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PAGE COUNT: 5

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CLIENT : 8811  
DIVISION :  
ADJUSTER : 0053C00000BSLLQ  
CLAIM : 00002410

TRANSACTION # : 1348431222  
DATE : 05/03/2021

DATE OF LOSS : 04/22/2021 TIME OF LOSS :  
STREET : SW 65 AVE  
CITY :  
COUNTY : DADE  
STATE : FL

INVESTIGATING AGENCY : WEST MIAMI PD  
REPORT NUMBER : 85863976  
REPORT TYPE : Auto Accident  
PARTY 1 :  
PARTY 2 :  
PARTY 3 :

CAR : MAKE : YEAR :  
TAG :

DRIVER LICENSE :  
ADDITIONAL INFO :

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NOTE :

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THANK YOU FOR YOUR ORDER!

# 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>22/Apr/2021 02:51 AM</b>	Time of Crash <b>22/Apr/2021 02:51 AM</b>	Date of Report <b>22/Apr/2021 12:00 AM</b>	Invest. Agency Report Number <b>2101198</b>	HSMV Crash Report Number <b>85863976</b>
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## CRASH IDENTIFIERS

County Code <b>01</b>	City Code <b>93</b>	County of Crash <b>MIAMI-DADE</b>	Place or City of Crash <b>WEST MIAMI</b>	Within City Limits <b>Yes</b>	Time Reported <b>22/Apr/2021 02:51 PM</b>	Time Dispatched <b>22/Apr/2021 02:51 PM</b>
Time on Scene <b>22/Apr/2021 02:54 PM</b>	Time Cleared Scene <b>22/Apr/2021 04:00 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>SW 65TH AVE</b>		① At Street Address#	② At Latitude <b>25.75596</b>	and Longitude <b>-80.301739</b>
At Feet	Or Miles	Direction <b>West</b>	③ From Intersection With Street, Road, Highway <b>SW 16TH ST</b>	④ Or From Milepost # <b>225</b>
Road System Identifier <b>5 Local</b>		Type Of Shoulder <b>1 Paved</b>	Type Of Intersection <b>2 Four-Way 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>2 Front to Front</b>
First Harmful Event Type	First Harmful Event <b>14</b>	First Harmful Event Location <b>1 On Roadway</b>	Within Interchange <b>No</b>	First Harmful Event Relation to Junction <b>18 Through Roadway</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>GWSQ92</b>	State <b>FL</b>	Reg. Expires	Permanent Reg.	VIN <b>2T3K1RFV6LW059180</b>		
Year <b>2020</b>	Make <b>TOYT</b>	Model	Style <b>4D</b>	Color <b>WHI</b>	Extent of Damage <b>Disabling</b>	Est. Damage <b>5000</b>	Towed Due To Damage <b>Yes</b>	Vehicle Removed By <b>WHITE</b>	Rotation <b>Owner Request</b>
Insurance Company <b>INFINITY AUTO INSURANCE COMPANY</b>					Insurance Policy Number <b>109901108885001</b>				
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>			Current Address (Number and Street)			City and State <b>MIAMI FL</b>		Zip Code <b>33165</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 <b>North</b>	On Street, Road, Highway <b>SW 16 ST</b>				At Est. Speed <b>10</b>	Posted Speed <b>25</b>	Total Lanes <b>2</b>	
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR <b>4 Not Applicable</b>			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>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>14 Motor Vehicle in Transport</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>14 Motor Vehicle in Transport</b>							

## VEHICLE (Check if Commercial) ☐

Vehicle <b>2</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>1 No</b>	Veh License Number <b>[REDACTED]</b>	State <b>FL</b>	Reg. Expires	Permanent Reg.	VIN <b>[REDACTED]</b>		
Year <b>2021</b>	Make <b>VOLK</b>	Model	Style <b>4D</b>	Color <b>WHI</b>	Extent of Damage <b>Minor</b>	Est. Damage	Towed Due To Damage <b>No</b>	Vehicle Removed By <b>WHITE</b>	Rotation
Insurance Company <b>STATE FARM AUTO INSURANCE</b>					Insurance Policy Number <b>[REDACTED]</b>				

Date of Crash <b>22/Apr/2021 02:51 AM</b>		Date of Report <b>22/Apr/2021 02:51 AM</b>		Invest. Agency Report Number <b>2101198</b>		HSMV Crash Report Number <b>85863976</b>			
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>			Current Address (Number and Street) <b>[REDACTED]</b>			City and State <b>EUSTIS FL</b>		Zip Code <b>32726</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 <b>West</b>	On Street, Road, Highway <b>SW 16 ST</b>				At Est. Speed <b>25</b>	Posted Speed <b>25</b>	Total Lanes <b>2</b>	
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR <b>4 Not Applicable</b>			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>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>14 Motor Vehicle in Transport</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> <b>14 Motor Vehicle in Transport</b>		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

#### PERSON RECORD

Person# <b>1</b>	Description <b>1 Driver</b>	Vehicle # <b>1</b>	Name <b>[REDACTED]</b>		Date of Birth <b>[REDACTED]</b>	Sex <b>2 Female</b>	Phone Number <b>[REDACTED]</b>	Re-Exam <b>No</b>
Address <b>[REDACTED]</b>		City <b>MIAMI</b>		State <b>FL</b>		Zip Code <b>33165</b>		
Driver License Number <b>[REDACTED]</b>		State <b>FL</b>	Expires <b>[REDACTED]</b>	DL Type <b>5 E/Operator</b>	Req. End. <b>3 No Req Endorsement</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>1 Not Applicable</b>		Helmet Use	Eye Protection	Seating Location Seat <b>1 Left</b>	Seating Location Row <b>1 Front</b>	Seating Location Other
Drivers Actions at Time of Crash (first) <b>1 No Contributing Action</b>			Drivers Actions at Time of Crash (second) <b>1 No Contributing Action</b>			Driver Distracted By <b>1 Not Distracted</b>		Vision Obstruction <b>1 Vision Not Obscured</b>
Drivers Actions at Time of Crash (third) <b>1 No Contributing Action</b>			Drivers Actions at Time of Crash (fourth) <b>13 Ran Stop Sign</b>			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 <b>NA</b>		

#### PERSON RECORD

Person# <b>3</b>	Description <b>3 Passenger</b>	Vehicle # <b>1</b>	Name <b>[REDACTED]</b>		Date of Birth <b>[REDACTED]</b>	Sex <b>2 Female</b>	Injury Severity <b>1 None</b>	Ejection <b>1 Not Ejected</b>
Address <b>[REDACTED]</b>		City <b>MIAMI</b>		State <b>FL</b>		Zip Code <b>33165</b>		
Restraint System <b>3 Shoulder and Lap Belt Used</b>		Air Bag Deployed <b>3 Deployed-Front</b>		Helmet Use	Eye Protection	Seating Location Seat <b>3</b>	Seating Location Row <b>1</b>	Seating Location Other <b>1</b>
Source of Transport to Medical Facility <b>1 Not Transported</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To <b>NA</b>		

#### PERSON RECORD

Person# <b>2</b>	Description <b>1 Driver</b>	Vehicle # <b>2</b>	Name <b>[REDACTED]</b>		Date of Birth <b>[REDACTED]</b>	Sex <b>2 Female</b>	Phone Number <b>[REDACTED]</b>	Re-Exam <b>No</b>
Address <b>[REDACTED]</b>		City <b>EUSTIS</b>		State <b>FL</b>		Zip Code <b>32726</b>		
Driver License Number <b>[REDACTED]</b>		State <b>FL</b>	Expires <b>[REDACTED]</b>	DL Type <b>5 E/Operator</b>	Req. End. <b>3 No Req Endorsement</b>	Injury Severity <b>1 None</b>		Ejection <b>1 Not Ejected</b>
Restraint System		Air Bag Deployed		Helmet Use	Eye Protection	Seating Location Seat <b>3 Right</b>	Seating Location Row <b>1 Front</b>	Seating Location Other <b>1 Not Applicable</b>
Drivers Actions at Time of Crash (first) <b>1 No Contributing Action</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>		

Date of Crash 22/Apr/2021 02:51 AM	Date of Report 22/Apr/2021 02:51 AM	Invest. Agency Report Number 2101198	HSMV Crash Report Number 85863976
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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 NA		

#### PERSON RECORD

Person# 4	Description 3 Passenger	Vehicle # 2	Name [REDACTED]	Date of Birth [REDACTED]	Sex 2 Female	Injury Severity 1 None	Ejection 1 Not Ejected	
Address [REDACTED]			City APOPKA			State FL	Zip Code 32703	
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 1 Not Applicable		Helmet Use	Eye Protection	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 NA		

#### VIOLATIONS

Person# 1	Name [REDACTED]	Florida Statute Number 316.074(1)	Charge FAIL TO OBEY TRAFFIC CONTROL SIGNAL (FAILED TO STOP AT TRAFF	Citation ACIGHSE
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#### NON VEHICLE PROPERTY DAMAGE

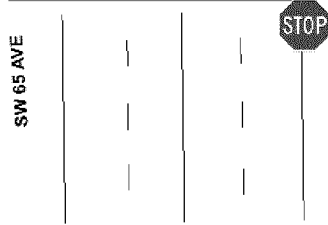
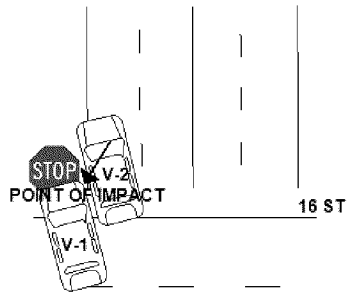
Vehicle# 1	Person#	Property Damage - Other Than Vehicle STOP SIGN	Est. Amount 1000	Business Yes	Owner's Name FL DEPT. OF TRANSPORTATION	Address 605 SUWANNEE ST, MS 52	City & State TALLAHASSEE FL	Zip Code 32399
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#### NARRATIVE

V-2 WAS HEADING WEST BOUND FROM 64 AVE AND SW 16 ST. V-1 HAD COME TO A STOP ON 65 AVE SW 16 ST FACING NORTH BOUND. V-1 DID NOT ALLOW V-2 THE RIGHT OF WAY AND CAUSED A COLLISION IN THE PROCESS. V-1 HAD DAMAGE TO THE RIGHT-SIDE TIRE WHICH WAS DENTED IN COMPLETELY NOT ALLOWING THE VEHICLE TO MOVE. V-1 ALSO HAD THE FRONT RIGHT AND REAR DOOR DAMAGED DUE TO THE ACCIDENT. V-2 HAD DAMAGE TO THE FRONT BUMPER & GRILL. V-2 ALSO HAD THE FRONT GLASS DAMAGED DUE TO IMPACT. ADDITIONALLY, V-1 ALSO RAN OVER A STOP SIGN ON THE SOUTH EAST CORNER OF 65 AVE SW 16 ST. ENGINE 40 RESPONDED TO THE SCENE UNDER LT.DIAZ ALARM #90250. ALL INVOLVED PARTIES WERE ATTENDED TO AND CLEARED ON SCENE.

#### REPORTING OFFICER

ID/Badge # 152	Rank and Name PATROL C.LOPEZ	Department WEST MIAMI POLICE DEPARTMENT	Type of Department PD
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NOT TO SCALE