

To: Mike Vignale, Safety Analyst, Risk Management

City of Sunrise Safety Committee

From: Anthony W. Rosa, Chief of Police

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



To: Anthony W. Rosa, Chief of Police

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 15<sup>th</sup> 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 by 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 Loor, 3575

Major Brooke LeBel, 3612 8 perioses

Major Brooke Lebel, 3612 8 penjeses

### FLORIDA TRAFFIC CRASH REPORT

	SHORT FORM (Shaded Areas)	UPDATE			SON SECTION(S)	2
TRAFFIC CRA		AY SAFETY & MOTO EIL KIRKMAN BUIL 32399-0537			RRATIVE SECTION	(S) 1
CRASH DATE	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER		V CRASH REPORT NUMBE	
02/24/2023	10:02 PM	2/24/2023	42-2302-009	651	25718	3/99
CRASH IDENTIFIERS				GUECKU	TO JE OF	PORTED   TIME DISPATCHE
COUNTY CODI CITY COD			CE OR CITY OF CRASH  JNRISE	CITY LIM	ITS M	
10 76	BROWARD	CHECK IE   REASO	IN (if Investigation NOT Complete)		10:02	Notified By: 1 Motorist
10:28 PM	11:05 PM	COMPLETED X				2 Law Enforcement 2
ROADWAY INFORM	NATION (CHOOSE	ONLY 1 OF 4 OPTION	S)			
SUNSET STRI			AT STRE	ET ADDRESS #	AT LATITUDE AN	D LONGITUDE
AT FEET MILES	N S E V	DEL LAGO	ECTION WITH STREET, ROAD, HIGHWA	Υ	4	OR FROM MILEPOST#
Road Syst  1 Interstate 2 U.S. 3 State	4 County 8 P 5 Local 9 P 6 Turnpike/Toll 77	orest Road rivate Roadway arking Lot Other, Explain in rrative	Type of Shoulder  1 Paved 2 Unpaved 3 Curb	1 Not at In	y Intersection 7 Five	ffic Circle Indabout Point, or More ther, Explain in Narrative
CRASH INFORMATI	ON (CHECK IF PIC	TURES TAKEN)				
Light Conditi		Weather Condition	Roadway Surface Condition	School Bus Relate	d Manner o	f Collision/Impact
1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted	Narrative	4 Fog. Smog. Smo 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Si Dirt 7 Clear 7 Severe Crosswir 77 Other, Explain Narrative	oil, Sand 8 Water (standing/ moving)	1 No 2 Yes, School Directly Invo 3 Yes, School Indirectly Inv	Bus Ned Bus 1 Front to Rear 7 7 2 Front to Front 8 3 Angle	Sideswipe, same direction Sideswipe, Opposite Direct Rear to Side Rear to Rear 7 Other, Explain in Narrativ 8 Unknown
First Harmful Even within Interchange	6 Fell/Jumped Fr Motor Vehicle 7 Thrown or Falli Object	om 15 Parked Motor 16 Work Zone/M ing Equipment 17 Struck by Failli Cargo	ing, Shifting 27 Guardrail Face	ructure 37 Tree (standin) ort 33 Utility Pole/Li 34 Traffic Sign Si 35 Traffic Signal: 36 Other Post, Pi 37 Fence 38 Mailbox 39 Other Fixed C building, tunnel,	bject (wall,	2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zon 9 Outside Right-of-way 10 Roadside 88 Unknown
	Il Event Relation to Junction  5 Railway Grade Crc 14 Entrance/Exit Ra 15 Crossover - Relai 16 Shared-Use Path 17 Acceleration/De 18 Through Roadwas 17 Other, Explain in 88 Unknown	ted or Trail celeration Lane ay Narrative 1 None 4 Work mainter 6 Shoul	10 Road Sicy, snow, 11 Obstru 12 Debris 13 Traffic	ravel-Polished Surface jurface Condition (wet, slush, etc.) ction in Roadway Control Device ye, Missing or Obscured ighway Work Explain in Narrative		Circumstances: ronment  5 Animal(s) in Roadwa 77 Other, Explain in Narrative 88 Unknown
Work Zone Relate		Work Zone	Type of Work Zone	Workers in Wor	k Zone La	w Enforcement in
1 No 2 Yes 88 Unknown	2 Ad 3 Tr 4 Ad	efore the First Work Zone rning Sign dvance Warning Area ansition Area ctivity Area ermination Area	1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Med 4 Intermittent or Moving W 77 Other, Explain in Narrati	ork	nown	Work Zone 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present
WITNESSES		ADDRES	S	CITY & STATE		ZIP CODE
NAME		ADDRES	S	CITY & STATE		ZIP CODE
NAME		ADDRES	S	CITY & STATE		ZIP CODE
NON VEHICLE PRO	PERTY DAMAGE					
VEHICLE # PERSON #	PROPERTY DAMAGE - O	THER THAN VEHICLE EST. A	AMOUNT OWNER'S NAME (Check	(if Business) ADDRI	ss cr	TY & STATE ZIP COD
VEHICLE # PERSON #	PROPERTY DAMAGE - O	THER THAN VEHICLE EST.	AMOUNT OWNER'S NAME (Check	( If Business) ADDRI	ess cr	TY & STATE ZIP COD

VEHICL	HICLE # 1 Check if Commercial				ial	REPORTING AGENCY CASE NUMBER					HSMV CRASH REPORT NUMBER						
VEITICE	HIGLE # 1 Check if Commercia			42-230				02-009651			25718799						
1 Vehicle In Tr 2 Parked Moto 3 Working Veh	tor Vehicle 1 VT2400					eck if Permanent VIN segistration X 1FM5			K8AB3LGC63363								
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TRAILER # LIC	CENSE NU	MBER	STATE	REGISTRATIO	N EXPIRES	Check if Per Registration		VIN					YEAR	MAKE	LENGT	H AXLES	
TRAILER # LIC	CENSE NU	MBER	STATE F	REGISTRATIO	NEXPIRES	Check if Per Registration		VIN					YEAR	MAKE	LENGT	H AXLES	
	N S	E	W Off-Ros	ad Unknown			ON ST	REET, ROAD, HI	HWAY				AT	EST. SPEED	POSTED SPEED	TOTAL LANES	
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1 Passenger C	Car	18 19	536 kg) or les Motor Coach Other Light	ss) h Trucks (10.00	o lbs	3 Two-Wa (painted >	y, Divide 4 feet) M	d, Unprotected ledian d, Positive Med	٦	3 Si	re than ngle-Ui ruck Pu	nit Truck	(3 or more ler(s)	axles) occu	Bus/Large Van (S upants, includin Bus (spats for m	g driver)	
2 Passenger V 3 Pickup 7 Motor Hom		20	536 kg) or les Medium/He	ss) avy Trucks (m	ore than	5 One-Wa	y Trafficy	vay		5 Tr	uck Tra	actor (bol actor/Sen	eriais (2-axle and bs (4,536 k (3 or more ler(s) btail) ni-Trailer uble Trailer	000L	Cannot Classiny Bus/Large Van (s upants, includin Bus (seats for m upants, includin Other, Explain in Unknown	g driver) Narrative	
8 Bus 11 Motorcycle		21 77	Farm Labor 1 Other, Expla	ss) h Trucks (10,00 ss) avy Trucks (m 36 kg)) Vehicle in in Narrativ	e T	RAILER 1 T		Trailer 1 Single Semi			The second	actor/Dol		argo Body	Type		
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	7 1	Intersta	on-Commer te Carrier te Carrier	cial	11			5 Boat Traile 6 Utility Trail	er	77 Othe Narrativ 88 Unkn	re	1	No Cargo	5 Pole-Trail 6 Cargo Tar 7 Flatbed	er Anoth	hicle Towing ner Vehicle ot Applicable cle 10,000 lbs	
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14				ce of Events		16 Work	Zone/Ma	Vehicle sintenance	24 ( 25 I	Curb Ditch			33	Frame Signa	al Support Pole, or Suppor		
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3 of	f Motor \	/ehicle	3 Police 7 Taxi		11 Farm 12 School	Labor Trans of Bus	port	16 Shuttle Bus 17 Farm Labor	Bus 7	Yield Sign	'n	88 Un	known	9 Exha 10 Box	dy, Doors Na	fety Chains 7 Other, Explain is arrative	
VIOLATION	NS		8 Militar	y Charles	15 Trans	sit/Commute	er Bus	88 Unknown						11 100	wer Train 88	Unknown	
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			NAME CT.	OLATOR				TE MIN 1077				CHAR	GE		CITATI	ON NUMBER	
PERSON#			NAME OF VIO	ULATUR			FLSIAIU	TE NUMBER				CHAR	J.		CITALI	C. HOMBER	
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VEHICLE#	E # 2 Check if Commercia			REPORTING AGENCY CASE NUMBER					HSMV CRASH REPORT NUMBER				
, SIII 655 II				42-2302-009651					25718799				
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FLORIDA MUI		576			to Dama		WE	STWA	Y TOWIN	IG	3 Driver 77 Other, Explai	-	
NAME OF VEHICLE OWN		<u>X</u>			ADDRESS	AND	ADV		ITY & STATE	E1	ZIP	CODE	
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			Registration						VEAR.	AAAVE	LENGTH	AXLES	
TRAILER # LICENSE NU	MBER STATE REG		Check if Per Registration						YEAR	MAKE	LENGTH		
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1 No 2 Yes 88 Unknown	1 No 2 Yes 88 Unknown						1410	10/2		carriage 18	334	10 2	
MOTOR CARRIER NAME			US DOT	NUMBER			((18	17 6	20 Wine	erturn 19 Ishield 20	Callell an	17 6	
MOTOR CARRIER ADDR	FCC		CITY	& STATE		14 11	12 1	1 10 8	ZIP CODE	ailer 21	PHONE NUMBER	11 10 9	
WOTON CARRIER ADDR			Citt	a sinit					Zii CODE		THORE NOW, DE		
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3 Pickup 7 Motor Home	18 Motor Coach 19 Other Light Truc (4,536 kg) or less) 20 Medium/Heavy 10,000 lbs (4,536 kg) 21 Farm Labor Veh	Trucks (more than	Barrier	y Trafficway wn			5 Truck 6 Truck 7 Truck	Tractor (	bobtail) Semi-Trailer Double Trailer	OCCI	upants, including o Other, Explain in N Unknown	friver)	
8 Bus 11 Motorcycle 12 Moped	// Other, explain if	icle Narrative	RAILER 1 T	RAILER 2 1	Single Semi Tandem Sen	- 11	Pole Trail			argo Body	Tuna		
13 All Terrain Vehicle (A	nm/Non-Commercial			3 4	Tank Trailer Saddle Mou	nt/Trailer 10	Auto Tra Other, E	ehicle ansport xplain in		3 Van/Enclo 4 Hopper 5 Pole-Trail	er 14 Vehic	modal er Chassis cle Towing Vehicle	
1 1	nterstate Carrier	1	!		Boat Trailer Utility Traile House Traile	r Na	rrative Unknow	ALCOHOLD SALE	1 No Cargo 2 Bus	6 Cargo Tar 7 Flatbed 8 Dump	15 Not /	Applicable	
Most Harmful Even	Not in Commerce/Gover Not in Commerce/Other Non-Collision		Comm		1 10	,000 lbs (4,5 ,001-26,000 ore than 26, ot Applicable	36kg) or lbs (4,5	less 36-11,793	kg)	9 Concrete 10 Auto Tra 11 Garbage	Mixer displayir	g) or less not ng NM placard r, Explain in	
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14	3 Immersion 4 Jackknife 5 Cargo/Equipmen	nt Loss or Shift	10 Dodos	with Non-Fixe strian cycle		19 Impa	ct Atten	Fixed Objustor/Cra ead Struct	sh Cushion 30	Other Troff	affic Barrier	Emergency Vehicle Use	
Sequence of Events	5 Cargo/Equipmen 6 Fell/Jumped From 7 Thrown or Falling 8 Ran into Water/ 9 Other Non-Collis	m Motor Vehicle g Object Canal	12 Railw 13 Anim	ay Vehicle (tr	rain, engine)	21 Bridi 22 Bridi 23 Culy	ze Pier o	r Support	32 33	Tree (stand Utility Pole/	ing) /Light Support Support all Support		
1st 2nd	9 Other Non-Collis		15 Parke 16 Work	r Vehicle in T d Motor Veh Zone/Mainte	ransport icle enance	23 Culv 24 Curb 25 Ditcl	1		34 35 36	Traffic Sign Traffic Signa Other Post.	Support al Support Pole, or Suppor	1 No	
3rd 4th	40 Equipment Failure (blown tire Equipment 26 Embankment 37 Fence 2 Yes brake failure, etc.) 17 Struck by Falling, Shifting Cargo or 27 Guardrail Face 38 Mailbox BR Line						2 Yes B8 Unknown						
	41 Separation of U 42 Ran Off Roadwa 43 Ran Off Roadwa	ay, Right ay, Left	Vehicle	Non-Fixed C		28 Guai	toran Ent		bui	iding, tunne	el, etc.)		
	44 Cross Median 45 Cross Centerlin 46 Downhill Runay	e Ve	Straight Ah	euver Actio	on opped in Traf		Traffic		Device For his Vehicle	Vehic	cle Defects		
Roadway Grade  1 Level 2 Hillcrest	Roadway Aligno	1 3	Turning Lef Backing		owing gotiating a C aving Traffic		1	8 F	lashing Signal		1		
1 2 Hillcrest 3 Uphill 4 Downhill	1 Straig	ht Right 8	Backing Turning Rig Changing Li Parked	nes 16 Lea 17 En	aving Traffic tering Traffic her, Explain i	Lane 1 No	Controls	De	tailway Crossin vice Person (includ	1 Non	e 13 W	uspension /heels /indows/	
5 Sag (botto	m 3 Curve	Left 1	0 Making U- 1 Overtakin assing	Turn Narra	tive iknown	4 Sch Devid	ool Zone	Sign / Fla	gman, Officer, ard, etc.) Warning Sign Other, Explain	3 Tires	ts (head. 15 N	/indows/ dshield firrors	
Special Fu	abiata 2 Farm Veni	Function 9 Ambula	ince ruck	14 I 15 C	ntercity Bus Charter/Tour	Signa Bus 6 Sto	ffic Cont I p Sign Id Sign	Na	rrative	7 Wip	ering Trail ers Safe	ruck Coupling/ er Hitch/ ty Chains ther, Explain in	
3 of Motor V	7 Taxi 8 Military	12 Schoo	Labor Trans I Bus t/Commute	17 F	Shuttle Bus Farm Labor B Unknown	us 7 Yie	id Sign	88	Unknown	10 Bo	dy, Doors Narr	ther, Explain ii ative Inknown	
VIOLATIONS									1005				
PERSON#	NAME OF VIOLA	TOR		FL STATUTE N	NUMBER			CH	ARGE		CITATION	NUMBER	
PERSON#	NAME OF VIOLA	TOR		FL STATUTE N	NUMBER			CH	ARGE		CITATION	NUMBER	
PERSON#	NAME OF VIOLA	TOR		FL STATUTE N	NUMBER			СН	ARGE		CITATION	NUMBER	

PERSON # 4		REPORTING AGENCY CAS	SE NUMBER	HSMY CRASH REPORT NUI	VIBER
-		42-2302-	009651	2571	
1 Driver 2 Non-Motorist 3 Passenger  1 VEHICLE II NAME MICHA	iel S. Ryan			PHONE NUMBER (954) 746-3770	Check if Recommend Driver Re-exam
CURRENT ADDRESS (Number		CITY & STATE		100000	ZIP CODE
10440 W OAKLAND PARK B	LVD	SUNRIS	SE, FL		33351
DATE OF BIRTH SEX: 1 Male 1 Prives	RUCENSE NUMBER	STATE	1N	URY SEVERITY (INJ) lone 4 Incapa	citating within 30 days) 3
09/03/1989   1 Male   2 Female   88 Unknown	and the second s	DRIVER	3 N	ossible 5 Fatal ( lon-incapacitating 6 Non-T	raffic Fatality
DL Type Required Endon		ivers Actions at Time of Contributing Action	Grash 26 Ran off Roadway 27 Disresarded other		dition At
5 SE/Operator 6 SE/Operator 7 None 3 No Req. End	orsement 6 2 Op	Contributing Action erated MV in Careless or gent Manner led to Yield Right-of-Way proper Backing	Sign 28 Disregarded Other Markings	Road 1 Ap	parently Normal 1
Driver Distracted By 4 Other In: (Explain in 1 Not Distracted 5 External	side the Vehicle And 10 For Distraction 11 Ri	proper Journ proper Turn pllowed too Closely an Red Light rove too Fast for Conditions	29 Over-Correcting/O Steering 30 Swerved or Avoide	ver- 6 Set	scal or Faugues sure, Epilepsy, Blackout sically impaired otional (depression, y, disturbed, etc.) der the Influence of
Devices (cell phone, etc.) (outside the	Distraction 11 Rings of the vehicle, explain 12 Distraction 12 Distraction 13 Rings of the vehicle, explain 14 Rings of the vehicle, explain 15 Rings of the vehicle, explain 15 Rings of the vehicle, explain 16 Rings of the vehicle,	an Red Light rove too Fast for Conditions an Stop Sign	to Wind, Slippery Sur Object, Non-Motorist Roadway, etc.	face, MV angr	otional (depression, y, disturbed, etc.) der the influence of
3 Other Electronic Device 6 Texting (navigation device, DVD player) 7 Inattenti	15 in	nproper Passing ceeded Posted Speed Frong Side of Wrong Way tiled to Keep in Proper Lane	31 Operated MV in El	ratic, Med 77 O e Manner 88 U	cations/Drugs/Alcohol ther, Explain in Narrative nknown
1 Vision Not Obscured 5 Load on Veh	icle 9 Smoke ed Object 10 Glare ards 77 All Other, Explain		ORIVER C	OR PASSENGER	
4 Trees/Crops/Bushes 8 Fog  DRIVER OR PASSEN	in Narrative	Heimet Use (HU	ant 1 1 Yes	2 (86	straint Systems
Motor Vehicle Seating Position: Loc	ATION: SEAT ROW OTHER	Motorcycle H 2 Other Helm 3 No Helmet	et 3 No		ble - Motor Vehicle Occupant
1 Left 1 Front 1 Not Applicable	1 1 1	(ABD)	Deployed S Deple (knee,	oyed-Other 3 Shoulder an 4 Shoulder Be 5 Lap Belt On 6 Restraint Lie	ble - Motor Vehicle Occupant d Lap Belt Used It Only Used y Used ed - Twe Unknown
3 Right 3 Third 3 Other Enclose Cargo 77 Other 4 Fourth 4 Unenclosed Cargo A	Area I I No	on (EJECT)	6 Depk Not Applicable Combi Not Deployed 7 Depk Deployed-Front 88 Dep Deployed-Side Unkno	nation 6 Restraint Us 7 Child Restra	ed - Type Unknown int System - Forward Facing int System - Rear Facing
(explain in 77 Other Row 5 Trailing Unit narrative) 88 Unknown 6 Riding on Motor Vel trailing unit) 88 Unknown 88 Unknown	nicle Exterior (non-	ctéd - Totally cted - Partially it Applicable nknown	Deployed-Front 88 Dep Deployed-Side Unkno	"",""" 9 Booster Sea	t zint - Type Unknown Izin in Narrative
Non-Motorist Description	Non-Motorist Location	ON-MOTORIST On At Time of Crash		Action Prior to C	rash
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a	1 Intersection - Marked ( 2 Intersection - Unmarke	ul Concewall Q Median/Cone	sing Island	5 W 6 In	alking/Cycling on Sidewalk Roadway Other (working
building, skater, pedestrian conveyance, etc. 3 Bicyclist 4 Other Cyclist	II   5 i l'avel cane - Utret Loc	10 Driveway Acsswalk 11 Shared-Use ation 12 Non-Traffic 77 Other, Expla	Path or Trail way Area 1 Cross	play	ing, etc.) jacent to Roadway (e.g., ilder, median)
5 Occupant of Motor Vehicle Not in Transpor (parked, etc.) 6 Occupant of a Non-Motor Vehicle	6 Bicycle Lane 7 Shoulder/Roadside	88 Unknown	ein in Narrative 2 Walt 3 Walk Roadw	ing/Cycling Along 9 W	oing to ar from School (K-12 orling in Trafficway dent response)
Transportation Device 7 Unknown Type of Non-Motorist	Non-Motorist Action  1 No Impr 2 Dart/Os	oper Action	adjace 4 Walk Roadw	nt to travel lane) ing/Cycling Along ay Against Traffic (in or 88 (	
Safety Equipment  1 None 5 Lighting 2 Helmet 6 Not Applicable	1st 3 Faiture t 4 Faiture t Signals, or	to Yield Right-of-Way to Obey Traffic Signs,	7 Entering/Exiting Pari		er Turn/Merge
2 Heimet 6 Not Applicable	2nd 5 in Roadh hying, wor 6 Disabled	way improperly (standing, king, playing) i Vehicle Related (working	Vehicle 8 inattentive (talking, 9 Not Visible (dark clo	eating, etc.) 11 improper thing, no 77 Other, I	er Passing Way Riding or Walking Explain in Narrative In
backpack, etc.)	on, pushir	og, leaving/approaching) OHOL/ORUG/EMS	lighting, etc.)	88 Unknow	
ALCOHOL USE: 1 Test Not Given 1 Bio	OHOL TEST TYPE ALCOHOL DOD TEST RESULT	BAC SUSPECTO		Siver 1 Blood	PE: DRUG TEST RESULT: 1 Positive 2 Negative
2 Yes 3 Test Given 3 Unit 1 88 Unknown, if Tested 77 O	reath 1 Pending 2 Completed 88 Unknown ative	1 No 2 Yes 88 Unkno	3 Test Give	a 77 Other.	3 Pending rative 88 Unknown
SOURCE OF TRANSPORT TO MEDICAL FACILITY  1 Not Transported 2 FMS 3 Law Enforcement	EMS AGENCY NAME OR ID	EMS RUN NUMBER	ME	DICAL FACILITY TRANSPORT	EDTO
77 Other, Explain in Narrative 88 Unknown	Abbii	NÕNAL PASSENGERS			
PERSON A VEHICLE A NAME		DATE OF SIK	TH- INU S	EX LOC: S R O EJE	T HU EP ABD RS
CURRENT ADDRESS (Num	iber and Street)	CITY & STA	TE .		TIP CODE
<u> </u>		1505500	AUGUSTO LAG	DICAL FACILITY TRANSPORT	ED TO
SOURCE OF TRANSPORT TO MEDICAL FACILITY  1 Not Transported 2 EMS 3 Law Enforcement	EMS AGENCY NAME OR ID	EMS RUN	MDWDEN ME	DICHE FACILITY TRANSPURT	LU IV
77 Other, Explain in Narrative 88 Unknown PERSONA VEHICLE NAME		DATE OF BIR	TH INU S	EX LOC: S R O EJE	CT HU EP ABO RS
CURRENT ADDRESS (No		CITY&ST/	STE		ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY——	EMS AGENCY NAME OR ID	EMS RUN	NUMBER ME	DICAL FACILITY TRANSPORT	ED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					

PERSON # 2		REPORTING AGENCY CASE NUM 42-2302-009		HSMV CRASH REPORT NUM 2571	1
1 Driver 2 Non-Motorist 1 VEHICLE NAME				PHONE NUMBER	Check if Recommend
3 Passenger	A. KRUMENACKER r and Street)	CITY & STATE		(954) 746-3770	ZIP CODE
10440 W OAKLAND PARK E	LVD	SUNRISE, F	i <u>L</u>		33351
	R LICENSE NUMBER	STATE EXPIR	ES INJUI	RY SEVERITY (INJ)	
10/24/1998   2 Fernale   1   1   1   1   1   1   1   1   1		DRIVER	2 Pos	sible S Fatal ( n-incapacitating 6 Non-T	citating within 30 days) raffic Fatality
1 Not Distracted 2 Electronic Communication Devices (cell phane, etc.) 3 Other Electronic Device (navigation device, DVD player)  Driver Vison Obstructions 1 Vision Not Obstruction 1 Vision Not Obstructed  1 Vision Not Obstructed  S Load on Ver	lorsement  lorsement	gent Manner gent Manner lied to Yield Right-of-Way proper Backing proper Tum lilowed too Closely an Red Light rove too Fast for Conditions	n off Roadway regarded other Tr regarded Other R ngs er-Correcting/Ove	raffic Time coad 1 Aor 3 Asi 5 II Coad 1 Duo 4th 7 Ph 8 Em argn	dition At of Grash sarently Normal seep or Fatigued sick) or Fatigued sick) or Fatigued sick) or Fatigued sick) or Satigued orional (depression, , disturbed, etc.) der the Influence of cations/Orugs/Alcohol ther, Explain in Narrative nknown
2 Inclement Weather 6 Building /Fb 3 Parked/Stopped Vehicle 7 Stans/Billbo 4 Trees/Crops/Bushes 8 Fog	red Object 10 Glare Pards 77 All Other, Explain in Narrative	Helmet Use (HU)	DRIVER OR Eye Protection 1 Yes		straint Systems
	ATION: SEAT ROW OTHER OC) 1 1 1 1  Truck Cab o Area Area Area Area Area Area Area Area	Motorcycle Heimet 2 Other Heimet 3 No Heimet Air Bag Deploy (ABD) t Ejected 1 Not Apr	2 No 3 Not A	ed-Other belt, etc. 4 Shoulder Be 5 Lap Belt Onle 6 Restraint Us tion ed-Curtain yment 9 Rooster Sex 1	bie Motor Vehicle Occupant d Lap Belt Used It Only Used y Used ed - Type Unknown int System - Forward Facing int System - Rear Facing
Non-Motorist Description  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 Transportation Device 7 Unknown Type of Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist  Safety Equipment 1 None 2 Heimet 6 Not Applicable	Non-Motorist Locatie  1 Intersection - Marked 2 Intersection - Unmarke 3 Intersection - Other 4 Midblock - Marked Cro 5 Travel Lane - Other Loc 6 Bicycle Lane 7 Shoulder/Roadskle Non-Motorist Action 1 No Impr 2 Dart/Da 3 Failure t 4 Failure t 5 Stenals, on	on At Time of Crash Crosswalk 8 Sidewalk ed Crosswalk 9 Median/Crossing isla 10 Driveway Access sswalk 11 Shared-Use Path or cation 12 Non-Trafficway Are 77 Other, Explain in Na 8/Circumstances oper Action sh to Yield Right-of-Way to Other Traffic Signs, 7 Enter	Trail 1 Crossin 2 Waiting 3 Waiting Roadway adjacent 4 Waiking Roadway adjacent 1 Market Parket 1 Market 1 Mark	g Roadway g Roadway g to Cross Roadway g Cycling Along y the Traffic (in or to travel lane) g Cycling Along g Williamst Traffic (in or 770 Against Traffic (in or 788 U	elking/Cycling on Sidewalk Roadway Other (working Ing. etc.) Jacent to Roadway (e.g., ilder, median) Ining to or from School (K-12 orking in Trafficway dent response) Lone Stranger on Narrative Inknown
2 Helmet 6 Not Applicable 6 Not Applicab	2nd Sin Road lying, wor 6 Disables	way improperty istanding. Vehicle	entive (talking, ea /kible (dark cloth)	ting, etc.) 12 Wrong- ing, no 77 Other, E 88 Unknow	r Passing Passing Way Riding or Walking Explain in Narrative
SUSPECTED ALCOHOL USE: 1 Test Not Given 1 18 2 18 2 18 2 18 2 18 3 18 4 18 18 18 18 18 18 18 18 18 18 18 18 18	OHOL TEST TYPE   ALCOHOL	OHOL/DRUG/EMS  8AC SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED 1 Test Not Giv 2 Test Refused 3 Test Given 88 Unknown,	d 1 Blood 3 Urine 77 Other.	1 Positive 2 Negative
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	MEDI	CAL FACILITY TRANSPORTI	ED TO
PERSON & VEHICLE & NAME	ADOI	HOMAL PASSENGERS  DATE OF BUILTH	INJ SEX	LOC: S R O EJEC	T HU EP ABD RS
CURRENT ADDRESS (Num	nber and Street)	CITY & STATE			UP 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 NUMBE	R MEDI	CAL FACILITY TRANSPORT	ED TO
PERSON & VEHICLE & NAME		DATE OF BIRTH	(NJ SEX	LOC: S R O EJEC	T HU EP ABD RS
CURRENT ADDRESS (No	mber 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 NUMBI	ER MEDI	CAL FACILITY TRANSPORT	ED TO

### REPORTING AGENCY CASE NUMBER HSMV CRASH REPORT NUMBER **NARRATIVE** 25718799 42-2302-009651 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 ad 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 SATVAT. 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 \* \* E N D \* \* ADDITIONAL PASSENGERS DATE OF BIRTH PERSON & VERICLE & NAME CITY & STATE **CURRENT ADDRESS (Number and Street)** MEDICAL FACILITY TRANSPORTED TO SOURCE OF TRANSPORT TO MEDICAL FACILITY FMS AGENCY NAME OR ID EMS RUN NUMBER 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown PERSON VEHICLE NAME DATE OF BURTH SEX LOC: S CITY & STATE CURRENT ADDRESS (Number and Street) EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO EMS AGENCY NAME OR ID SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown ADDITIONAL VIOLATIONS

HSMV 90010 S (N/D) (rev 10/10)

**PSA** 

REPORTING OFFICER

ID/BADGE NUMBER

PERSON #

5258

NAME OF VIOLATOR

NAME OF VIOLATOR

ROSARIO, A. N.

**FL STATUTE NUMBER** 

FL STATUTE NUMBER

CITATION NUMBER

CITATION NUMBER

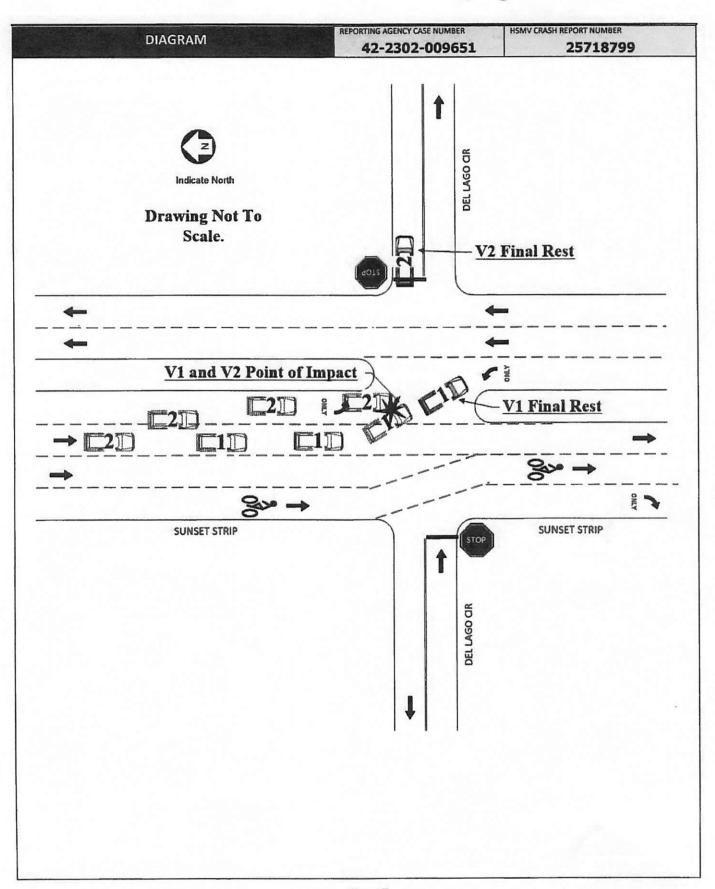
PD OTHER

CHARGE

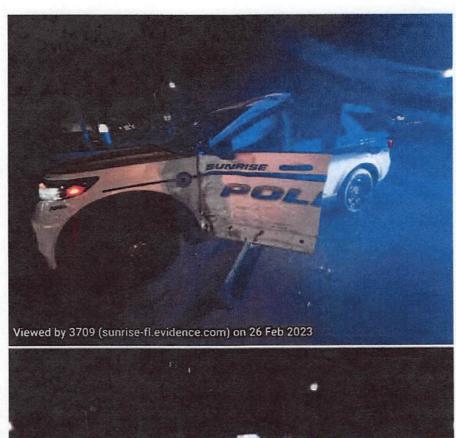
CHARGE

DEPARTMENT SUNRISE POLICE

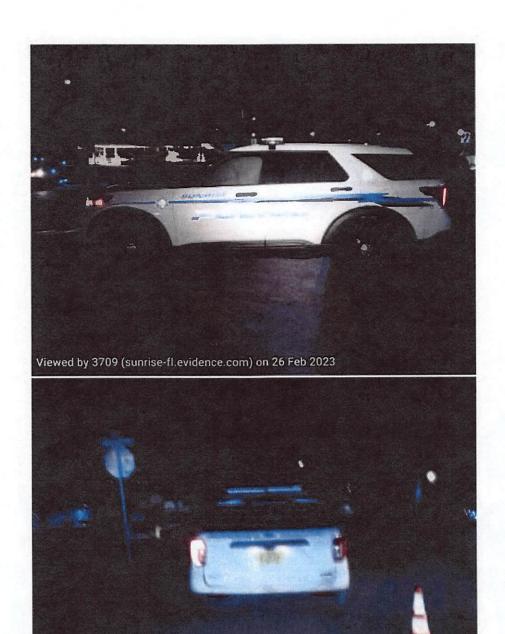
DEPARTMENT



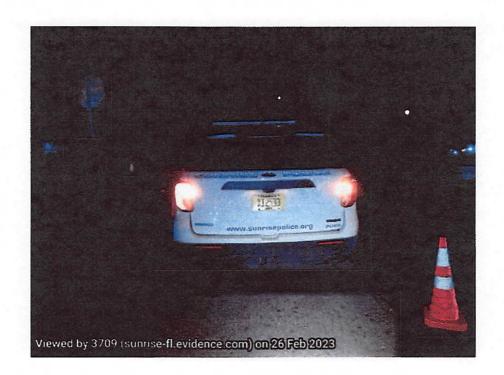
Page 7 of 7







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









To: Michael Ryan, Uniform Division, Police Officer

Thru: Anthony W. Rosa, Chief of Police

From: P. Brian Katz, Lieutenant, Internal Affairs

**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:

• <u>Policy and Procedure: 41.6.9.1.</u> – 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:

Witnessed:

Date: 4/3/2

Date: 9/5/6



### Preliminary Complaint Form Chief of Police – Anthony W. Rosa

Employee's Name: Michael Ryan	Date: <u>02/24/2023</u>				
P.D. Case/Citation#: Traffic Crash Case # 42-2302-009651	I.A. #: <u>23-01</u>				
Alleged Misconduct (Attach additional sheets if necessary):					
Vehicle Accident (At Fault)					
Complainant (print): Sgt. Deltamus Cason	Signature:				
Phone (home/Cell): On file	<b>Phone</b> (work): <u>(954)746-3370</u>				
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 Sustain	_ , ,				
Division Commander: MAJUN BROOKE Cebel 3	Date: 3/3/23				
Deputy Chief: D. C. Sear Visales	Date: 3/3//23				
Recommended Discipline (on Notice of Intent): 8-hour suspension					
Final Disposition: Written Reprimand					
Chief of Police:	Date: <u>03/31/2023</u>				
In signing this report, I acknowledge only that it has been discucopy. I understand that I may respond verbally or in writing, and report and taken into consideration.	assed with me and that I have received a that such response will be made part of this				
Employee's Signature	Date				

SPD/ADMIN: Effective: 11/01/2016



To: Chief Anthony Rosa, Police Department

From: Mike Vignale, Assistant Risk Manager

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 23<sup>rd</sup>, 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 1<sup>st</sup> 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 Ryon, Michael	Date 3 23 23 Date of Accident 2 24 23
TYPE OF ACCIDENT IMPROPER BACKING 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 +3 OTHER +2	PREVIOUS NON-CHARGEABLE DRIVING HISTORY CREDIT YEARS 1 2 3 4 5 -PTS1 -2 -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 \$ 25,001 OR MORE +9
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 +6 MORE THAN \$25,001 +9 APPROPRIATE USE OF SIREN OR	Hire Date: 11/2/20 Lack Chargeable: N/A
EMERGENCY LIGHTS, OR BOTH	
ON -8 OFF +4 N/A +0	
EXTENUATING/MITIGATING CIRCUMSTANCES	
ADDITIONAL (indicate amount) SUBSTANTIAL -5 AVERAGE POOR/NONE -0	SEATBELTS NOT IN USE BY CITY EMPLOYEE(S) + 8
PREVIOUS CHARGEABLE ACCIDE	
LESS THAN \$5,000 ALL PROPERTY DAMAGE TOTAL	+3 +6 +9 NI
MORE THAN \$5,000 ALL PROPERTY DAMAGE TOTAL	+6 +12 +18
TOTAL POINTS: 18-2=(16)	
RECOMMENDED ACTION:8	- House of Suspension
SAFETY COMMITTEE STAFF LIASIO	
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.

(Rev. October 2022)