



Preliminary Complaint Form
Chief of Police – Anthony W. Rosa

Employee's Name: Preston Bampoe-Addo Date: 05/30/2023

P.D. Case/Citation#: Traffic Crash Case # 42-2304-018142 I.A. #: 23-02

Alleged Misconduct (Attach additional sheets if necessary):
Traffic Crash (At Fault)

Complainant (print): Sergeant Richard White Signature:

Phone (home/Cell): N/A Phone (work): 954-746-3392

Address: 10440 W. Oakland Park Blvd - Sunrise, FL 33351

Supervisor Receiving Complaint: Lieutenant Erik Palacio

Investigation Authorized by: Chief Anthony W. Rosa

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

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

Division Commander: Major Brooke Leibel Date: 5/30/23

Deputy Chief: Anthony D.C. Richard Alexander Date: 5/30/23

Recommended Discipline (on Notice of Intent): Documented Verbal Counseling

Final Disposition: Documented Verbal Counseling

Chief of Police: [Signature] Date: 5/31/23

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 [Signature] Date 6/2/23



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# Memorandum

**To:** Mike Vignale, Safety Analyst, Risk Management  
City of Sunrise Safety Committee

**From:** Daniel Ransone, Interim Chief Select 

**Thru:** Anthony W. Rosa, Chief of Police

**Date:** April 25, 2023

**Re:** Traffic Crash – Case 42-2304-018142

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I am forwarding to your attention paperwork on an incident involving Officer Bampoe-Addo marked unit #639. The report was made on April 15, 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

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APR 24 2023



# Memorandum

**To:** Anthony W. Rosa, Chief of Police *AWR*  
**From:** Richard White, Sergeant *RW*  
**Date:** April 20, 2023  
**Re:** Traffic Crash involving Police Vehicle # 639 – Case# 42-2304-018142

On February 12, 2023, Officer Preston Bampoe-Addo was on duty and driving Marked Police unit # 639.

Officer Bampoe-Addo was dispatched as a back-up unit to a traffic stop. Officer Bampoe-Addo was driving northbound on NW 69<sup>th</sup> Ave as he approached the stop sign at Sunset Strip. Officer Bampoe-Addo believed that the roadway was clear and began to pull out onto Sunset Strip when a bicyclist struck the front driver's side portion of Vehicle #639.

Officer Bampoe-Addo and the bicyclist were not injured.

Vehicle # 639 sustained paint scuffs and scratches on the front driver's side portion of the vehicle and the bicycle's front tire and rim were damaged.

PSA Sweat completed the traffic crash investigation. The investigation revealed that Officer Bampoe-Addo was at fault for the crash for failure to yield right of way to the bicyclist.

Photographs of Vehicle # 639 and the bicycle were attached to the case file.

BWC was active directly after the crash and does not capture the incident.

This memorandum and all related reports and photographs will be forwarded to the Accident Review Committee for their review.

Received &amp; Forwarded

*[Signature]*  
Lt. Erik Palacio, 3523

4-21-23

Received &amp; Forwarded

*[Signature]*  
Major Brooke LeBel, 3612*[Signature]*  
153  
4/21/23

# .FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE   
(Shaded Areas)

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

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

CRASH DATE <b>04/15/2023</b>		TIME OF CRASH <b>1:07 PM</b>		DATE OF REPORT <b>4/15/2023</b>		REPORTING AGENCY CASE NUMBER <b>42-2304-018142</b>		HSMV CRASH REPORT NUMBER <b>25719164</b>		
<b>CRASH IDENTIFIERS</b>										
COUNTY CODE <b>10</b>		CITY CODE <b>76</b>		COUNTY OF CRASH <b>BROWARD</b>		PLACE OR CITY OF CRASH <b>SUNRISE</b>		CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>		
TIME ON SCENE <b>1:16 PM</b>		TIME CLEARED SCENE <b>2:05 PM</b>		CHECK IF COMPLETED <input checked="" type="checkbox"/>		REASON (If Investigation NOT Complete)		TIME REPORTED <b>1:07 PM</b>		
								TIME DISPATCHED <b>1:07 PM</b>		
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>										
CRASH OCCURRED ON STREET, ROAD, HIGHWAY <b>SUNSET STRIP</b>					AT STREET ADDRESS # <b>1</b>		AT LATITUDE AND LONGITUDE <b>2</b>			
AFFECTED MILES		N S E W		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>NW 69TH AV</b>				OR FROM MILEPOST # <b>1</b>		
<b>5</b> Road System Identifier 1 Interstate 2 U.S. 3 State			4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative			<b>3</b> Type of Shoulder 1 Paved 2 Unpaved 3 Curb		<b>2</b> 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
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/></b>										
<b>1</b> Light Condition 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted		<b>1</b> Weather Condition 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative		<b>1</b> Roadway Surface Condition 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown		<b>1</b> School Bus Related 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		<b>77</b> 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		
<b>10</b> First Harmful Event 10 Overturn/Rollover 11 Fire/Explosion 12 Immersion 13 Jackknife 14 Cargo/Equipment Loss or Shift 15 Fell/Jumped From Motor Vehicle 17 Thrown or Falling Object 88 Unknown		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		<b>1</b> 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		
<b>1</b> First Harmful Event within Interchange 1 No 2 Yes 88 Unknown		<b>2</b> 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		<b>1</b> Contributing Circumstances: Road 9 Warn, 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		<b>1</b> 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				
<b>1</b> Work Zone Related 1 No 2 Yes 88 Unknown		Crash In Work Zone 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		Type of Work Zone 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		Workers In Work Zone 1 No 2 Yes 88 Unknown		Law Enforcement In Work Zone 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present		
<b>WITNESSES</b>										
NAME		ADDRESS			CITY & STATE		ZIP CODE			
NAME		ADDRESS			CITY & STATE		ZIP CODE			
NAME		ADDRESS			CITY & STATE		ZIP CODE			
<b>NON VEHICLE PROPERTY DAMAGE</b>										
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY & STATE	ZIP CODE			
1		BIKE	\$1,500	DELARNO O. BARRETT	7151 NW 45TH CT	LAUDERHILL, FL	33319			
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY & STATE	ZIP CODE			

<b>VEHICLE #</b> 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 42-2304-018142		HSMV CRASH REPORT NUMBER 25719164		
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER XE6404	STATE FL	REGISTRATION EXPIRES	Check if Permanent Registration <input checked="" type="checkbox"/>	VIN 1FAHP2MK8GG110226		
Hit and Run 1 No 2 Yes 88 Unknown	YEAR 2016	MAKE FORD	MODEL TAURUS	STYLE 4D	COLOR WHI	DAMAGE: 1 Disabling 2 Functional 3 None	4 Minor 88 Unknown 4	
INSURANCE COMPANY FLORIDA MUNICIPAL		INSURANCE POLICY NUMBER 576		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY		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 <input type="checkbox"/>	VIN	YEAR 0	MAKE LENGTH AXLES	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR 0	MAKE LENGTH AXLES	
VEHICLE TRAVELING	N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>	ON STREET, ROAD, HIGHWAY NW 69TH AV				AT EST. SPEED 10	POSTED SPEED 25	TOTAL LANES 2
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		
<b>Vehicle Body Type</b> 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<b>1</b> 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		<b>4</b> <b>Trafficway</b> 1 Two Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted 34 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> 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/Triple 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		
<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Instate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> 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		<b>Cargo Body Type</b> 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		<b>Emergency Vehicle Use</b> 1 No 2 Yes 88 Unknown		
<b>Most Harmful Event</b> 10 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		<b>Comm GVWR/GCWR</b> 1 11,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable		<b>Collision with Non-Fixed Object</b> 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		<b>Collision with a Fixed Object</b> 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.)		
<b>Sequence of Events</b> 1st 10 2nd 3rd 4th		<b>Vehicle Maneuver Action</b> 1 Straight Ahead 2 Turning Right 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		<b>Traffic Control Device For This Vehicle</b> 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 Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		<b>Vehicle Defects</b> 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		
<b>Special Function of Motor Vehicle</b> 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		<b>Roadway Grade</b> 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> 1 1 Straight 2 Curve Right 3 Curve Left		<b>Emergency Vehicle Use</b> 1 No 2 Yes 88 Unknown		
<b>VIOLATIONS</b>								
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 # <b>1</b>		REPORTING AGENCY CASE NUMBER <b>42-2304-018142</b>			HSMV CRASH REPORT NUMBER <b>25719164</b>								
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # <b>1</b>	NAME <b>PRESTON BAMPOE ADDO</b>			PHONE NUMBER <b>(954) 746-3500</b>	Check if Recommended Driver Re-exam <input type="checkbox"/>						
CURRENT ADDRESS (Number and Street) <b>10440 W OAKLAND PARK BLVD</b>				CITY & STATE <b>SUNRISE, FL</b>		ZIP CODE <b>33351</b>							
DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER <b>1</b>	STATE	EXPIRES	INJURY SEVERITY (INI) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality								
DL Type <b>5</b> 1 A, 2 B, 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		Required Endorsements <b>3</b> 1 Yes 2 No 3 No Req. Endorsement		Drivers Actions at Time of Crash <b>1</b> 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 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane		Condition At Time of Crash <b>1</b> 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fatigued 4 Seizure, Epilepsy, blackout 5 Physically Impaired 6 Emotional depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 8 Other, Explain in Narrative 9 Unknown							
Driver Distracted By <b>1</b> 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 8 Unknown		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 32 Other Contributing Factor									
Driver Vision Obstructions <b>1</b> 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 11 All Other, Explain in Narrative									
Motor Vehicle Seating Position: 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 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown		LOCATION: SEAT ROW OTHER (LOC) <b>1 1 1</b>		Helmets 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							
Ejection (EJECT) <b>1</b> 1 Not Ejected 2 Ejected - Totally 3 Ejected - Partially 4 Not Applicable 88 Unknown		Air Bag Deployed (ABD) <b>2</b> 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 8 Deployment Unknown 9 Booster Seat 10 Child Restraint - Type Unknown 77 Other, Explain in Narrative		Restraint Systems (RS) <b>2</b> 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							
Non-Motorist Description <input type="checkbox"/> 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		Non-Motorist Location At Time of Crash <input type="checkbox"/> 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		Action Prior to Crash <input type="checkbox"/> 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 <input type="checkbox"/> 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		Non-Motorist Actions/Circumstances <input type="checkbox"/> 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											
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	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO									
ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INI	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	INI	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 # <b>2</b>		REPORTING AGENCY OF CASE NUMBER <b>42-2304-018142</b>		HONRY CRASH REPORT NUMBER <b>25719164</b>									
1 Driver 2 Non-Motorist 3 Passenger <b>2</b>		NAME <b>DELARNO O. BARRETT</b>		PHONE NUMBER <b>(772) 621-0994</b>									
CURRENT ADDRESS (Number and Street) <b>7151 NW 45TH CT</b>		CITY & STATE <b>LAUDERHILL, FL</b>		ZIP CODE <b>33319</b>									
DATE OF BIRTH <b>03/26/1980</b>		SEX: 1 Male 2 Female 88 Unknown <b>1</b>		DRIVER LICENSE NUMBER <b>BE30174661080</b>									
STATUS <b>FL</b>		EXPIRES <b>03/26/2030</b>		INJURY SEVERITY (DU) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality <b>2</b>									
DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None <input type="checkbox"/>		Required Endorsements 1 Yes 2 No 3 No Req. Endorsement <input type="checkbox"/>		Drivers Actions at Time of Crash 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 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane 2nd 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 4th Condition At Time of Crash 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fatigued 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown <input type="checkbox"/>									
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 <input type="checkbox"/>		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 <input type="checkbox"/>		HELMET USE (HJ) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet <input type="checkbox"/>									
Motor Vehicle Seating Position: 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 4 Fourth 4 Unenclosed Cargo Area 88 Unknown 77 Other Row 5 Trailing Unit 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown		EJECTION (EJECT) 1 Not Ejected 2 Ejected - Totally 3 Ejected - Partially 4 Not Applicable 88 Unknown <input type="checkbox"/>		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 <input type="checkbox"/>									
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 Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist <b>3</b>		Non-Motorist Location At Time of Crash 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 <b>77</b>		Action Prior to Crash 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 <b>3</b>									
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 <b>1</b>		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.) <b>77</b>		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.) <b>77</b>									
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown <b>2</b>		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested <b>1</b>		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative <input type="checkbox"/>									
SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown <b>1</b>		DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested <input type="checkbox"/>		DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative <input type="checkbox"/>									
SUSPECTED DRUG RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown <input type="checkbox"/>		SUSPECTED BAC: <input type="checkbox"/>		SUSPECTED DRUG USE: <input type="checkbox"/>									
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown <b>1</b>		EMS AGENCY NAME OR ID <input type="checkbox"/>		EMS RUN NUMBER <input type="checkbox"/>									
MEDICAL FACILITY TRANSPORTED TO <input type="checkbox"/>		MEDICAL FACILITY TRANSPORTED TO <input type="checkbox"/>		MEDICAL FACILITY TRANSPORTED TO <input type="checkbox"/>									
ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HJ	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 <input type="checkbox"/>		EMS AGENCY NAME OR ID <input type="checkbox"/>		EMS RUN NUMBER <input type="checkbox"/>		MEDICAL FACILITY TRANSPORTED TO <input type="checkbox"/>							
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HJ	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 <input type="checkbox"/>		EMS AGENCY NAME OR ID <input type="checkbox"/>		EMS RUN NUMBER <input type="checkbox"/>		MEDICAL FACILITY TRANSPORTED TO <input type="checkbox"/>							

NARRATIVE

REPORTING AGENCY/LOG NUMBER

42-2304-018142

FORMER ECRASH REPORT NUMBER

25719164

On 04/15/2023, I responded to the intersection of Sunset Strip and Nw 69th Ave in reference to an officer vs bicyclist crash.

Upon my arrival I spoke to Officer Bampoe-Addo (IEM3803), who stated that he was traveling north on Nw 69th Ave in his department issued marked Ford Taurus (V1) (vehicle number 639) to respond to a traffic stop as backup for another officer (case 42-2304-18139). Officer Bampoe-Addo stated that he stopped completely for the stop sign with the intention to make a left onto Sunset Strip (westbound), and did not see any vehicles or pedestrians coming. As he was making his turn, a bicyclist had pull out in front of him (not in the bike lane) and collided with the front of his vehicle. Officer Bampoe-Addo immediately rendered aid and called out the accident over the radio.

I then spoke to the Bicyclist (Ped1), who stated that he was in the bike lane traveling east on Sunset Strip, when the police car had pulled out in front of him. He further stated that he attempted to swerve left to avoid the collision; however, this action failed and the pedestrian then fell to the ground.

Upon canvassing the scene, I observed the point of impact, marked by a scrape in the road. This marked was caused when the front tire of the bicycle collided with the asphalt. The Ford Taurus sustained minor scrapes to the front left end of the bumper. This mark was located just outside the bike lane; however, this can be explained from the supposed evasive movement that the bicyclist took to avoid the crash. Officer Bampoe-Addo also stated to me that there was a possibility that the scratches near the fog light of the vehicle may have already been there. Upon inspection of the bicycle, the front tire and rim was warped and scrapes can be found where the front tire had collided with the roadway.

When asked if the bicyclist had anything to drink today, the bicyclist claimed to have had

**\*\* Continued \*\***

ADDITIONAL PASSENGERS

PERSON#	VEHICLE#	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
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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
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PERSON#	VEHICLE#	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
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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
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ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

REPORTING OFFICER	OFFICER #	OFFICER NAME	DEPARTMENT	FDW	SG	TD	OTHER
6259	PSA	SWEAT, A. L.	SUNRISE POLICE DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



NARRATIVE

REPORTING AGENCY CASE NUMBER

42-2304-018142

HSMV CLAIM REPORT NUMBER

75719164

The Bicyclist claimed of back pain, but refused to be transported by fire rescue.

No CCTV cameras were found in aiding the investigation. It should also be noted that Officer Bampoe-Addo turned on his body camera at the time of the incident. Photographs were taken of the scene and uploaded into digital evidence.

At this time, It is apparent that the driver of the Ford (V1) will be found at fault for the crash for failure to yield the right of way. The driver violated F.S.S 316.122; which states "Vehicle turning left.-The driver of a vehicle intending to turn to the left within

an intersection or into an alley, private road, or driveway shall yield the right-of-way to any vehicle approaching from the opposite direction, or vehicles lawfully passing on the left of the turning vehicle, which is within the intersection or so close thereto as to constitute an immediate hazard. A violation of this section is a noncriminal traffic infraction, punishable as a moving violation as provided in chapter 318."

No other injuries were claimed and no citations were issued.

All parties were issued a driver's exchange of information and no further action was taken on scene.

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

Electronically signed: PSA A Sweat 5259

Date: 04/21/2023 0735 hours

**\*\* END \*\***

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
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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
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
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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
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ADDITIONAL VIOLATIONS

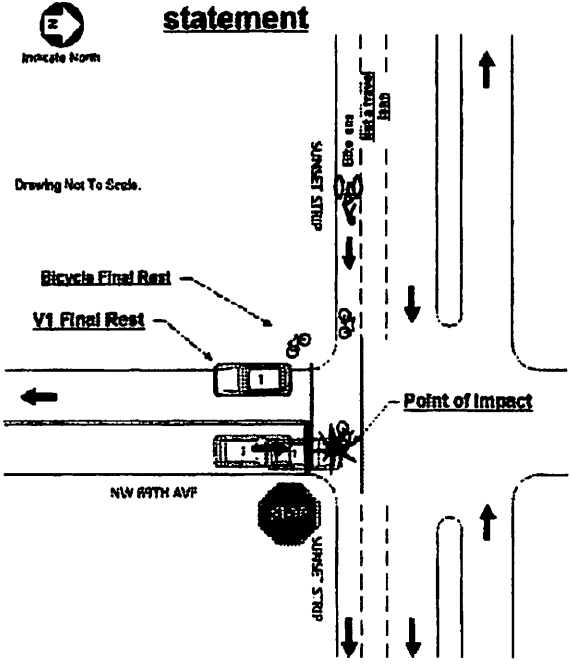
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

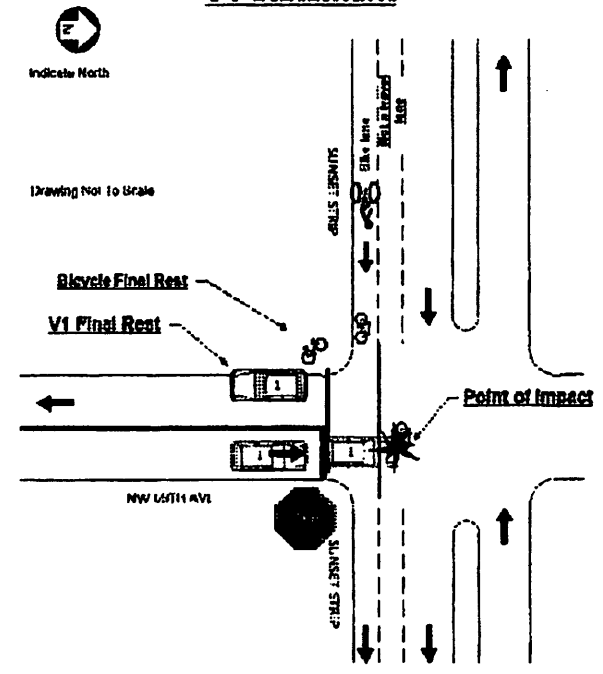
REPORTING AGENCY CASE NUMBER	OFFICER NAME	DEPARTMENT	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
5259	PSA SWEAT, A. L.	SUNRISE POLICE DEPARTMENT										

Draft Only

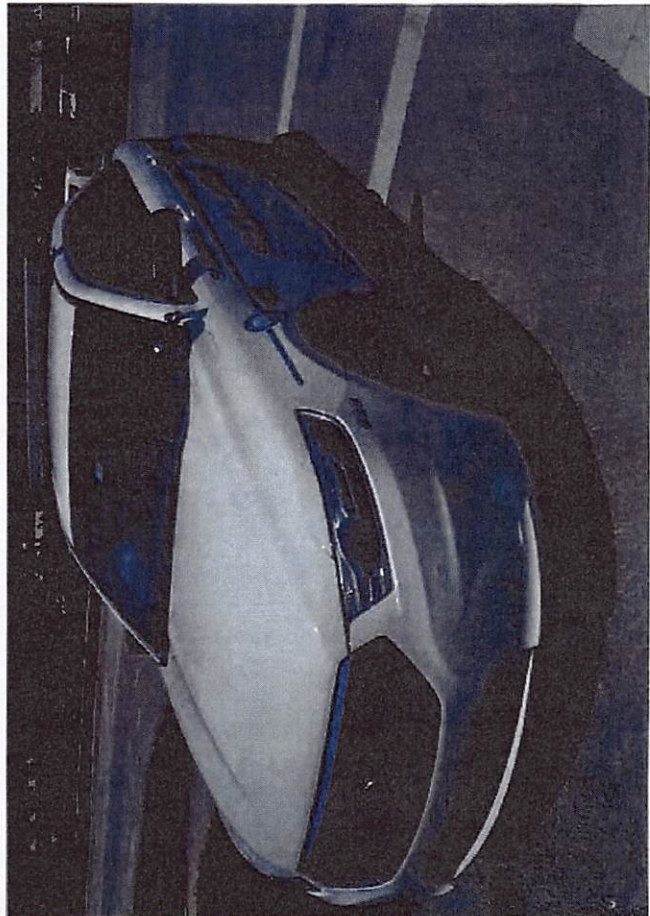
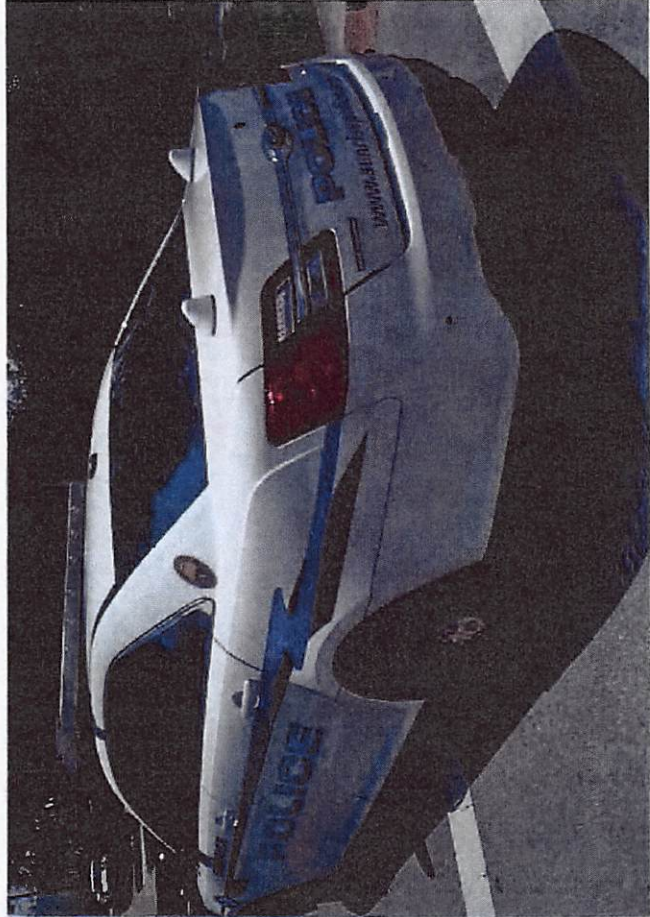
### Ped 1 statement

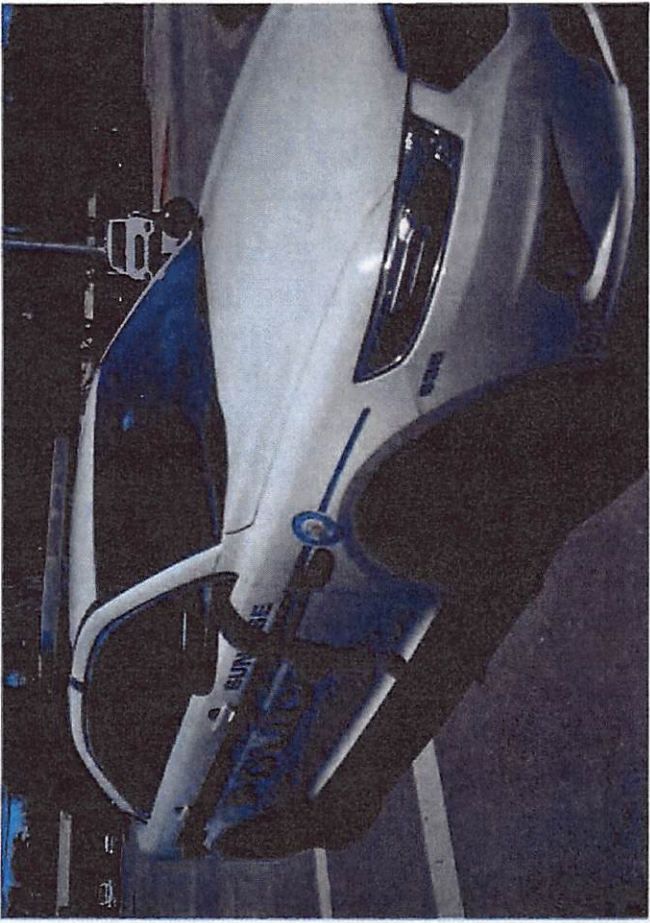
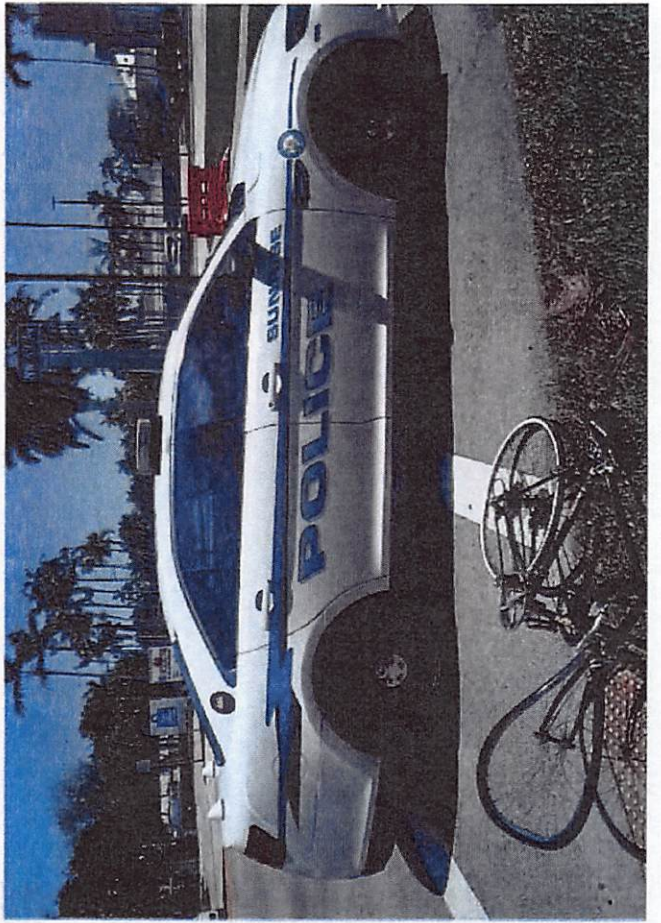
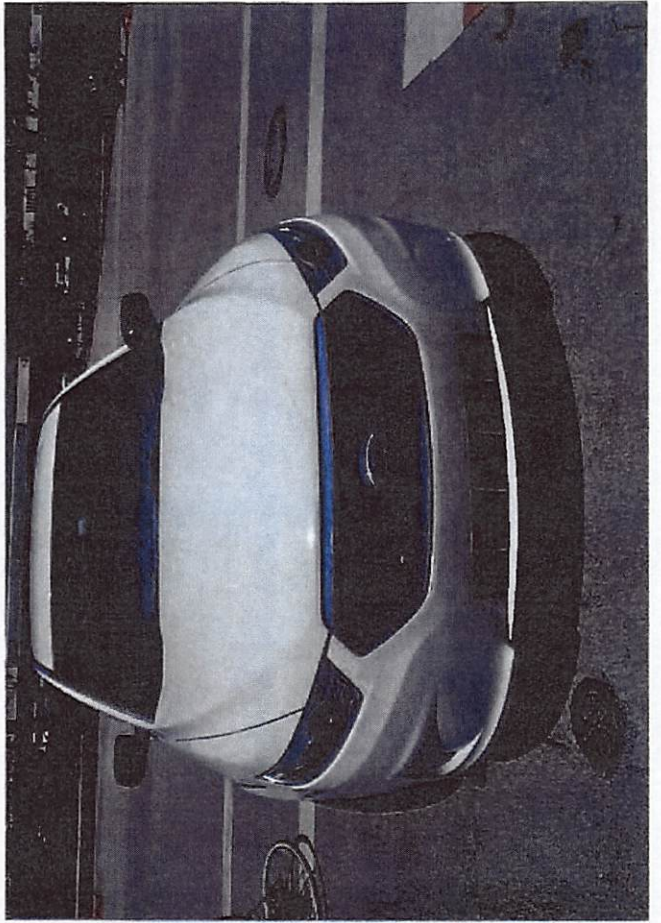


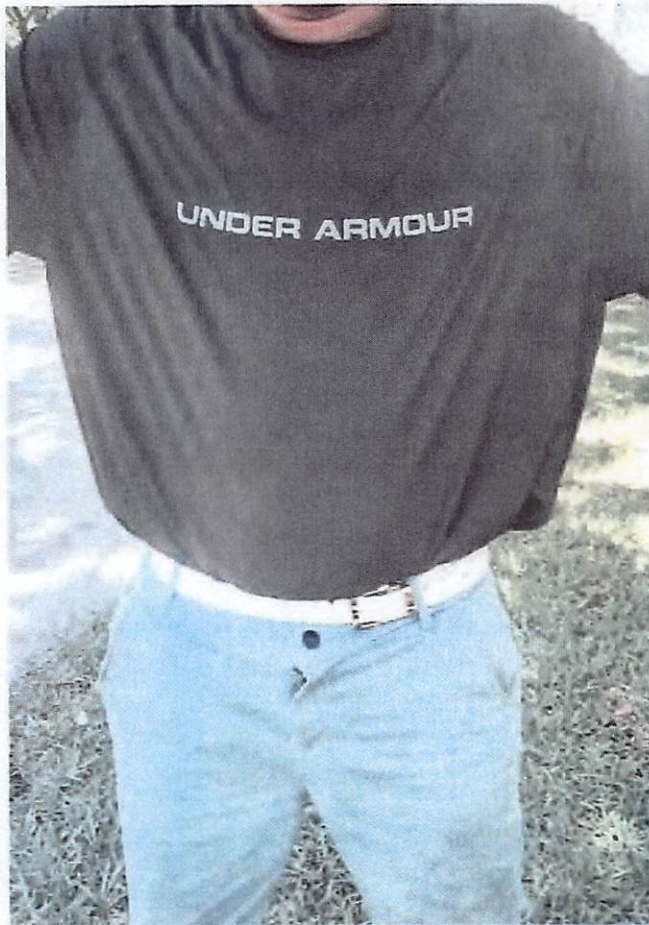
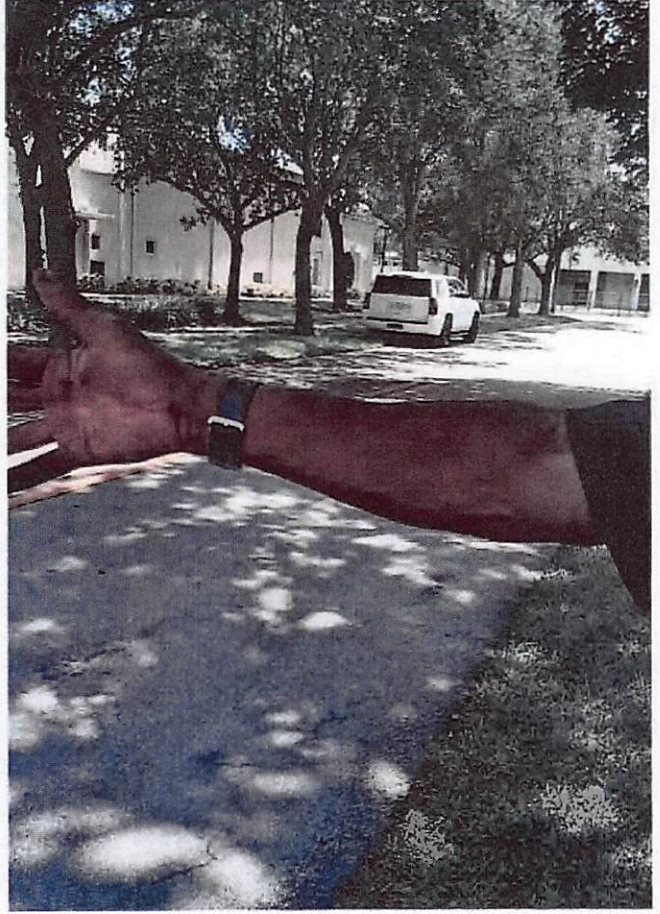
### V1 statement



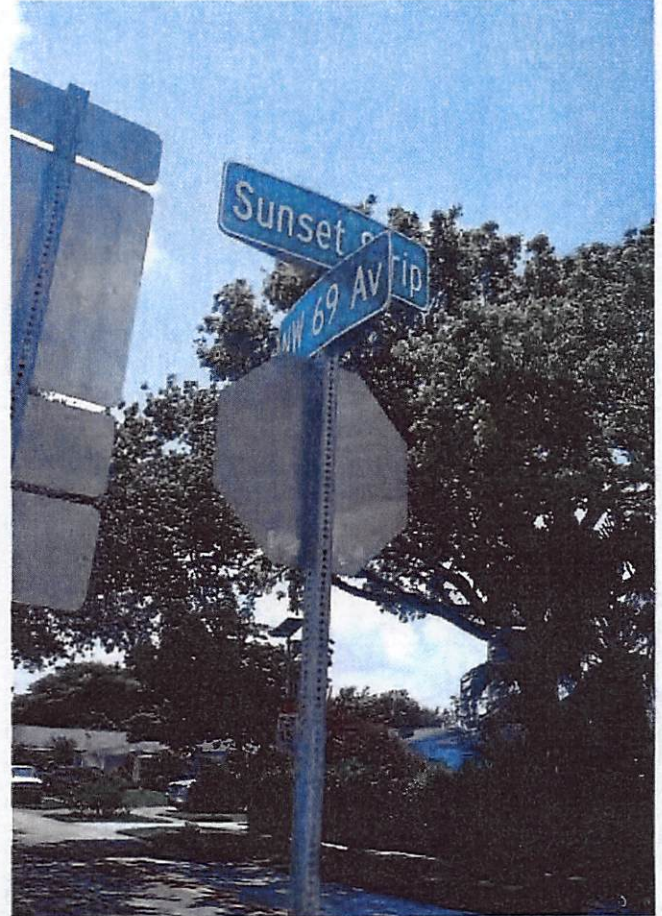
















# Memorandum

**To:** Chief Anthony Rosa, Police Department

**From:** Mike Vignale, Assistant Risk Manager *MV*

**Date:** May 26, 2023

**Re:** Safety Committee Accident Review – **Bampoe-Addo, Preston – DOL 4/15/23**

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

On **May 25<sup>th</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 **Documented Verbal Counseling** 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

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**ACCIDENT REVIEW WORKSHEET**

Name Preston Bumpie-Bldo Date 5/25/23 Date of Accident 4/15/23

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

PREVIOUS NON-CHARGEABLE DRIVING HISTORY CREDIT						
YEARS	1	2	3	4	5	
-PTS.	-1	-2	-3	-6	-8	N/A

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

Hit Date: 11/14/22  
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	N/A
MORE THAN \$5,000 ALL PROPERTY DAMAGE TOTAL	+6	+12	+18	

TOTAL POINTS: **5**

RECOMMENDED ACTION: Documented Verbal Counseling

SAFETY COMMITTEE STAFF LIASION 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.