



Preliminary Complaint Form
Chief of Police - Anthony W. Rosa

Employee's Name: Elias Alshaier Date: 05/30/2023

P.D. Case/Citation#: Traffic Crash Case # 42-2304-019043 I.A. #: 23-03

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

Complainant (print): Sergeant Alex St. Preux Signature:

Phone (home/Cell): N/A Phone (work): 954-746-7452

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

Supervisor Receiving Complaint: Lieutenant Gregory Loor

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 LeBel Date: 5/30/23

Deputy Chief: Acting D.C. Richard Almeida 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 Date: 06/09/23



Memorandum

To: Chief Anthony Rosa, Police Department

From: Mike Vignale, Assistant Risk Manager 

Date: May 26, 2023

Re: Safety Committee Accident Review – **Alshaier, Elias**– DOL 4/20/23

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

On **May 25th, 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 **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 Elias Alshaiir Date 5/25/23 Date of Accident 4/20/23

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	+3
OTHER	+2

PREVIOUS NON-CHARGEABLE DRIVING HISTORY CREDIT

YEARS	1	2	3	4	5
-PTS.	-1	-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

Here Date: 6/17/19
Last Chargeable: N/A

APPROPRIATE USE OF SIREN OR EMERGENCY LIGHTS, OR BOTH

ON	-8
OFF	+4
N/A	+0

EXTENUATING/MITIGATING CIRCUMSTANCES

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

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

TOTAL POINTS: 5-3=2

RECOMMENDED ACTION: Documented Verbal Counseling

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.



Memorandum

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

From: Daniel Ransone, Interim Chief Select *A*

Thru: Anthony W. Rosa, Chief of Police

Date: May 10, 2023

Re: Traffic Crash – Case 42-2304-019043

I am forwarding to your attention paperwork on an incident involving Officer Alshaier marked unit #847. The report was made on April 20, 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



MAY 04 2023

Memorandum

To: Anthony W. Rosa, Chief of Police *AWR*
From: Alexander St Preux, Sergeant *ASP*
Date: April 28, 2023
Re: Traffic Crash (42-2304-019043)/ Officer Alshaier
CC: Paul B. Katz, Lieutenant

On April 20, 2023, Officer E. Alshaier was involved in a two-vehicle crash while operating his assigned marked vehicle (847).

At the time of the crash, Officer Alshaier was on-duty and conducting routine patrol. The crash report was documented by Public Service Aide J. Williams of the Sunrise Police Department, crash number 25719205.

At approximately 6:09PM Officer Alshaier advised he was behind a vehicle in stand still traffic at a red light at 4400 Hiatus Rd (Southbound lanes) when the traffic light cycled to green. The vehicle in front of him began to accelerate, prompting him to accelerate from his vehicle's resting position. The vehicle in front of him made an abrupt stop. Officer Alshaier was not able to stop his vehicle in time and made impact with the rear end of the vehicle in front of him. Officer Alshaier and the driver of the other vehicle were not injured.

I responded to the scene and found all involved parties were not injured. No witnesses were on scene. I observed minor indentations on the rear bumper of the involved driver's vehicle but did not see any noticeable damage on Officer Alshaier's marked unit. I spoke to the driver, who was the sole occupant in the involved vehicle, and he stated he began to accelerate from his resting position at the light but had to come to a stop when the vehicle in front of him did not proceed through the intersection. The driver then felt vehicle #847 make impact with the rear portion of his vehicle. PSA J. Williams listed Officer Alshaier as vehicle one in his crash report.

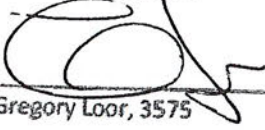
After a review of Officer Alshaier's BWC, I observed Officer Alshaier manipulating his cellular device at the time of the crash.

ASP
5/13/23

See attached crash report, BWC footage and pictures.

April 28, 2023

Received & Forwarded



Lt. Gregory Loor, 3575

Received & Forwarded



Major Brooke LeBel, 3612

FLORIDA TRAFFIC CRASH REPORT

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

LONG FORM SHORT FORM UPDATE

(Electronic Version)

Crash Date APRIL 20, 2023		Time of Crash 06:15 PM		Date of Report APRIL 20, 2023		Reporting Agency Case Number 422304019043		HSMV Crash Report Number 25719205				
CRASH IDENTIFIERS												
County Code 10	City Code 76	County of Crash BROWARD			Place or City of Crash SUNRISE			Within City Limits YES	Time Reported 06:15 PM	Time Dispatched 06:16 PM		
Time on Scene 06:22 PM	Time Cleared Scene 07:28 PM	Completed YES	Reason (if Investigation NOT Complete)				Notified by LAW ENFORCEMENT					
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)												
Crash Occurred On Street, Road, Highway HIATUS RD						1 At Street Address #	2 At Latitude	And Longitude				
At Feet 10	Miles	Direction N	3 At / From Intersection With Street, Road, Highway NW 44TH ST				4 Or From Milepost #					
Road System Identifier 5 LOCAL				Type of Shoulder 1 PAVED		Type of Intersection 1 NOT AT INTERSECTION						
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/>												
Light Condition 1 DAYLIGHT		Weather Condition 2 CLOUDY		Roadway Surface Condition 1 DRY		School Bus Related 1 NO		Manner of Collision 1 FRONT TO REAR				
First Harmful Event Type 2 COLLISION WITH NON-FIXED OBJECT		First Harmful Event 14 COLLISION WITH MOTOR VEH IN TRANSPORT		First Harmful Event Location 1 ON ROADWAY		Within Interchange 1 NO		First Harmful Event Relation to Junction 1 NON-JUNCTION				
Contributing Circumstances: Road 1 NONE			Contributing Circumstances: Road			Contributing Circumstances: Road						
Contributing Circumstances: Environment 1 NONE			Contributing Circumstances: Environment			Contributing Circumstances: Environment						
Work Zone Related 1 NO	Crash in Work Zone		Type of Work Zone		Workers in Work Zone	Law Enforcement in Work Zone						
VEHICLE Check if Commercial <input type="checkbox"/>												
Vehicle 01	Motor Vehicle Type 1 VEH IN TRANSPORT		Hit and Run 1 NO	Veh License Number	State FL	Reg. Expires	Permanent Reg 2 YES	VIN				
Year 2018	Make FORD	Model EXPLORER	Style SPUV	Color WHI	Extent of Damage 4 MINOR	Est. Damage \$20	Towed Due To Damage 1 NO	Vehicle Removed By		Rotation		
Insurance Company (Driver) FL MUNICIPAL INSURANCE TRUST						Insurance Policy Number 0576						
Name of Vehicle Owner (Business) <input checked="" type="checkbox"/> CITY OF SUNRISE			Current Address 10770 W OAKLAND PARK BLVD			City & State SUNRISE, FL		Zip Code 33361				
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN		Year	Make	Length	Axles		
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN		Year	Make	Length	Axles		
Vehicle Traveling S	Direction S	On Street, Road, Highway HIATUS RD				At Est. Speed 3	Posted Speed 40	Total Lanes 04				
CMV Configuration			Cargo Body Type			Area of Initial Impact			Most Damaged Area			
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)								
Haz. Mat. Release	Haz. Mat. Placard	Number		Class								
Motor Carrier Name				US DOT Number								
Motor Carrier Address				City & State			Zip Code			Phone Number		
Comm/Non-Commercial		Vehicle Body Type 16 (SPORT) UTILITY VEHICLE		Vehicle Defects (one) 1 NONE		Vehicle Defects (two)		Emergency Vehicle Use 1 NO		Special Function of MV 3 POLICE		
Vehicle Maneuver Action 1 STRAIGHT AHEAD		Trafficway 4 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER		Roadway Grade 1 LEVEL		Roadway Alignment 1 STRAIGHT		Most Harmful Event 2 COLLISION WITH NON-FIXED OBJECT		Most Harmful Event Detail 14 COLLISION WITH MOTOR VEH IN TRANSPORT		
Traffic Control Device For This Vehicle 5 TRAFFIC CONTROL SIGNAL		First (1) Sequence of Events 14 COLLISION WITH MOTOR VEH IN TRANSPORT		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events				

Crash Date: **APRIL 20, 2023** Time of Crash: **06:15 PM** Date of Report: **APRIL 20, 2023** Reporting Agency Case Number: **422304019043** HSMV Crash Report Number: **25719205**

VEHICLE Check if Commercial

Vehicle # **02** Motor Vehicle Type **1 VEH IN TRANSPORT** Hit and Run **1 NO** Veh License Number **FL** State **FL** Reg. Expires **1 NO** Permanent Reg **1 NO** VIN **[REDACTED]**

Year **[REDACTED]** Make **LINC** Model **MKZ** Style **4D** Extent of Damage **4 MINOR** Est. Damage **\$300** Towed Due To Damage **1 NO** Vehicle Removed By **[REDACTED]** Rotation **[REDACTED]**

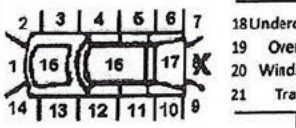
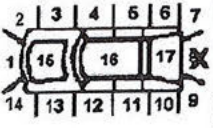
Insurance Company (Driver) **GEICO CASUALTY COMPANY** Insurance Policy Number **[REDACTED]**

Name of Vehicle Owner (Business) Current Address **[REDACTED]** City & State **[REDACTED]** Zip Code **[REDACTED]**

Trailer One: License Number **[REDACTED]** State **[REDACTED]** Reg. Expires **[REDACTED]** Permanent Reg. **[REDACTED]** VIN **[REDACTED]** Year **[REDACTED]** Make **[REDACTED]** Length **[REDACTED]** Axles **[REDACTED]**

Trailer Two: License Number **[REDACTED]** State **[REDACTED]** Reg. Expires **[REDACTED]** Permanent Reg. **[REDACTED]** VIN **[REDACTED]** Year **[REDACTED]** Make **[REDACTED]** Length **[REDACTED]** Axles **[REDACTED]**

Vehicle Traveling **S** Direction **HIATUS RD** On Street, Road, Highway **[REDACTED]** At Est. Speed **[REDACTED]** Posted Speed **40** Total Lanes **04**

CMV Configuration **[REDACTED]** Cargo Body Type **[REDACTED]** Area of Initial Impact  Most Damaged Area 

Comm GVWR/GCWR **[REDACTED]** Trailer Type (Trailer One) **[REDACTED]** Trailer Type (Trailer Two) **[REDACTED]**

Haz. Mat. Release **[REDACTED]** Haz. Mat. Placard **[REDACTED]** Number **[REDACTED]** Class **[REDACTED]**

Motor Carrier Name **[REDACTED]** US DOT Number **[REDACTED]**

Motor Carrier Address **[REDACTED]** City & State **[REDACTED]** Zip Code **[REDACTED]** Phone Number **[REDACTED]**

Comm/Non-Commercial **[REDACTED]** Vehicle Body Type **1 PASSENGER CAR** Vehicle Defects (one) **1 NONE** Vehicle Defects (two) **[REDACTED]** Emergency Vehicle Use **1 NO** Special Function of MV **1 NO SPECIAL FUNCTION**

Vehicle Maneuver Action **13 STOPPED IN TRAFFIC** Trafficway **4 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER** Roadway Grade **1 LEVEL** Roadway Alignment **1 STRAIGHT** Most Harmful Event **2 COLLISION WITH NON-FIXED OBJECT** Most Harmful Event Detail **14 COLLISION WITH MOTOR VEH IN TRANSPORT**

Traffic Control Device For This Vehicle **6 TRAFFIC CONTROL SIGNAL** First (1) Sequence of Events **14 COLLISION WITH MOTOR VEH IN TRANSPORT** Second (2) Sequence of Events **[REDACTED]** Third (3) Sequence of Events **[REDACTED]** Fourth (4) Sequence of Events **[REDACTED]**

PERSON

Person # **01** Description **1 DRIVER** Vehicle # **01** Name **ELIAS ALASHAIER** Date of Birth **[REDACTED]** Sex **1 MALE** Phone Number **(954) 746-3500** Re-Exam **2 NO**

Address **10440 W OAKLAND PARK BLVD** City & State **SUNRISE, FL** Zip Code **33351**

Driver License Number **[REDACTED]** State **[REDACTED]** Expires **[REDACTED]** DL Type **5 E / OPERATOR** Req. End. **3 NO ENDORSEMENT...** Injury Severity **1 NONE** Ejection **1 NOT EJECTED**

Restraint Systems **3 SHOULDER AND LAP BELT USED** Air Bag Deployed **2 NOT DEPLOYED** Helmet Use **[REDACTED]** Eye Protection **[REDACTED]** Seating Location Seat **1 LEFT** Seating Location Row **1 FRONT** Seating Location Other **1 NOT APPLICABLE**

Drivers Actions at Time of Crash (First) **10 FOLLOWED TOO CLOSELY** Drivers Actions at Time of Crash (Second) **[REDACTED]** Driver Distracted By **1 NOT DISTRACTED** Vision Obstruction **1 VISION NOT OBSCURED**

Drivers Actions at Time of Crash (Third) **[REDACTED]** Drivers Actions at Time of Crash (Fourth) **[REDACTED]** Drivers Condition at Time of Crash **1 APPARENTLY NORMAL**

Suspected Alcohol Use **1 NO** Alcohol Tested **[REDACTED]** Alcohol Test Type **[REDACTED]** Alcohol Test Result **[REDACTED]** BAC **[REDACTED]** Suspected Drug Use **1 NO** Drug Tested **[REDACTED]** Drug Test Type **[REDACTED]** Drug Test Result **[REDACTED]**

Source of Transport to Medical Facility **1 NOT TRANSPORTED** EMS Agency Name or ID **[REDACTED]** EMS Run Number **[REDACTED]** Medical Facility Transported To **[REDACTED]**

PERSON

Person # **02** Description **1 DRIVER** Vehicle # **02** Name **[REDACTED]** Date of Birth **[REDACTED]** Sex **[REDACTED]** Phone Number **[REDACTED]** Re-Exam **2 NO**

Address **[REDACTED]** City & State **[REDACTED]** Zip Code **[REDACTED]**

Driver License Number **[REDACTED]** State **[REDACTED]** Expires **[REDACTED]** DL Type **5 E / OPERATOR** Req. End. **3 NO ENDORSEMENT...** Injury Severity **1 NONE** Ejection **1 NOT EJECTED**

Restraint Systems **3 SHOULDER AND LAP BELT USED** Air Bag Deployed **2 NOT DEPLOYED** Helmet Use **[REDACTED]** Eye Protection **[REDACTED]** Seating Location Seat **1 LEFT** Seating Location Row **1 FRONT** Seating Location Other **1 NOT APPLICABLE**

Drivers Actions at Time of Crash (First) **1 NO CONTRIBUTING ACTION** Drivers Actions at Time of Crash (Second) **[REDACTED]** Driver Distracted By **1 NOT DISTRACTED** Vision Obstruction **1 VISION NOT OBSCURED**

Drivers Actions at Time of Crash (Third) **[REDACTED]** Drivers Actions at Time of Crash (Fourth) **[REDACTED]** Drivers Condition at Time of Crash **1 APPARENTLY NORMAL**

Suspected Alcohol Use **1 NO** Alcohol Tested **[REDACTED]** Alcohol Test Type **[REDACTED]** Alcohol Test Result **[REDACTED]** BAC **[REDACTED]** Suspected Drug Use **1 NO** Drug Tested **[REDACTED]** Drug Test Type **[REDACTED]** Drug Test Result **[REDACTED]**

Source of Transport to Medical Facility **1 NOT TRANSPORTED** EMS Agency Name or ID **[REDACTED]** EMS Run Number **[REDACTED]** Medical Facility Transported To **[REDACTED]**

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Source of Transport to Medical Facility **1 NOT TRANSPORTED** EMS Agency Name or ID **[REDACTED]** EMS Run Number **[REDACTED]** Medical Facility Transported To **[REDACTED]**

Crash Date APRIL 20, 2023	Time of Crash 06:15 PM	Date of Report APRIL 20, 2023	Reporting Agency Case Number 422304019043	HSMV Crash Report Number 25719205
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NARRATIVE

V2 was stopped facing south in the right through lane on Hiatus Rd approximately 10 feet north of NW 44th St. V1 (marked Sunrise Police vehicle # 847) was directly behind V2.

V2 driver stated that there was a vehicle in front of him and that he started to move once the light turned green but had to stop again sine the vehicle in front had not started traveling and that is when he felt the impact of V1 strike the rear of his vehicle.

V1 driver (on-duty Officer Alshaier, CCN 3777, driving marked police vehicle #847) stated that V2 started traveling once the light turned green but stopped abruptly and he could not stop in time to avoid tapping the rear of V2.

I took pictures of both vehicles using my department issued tablet and uploaded them to evidence.com.

No injuries reported on scene.

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: John C. Williams
Date: 4/20/2023, 1928

REPORTING OFFICER			
ID/Badge Number 5244	Rank and Name PUBLIC SERVICE AIDE WILLIAMS, J. C.	Department SUNRISE POLICE DEPARTMENT	Type of Department 2 PD

Crash Date
APRIL 20, 2023

Time of Crash
06:15 PM

Date of Report
APRIL 20, 2023

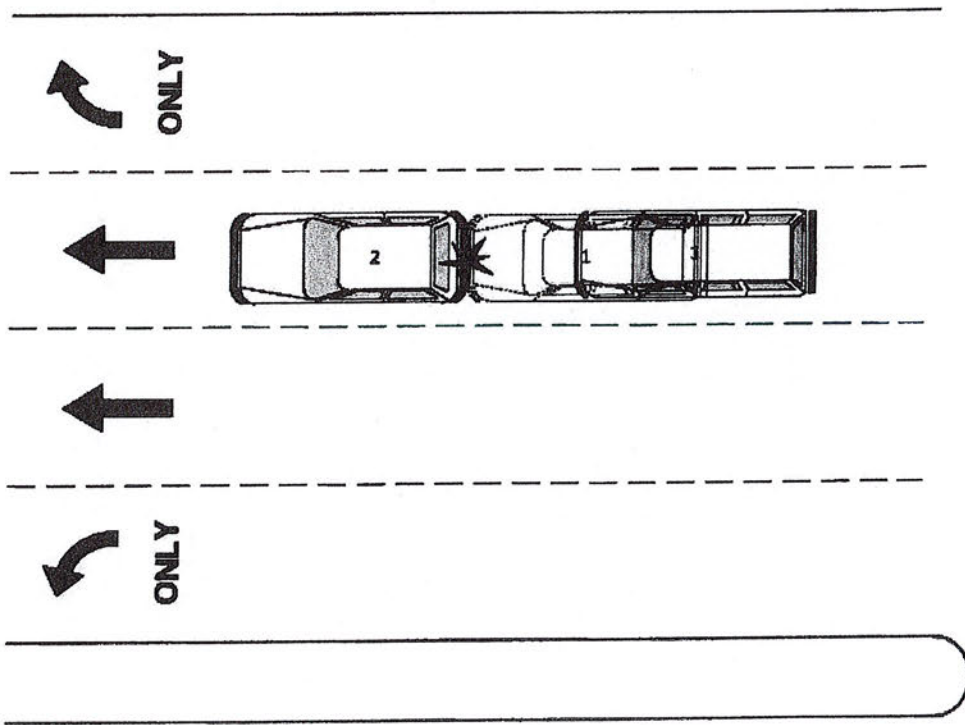
Reporting Agency Case Number
422304019043

HSMV Crash Report Number
25719206

DIAGRAM



Indicate North



HIATUS RD

Drawing Not To Scale.

