FLORIDA TRAFFIC CRASH REPORT

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

LONG FORM V SHORT FORM UPDATE | (Electronic Version) Time of Crash Date of Report Reporting Agency Case Number HSMV Crash Report Number Crash Date 14:45 October 01, 2019 1901460 89016981 October 1, 2019 CRASH IDENTIFIERS County Code City Code County of Crash Place or City of Crash Within City Limits Time Reported Time Dispatched 72 Miami-Dade Miami Springs Yes 14:46 14:47 Time on Scene Time Cleared Scene Completed Reason (If Investigation NOT Complete) Notified By 14:55 15:18 Red light camera Law Enforcement **ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)** Crash Occurred On Street, Road, Highway At Street Address # At Latitude At Longitude SR 948 (NW 36 St) At Feet Or Miles Direction From Intersection With Street, Road, Highway Or From Milepost # SR 953 (NW 42 Av) Type of Intersection Type of Shoulder Road System Identifier Four-Way Intersection **Paved** State CRASH INFORMATION (CHECK IF PICTURES TAKEN) Light Condition Weather Condition Roadway Surface Condition School Bus Related Manner Of Collision Daylight Sideswipe, same direction First Harmful Event Type First Harmful Event First Harmful Event Location First Harmful Event Relation To Junction Within Interchange **Collision Non-Fixed Object Motor Vehicle in Transport** On Roadway Non-Junction Contributing Circumstances: Road Contributing Circumstances: Road Contributing Circumstances: Road None Contributing Circumstances: Environment Contributing Circumstances: Environment Contributing Circumstances: Environment None Work Zone Related Crash In Work Zone Type Of Work Zone Workers In Work Zone LAW ENFORCEMENT IN WORK ZONE No Νo VEHICLE **Check if Commercial** Hit and Run Motor Vehicle Type Veh License Number Reg. Expires Permanent Reg. December 31, 2019 Vehicle in Transport No E5164D 1GDJ6H1J4WJ510830 Color Extent Of Damage Est. Damage Towed Due To Damage Vehicle Removed By Rotation Style Year 1998 GMC C6500 Blk Functional 150 Driver Driver TT No Insurance Company (Driver) Insurance Policy Number **Progressive** 08442382-6 First Name of Vehicle Owner (Business) Middle Name of Vehicle Owner Last Name of Vehicle Owner (BusinessName) Name Suffix of Vehicle Owner **Ron Yary Towing Corp Ron Yary Towing Corp** Current Address City State Zip Code 2715 NW 22 Ct Miami FL 33142 License Number VIN Make Axles State Reg. Expires Permanent Reg. Year Length Trailer One: VIN License Number State Reg. Expires Permanent Reg. Year Make Length Axles Trailer Two: Direction On Street, Road, Highway At Est. Speed Posted Speed Total Lanes Vehicle Traveling: East SR 948 (NW 36 St) 15 40 CMV Configuration Cargo Body Type Area of Initial Impact Most Damaged Area Single Trk (2-axle and GVWR > 10k lbs) Flatbed Comm GVWR/GCWR Trailer Type (Trailer One) Trailer Type (Trailer Two) 2 3 4 5 6 7 10,000 lbs or less 2 3 4 5 6 ☐ 18 Undercarriage 18☐ Haz. Mat. Release Haz. Mat Placard Number Class ■☐ 19 20 Overturn 19 No Windshield 20 Motor Carrier Name US DOT Number Trailer 21 11 10 12 12 11 10 13 13 1774488 Motor Carrier Address City State Zip Code Phone Number Vehicle Defects (one) Vehicle Body Type Vehicle Defects (two) Emergency Vehicle Use | Special Function of MV Comm/Non-Commercial None No Vehicle Maneuver Action Trafficway Roadway Grade Roadway Alignment | Most Harmful Event Most Harmful Detail Unknown 2-Way Div, Unprotected Median Level **Curve Right** Coll. w/Person, MV, Non-FO 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 No Controls

HSMV 90010 S Page 1 of 4

Crash Da	-	Time of	Cuash		Date of Re		-	D = == == +! ==	- ^		a Normalia					LICANY C	rash Report Nun	- h			
			Crasn				- 1	-		ency Cas	e Numbe	r						nbei			
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PERSO	J																				
Person #	Description	n	Vehicle #	Firs	t Name		Middle	Name	La	ast Nam	ie	Suffi	x	Date o	f Birth		Sex	Ph	one N	umber	Re-Exam
1	DRIVER		1	Ric	ardo				R	eyes				April (03, 1949		Male	(30	05) 3	42-9704	No
Address												City							State		Zip Code
2715 N	V 22 Ct											Mia	mi						FL		33142
Driver Lic	ense Number			!	State	Expires			DI Ty	/pe			Req. En	d.		Injury	Severity			Ejection	•
R20072	0491230			- 1	FL	April 3	3, 2027		Clas	s E/Op)		No			Non	e			Not Ejected	
Restraint	Systems		Air Bag Depl	oyed		Helmet	Use			Eye Pro	tection		Seating L	ocation	Seat	Seating	Location Row	Sea	ating l	ocation Other	
Shoulde	r and Lap B	elt	Not Deploy	/ed		No He	lmet			No			Left			Front					
	ctions at Time		First)		•	Drive	Drivers Actions at Time of Crash (Second)								Driver Distracted By						
Other C	ontributing	Action				Unkn							Unknov	(nown							
Drivers A	ctions at Time	of Crash (Third)			Drivers Actions at Time of Crash (Fourth)							Drivers C	Drivers Condition at Time of Crash							
						Арра							Appare	parently Normal							
Suspected Alcohol Use Alcohol Tested Alcohol Test Type				l Test Type			Alcoh	ol Tes	Test Result BAC		Susp	ected Dr	ug Use	g Use Drug Tested		Drug Test Typ		pe		Drug Test Result	
No		Test Not	t Given									No			Test No	t Given					
Source o	Transport to	Medical Fa	acility		EMS Agend	cy Name	or ID			EN	1S Run Nu	ımbe	-	Medi	ical Facility	Transpo	rted To				
Not Tra	rsported																				
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VEHIC	.E	Check	if Com	mercial																
Vehicle	Vehicle Motor Vehicle Type Hit and Run Veh L					Veh Lice	License Number Sta			State Reg. Expires			Permanent Reg.							
2	Vehicle i	n Transpo	rt	No		HFMMS		"	FL	December	31, 2019	No		1FU.	1FUJA6CKX6LW00154					
Year	Make	Model	Style		olor		Extent O	f Damage	Est. Damag	e	Towed Due	To Damage	Vehicle	Removed By Rotation			ion			
2006	Frht		Truck	k V	Vhi		Functio	ional 3000 No						Driver				Driver		
Insurance Company (Driver)											I	nsurance Po	licy Numl	ber						
Clear B												Q1YFL000								
First Na	ne of Vehic	e Owner (E	Business))	Middle Nam	e of Vehi	cle Owner	r	Las	t Name of Veh	icle Owner	BusinessNa	me)	Nam	e Suffix	of Vehic	le Owner			
All Log	stics Grou	p Inc							All	Logistics Gr	oup Inc									
Current	Address									City			State			Zip Code				
7001 N	W 84 Av									Miami					FL	33166				
Trailer	License Nu	ımber		State	Reg. Expire	es	Perr	manent Reg.	VIN					Year		Make	Length	1 /	Axles	
One:																				
Trailer	License Nu	ımber		State	Reg. Expire	es	Perr	manent Reg.	VIN					Year		Make	Length	· /	Axles	
Two:																				
Vehicle Direction On Street, Road, Highway												At Est. S	speed		1	Speed	Total	Lanes		
Traveling: East SR 948 (NW 36 St)							15							40 4						
	nfiguration				Cargo Bod	у Туре			ial Impact				Most	Damaged	Δrea					
	ractor/Se				Other		·									141030	Damagea	711 Cu		
	VWR/GCW		- 1	ler Type (Tra		Tra	Trailer Type (Trailer Two)									[
	- 26,000 II		`	gle Semi T	railer	2 3 4 5 6 7							18 Und	dercarri	iage 18	⊒ _	2 3 4	5	6 7	
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Motor C	arrier Name	:					1 -	DOT Number	•	14 13	12 11 10	<u> 1</u> ≥ ∟	21	Trailer	21	· □ -	14 13 1:	2 11	10 9	
							58	88245												
Motor Carrier Address							City			State			Zip Code			Phone Number		ber		
Comm/Non-Commercial Vehicle Body Type Vehicle I						icle Defec	efects (one) Vehicle Defects (two)					Emerge			ency Vehicle Use Spec			fMV		
Med/Hvy Truck (over 10K lbs) None						ne			No			No Special Function				tion				
Vehicle Maneuver Action Trafficway							Roadway Gra	ide Roa	adway Alignme	ent Most H	Most Harmful Event			Most Harmful Detail						
Unkno	wn		2-	Way Div, l	Unprotected	l Mediar	,	Level	Cu	rve Right	tht Coll. w/Person, MV, Non-Fe									
Traffic C	ontrol Devi	e For This	Vehicle	First (1) Se	quence of Eve	nts		Second (2) Sequence of Events Third (3) Sequen					nce of Events Fourth (4) Sequence of Events							
No Cor	trols																			

Person #	Description	Vehicle #	First Name	Middle Name Last Name		Suffix	Date of Birth	Sex	Phone Number	Re-Exam
1	DRIVER	2	Gendy		Suarez		February 01, 1989	Male	(305) 321-0112	No
Address					City	•	State	Zip Code		
2425 W 76	5 St Apt 105				Hialeah Gar	rdens	FL	33016		

Sector S	Time of	of Crash	Date of Rep	ort	Reporting	Agency Cas	e Numbe	r			HSMV Crash	SMV Crash Report Number						
State Springer State Springer Spri	2019 14:45	15	October 0	1, 2019	1901460						89016981							
State Expires State Stat																		
Sec258080410 FL February 1, 2026 Class A No None Note No	Number		State	xpires	1	Ol Type			Rea. End.		Iniury Se	everity		Ejection				
Seatoning Systems Air Bag Deployed No Helmet Use Systems Seating Location Row Seating Location Row Shoulder and Lap Belt Not Deployed No Helmet									l '		1	,		Not Ejec	ted			
Drivers Actions at Time of Crash (First) Drivers Actions at Time of Crash (Second) Drivers Actions at Time of Crash (First) Drivers Actions at Time of Crash (Fourth) Driver Actions at Time of Crash (Fourth) Action Time Action (Fourth) Driver Actions at Time of Crash (Fourth) Action Time Action (Fourth) Driver Actions at Time of Crash (Fourth) Driver Actions at Time of Crash (Fourth) Action Time Action (Fourth) Driver Actions at Time of Crash (Fourth) Driver Actions at Time of Crash (Fourth) Action Time Action (Fourth) Driver Actions at	ems	Air Bag Deployed				Eye Pro	tection	19	L Seating Locati	on Seat		cation Rov	v Seatin					
Orivers Actions at Time of Crash (Third) Orivers Actions at Time of Crash (Tourith) Suspected Alcohol Used Alcohol Test Type No Test Not Given No Test Not Given No Test Not Given No Test Not Given Not Transported EMS Agency Name or ID EMS Agency Name or ID EMS Result BAC Suspected Pure Use Drug Test Type Drug Test Test Type Drug Test Type Drug Test Type Drug Test Test Type Drug Test Test Type Drug Test Test Test Test Test Test Test Test	d Lap Belt	Not Deployed		No Helmet		No		l	eft		Front							
Orivers Actions at Time of Crash (Third) Suspected Alcohol Test Result Machine Ma	s at Time of Crash	sh (First)		Drivers Actio	ns at Time	of Crash (S	econd)			Driver Dis	stracted By							
Suspected Alcohol Use Alcohol Tested Alcohol Test Type Alcohol Test Result 8AC No Test Not Given Drug Test Type Test Not Given Not Transported EMS Agency Name or ID EMS Run Number Medical Facility Transported To Modical Facility Transported To Medical Facility Transported To										Unknow	/n							
No Test Not Given EMS Agency Name or ID EMS Run Number Medical Facility Transported To VIOLATIONS Vehicle # Person # Name Charge Ft. Statute Number Citation WITNESSES First Name Middle Name Last Name Suffix Name Address City State NON VEHICLE PROPERTY DAMAGE Vehicle # Person # Property Damage - Other Than Vehicle Est. Amount Business Owner - First Name Middle Name Last Name Middle Name Last Name Middle Name Last Name Suffix Name NON VEHICLE PROPERTY DAMAGE Vehicle # Person # Property Damage - Other Than Vehicle Cat. Amount Business Owner - First Name Middle Name Last Name Middle Name Last Name Suffix Name NON VEHICLE PROPERTY DAMAGE City State NON VEHICLE PROPERTY DAMAGE City State City State NON VEHICLE PROPERTY DAMAGE City State City State NON VEHICLE PROPERTY DAMAGE City	s at Time of Crash	sh (Third)		Drivers Actio	ns at Time	of Crash (F	ourth)			Drivers C	ondition at 1	Time of Cra	ish					
No Test Not Given EMS Agency Name or ID EMS Run Number Medical Facility Transported To VIOLATIONS Vehicle # Person # Name Charge Ft. Statute Number Citation WITNESSES First Name Middle Name Last Name Suffix Name Address City State NON VEHICLE PROPERTY DAMAGE Vehicle # Person # Property Damage - Other Than Vehicle Est. Amount Business Owner - First Name Middle Name Last Name Middle Name Last Name Middle Name Last Name Suffix Name NON VEHICLE PROPERTY DAMAGE Vehicle # Person # Property Damage - Other Than Vehicle Cat. Amount Business Owner - First Name Middle Name Last Name Middle Name Last Name Suffix Name NON VEHICLE PROPERTY DAMAGE City State NON VEHICLE PROPERTY DAMAGE City State City State NON VEHICLE PROPERTY DAMAGE City State City State NON VEHICLE PROPERTY DAMAGE City																		
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VIOLATIONS Vehicle # Person # Name Charge FL Statute Number Citation WITNESSES First Name Middle Name Last Name Suffix Name S																		
VIOLATIONS Vehicle # Person # Name	-	al Facility	EMS Agency	/ Name or ID		EM	1S Run Nu	umber	Me	dical Facility	Transported	d To						
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First Name Middle Name Last Name Suffix Name																		
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