

FLORIDA TRAFFIC CRASH REPORT

HIGHWAY SAFETY & MOTOR VEHICLES

TRAFFIC CRASH RECORDS

NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

LONG FORM ☒

SHORT FORM ☐

UPDATE ☐

(Electronic Version)

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

| | | | | | | | | | | |
|--|------------------------------|---|------------------------------|---|------------------------------|--|--|--|---------------------------------------|--------------------------------------|
| Crash Date October 01, 2019 | | Time of Crash 14:45 | | Date of Report October 01, 2019 | | Reporting Agency Case Number 1901460 | | HSMV Crash Report Number 89016981 | | |
| PERSON | | | | | | | | | | |
| Person # 1 | Description DRIVER | Vehicle # 1 | First Name Ricardo | Middle Name | Last Name Reyes | Suffix | Date of Birth April 03, 1949 | Sex Male | Phone Number (305) 342-9704 | Re-Exam No |
| Address 2715 NW 22 Ct | | | | | | City Miami | | | State FL | Zip Code 33142 |
| Driver License Number R200720491230 | | | State FL | Expires April 3, 2027 | DI Type Class E/Op | Req. End. No | | Injury Severity None | | Ejection Not Ejected |
| Restraint Systems Shoulder and Lap Belt | | Air Bag Deployed Not Deployed | | Helmet Use No Helmet | | Eye Protection No | | Seating Location Seat Left | | Seating Location Row Front |
| Drivers Actions at Time of Crash (First) Other Contributing Action | | | | Drivers Actions at Time of Crash (Second) | | | | Driver Distracted By Unknown | | |
| Drivers Actions at Time of Crash (Third) | | | | Drivers Actions at Time of Crash (Fourth) | | | | Drivers Condition at Time of Crash Apparently Normal | | |
| Suspected Alcohol Use No | | Alcohol Tested Test Not Given | Alcohol Test Type | | Alcohol Test Result | BAC | Suspected Drug Use No | | Drug Tested Test Not Given | Drug Test Type |
| Source of Transport to Medical Facility Not Transported | | | EMS Agency Name or ID | | | EMS Run Number | | Medical Facility Transported To | | |

| | | | | | | | | | | | | | |
|--|--|--|--|--------------------------------------|---------------------------------------|---|---|--|---|-------------------------------------|---|--|-------|
| VEHICLE | | | | | | | | | | | Check if Commercial <input type="checkbox"/> | | |
| Vehicle 2 | Motor Vehicle Type Vehicle in Transport | | Hit and Run No | | Veh License Number HFMM55 | | State FL | Reg. Expires December 31, 2019 | | Permanent Reg. No | VIN 1FUJA6CKX6LW00154 | | |
| Year 2006 | Make Frht | Model | Style Truck | Color Whi | Extent Of Damage Functional | | Est. Damage 3000 | Towed Due To Damage No | | Vehicle Removed By Driver | Rotation Driver | | |
| Insurance Company (Driver) Clear Blue | | | | | | | | | Insurance Policy Number AQ1YFL000085-01 | | | | |
| First Name of Vehicle Owner (Business) All Logistics Group Inc | | | Middle Name of Vehicle Owner | | | Last Name of Vehicle Owner (BusinessName) All Logistics Group Inc | | | Name Suffix of Vehicle Owner | | | | |
| Current Address 7001 NW 84 Av | | | | | | | City Miami | | State FL | Zip Code 33166 | | | |
| 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 East | | On Street, Road, Highway SR 948 (NW 36 St) | | | | | At Est. Speed 15 | | Posted Speed 40 | Total Lanes 4 | | |
| CMV Configuration Truck Tractor/Semi-Trailer | | | Cargo Body Type Other | | | | Area of Initial Impact | | | Most Damaged Area | | | |
| Comm GVWR/GCWR 10,001 - 26,000 lbs | | Trailer Type (Trailer One) Single Semi Trailer | | Trailer Type (Trailer Two) | | | | | | | | | |
| Haz. Mat. Release No | | Haz. Mat Placard | Number | | Class | | | | | | | | |
| Motor Carrier Name | | | | | US DOT Number 588245 | | | | | | | | |
| Motor Carrier Address | | | | City | | | State | | Zip Code | | Phone Number | | |
| Comm/Non-Commercial | Vehicle Body Type Med/Hvy Truck (over 10K lbs) | | | Vehicle Defects (one) None | | | Vehicle Defects (two) | | | Emergency Vehicle Use No | | Special Function of MV No Special Function | |
| Vehicle Maneuver Action Unknown | | Trafficway 2-Way Div, Unprotected Median | | | Roadway Grade Level | Roadway Alignment Curve Right | Most Harmful Event Coll. w/Person, MV, Non-FO | | | Most Harmful Detail | | | |
| Traffic Control Device For This Vehicle No Controls | | First (1) Sequence of Events | | | Second (2) Sequence of Events | | Third (3) Sequence of Events | | | Fourth (4) Sequence of Events | | | |

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

| | | | | | | | | |
|--|---------------|------------------|---|---------------------|----------------|------------------------------------|----------------|-----------------------|
| Crash Date | Time of Crash | Date of Report | Reporting Agency Case Number | | | HSMV Crash Report Number | | |
| October 01, 2019 | 14:45 | October 01, 2019 | 1901460 | | | 89016981 | | |
| PERSON | | | | | | | | |
| Driver License Number | | State | Expires | DI Type | Req. End. | Injury Severity | | Ejection |
| S625280890410 | | FL | February 1, 2026 | Class A | No | None | | Not Ejected |
| Restraint Systems | | Air Bag Deployed | | Helmet Use | | Eye Protection | | Seating Location Seat |
| Shoulder and Lap Belt | | Not Deployed | | No Helmet | | No | | Left |
| | | | | | | | | Front |
| Drivers Actions at Time of Crash (First) | | | Drivers Actions at Time of Crash (Second) | | | Driver Distracted By | | |
| | | | | | | Unknown | | |
| Drivers Actions at Time of Crash (Third) | | | Drivers Actions at Time of Crash (Fourth) | | | Drivers Condition at Time of Crash | | |
| | | | | | | | | |
| Suspected Alcohol Use | | Alcohol Tested | Alcohol Test Type | Alcohol Test Result | BAC | Suspected Drug Use | Drug Tested | Drug Test Type |
| No | | Test Not Given | | | | No | Test Not Given | |
| Source of Transport to Medical Facility | | | EMS Agency Name or ID | | EMS Run Number | Medical Facility Transported To | | |
| Not Transported | | | | | | | | |

| | | | | | |
|------------|----------|------|--------|-------------------|-----------------|
| VIOLATIONS | | | | | |
| Vehicle # | Person # | Name | Charge | FL Statute Number | Citation Number |
| | | | | | |

| | | | | | |
|------------|--|-------------|-----------|-------------|----------|
| WITNESSES | | | | | |
| First Name | | Middle Name | Last Name | Suffix Name | |
| | | | | | |
| Address | | | City | State | Zip Code |
| | | | | | |

| | | | | | | | | |
|-----------------------------|----------|-------------------------------------|-------------|----------|--------------------|-------------|-------------------------|--------|
| NON VEHICLE PROPERTY DAMAGE | | | | | | | | |
| Vehicle # | Person # | Property Damage -Other Than Vehicle | Est. Amount | Business | Owner - First Name | Middle Name | Last Name(BusinessName) | Suffix |
| | | | | | | | | |
| Address | | | | | City | State | Zip Code | |
| | | | | | | | | |

| | |
|---|------------------------|
| NARRATIVE | |
| <p>Veh-1 was traveling E/B on SR 948 (NW 36 St), in the inside lane, in the middle of the intersection of SR 953 (NW 42 Av).</p> <p>Veh-2 was traveling E/B on SR 948 (NW 36 St), in the outside lane, also in the middle of the intersection of SR 953 (NW 42 Av).</p> <p>Driver of veh-1 stated that veh-2 committed an improper lane change, and as a result veh-2's driver's side fender crashed into veh-1's right side of the flatbed.</p> <p>Driver of veh-2 stated that veh-1 committed an improper lane change, and as a result veh-1 crashed into veh-2's driver's side fender.</p> <p>Due to conflicting statements, no independent witnesses, and the lack of physical evidence to support either driver's account of the crash, no citation was issued.</p> <p>No injuries were reported on scene.</p> <p>A request for the red light camera footage on SR 948 (NW 36 St) / SR 953 (NW 42 Av) has been made.</p> | |
| REPORTING OFFICER | |
| ID/Badge # | Unit # |
| 0195 | 272 |
| Rank | Name |
| Ofc. | Borges, Y |
| Department | Type of Department |
| Miami Springs | Police Department (PD) |

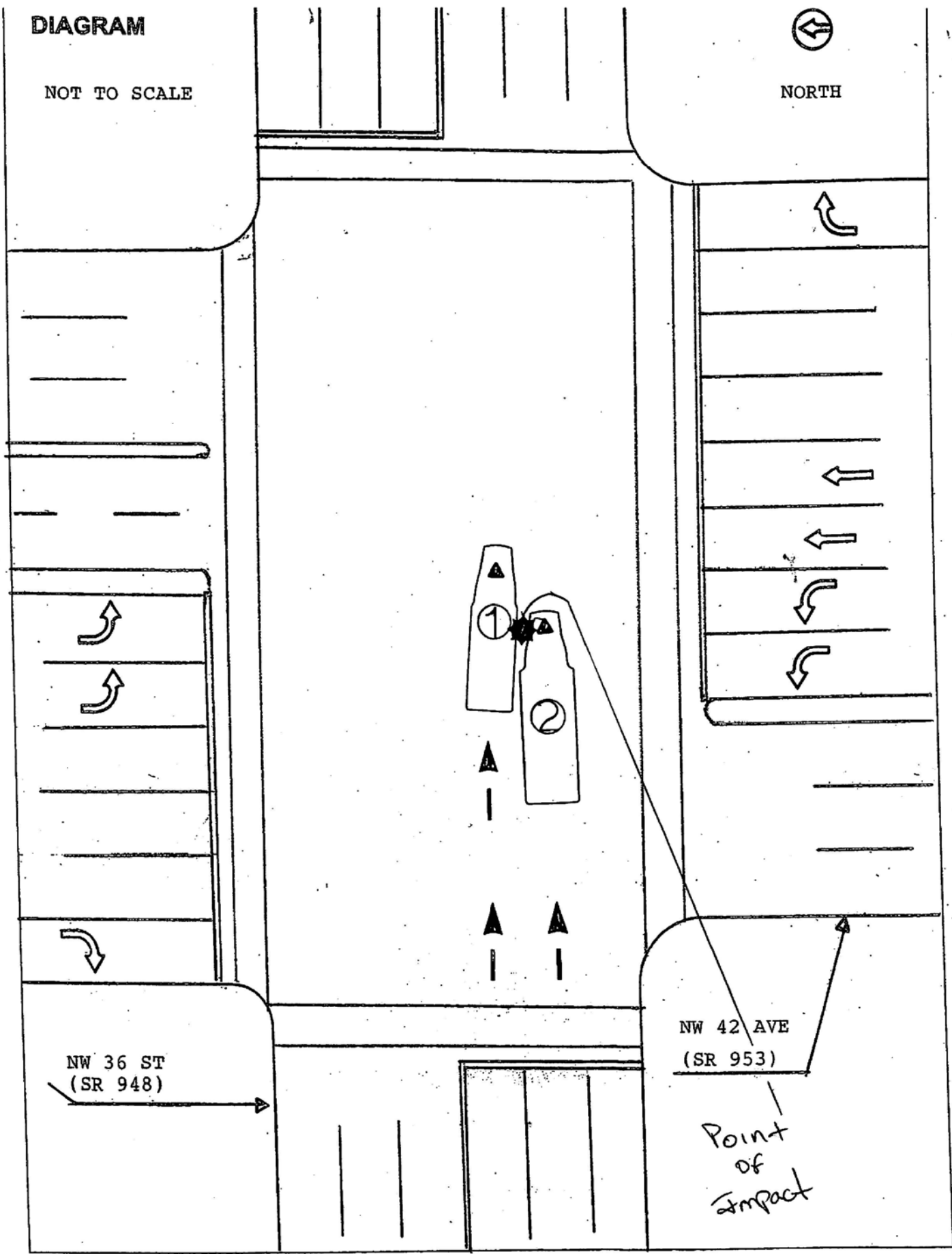
DIAGRAM

DIAGRAM

NOT TO SCALE



NORTH



NW 36 ST
(SR 948)

NW 42 AVE
(SR 953)

Point
of
Impact