



Memorandum

To: Mike Vignale, Safety Analyst, Risk Management

City of Sunrise Safety Committee

From: Anthony W. Rosa, Chief of Police *AWR*

Date: March 21, 2023

Re: Traffic Crash – Case 42-2302-009651

I am forwarding to your attention paperwork on an incident involving Officers Mark Krumenacker, Jr., marked unit #2062 and Michael S. Ryan, marked unit #2069. The report was made on February 24, 2023.

In accordance with the Safety Committee's Policies and Procedures Manual, after your review of these documents, please advise of your findings for further action by this Department.

Attachments

CC: Major LeBel
Lieutenant Katz

MAR 20 2023



Memorandum

To: Anthony W. Rosa, Chief of Police *AWR*
From: Deltamus Cason, Sergeant *DC*
Date: February 24, 2023
Re: Traffic Crash (42-2302-009651)/ Officers Krumenacker Jr. and Ryan
CC: Paul B. Katz, Lieutenant

On February 24, 2023, Officers Krumenacker Jr. and Ryan were involved in a two-vehicle crash while operating their assigned, marked vehicles (2062 & 2069). The crash report was documented by Service Aide Rosario, crash number 25718799.

Officers Cubides, Krumenacker Jr and Ryan were conducting selective traffic enforcement outside of their vehicles at the 1500 block of NW 58th Terr, when a light blue Mercedes came to a complete stop at the four way stop sign. Officer Cubides stepped out and made initial contact with the driver through an open front passenger side window, where he engaged in a brief dialogue with the male about multiple traffic violations he observed. Mid conversation the male subject stated "Nah I got to go", then drove off westbound on NW 15th ST and then southbound on Sunset Strip as the officers quickly entered their marked vehicles and attempted to locate the vehicle to conduct a traffic stop. It should be noted, officers were not engaged in a pursuit so their lights, sirens, and BWCs were not activated. Officers could see tail lights in the distance turning eastbound onto W Sunrise Blvd and then out of view. Upon losing sight of the vehicle, Officer Ryan attempted to make a U-turn at the median break of Del Largo and Sunset Strip, when Officer Krumenacker's front passenger side bumper made contact with Officer Ryan's front driver-side door.

Officer Krumenacker Jr. and Officer Ryan were both driving southbound on Sunset Strip when both marked units collided with each other. Officer Krumenacker Jr. advised that prior to the crash, he had entered the left turn lane and did not realize Officer Ryan was attempting to complete a U-turn. Following impact, Officer Krumenacker Jr.'s marked unit came to final rest in the eastbound lanes of Del Largo Circle, while Officer Ryan's vehicle came to rest in the median break (southbound Sunset Strip and Del Largo Circle). As a result of the crash, Officer Ryan sustained a minor burn on his left upper arm, caused by the airbag, and was

March 19, 2023

treated on scene by Sunrise Fire Rescue #39. Officer Krumenacker Jr. did not sustain any injuries. Both Officers refused to be transported.

I responded to the scene, and noticed all involved parties were not severely injured. There were no witnesses on scene. Both vehicles had significant body damage and their airbags deployed. Westway Towing responded to the location and towed the vehicles to the City Garage.


See attached crash report, BWC footage and pictures.

Received & Forwarded


Lt. Gregory Loo, 3575

Received & Forwarded
Major Brooke Lebel, 3612

 3/20/23
Major Brooke Lebel, 3612

D/c  3/20/23

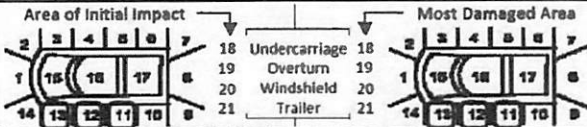
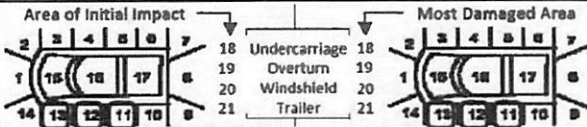
FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 2
 TOTAL # OF PERSON SECTION(S) 2
 TOTAL # OF NARRATIVE SECTION(S) 1

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
 TALLAHASSEE, FL 32399-0537

CRASH DATE 02/24/2023		TIME OF CRASH 10:02 PM		DATE OF REPORT 2/24/2023		REPORTING AGENCY CASE NUMBER 42-2302-009651		HSMV CRASH REPORT NUMBER 25718799											
CRASH IDENTIFIERS																			
COUNTY CODE 10		CITY CODE 76		COUNTY OF CRASH BROWARD		PLACE OR CITY OF CRASH SUNRISE		CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 10:02 PM	TIME DISPATCHED 10:16 PM									
TIME ON SCENE 10:28 PM		TIME CLEARED SCENE 11:05 PM		CHECK IF COMPLETED <input checked="" type="checkbox"/>		REASON (if investigation NOT Complete)			Notified By: 1 Motorist 2 Law Enforcement 2										
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)																			
CRASH OCCURRED ON STREET, ROAD, HIGHWAY SUNSET STRIP					AT STREET ADDRESS # 1		AT LATITUDE AND LONGITUDE 2												
AT FEET		MILES		N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 DEL LAGO CIR			OR FROM MILEPOST # 4										
5		Road System Identifier 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Other, Explain in Narrative		7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative		1		Type of Shoulder 1 Paved 2 Unpaved 3 Curb		2		Type of Intersection 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative							
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/>																			
4		Light Condition 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown		1		Weather Condition 4 Fog, Smog, Smoke 5 Sleet/Hail/Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 1 Clear 2 Cloudy 3 Rain		1		Roadway Surface Condition 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown 1 Dry 2 Wet 4 Ice/Frost		1		School Bus Related 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		3		Manner of Collision/Impact 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown 1 Front to Rear 2 Front to Front 3 Angle	
14		First Harmful Event Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		Collision Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck by Falling, Shifting Cargo 18 Other Non-Fixed Object		Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier		30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		1		First Harmful Event Location 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown							
1		First Harmful Event within Interchange 1 No 2 Yes 88 Unknown		2		First Harmful Event Relation to Junction 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown		1		Contributing Circumstances: Road 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown		1		Contributing Circumstances: Environment 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown					
1		Work Zone Related 1 No 2 Yes 88 Unknown		Crash in Work Zone <input type="checkbox"/>		Type of Work Zone <input type="checkbox"/>		Workers in Work Zone <input type="checkbox"/>		Law Enforcement in Work Zone <input type="checkbox"/>		1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present							
WITNESSES																			
NAME		ADDRESS			CITY & STATE			ZIP CODE											
NAME		ADDRESS			CITY & STATE			ZIP CODE											
NAME		ADDRESS			CITY & STATE			ZIP CODE											
NON VEHICLE PROPERTY DAMAGE																			
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/>	(Check if Business)	ADDRESS	CITY & STATE	ZIP CODE											
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/>	(Check if Business)	ADDRESS	CITY & STATE	ZIP CODE											

VEHICLE # 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 42-2302-009651		HSMV CRASH REPORT NUMBER 25718799							
1 Vehicle In Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER XI2488		STATE FL	REGISTRATION EXPIRES	Check if Permanent Registration <input checked="" type="checkbox"/>	VIN 1FM5K8AB3LGC63363						
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 2020	MAKE FORD	MODEL EXPLORER	STYLE SPUV	COLOR WHI	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	EST. AMOUNT 12,000					
INSURANCE COMPANY FLORIDA MUNICIPAL			INSURANCE POLICY NUMBER 576		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY WESTWAY TOWING		1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative					
NAME OF VEHICLE OWNER (Check if Business) <input checked="" type="checkbox"/>				CURRENT ADDRESS CITY OF SUNRISE 10770 W OAKLAND PARK		CITY & STATE SUNRISE, FL		ZIP CODE 33351					
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN		YEAR	MAKE	LENGTH	AXLES			
				<input type="checkbox"/>									
				<input type="checkbox"/>									
VEHICLE TRAVELING		N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY SUNSET STRIP		AT EST. SPEED 10	POSTED SPEED 30	TOTAL LANES 4	
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact 		Most Damaged Area 			
MOTOR CARRIER NAME				US DOT NUMBER				MOTOR CARRIER ADDRESS		CITY & STATE	ZIP CODE	PHONE NUMBER	
Vehicle Body Type 16		Trafficway 4		Commercial Motor Vehicle Configuration				Trailer Type		Cargo Body Type			
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Trailer 8 Tractor/Triples 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown				1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer 8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying NM placard) 77 Other, Explain in Narrative 88 Unknown	
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Comm GVWR/GCWR 1 10,000 lbs (4,536kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable		Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle In Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object				Collision with a Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End				Emergency Vehicle Use 1 1 No 2 Yes 88 Unknown	
Most Harmful Event 14		Sequence of Events 1st 14 2nd 3rd 4th		Vehicle Maneuver Action 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown				Traffic Control Device For This Vehicle 1 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown				Vehicle Defects 1 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown	
Roadway Grade 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Roadway Alignment 1 1 Straight 2 Curve Right 3 Curve Left		Special Function of Motor Vehicle 3 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown				VIOLATIONS					
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER	CHARGE			CITATION NUMBER					

VEHICLE # 2		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 42-2302-009651		HSMV CRASH REPORT NUMBER 25718799	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER 1 XI2533		STATE FL		REGISTRATION EXPIRES Check if Permanent Registration <input checked="" type="checkbox"/>	
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 2020		MAKE FORD		MODEL EXPLORER	
INSURANCE COMPANY FLORIDA MUNICIPAL		INSURANCE POLICY NUMBER 576		Towed due to Damage: 1 No 2 Yes		VEHICLE REMOVED BY WESTWAY TOWING	
NAME OF VEHICLE OWNER (Check if Business) <input checked="" type="checkbox"/>		CURRENT ADDRESS CITY OF SUNRISE 10770 W OAKLAND PARK		CITY & STATE SUNRISE, FL		ZIP CODE 33351	
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES	
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES	
VEHICLE TRAVELING N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road Unknown <input type="checkbox"/>		ON STREET, ROAD, HIGHWAY SUNSET STRIP		AT EST. SPEED 10		POSTED SPEED 30	
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS	
MOTOR CARRIER NAME		US DOT NUMBER		Area of Initial Impact		Most Damaged Area	
MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE		PHONE NUMBER	
Vehicle Body Type 16		Trafficway 4		Commercial Motor Vehicle Configuration			
Comm/Non-Commercial		Trailer Type		Cargo Body Type		Emergency Vehicle Use	
Most Harmful Event 14		Comm GVWR/GCWR		Collision with Non-Fixed Object		Collision with a Fixed Object	
Sequence of Events 1st 14 2nd 3rd 4th		Vehicle Maneuver Action		Traffic Control Device For This Vehicle		Vehicle Defects	
Roadway Grade 1		Roadway Alignment 1		Special Function of Motor Vehicle 3		Special Function of Motor Vehicle	
VIOLATIONS							
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER			

PERSON # 1		REPORTING AGENCY CASE NUMBER 42-2302-009651				HSMV CRASH REPORT NUMBER 25718799					
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # 1 NAME MICHAEL S. RYAN		PHONE NUMBER (954) 746-3770		Check if Recommended Driver Re-exam <input type="checkbox"/>					
CURRENT ADDRESS (Number and Street) 10440 W OAKLAND PARK BLVD					CITY & STATE SUNRISE, FL			ZIP CODE 33351			
DATE OF BIRTH 09/03/1989		SEX: 1 Male 2 Female 88 Unknown		DRIVER LICENSE NUMBER 1		STATE		EXPIRES			
					INJURY SEVERITY (INU) 1 None 2 Possible 3 Non-incapacitating		4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality				
DRIVER											
DL Type 5		Required Endorsements 3		Drivers Actions at Time of Crash				Condition At Time of Crash 1			
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		1 Yes 2 No 3 No Req. Endorsement		1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane				26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided: Due to Wind, Slippery Surface, MV Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Factor		3rd 4th	
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (Explain in Narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet				Eye Protection (EP) 1 Yes 2 No 3 Not Applicable		Restraint Systems (RS) 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint - Type Unknown 77 Other, Explain in Narrative	
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		9 Smoke 10 Glare 77 All Other, Explain in Narrative		DRIVER OR PASSENGER					
DRIVER OR PASSENGER											
Motor Vehicle Seating Position:			LOCATION: SEAT ROW OTHER (LOC) 1 1 1			Air Bag Deployed (ABD) 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown			
Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclose Cargo Area 77 Other (explain in narrative) 88 Unknown			4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown			1 Not Ejected 2 Ejected - Totally 3 Ejected - Partially 4 Not Applicable 88 Unknown		8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown			
Non-Motorist Description			Non-Motorist Location At Time of Crash			Action Prior to Crash					
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist			1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside			1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 in Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown					
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)			5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown			1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 in Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown					
NON-MOTORIST											
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, If Tested		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative		ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown		BAC			
SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown		DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, If Tested		DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative		DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown					
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID 1			EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO			
ADDITIONAL PASSENGERS											
PERSON #		VEHICLE #		NAME		DATE OF BIRTH		INJ SEX LOC: S R O EJECT HU EP ABD RS			
CURRENT ADDRESS (Number and Street)					CITY & STATE			ZIP CODE			
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID			EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO			
PERSON #		VEHICLE #		NAME		DATE OF BIRTH		INJ SEX LOC: S R O EJECT HU EP ABD RS			
CURRENT ADDRESS (Number and Street)					CITY & STATE			ZIP CODE			
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID			EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO			

PERSON # 2	REPORTING AGENCY CASE NUMBER 42-2302-009651	HSMV CRASH REPORT NUMBER 25718799
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1 Driver 2 Non-Motorist 3 Passenger	1	VEHICLE # 2	NAME MARK A. KRUMENACKER	PHONE NUMBER (954) 746-3770	Check if Recommended Driver Re-exam <input type="checkbox"/>
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CURRENT ADDRESS (Number and Street) 10440 W OAKLAND PARK BLVD	CITY & STATE SUNRISE, FL	ZIP CODE 33351
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DATE OF BIRTH 10/24/1998	SEX: 1 Male 2 Female 88 Unknown	1	DRIVER LICENSE NUMBER	STATE	EXPIRES	INJURY SEVERITY (INU) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	1
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DRIVER			
DL Type 5	Required Endorsements 3	Drivers Actions at Time of Crash	Condition At Time of Crash 1
1A 2B 3C 4D/Chauffeur 5E/Operator 6E/Oper - Rest 7None	1 Yes 2 No 3 No Req. Endorsement	1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided: Due to Wind, Slippery Surface, MV Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Factor
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)			
4 Other Inside the Vehicle (Explain in Narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown			
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes			
5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog			
9 Smoke 10 Glare 77 All Other, Explain in Narrative			

DRIVER OR PASSENGER				
Motor Vehicle Seating Position:	LOCATION: SEAT ROW OTHER (LOC)	1	1	1
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	Ejection (EJECT) 1 Not Ejected 2 Ejected - Totally 3 Ejected - Partially 4 Not Applicable 88 Unknown	Restraint Systems (RS) 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint - Type Unknown 77 Other, Explain in Narrative
Helmet Use (HU) <input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet <input type="checkbox"/> 2 Other Helmet <input type="checkbox"/> 3 No Helmet		Eye Protection (EP) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not Applicable		
Air Bag Deployed (ABD) <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Deployed <input type="checkbox"/> 3 Deployed-Front <input type="checkbox"/> 4 Deployed-Side		5 Deployed-Other (knee, air belt, etc.) <input type="checkbox"/> 6 Deployed-Combination <input type="checkbox"/> 7 Deployed-Curtain <input type="checkbox"/> 88 Deployment Unknown		

NON-MOTORIST		
Non-Motorist Description	Non-Motorist Location At Time of Crash	Action Prior to Crash
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist	1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown
Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 in Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown		
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		

ALCOHOL/DRUG/EMS							
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	1	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	1
DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative		DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown			

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	1	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INU	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO									
ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INU	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO									

NARRATIVE

REPORTING AGENCY CASE NUMBER
42-2302-009651

HSMV CRASH REPORT NUMBER
25718799

On 02/24/2023, I responded to Sunset Strip and Del Lago Cir in reference to a two vehicle crash.

The driver, Officer M. Krumenacker (IBM 3789), of the Ford Explorer (#2069) (V2) stated, he was traveling southbound in the left through lane behind V1. As he entered into the left turning lane, he observed V1 suddenly attempting to enter into his lane and felt a sudden impact to the right front side of his vehicle. He advised of no injuries on scene.

The driver, Officer M. Ryan (IBM 3786), of the Ford Explorer (#2062) (V1) stated, he was traveling southbound on Sunset Strip in the left through lane. As the lanes on Sunset Strip merged into one lane, he observed a vehicle cross the roadway from Del Lago Cir into the center median in which V1 slowed down. As V1 attempted to do a u-turn, he felt a sudden impact to the left side of his vehicle. He advised of a minor laceration on his left arm.

Photos of V1 and V2's damage and of Officer M. Ryan's injury were uploaded into the Axon server.

No citations were issued.

Under penalties of perjury I declare that I have read the foregoing and that the facts stated therein are true and correct to the best of my knowledge and belief.

Electronically signed by: (IBM 5258) Rosario, Ashley

Date: 02/24/2023

****END****

ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INU	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO						
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INU	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO						
ADDITIONAL VIOLATIONS													
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER	CHARGE		CITATION NUMBER							
REPORTING OFFICER													
ID/BADGE NUMBER	RANK & NAME		DEPARTMENT						FHP	SO	PD	OTHER	
5258	PSA ROSARIO, A. N.		SUNRISE POLICE DEPARTMENT						<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

DIAGRAM

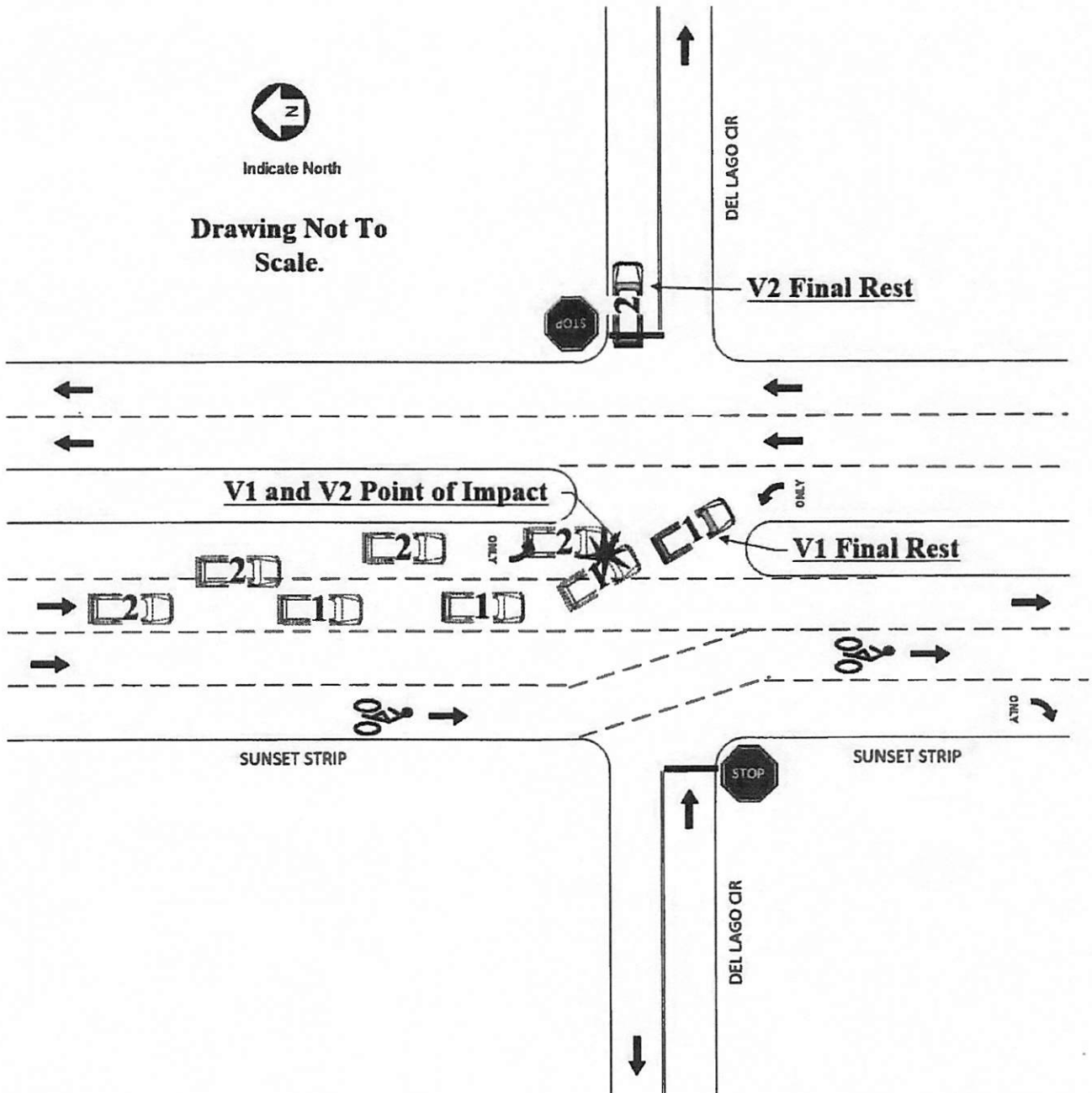
REPORTING AGENCY CASE NUMBER
42-2302-009651

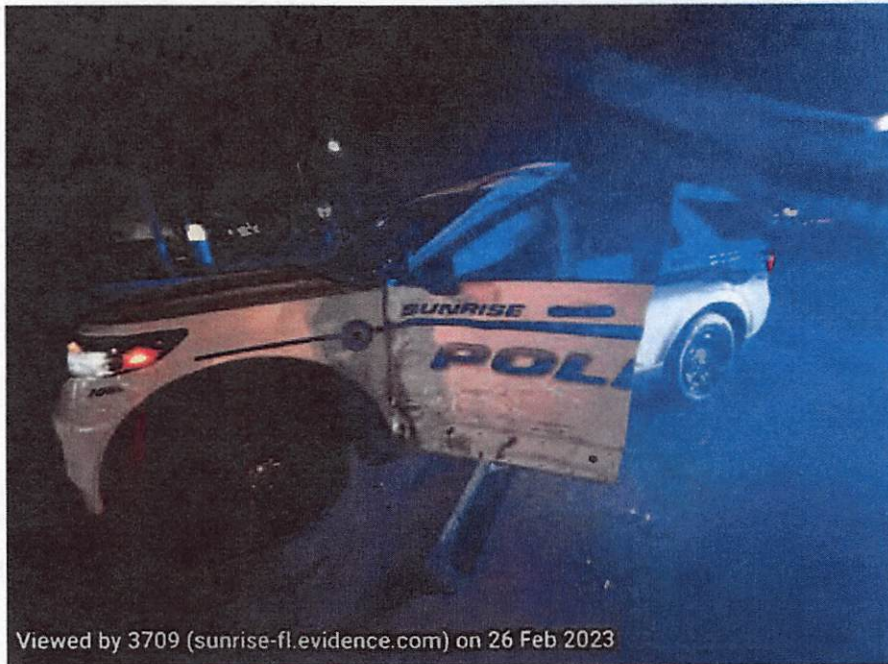
HSMV CRASH REPORT NUMBER
25718799



Indicate North

Drawing Not To Scale.

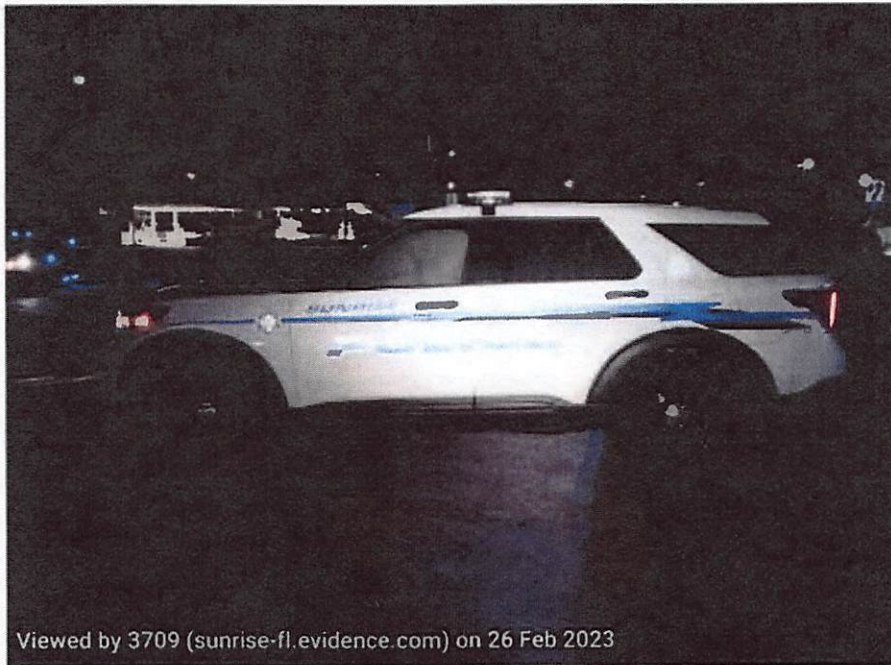




Viewed by 3709 (sunrise-fl.evidence.com) on 26 Feb 2023



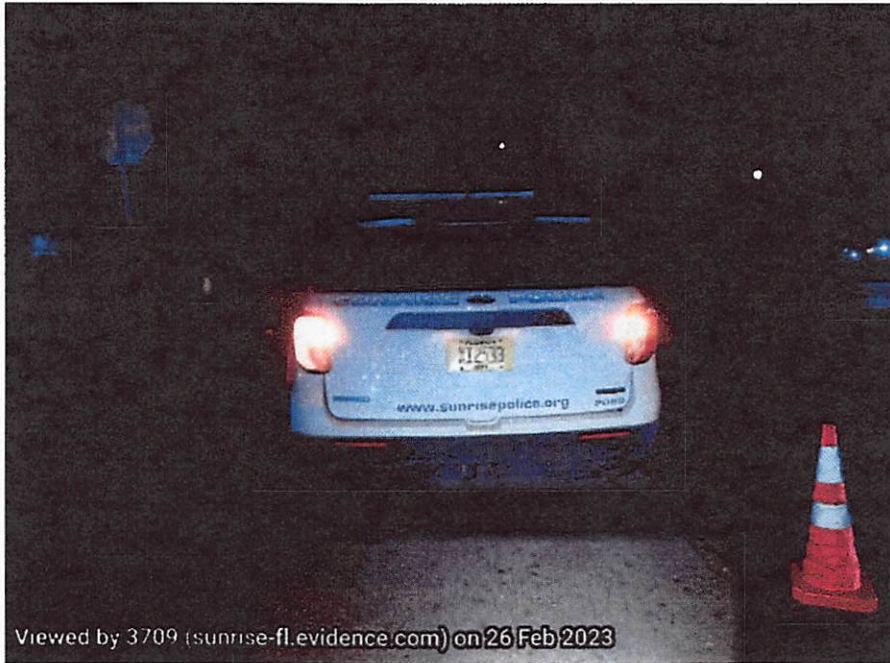
Viewed by 3709 (sunrise-fl.evidence.com) on 26 Feb 2023



Viewed by 3709 (sunrise-fl.evidence.com) on 26 Feb 2023



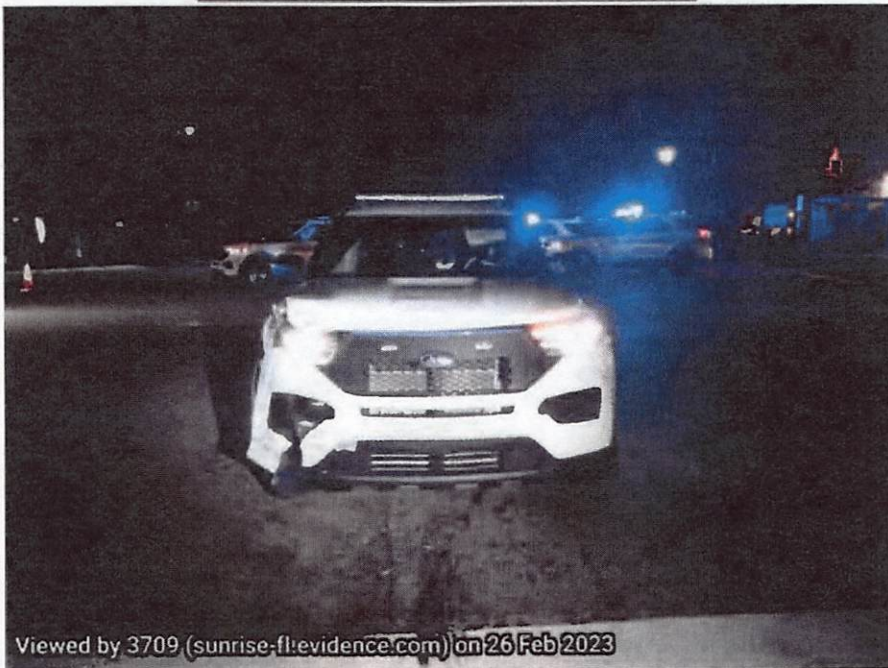
Viewed by 3709 (sunrise-fl.evidence.com) on 26 Feb 2023



Viewed by 3709 (sunrise-fl.evidence.com) on 26 Feb 2023



Viewed by 3709 (sunrise-fl.evidence.com) on 26 Feb 2023



Viewed by 3709 (sunrise-fl.evidence.com) on 26 Feb 2023



Memorandum

To: Michael Ryan, Uniform Division, Police Officer
Thru: Anthony W. Rosa, Chief of Police *AWR*
From: P. Brian Katz, Lieutenant, Internal Affairs *PBK*
Date: April 3, 2023
Re: Letter of Reprimand-IA Case# 23-01

I am in receipt of a memorandum dated March 23, 2023, from the City of Sunrise Safety Committee, in regards to disciplinary action, which is to be administered against you, as a result of a traffic accident to which you were found to be at fault. (Case # 42-2302-009651).

As a result of your actions, you violated Sunrise Police Policy & Procedures:

- **Policy and Procedure: 41.6.9.1.** – *All vehicles will be operated in a safe and prudent manner.*

The recommended discipline suggested by the Safety Committee is 8 hours of suspension. However, after reviewing your disciplinary history, the Chief of Police has elected to issue a Written Reprimand instead of the suggested suspension hours.

Therefore, this memorandum will serve as a **Written Reprimand** relative to your violation.

Received: *[Signature]*

Date: 4/3/23

Witnessed: *[Signature]*
4/3/23
(CT-11/17)

Date: 4/3/23



Preliminary Complaint Form
Chief of Police – Anthony W. Rosa

Employee's Name: Michael Ryan Date: 02/24/2023

P.D. Case/Citation#: Traffic Crash Case # 42-2302-009651 I.A. #: 23-01

Alleged Misconduct (Attach additional sheets if necessary):
Vehicle Accident (At Fault)

Complainant (print): Sgt. Deltamus Cason Signature:

Phone (home/Cell): On file Phone (work): (954)746-3370

Address: 10440 W. Oakland Pk Blvd - Sunrise FL 33351

Supervisor Receiving Complaint: Major Brooke Lebel

Investigation Authorized by: Chief Anthony W. Rosa

Investigation Conducted by : Safety Committee I.A. Investigation: No

Findings: [] Unfounded [] Not Sustained [x] Sustained [] Exonerated [] Training

Division Commander: Major Brooke Lebel Date: 3/3/23

Deputy Chief: D.C. Sean Visceras Date: 3/31/23

Recommended Discipline (on Notice of Intent): 8-hour suspension

Final Disposition: Written Reprimand

Chief of Police: [Signature] Date: 03/31/2023

In signing this report, I acknowledge only that it has been discussed with me and that I have received a copy. I understand that I may respond verbally or in writing, and that such response will be made part of this report and taken into consideration.

Employee's Signature Date



Memorandum

To: Chief Anthony Rosa, Police Department

From: Mike Vignale, Assistant Risk Manager *28*

Date: March 28, 2023

Re: Safety Committee Accident Review – **Ryan, Michael – DOL 2/24/23**

CC: Sean Visners, Brian Katz, Jessica Stewart, David Mittauer, Denise Guzzi, Stella Mesa,
Jose Murillo

On **March 23rd, 2023** the Safety Committee reviewed the above motor vehicle accident, and determined the accident to be chargeable to this employee. Per Section 803 Vehicular Accident Review of the City of Sunrise's Safety Manual it is recommended this employee receive **8-Hours of Suspension** based on the Point System Guide for this **1st chargeable** accident within the last 36 months. Attached is a copy of the Safety Committee's Accident Review Worksheet for your review.

Attachment

ACCIDENT REVIEW WORKSHEET

Name Ryan, Michael Date 3/23/23 Date of Accident 2/24/23

TYPE OF ACCIDENT	POINTS
IMPROPER BACKING	+5
TOO FAST FOR CONDITIONS	+5
FAILURE TO USE DUE CARE	+5
POOR JUDGEMENT	+4
STRUCK FIXED OBJECT	+4
TRAFFIC SIGNAL VIOLATION	+4
FOLLOWING TOO CLOSE	+3
IMPROPER LANE CHANGE	<u>+3</u>
OTHER	+2

PREVIOUS NON-CHARGEABLE DRIVING HISTORY CREDIT

YEARS	1	<u>2</u>	3	4	5
-PTS.	-1	<u>-2</u>	-3	-6	-8

ESTIMATED CITY PROPERTY DAMAGE

LESS THAN \$ 2,500	+0
\$ 2,501 TO \$5,000	+1
\$ 5,001 TO \$10,000	+3
\$ 10,001 TO \$25,000	+6
<u>\$ 25,001 OR MORE</u>	<u>+9</u>

ESTIMATED THIRD-PARTY PROPERTY DAMAGE

LESS THAN \$2,500	+0
\$2,501 TO \$5,000	+1
\$5,001 TO \$10,000	+3
\$10,001 TO \$25,000	<u>+6</u>
<u>MORE THAN \$25,001</u>	<u>+9</u>

Hire Date: 11/2/20
Last Chargeable: N/A

APPROPRIATE USE OF SIREN OR EMERGENCY LIGHTS, OR BOTH

ON	-8
OFF	+4
<u>N/A</u>	<u>+0</u>

EXTENUATING/MITIGATING CIRCUMSTANCES

ADDITIONAL (indicate amount)	
SUBSTANTIAL	-5
AVERAGE	-3
<u>POOR/NONE</u>	<u>-0</u>

SEATBELTS NOT IN USE BY CITY EMPLOYEE(S) + 8

PREVIOUS CHARGEABLE ACCIDENTS IN PAST 36 MONTHS	1	2	3
LESS THAN \$5,000 ALL PROPERTY DAMAGE TOTAL	+3	+6	+9
MORE THAN \$5,000 ALL PROPERTY DAMAGE TOTAL	+6	+12	+18

N/A

TOTAL POINTS: 18 - 2 = 16

RECOMMENDED ACTION: 8-Hour of Suspension

SAFETY COMMITTEE STAFF LIASION SIGNATURE: [Signature]

NOTE: The examples of disciplinary actions contained herein are intended to be guidelines and, as such, do not preclude more or less severe discipline. For example, whenever severe injury or property damage occurs, the department director may recommend discipline up to and including termination.