

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: FL00000127 Entity: Homestead

State: FL

DATE OF LOSS: 02/28/20

LOSS STREET : NE 43RD AVE/NE 8TH STREET

LOSS CITY : HOMESTEAD/MIAMI DADE

POLICE DEPT.: HOMESTEAD POLICE DEPARTMENT

REPORT NUM. : 89395588

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3331030805

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 28/Feb/2020 08:03 AM	Time of Crash 28/Feb/2020 08:03 AM	Date of Report 28/Feb/2020 12:00 AM	Invest. Agency Report Number 2002280005	HSMV Crash Report Number 89395588
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CRASH IDENTIFIERS

County Code 01	City Code 58	County of Crash MIAMI-DADE	Place or City of Crash HOMESTEAD	Within City Limits Yes	Time Reported 28/Feb/2020 08:03 AM	Time Dispatched 28/Feb/2020 08:04 AM
Time on Scene 28/Feb/2020 08:20 AM	Time Cleared Scene 28/Feb/2020 08:45 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway NE 43RD AVE			① At Street Address#	② At Latitude and Longitude
At Feet	Or Miles	Direction	③ From Intersection With Street, Road, Highway NE 8TH ST	④ Or From Milepost #
Road System Identifier 5 Local		Type Of Shoulder 3 Curb	Type Of Intersection 2 Four-Way Intersection	

CRASH INFORMATION (Check if Pictures Taken) ☐

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 2 Intersection
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) ☐

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number KXYW94	State FL	Reg. Expires	Permanent Reg. Yes	VIN 1M2GR2GC2KM010309		
Year 2019	Make MACK	Model	Style TR	Color WHI	Extent of Damage None	Est. Damage	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation
Insurance Company CONTINENTAL CASUALTY				Insurance Policy Number 604572312909165					
Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/>			Current Address (Number and Street) 14600 SW 136TH ST			City and State MIAMI FL		Zip Code 33186	
Trailer One:	License Number GYHS54	State FL	Reg. Expires	Permanent Reg. No	VIN 4LF4S5439V3505740	Year 1997	Make FONT	Length 53	Axles 2
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling:	Direction South	On Street, Road, Highway NE 43RD AVE					At Est. Speed	Posted Speed 40	Total Lanes 4
CMV Configuration		Cargo Body Type		Area of Initial Impact			Most Damaged Area		
Comm GVWR/GCWR		Trailer Type (trailer one) Single Semi Trailer		Trailer Type (trailer two)					
Haz. Mat. Release	Haz Mat. Placard	Number	Class						
Motor Carrier Name THE DE MOYA GROUP				US DOT Number 948028					
Motor Carrier Address 14600 SW 136TH ST				City and State MIAMI FL			Zip Code 33186	Phone Number	
Comm/Non-Commercial	Vehicle Body Type 3 Pickup	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Specual 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 5 Traffic Control Signal		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) ☐

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number IIRG68	State FL	Reg. Expires 30/Jun/2020	Permanent Reg. No	VIN 5TDKZRFH1KS332562		
Year 2019	Make TOYT	Model	Style SW	Color SIL	Extent of Damage Functional	Est. Damage 1000	Towed Due To Damage No	Vehicle Removed By DRIVER	Rotation
Insurance Company PROGRESSIVE SELECT INSURANCE COMPAN				Insurance Policy Number 916276793					

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Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> CHALO MOVING CORP			Current Address (Number and Street) 1030 NE 42ND AVE				City and State HOMESTEAD FL		Zip Code 33033
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 NE 43RD AVE				At Est. Speed	Posted Speed 40	Total Lanes 4	
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 16 (Sport) Utility Vehicle		Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 13 Stopped in Traffic	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 5 Traffic Control Signal		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	

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name JUAN CARLOS FABELO			Date of Birth 20/Jul/1967	Sex 1 Male	Phone Number	Re-Exam No
Address 838 NW 134 AVE		City MIAMI			State FL		Zip Code 33182		
Driver License Number F140423672600		State FL	Expires 20/Jul/2025	DL Type 1 A	Req. End.	Injury Severity 1 None		Ejection 1 Not Ejected	
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use 3 No Helmet		Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front		Seating Location Other 1 Not Applicable	
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		

PERSON RECORD

Person# 2	Description 1 Driver	Vehicle # 2	Name LEYLA ISABEL SULEJMAN			Date of Birth 27/Sep/2001	Sex 2 Female	Phone Number (305)721-6870	Re-Exam No
Address 1030 NE 42ND AVE		City HOMESTEAD			State FL		Zip Code 33033		
Driver License Number S425529018470		State FL	Expires 27/Sep/2028	DL Type 5 E/Operator	Req. End.	Injury Severity 1 None		Ejection 1 Not Ejected	
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use 3 No Helmet		Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front		Seating Location Other 1 Not Applicable	
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		

PERSON RECORD

Person# 3	Description 3 Passenger	Vehicle # 2	Name ASHLEY MARI MENENDEZ			Date of Birth 19/Apr/2006	Sex 2 Female	Injury Severity 1 None	Ejection 1 Not Ejected
Address 1030 NE 42ND AVE				City HOMESTEAD			State FL	Zip Code 33033	

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Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use 3 No Helmet	Eye Protection 3 Not Applicable	Seating Location Seat 3	Seating Location Row 1	Seating Location Other 1
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To	

NARRATIVE

INVESTIGATION REVEALED THAT VEH-1 WAS STOPPED AT THE TRAFFIC LIGHT FACING SOUTHBOUND ON NE 43RD AVE AND NE 8TH ST. VEH-2 WAS BEHIND VEH-1 ALSO STOPPED AT THE TRAFFIC LIGHT ON NE 43RD AVE AND NE 8TH ST. DRIVER OF VEH-1 STATED THAT HE PROCEEDED MAKE HIS LEFT HAND TURN ONTO NE 8TH ST FROM NE 43RD AVE TO DROP OFF SOME HEAVY EQUIPMENT ON A CONSTRUCTION SITE, HE STATED HE DID NOT BACK UP HIS VEHICLE OR HIT ANY OTHER VEHICLE BEHIND HIM.

DRIVER OF VEH-2 STATED THAT VEH-1 COULD HAD POSSIBLY BACKED UP CAUSING THE REAR OF THE ATTACHED TRAILER TO STRIKE THE FRONT OF VEH-2.

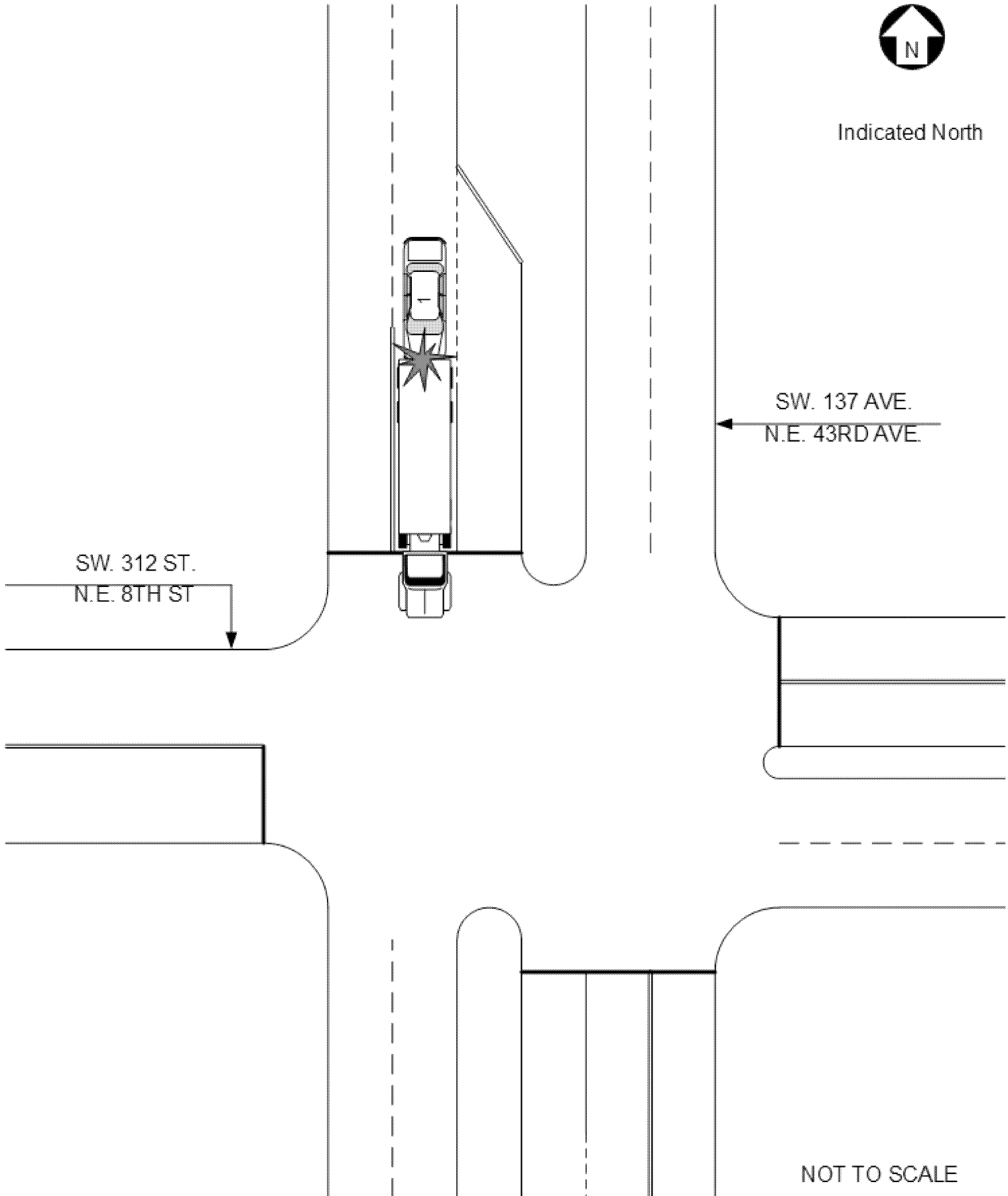
NO REPORTED INJURIES. BOTH VEHICLES WERE REMOVED BY THEIR DRIVERS. DUE TO CONFLICTING STATEMENTS NO FAULT COULD BE DETERMINED AND NO CITATIONS WERE ISSUED.

REPORTING OFFICER

ID/Badge # 0767	Rank and Name POLICE OFFICER D. QUIROGA	Department HOMESTEAD POLICE DEPARTMENT	Type of Department PD
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Indicated North



NOT TO SCALE