadway 18 Through Roadway 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)** Motor Vehicle Type Hit and Run Veh License Number Reg. Expires Permanent Reg. 1 Vehicle in Transport IN6249 FL 14/Jun/2023 GHN3L15644 1 No Year Make Model Style Color Extent of Damage Est. Damage Towed Due To Damage Vehicle Removed By Minor No Driver 1964 MGB CV LBL 2000 DRIVER Insurance Company Insurance Policy Number **ESSENTIA INSURANCE COMPANY** EA114697 Name of Vehicle Owner (Check Box If Business) **BRIAN J COPPS** City and State Current Address (Number and Street) Zip Code 1300 BRICKELL BAY DR APT 2605 33131 Trailer License Number State Reg. Expires Permanent Reg. Year Make Length Axles Trailer License Number Permanent Reg. Year State Rea. Expires VIN Make Axles Lenath Vehicle At Est. Speed Direction On Street, Road, Highway Posted Speed Total Lanes Traveling: North **BRICKELL AVE** 4 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 Emergency Vehicle Use Speciual Function of MV Comm/Non-Commercial Vehicle Body Type Vehicle Defects (one) Vehicle Defects (two) 1 Passenger Car 1 No Special Function 1 None 1 No Vehicle Maneuver Action Trafficway Roadway Grade Roadway Alignment Most Harmful Event Most Harmful Event Detail 1 Two-Way, Not Divided 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 FL PXIT31 06/Sep/2021 2GCRCPEC5K1137940 1 No Extent of Damage Est. Damage Towed Due To Damage Year Make Model Style Color Vehicle Removed By Rotation CHEV PΚ WHI Minor DRIVER 2019 500 Insurance Company Insurance Policy Number **INFINITY ASSURANCE INSU** 509820060579001

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Date of Crash 18/Aug/2021 09:00 AM					Date of Report 18/Aug/2021 09:00 AM				Invest. Agency Report Number 2108180055822				HSMV Crash Report Number 24531269								
YANIEL ARZÒLA MARTINEZ							surrent Address (Number and Street) 9950 SW 11TH TER					City and State MIAMI FL				,	Zip Code 33174				
Trailer One:	License	Number	S	State	Reg. E	xpires	Perma	nent Reg.	VIN						Yea	ar	Make		Length		Axles
Trailer Two:	License	Number	S	State	Reg. E	xpires	Perma	nent Reg.	VIN						Yea	ar	Make		Length		Axles
Vehicle Travelin		ection orth	On St	treet, Roa	ad, High	way		BR	ICKE	LL AVE	·					At Est	t. Spee	d Po	osted Spe	ed	Total Lanes 4
CMV Co	Traveling: North BRICKELL AVE 4 CMV Configuration Cargo Body Type Area of Initial Impact Most Damaged Area																				
Comm (GVWR/G					Trailer	r Type (tı	railer one)	1	Frailer Typ	oe (trailer t	vo)	2 3 -	4 5 // II	=/	18. Underca 19. Overtui	0 1	$\forall \cap$	4 5 6 7 I	- 1	8. Undercarriage 9. Overturn
Haz Ma		4 Not App			Numb	per			Clas				14 13	12 11		20. Windsh 21. Trailer	nield	1 15	16 17	8 2	0. Windshield 1. Trailer
Motor C	Motor Carrier Name US DOT Number																				
Motor Carrier Address City and State Zip Code Phone Number																					
Comm/ľ	Non-Com	mercial		le Body 1 Passe		ar	Vehicle	Defects (Vehicle	Defects	(two)	_	E	nergency	/ Vehicl 1 No	e Use			ction of MV
	Maneuve hanging		Traffic	cway F wo-Way	. Not D	ivided	Roadw	ay Grade		Road	dway Align 1 Strai		M		mful Eve	ent th Non-F	ived		t Harmful I		Detail in Transport
) of F:			nd (2) Sc	quence of		Th:-		Obj				h (4) Sequ		<u> </u>
Traffic		evice For T Controls		enicie F		lision w	ce or ⊑ve vith Non ject		Seco	na (2) Sea	querice oi	Evenis	''''	u (3) 3	equence	or Eveni	.5	rour	.ii (4) 3equ	ience	oi Events
					14 Mot		•	ansport													
	ON REC												15		D' 11	0	1.	N	Number		Re-Exam
Persona 1	# Descrip	tion 1 Driv e	er		Vehicle 1	# Na	ame	YANIEL	. AR	ZOLA MA	ARTINEZ			oate of 09/Ju	n/1975	Sex 1 Ma		Phone	e Number		No No
Address		SW 11TH	I TER		City	/	ı	MIAMI			State		FL			Zip	Code		33174		
	icense N	umber 60-75-209-		State	FL		Expire	es 9/Jun/202	4	DL Type	: Operator	Req	ı. End.	Req	Inj	ury Sever	rity None		Ejectio		Ejected
	nt Systen			ag Deplo			elmet Us			e Protection	<u> </u>	Seating I	Endor	semen		ating Loc		OW			ation Other
3 Shou	lder and Used	Lap Belt		2 Not De			omnot Go	o .		3110100110		Journ 19	1 Le				Front			,	
Drivers	Drivers Actions at Time of Crash (first) 1 No Contributing Action Drivers Actions at Time of Crash (second) Driver Distracted By 1 Not Distracted 1 Vision Obstruction 1 Vision Not Obscured																				
Drivers	Actions a	at Time of (Crash	(third)			Driv	ers Action	s at T	ime of Cra	ash (fourth)			Drivers (Condition			rash t iy Norma	l	
Suspec	ted Alcoh	ol Use	Alcoh	nol Teste	d Alc	ohol Tes	st Type	Alcoho	l Test	Result	BAC	Suspect	ed Dru 1 No	ig Use	Drug To	ested	Dru	ig Tes	st Type	Drug	Test Result
Source	Source of Transport to Medical Facility 1 Not Transported EMS Agency Name or ID EMS Run Number Medical Facility Transported To																				
PERSO	ON REC	ORD																_	_		
Person:	Person# Description Vehicle # Name Date of Birth Sex Phone Number Re-Exam																				
	Address City State Zip Code 1300 BRICKELL BAY DR APT 2605 MIAMI FL 33131																				
	icense N C-120-07	lumber 70-76-214-	0	State	e FL		Expire 1	es 4/Jun/202	26	DL Type 5 E/	Operator	Rec	q. End. 3 No Endor	o Req	lnj i t	ury Seve	rity None		Ejectio 1		Ejected
	nt Systen Ilder and Used	n I Lap Belt		ag Deplo 1 Not Ap			elmet Us	se	Еу	e Protection	on	Seating	Location 1 Le		t Se	ating Loc	cation F Front	low	Seating	g Loca	ation Other
Drivers Actions at Time of Crash (first) Drivers Actions at Time of Crash (second) Driver Distracted By Vision Obstruction																					
1 No Contributing Action Drivers Actions at Time of Crash (third) Drivers Actions at Time of Crash (fourth) Drivers Condition at Time of Crash 1 Apparently Normal																					
							g Test Result														
Source	Source of Transport to Medical Facility 1 Not Transported EMS Agency Name or ID EMS Run Number Medical Facility Transported To																				
VIOLATIONS																					
Person	Person# Name 1 YANIEL ARZOLA MARTINEZ Florida Statute Number 316.085(2) Charge IMPROPER-CHANGE-OF-LANE, PULLING OUT IN FRONT OF VEHICLE GOI																				
NARR.	ATIVE		_											UF \	CHICLE	. GOI					

Date of Report 18/Aug/2021 09:00 AM Invest. Agency Report Number 2108180055822 HSMV Crash Report Number 24531269 Date of Crash 18/Aug/2021 09:00 AM

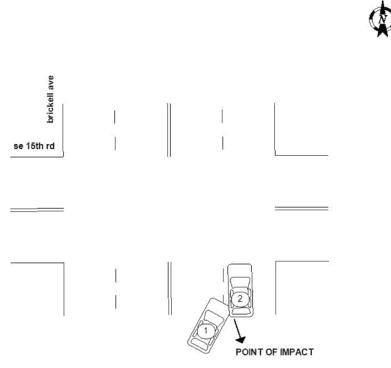
VEHICLE # 2 WAS TRAVELING NORTH BOUND ON BRICKELL AVE APPROACHING 15TH RD IN THE RIGHT LANE. VEHICLE # 1 WAS TRAVELING NORTH BOUND ON BRICKELL AVE APPROACHING 15TH RD IN THE LEFT LANE, ATTEMPTED TO CHANGE LANES AND STRUCK VEHICLE # 2 IN THE LEFT REAR BUMPER.

NO INJURIES REPORTED ON SCENE. DRIVER # 1 CITED.

REPORTING OFFICER

ID/Badge #	Rank and Name	Department	Type of Department
	PSA E GOMEZ	· · · · · · · · · · · · · · · · · ·	DD.
28688	PSA F.GOMEZ	MIAMI POLICE DEPARTMENT	10

Date of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
18/Aug/2021 09:00 AM	18/Aug/2021 09:00 AM	2108180055822	24531269



NOT TO SCALE