



Preliminary Complaint Form
Chief of Police – Anthony W. Rosa

Employee's Name: Officer Adrian Gandara Date: 10/09/2023

P.D. Case/Citation#: Accident Case # 42-2308-039611 I.A. #: 23-05

Alleged Misconduct (Attach additional sheets if necessary):

Traffic Crash (At-Fault)

Complainant (print): Sgt. Marc Berryman Signature: [Signature]

Phone (home/Cell): 954-746-7421 Phone (work): Same

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

Supervisor Receiving Complaint: Lt. P. Brian Katz - Internal Affairs Unit [Signature]

Investigation Authorized by: Acting Chief Daniel J. Ransone

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

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

Division Commander: [Signature] Date: 10/10/23

Deputy Chief: [Signature] Date: 10/10/23

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

Final Disposition: DOCUMENTED VERBAL COUNSELING

Chief of Police: [Signature] Date: 10/10/23

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: 10/12/23



# Memorandum

**To:** Chief Dan Ransone, Police Department

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

**Date:** October 3, 2023

**Re:** Safety Committee Accident Review – **Gandara, Adrian – DOL 8/14/23**

**CC:** Richard Alexander, Brian Katz, Jessica Stewart, David Mittauer, Denise Guzzi, Jami Ketchup, Jose Murillo

On **September 28<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 Adrian Gaudera Date 9/28/23 Date of Accident 8/14/23

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	<u>+3</u>
IMPROPER LANE CHANGE	+3
OTHER	+2

**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
\$ 25,001 OR MORE	+9

**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
MORE THAN \$25,001	+9

Here Date: 9/6/22  
Last Chargeable: N/A

**APPROPRIATE USE OF SIREN OR EMERGENCY LIGHTS, OR BOTH**

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

**EXTENUATING/MITIGATING CIRCUMSTANCES**

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

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

**PREVIOUS CHARGEABLE ACCIDENTS IN PAST 36 MONTHS**

	1	2	3
LESS THAN \$5,000 ALL PROPERTY DAMAGE TOTAL	+3	+6	+9
MORE THAN \$5,000 ALL PROPERTY DAMAGE TOTAL	+6	+12	+18

N/A

TOTAL POINTS: 3

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.



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# Memorandum

**To:** Mike Vignale, Safety Analyst, Risk Management

City of Sunrise Safety Committee

**From:** Daniel J. Ransone, Acting Chief of Police 

**Date:** September 26, 2023

**Re:** Traffic Crash – Case 42-2308-039611, HSMV 25720022

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I am forwarding to your attention paperwork on an incident involving Officer Gandara's marked unit #630. The report was made on August 14, 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:** Lieutenant West  
Lieutenant Katz

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SEP 26 2023



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# Memorandum

**To:** Daniel J. Ransone, Chief of Police *DJR*  
**From:** Marc Berryman, Sergeant Road Patrol *MB*  
**Date:** August 14th, 2023  
**Re:** Officer A. Gandara traffic crash

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On August 14<sup>th</sup>, 2023 while working his normal shift, Officer A. Gandara was involved in a very minor traffic crash while operating Sunrise Police marked Ford Taurus unit #630. The other involved vehicle was stopped at the traffic light of N. University Drive and Sunset Strip. Moments later the driver of the involved vehicle stated that she felt a small tap to the rear of her vehicle by Officer Gandara's marked unit.

Officer Gandara's version of the events were the same, that he accidentally tapped her lightly while attempting to turn onto Sunset Strip. Neither party complained of any injuries. Officer Gandara's vehicle did not show any signs of damage. The other vehicle sustained a very minor scratch on the rear bumper that looks like it can just be buffed out. The driver of the other vehicle stated the only reason why she wanted a report generated was because it is a rental vehicle.

Pictures taken could not show any visible damage. The accident was written and investigated by PSA A. Sweat under SPD case 42-2308-039611 and HSMV 25720022. This memorandum and all related reports will be forwarded to the Accident Review Committee for review and final decision.

SUNRISE POLICE  
RECEIVED AND FORWARDED  
DATE: 9/26/23  
BY: *[Signature]*

*529/26/23*

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# FLORIDA TRAFFIC CRASH REPORT

## HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS

LONG FORM  SHORT FORM  UPDATE

NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

(Electronic Version)

Crash Date <b>AUGUST 14, 2023</b>		Time of Crash <b>11:34 AM</b>		Date of Report <b>AUGUST 14, 2023</b>		Reporting Agency Case Number <b>422308039811</b>		FSMV Crash Report Number <b>25720022</b>			
<b>CRASH IDENTIFIERS</b>											
County Code <b>10</b>	City Code <b>78</b>	County of Crash <b>BROWARD</b>			Place or City of Crash <b>SUNRISE</b>			Within City Limits <b>YES</b>	Time Reported <b>11:34 AM</b>	Time Dispatched <b>11:34 AM</b>	
Time on Scene <b>11:34 AM</b>		Time Cleared Scene <b>12:17 PM</b>		Completed <b>YES</b>	Reason (if Investigation NOT Complete)				Notified By <b>LAW ENFORCEMENT</b>		
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 3 OPTIONS)</b>											
Crash Occurred On Street, Road, Highway <b>N UNIVERSITY DR</b>							At Street Address # <b>1</b>	At Latitude And Longitude			
At Feet <b>5</b>	Miles	Direction <b>S</b>	At / From Intersection With Street, Road, Highway <b>SUNSET STRIP</b>				Or From M/Repost #				
Road System Identifier <b>3 STATE</b>			Type of Shoulder <b>3 CURB</b>			Type of Intersection <b>1 NOT AT INTERSECTION</b>					
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN)</b>											
Light Condition <b>1 DAYLIGHT</b>		Weather Condition <b>1 CLEAR</b>		Roadway Surface Condition <b>1 DRY</b>		School Bus Related <b>1 NO</b>		Manner of Collision <b>1 FRONT TO REAR</b>			
First Harmful Event Type <b>2 COLLISION WITH NON-FIXED OBJECT</b>		First Harmful Event <b>14 COLLISION WITH MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>1 ON ROADWAY</b>		Within Interchange <b>1 NO</b>		First Harmful Event Relation to Junction <b>3 INTERSECTION RELATED</b>			
Contributing Circumstances: Road <b>1 NONE</b>			Contributing Circumstances: Road			Contributing Circumstances: Road					
Contributing Circumstances: Environment <b>1 NONE</b>			Contributing Circumstances: Environment			Contributing Circumstances: Environment					
Work Zone Related <b>1 NO</b>		Crash In Work Zone		Type of Work Zone		Workers In Work Zone		Law Enforcement In Work Zone			
<b>VEHICLE</b> <input type="checkbox"/> Check Commercial											
Vehicle <b>01</b>	Motor Vehicle Type <b>1 VEH IN TRANSPORT</b>		Hit and Run <b>1 NO</b>	Veh License Number <b>XE6398</b>		State <b>FL</b>	Reg. Expires	Permanent Reg. <b>2 YES</b>	VIN <b>1FAHP2MK9GG110218</b>		
Year <b>2018</b>	Make <b>FORD</b>	Model <b>TAURUS</b>	Style <b>4D</b>	Color <b>WHI</b>	Extent of Damage <b>3 NONE</b>	Est. Damage	Towed Due To Damage <b>1 NO</b>	Vehicle Removed By	Rotation		
Insurance Company (Driver) <b>FLORIDA MUNICIPAL TRUST</b>							Insurance Policy Number <b>0576</b>				
Name of Vehicle Owner (Business) <b>CITY OF SUNRISE</b>			Current Address <b>10770 W OAKLAND PARK BLVD</b>			City & State <b>SUNRISE, FL</b>		Zip Code <b>33381</b>			
Trailer One:		License Number	State	Reg. Expires	Permanent Reg.	VIN		Year	Make	Length	Axes
Trailer Two:		License Number	State	Reg. Expires	Permanent Reg.	VIN		Year	Make	Length	Axes
Vehicle Direction Traveling <b>N</b>		On Street, Road, Highway <b>N UNIVERSITY DR</b>					At Est. Speed <b>5</b>	Posted Speed <b>45</b>	Total Lanes <b>06</b>		
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. Placrd	Number		Class		<p>18 Undercarriage 19 19 Overturn 20 20 Windshield 21 21 Trailer</p>					
Motor Carrier Name				US DOT Number							
Motor Carrier Address						City & State		Zip Code		Phone Number	
Comm/Non-Commercial		Vehicle Body Type <b>1 PASSENGER CAR</b>		Vehicle Defects (one) <b>1 NONE</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 NO</b>		Special Function of MV <b>3 POLICE</b>	
Vehicle Maneuver Action <b>1 STRAIGHT AHEAD</b>		Trafficway <b>4 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER</b>		Roadway Grade <b>1 LEVEL</b>		Roadway Alignment <b>1 STRAIGHT</b>		Most Harmful Event <b>2 COLLISION WITH NON-FIXED OBJECT</b>		Most Harmful Event Detail <b>14 COLLISION WITH MOTOR VEH IN TRANSPORT</b>	
Traffic Control Device For This Vehicle <b>5 TRAFFIC CONTROL SIGNAL</b>			First (1) Sequence of Events <b>14 COLLISION WITH MOTOR VEH IN TRANSPORT</b>		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		

Crash Date <b>AUGUST 14, 2023</b>		Time of Crash <b>11:34 AM</b>		Date of Report <b>AUGUST 14, 2023</b>		Reporting Agency Case Number <b>422308039611</b>		HSMV Crash Report Number <b>2572022</b>		
VEHICLE <input type="checkbox"/> Check if Commercial <input type="checkbox"/>										
Vehicle #	Motor Vehicle Type	Hit and Run	Veh License Number	State	Year	Permanent Reg.	VIN			
02	1 VEH IN TRANSPORT	1 NO		FL		1 NO				
Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By	Notation	
	CHEV	SPARK	4D		4 MINOR	\$500	1 NO			
Insurance Company (Driver)					Insurance Policy Number					
Name of Vehicle Owner (Business)			Current Address			City & State		Zip Code		
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	Direction	On Street, Road, Highway					At Est. Speed	Posted Speed	Total Lanes	
Traveling	N	N UNIVERSITY DR					45	45	06	
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		
Common/Non-Commercial	Vehicle Body Type	Vehicle Defects (one)		Vehicle Defects (two)		Emergency Vehicle Use	Special Function of MV			
	1 PASSENGER CAR	1 NONE				1 NO	1 NO SPECIAL FUNCTION			
Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event		Most Harmful Event Detail				
13 STOPPED IN TRAFFIC	4 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	1 LEVEL	1 STRAIGHT	2 COLLISION WITH NON-PASSENGER SUBJECT		14 COLLISION WITH MOTOR VEH IN TRANSPORT				
Traffic Control Device For This Vehicle	First (1) Sequence of Events		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events			
6 TRAFFIC CONTROL SIGNAL	14 COLLISION WITH MOTOR VEH IN TRANSPORT									
PERSON										
Person #	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam			
01	1 DRIVER	01	ADRIAN GANDARA	AUGUST 19, 1999	1 MALE	(854) 746-3500	2 NO			
Address			City & State			Zip Code				
10440 W OAKLAND PARK BLVD			SUNRISE, FL			33351				
Driver License Number	State	Expires	DL Type	Req. End.	Injury Severity	Ejection				
			6 E / OPERATOR	3 NO ENDORSEMENT	1 NONE	1 NOT EJECTED				
Restraint Systems	Air Bag Deployed		Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other			
3 SHOULDER AND LAP BELT USED	2 NOT DEPLOYED				1 LEFT	1 FRONT	1 NOT APPLICABLE			
Drivers Actions at Time of Crash (First)			Drivers Actions at Time of Crash (Second)			Driver Distracted By		Vision Obstruction		
10 FOLLOWED TOO CLOSELY						1 NOT DISTRACTED		1 VISION NOT OBSCURED		
Drivers Actions at Time of Crash (Third)			Drivers Actions at Time of Crash (Fourth)			Drivers Condition at Time of Crash				
						1 APPARENTLY NORMAL				
Suspected Alcohol Use	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result		
1 NO					1 NO					
Source of Transport to Medical Facility		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To				
1 NOT TRANSPORTED										
PERSON										
Person #	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam			
02	1 DRIVER	02			2 FEMALE		2 NO			
Address			City & State			Zip Code				
Driver License Number	State	Expires	DL Type	Req. End.	Injury Severity	Ejection				
	FL		6 E / OPERATOR	3 NO ENDORSEMENT	1 NONE	1 NOT EJECTED				
Restraint Systems	Air Bag Deployed		Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other			
3 SHOULDER AND LAP BELT USED	2 NOT DEPLOYED				1 LEFT	1 FRONT	1 NOT APPLICABLE			
Drivers Actions at Time of Crash (First)			Drivers Actions at Time of Crash (Second)			Driver Distracted By		Vision Obstruction		
1 NO CONTRIBUTING ACTION						1 NOT DISTRACTED		1 VISION NOT OBSCURED		
Drivers Actions at Time of Crash (Third)			Drivers Actions at Time of Crash (Fourth)			Drivers Condition at Time of Crash				
						1 APPARENTLY NORMAL				
Suspected Alcohol Use	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result		
1 NO					1 NO					
Source of Transport to Medical Facility		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To				
1 NOT TRANSPORTED										

Crash Date <b>AUGUST 14, 2023</b>	Time of Crash <b>11:34 AM</b>	Date of Report <b>AUGUST 14, 2023</b>	Reporting Agency Case Number <b>422308039811</b>	HSMV Crash Report Number <b>25720022</b>
<b>NARRATIVE</b>				
<p>On 08/14/2023, I responded to 6898 Sunset Strip in reference to an officer-involved crash that occurred at the intersection of N University Dr and Sunset Strip.</p> <p>Upon my arrival, I spoke to the driver of the Chevy Spark (V2), who stated that she had pulled up to the stop light to make a right turn from N University Dr onto eastbound Sunset Strip. She stated that as she stopped, she felt a slight bump from behind.</p> <p>I then spoke with Officer Gandara (IBM 3807), who stated that he was traveling northbound on N University Dr in the right turn lane in his department issued, marked Ford Taurus (car number 630). He further stated that he had accidentally tapped the rear bumper of the Chevy Spark. Officer Gandara was on duty.</p> <p>No injuries were reported on scene and no CCTV footage was collected.</p> <p>Photographs were also taken of both vehicles and uploaded into digital evidence.</p> <p>No citations were issued and no further action was taken on scene.</p> <p>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.</p> <p>Electronically signed: PSA A Sweat 5259 Date: 08/14/2023 1243 hours</p>				
<b>REPORTING OFFICER</b>				
ID/Badge Number <b>6259</b>	Rank and Name <b>PUBLIC SERVICE AIDE SWEAT, A. L.</b>	Department <b>SUNRISE POLICE DEPARTMENT</b>	Type of Department <b>2 PD</b>	



Crash Date  
**AUGUST 14, 2023**

Time of Crash  
**11:34 AM**

Date of Report  
**AUGUST 14, 2023**

Reporting Agency Case Number  
**422308039611**

HSMV Crash Report Number  
**25720022**

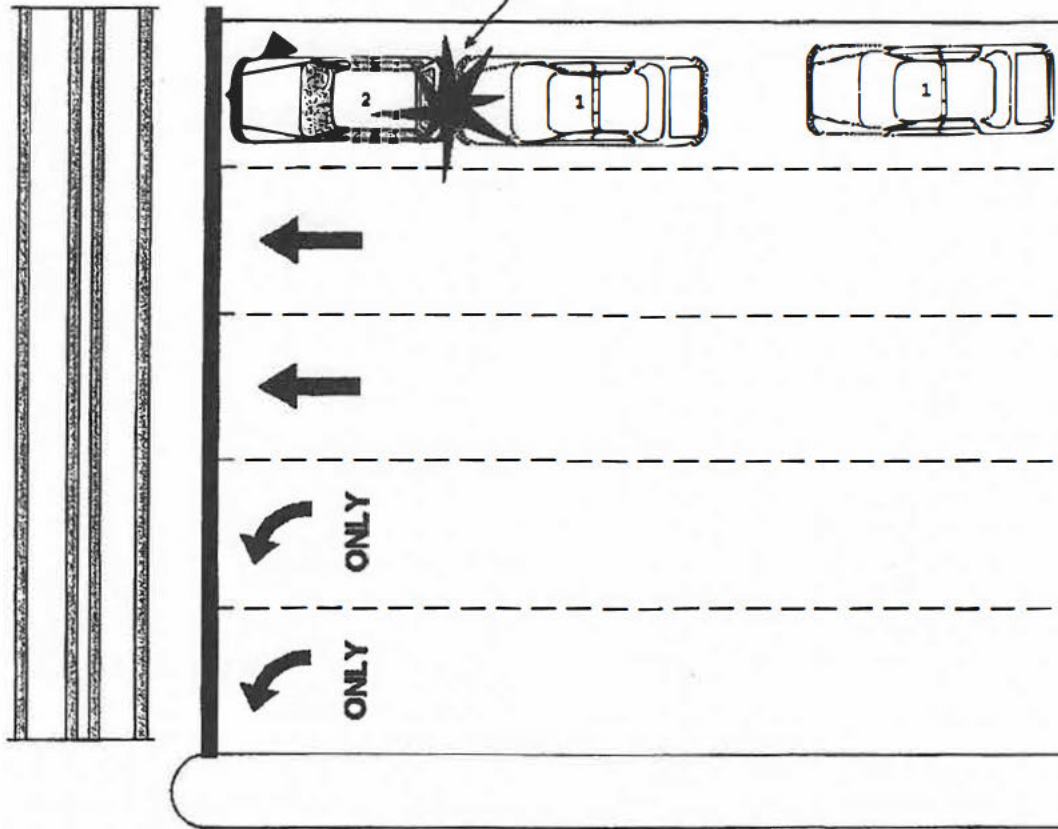
**DIAGRAM**



Indicate North

**Vehicles Final Rest  
Are Off the Diagram**

**Point of Impact**



**N UNIVERSITY DR**

**Drawing Not To Scale.**