

Preliminary Complaint Form Chief of Police – Anthony W. Rosa

Employee's Name: PSA Austin Sweat	Date: 10/09/2023
P.D. Case/Citation#: FLPD Accident Case # 23-170009	I.A. #: <u>IA Case # 23-06</u>
Alleged Misconduct (Attach additional sheets if necessary):	
Traffic Crash (At-Fault)	
Complainant (print): Sergeant Eric Fernandez	Signature: 4
Phone (home/Cell): 954-746-3365	Phone (work):
Address: 10440 W. Oakland Park Blvd - Sunrise, FL 33351	
Supervisor Receiving Complaint: Lt. P. Brian Katz	
Investigation Authorized by: Actig Chief Daniel J. Ransone	
Investigation Conducted by : Safety Committee	I.A. Investigation: NO
Findings: Unfounded Not Sustained Sustained	ned Exonerated Training
Division Commander:	Date: 10/10/23
Deputy Chief:	Date: 10/10/23
Recommended Discipline (on Notice of Intent): Written Reprimand	H
Final Disposition: DOCUMENTED VERBAL COU	USELINV.
Chief of Police:	Date: 10/10/23
	, ,
In signing this report, I acknowledge only that it has been discu	ussed with me and that I have received a
copy. I understand that I may respond verbally or in writing, and report and taken into consideration.	mat such response will be made part of this
Midim dut	10/13/23
Employee's Signature	Date

SPD/ADMIN: Effective: 11/01/2016



Memorandum

To: Chief Dan Ransone, Police Department

From: Mike Vignale, Assistant Risk Manager

Date: October 3, 2023

Re: Safety Committee Accident Review - Sweat, Austin - DOL 8/25/23

CC: Richard Alexander, Brian Katz, Jessica Stewart, David Mittauer, Denise Guzzi, Jami

Ketchup, Jose Murillo

On September 28th, 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 Written Reprimand 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

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	. 9					
Name Austro Sweet	Date	1/26/23 D	- ate of Accid	ent_ <i>81</i>	15/23	<u>.</u>
TYPE OF ACCIDENT IMPROPER BACKING TOO FAST FOR CONDITIONS FAILURE TO USE DUE CARE POOR JUDGEMENT STRUCK FIXED OBJECT TRAFFIC SIGNAL VIOLATION FOLLOWING TOO CLOSE IMPROPER LANE CHANGE OTHER	(1 5) +4	PREVIOUS NON- HISTORY CREDI' YEARS 1 2 -PTS1 -2 ESTIMATED CITY LESS THAN \$ 2,5 \$ 2,501 TO \$5,000 \$ 5,001 TO \$10,00 \$ 10,001 TO \$25,0 \$ 25,001 OR MOR	T 3 4 -3 -6 7 PROPERT 500 0 000	(5 8		
ESTIMATED THIRD-PARTY PROPERTY DAMAGE		<u> </u>	(1)			
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ON OFF N/A EXTENUATING/MITIGATING	-8 +4 +0					
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SUBSTANTIAL AVERAGE POOR/NONE	-5 -3 -0	SEATBELTS NOT BY CITY EMPLO			+ 8	
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MORE THAN \$5,000 ALL PROPERTY DAMAGE TO	TAL		+6	+12	+18	ا _
TOTAL POINTS: 14-8-	6					
RECOMMENDED ACTION:	Written	Reprime				_
SAFETY COMMITTEE STAFF	LIASION SIGNA	ATURE:	= {	5		-
NOTE TO CONTRACT OF STREET		-tained bossin are	intended to	he quid	lalinae :	and

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)



Memorandum

To: Mike Vignale, Safety Analyst, Risk Management

City of Sunrise Safety Committee

From: Daniel J. Ransone, Acting Chief of Police

Date: September 15, 2023

Re: Traffic Crash – FLPD Case 23-170009

I am forwarding to your attention paperwork on an incident involving PSA Austin Sweat's marked unit #953. The report was made on August 30, 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



Memorandum

To: Daniel Ransone, Chief of Police

From: Eric Fernandez, Sergeant

Date: September 9, 2023

Re: Traffic Crash involve PSA vehicle #953 FLPD CASE# 23-170009

CC: Michael West, Lieutenant

On 08/25/2023, PSA Sweat was involved in a traffic accident while driving PSA Vehicle# 953. The accident occurred at the intersection of SW 14 St and Andrews Ave, in the city of Fort Lauderdale. Fort Lauderdale Police Department was notified, and FLPD PSA Johnson (IBM 6616) responded to the scene.

The accident involved two vehicles at a four-way stop. A single occupant occupied the other vehicle. FLPD PSA Johnson photographed the damages and provided PSA Sweat with a case card (FLPD# 23-170009).

Photographs and a copy of the report will be submitted to records when made available by FLPD. PSA Vehicle# 953 is drivable; however, the front left headlight sustained damage.

Vehicle# 953 was transported to the Sunrise Service Center for repair.

Due to conflicting stories and no independent witnesses, there was no determination made as to which driver was at fault.

The follow items were included with this memorandum: -Original traffic crash report

SUNRISE POLICE

RECEIVED AND FORWARDED

ATE: 08/12

RV.

1529/13/23

STATE OF FLORIDA TRAFFIC CRASH REPORT LONG FORM X SHORT FORM UPDATE TOTAL # OF VEHICLE SECTION(S) TOTAL # OF PERSON SECTION(S) MAIL TO DEPT. HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING. TOTAL # OF NARRATIVE SECTION(S) **TALLAHASSEE, FL 32399-0537** CRASH DATE TIME OF CRASH DATE OF REPORT REPORTING AGENCY CASE NUMBER HSMV CRASH REPORT NUMBER 08/25/2023 12:55 P.M. 08/30/2023 342308170009 25555609 CRASH IDENTIFIERS TIME REPORTED TIME DISPATCHED COUNTY CODE CITY CODE COUNTY OF CRASH PLACE OR CITY OF CRASH CHECK IF WITHIN X CITY LUMITS 12:57 12:58 P.M. 10 138 BROWARD FORT LAUDERDALE TIME ON SCENE THE CLEADED ROENE CHECK IS REASON (If Investigation NOT Complete) Notified By: 1 Motorist 2 2 Law Enforcement 2:42 P.M. COMPLETED 1:11 P.M. ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS) LONGITUDE CRASH OCCURRED ON STREET, ROAD, HIGHWAY AT LATITUDE AND AT STREET ADDRESS 2 SW 14TH ST OR FROM MILEPOST # AT/FROM INTERSECTION WITH STREET ROAD, HIGHWAY EEET MII ES SE S ANDREWS AV Type of Intersection Road System Identifier Type of Shoulder 7 Forest Road 5 Traffic Circle 8 Private Roadway Not at Intersection 4 County 1 Interstate 6 Roundshout 3 2 5 5 Local 9 Parking Lot 77 All other, Explain in 2 Four-Way Intersection 7 Five-Point, or More 2 U.S. 2 UnPaved 6 Tumpike / Toll 77 Other, Explain in Narrative 3 Stete 3 Curb 4 Y-Intersection CRASH INFORMATION (CHECK IF PICTURES TAKEN) Roadway Surface Condition Manner of Collision/Impact School Bus Related **Light Condition** Weather Condition 4 Fog, Smog, Smoke 5 Steet/Hail/ 5 Dark-Not Lighted 6 Dark-Unknown 1 No 1 Daylight 2 Yes, School Bus 6 Mud Dirl Gravel 2 Dusk 3 Dawn 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 1 Freezing Rain 6 Blowing Sand, Soil, 7 Sand 8 Water (standing/ Directly Involved 3 Yes, School Bus Lighting 77 Other, Explain in 4 Dark-Lighted moving) 77 Other, Explain 1 Front to Re 1 Clear 1 Dry 2 Wet Indirectly Involved Narrative 7 Severe Crosswinds 77 Other Explain in Narrative 2 Front to Front Clouds 88 Unknows 77 Other, Explain in 88 Unknown 3 Angle 4 Ice/Frost 3 Rain 88 Unknown Narrative Non-Collision Collision-non Fixed Object Collision with Fixed Object First Harmful Event First Harmful Event 10 Pedestrian 11 Pedalcyde 19 Impact Attenuator/Crash 30 Concrete Traffic Barrier 31 Other Traffic Barrier 1 Overtum/Rollover Location 1 On Roadway Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Reil 23 Culvert 24 Curb 2 Fire/Explosion 14 32 Tree (standing) 33 Utility Pote/Light Support 34 Traffic Sign Support 12 Railway Vehicle (train, engine) 2 Off Roadway 3 Shoulder 13 Animal 4 Jackknife 5 Cargo/Equipment Loss or 14 Motor Vehicle in Transport 4 Median First Harmful Event 15 Parked Motor Vehicle 16 Work Zone / Maintenance Traffic Signal Support 6 Gora within Interchange 6 Fell/Jumped From Motor 36 Other Post, Pole or Support 25 Ditch 26 Embankment 27 Guardrail Face 8 In Parking Lane or Zone 9 Outside Right-of-way 37 Fence Equipment 17 Struck By Falling, Shifting 38 Mailbox 1 7 Thrown or Falling Object 39 Other Fixed Object (wall 8 Ran into Water/Canal 9 Other Non-Collision 10 Roadside Cargo 18 Other Non-Fixed Object 28 Guardrail End 88 Unknown building, tunnel, etc.) 88 Unknown 29 CoNe Remon **Contributing Circumstances: Road Contributing Circumstances:** First Harmful Event Relation to 9 Worn, Travel-Polished Surface 10 Road Surface Condition(wet, icy, snow, stush, etc.) 11 Obstruction in Roadway Environment Junction 5 Railway Grade Crossing 2 1 14 Entrance/Exit Ramp 15 Crossover - Related 12 Dehris 1 None 4 Work Zone (construction) 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 1 Non-Junction 16 Shared-Lise Path or Trail 1 None 2 Weather Condition 5 Animal(s) in Roadway 2 Intersection maintenance/ utility) 6 Shoulder (none, low, soft, high) 77 Other, Explain in 3 Intersection-Related 18 Through Roadway 3 Physical Obstruction(s) 4 Glare Narrative 4 Driveway/Alley Access 7 Rut, Holes, Bumps **BB Linknown** 88 Unknown Workers in Work Zone Law **Enforcement in** Work Zone related Crash in Work Zone Type of Work Zone Work Zone 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 2 Yes 2 Officer Present 88 Unknown 4 Intermittent or Moving Work 77 Other, Explain in Narrative 3 Law Enforcement Vehicle Only Present 4 Activity Area 5 Termination Area WITNESSES ADDRESS CITY STATE ZIP CODE TELEPHONE FIRST NAME LAST М STATE ZIP CODE TELEPHONE LAST ADDRESS CITY FIRST NAME MI STATE ZIP CODE TELEPHONE ADDRESS CITY FIRST NAME LAST NON VEHICLE PROPERTY DAMAGE STATE ZIP CODE VEHICLE # PERSON # PROPERTY DAMAGE - OTHER THAN VEHICLE EST, AMOUNT OWNER'S NAME (Check if Business) ADDRESS CITY STATE ZIP CODE CITY VEHICLE # PERSON # PROPERTY DAMAGE - OTHER THAN VEHICLE EST. AMOUNT OWNER'S NAME (Check if Business) ADDRESS

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5

PERSON# 1	REPORTING AGENCY CASE NUMBER 342308170009	HSMV CRASH REPORT NUMBER 25555609
1 Driver 2 Non-Motorist 3 Passenger 1 1 SWEAT, AUSTIN L	EE	PHONE NUMBER Check if Recommend Driver Re-exam
CURRENT ADDRESS (Number and Street) 10440 W OAKLAND PARK B	LVD SUNRISE	STATE ZIP CODE FL 33351
DATE OF BIRTH SEX: 1 Male 1		INJURY SEVERITY (INJ)
2 Fernale 1 88 Unknown	FL DRIVER	1 None 4 Incapacitating 2 Possible 5 Fatal (within 30 days) 3 Non-incapacitating 6 Non-Traffic Fatality
DL Type Required Endorsements 1 A 2 B 3 C 4 DiChauffeur 5 E/Operator 6 E/Oper - Rest 7 None Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player) Driver Vision Obstructions Required Endorsements 1 Yes 2 No 3 No Req. Endorsement 4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 External Distraction (outside the vehicle, explain in narrative) 7 Insittentive 88 Unknown	Drivers Actions at Time of Cras 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed to Colosely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Whong Side of Whong Way 25 Failed to Ware in Propert Jane	other Traffic Sign Other Road ting/Over-Steering Avoided: Due to Surface, MV, torist in Roadway, In Erratic, gressive Manner Tondition At Time of Crash 1 Apparently Normal 2 Asleep or Fabgued 5 Ill (sick) or Fainted 8 Excure, Epilepsy, Blackout 7 Physically Impaired 8 Emolional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Prugs/Alcohol
	locks Idental OR Other, Explain in Halmat New (HII) Even	Protection (EP)
	1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmat	1 Yes 2 No 3 Not Applicable 1 Nos Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant
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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.) 5 Occupant of Nor Motor Vehicle	Autorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs,	Action Prior to Crash 5 Walking/Cycling on Sidewalk 6 In Roadway – Other (working, playing, etc.) 7 Adjacant to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 8 Walking/Cycling Along 8 Warking in Traffic way (incident response) 9 Walking/Cycling Along 9 Warking in Traffic way (incident response) 10 None 17 Other, Explain in Narrative 88 Unknown 9 Parked/Standing 10 Improper Turn/Merge 11 Improper Passing 11 Wrong-Way Riding or Walking
4 Reflective Clothing (jacket, 88 Unknown backpack, etc.)	6 Disabled Vehicle Related (working 9 Not Visible (da on, pushing, leaving/approaching) lighting, etc.)	
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No. E. N. B. E. W. Off-Road Unknown SANDREWS AV C. MAT. PELEASED 14.2. MAT. PLACARD NO. Month Darraged Area 1. Common Services 1. Common Ser	One:	STATE REGISTRATION EAPIRE		VIN		TOAK MAAL	LENGTH PACES					
S ANDREWS AV 2. MAT PLACARD 1. MANUEL MATERIAL SECTION	Trailer LICENSE NUMBER	STATE REGISTRATION EXPIRE		VIN		YEAR MAKE	LENGTH AXLES					
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Vehicle Body Type 13 All Terrain Vehicle (ATV) 15 Low Speed Vehicle 17 Carpy Net (10:00 Dis of least Placarded of	1 No 2 Yes	1 No 2 Yes	0000			18 Undercarriage	2 3 4 5 6 7					
Vehicle Body Type I Al Times Vehicle (ATV) I Passenger Car I Septimination of the Common Common Classify I Moder Tomas I Moder Tomas I Open Light Tracks (10,000 bis less I Moder Tomas I Moder Tomas I Open Light Tracks (10,000 bis less I Moder Tomas I Moder Tomas	88 Unknown MOTOR CARRIER NAME	88 Unknown	US DOT NUMBER	7	15 16 17 B	19 Overturn	19 1 15 16 17 18					
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1 Bisporti Utility Vehicle Truck Linne	Vehicle Body Typ	13 All Terrain Vehicle (ATV)	1 Two-Way, Not Divis	ied	1 Vehicle 10,000 lbs	or less Placarded 8 Ti	ractor/Triple					
Passenger Car 18 Melor Coch 18 Melor Coc	11	15 Low Speed Vehicle 16 (Sport) Utility Vehicle	Continuous Left Turn	Lane	2 Single-Unit Truck (2	2-apde and GVWR kg).	Cannot Classify					
2 Passenger Ven 3 Fückup 1 19 Chiter Light Trucks (10,000 bs less 3 Fückup 7 10,000 from 2 20 Month Pleasy Trucks (nor or han 1,000 bs (4,508 kgl)) 3 Fückup 1 10,000 bs (4,508 kgl) 4 Für 1 10,000 bs (4,508 kgl) 5 Für 1 1 Motorcycle 1 1,000 bs (4,508 kgl) 7 Commre Loss (10,000 bs (4,508 kgl)) 7 Commre Loss (10,000 bs (4,508 kgl)) 8 Unirown Commre Loss (10,000 bs less 1 17 maler 1) 1 Indirects Carrier 1 No. Collision 1 Overham/Rollover 2 Forth Truck Track (10,000 bs (4,508 kgl)) 1 Indirects Carrier 1 Indirects Carrier 1 Indirects Carrier 1 No. Collision 1 Indirects Carrier 1 No. Collision 1 Overham/Rollover 2 Forth Truck Track (10,000 bs (10,	1 Passenner Car	or less)	(painted > 4 feet) Me	dian	3 Single-Unit Truck (3 or more axies) occ	upants, including driver)					
7 Motor Home 1 (0,000 lbs (4,530 kg)) 1 Motor Vehicle 1 Motor Motor Vehicle 1 Motor Vehicle 1 Motor Vehicle 1 Motor Motor Vehicle 1 Motor Vehicle 1 Motor Motor Motor Vehicle 2 Motor Motor Motor Vehicle 2 Motor Motor Motor Motor Vehicle 3 Motor Motor Motor Motor Vehicle 1 Motor Motor Motor Motor Vehicle 1 Motor Motor Motor Motor Vehicle 2 Motor Motor Motor Motor Vehicle 2 Motor	2 Passenger Van	19 Other Light Trucks (10,000 lbs less	Barrier		5 Truck Tractor (bobt	ail) occ	upants including driver)					
11 Motorcycle 12 Mopade 13 Minimom 14 Motorcycle 14 Motorcycle 15 Minimom 16 Motorcycle 16 Minimom 17 Other, Explain in Narrative 18 Minimom 1 Interstate Carrier 2 Intrastate Carrier 2 Intrastate Carrier 3 Interstate Carrier 3 Interstate Carrier 1 Interstate Carrier 1 Interstate Carrier 2 Intrastate Carrier 3 Interstate Carrier 1 No. Carrier Platible 2 No. Carrier Minimation 3 Concrete Miner 1 Outs Platible 1 No. Carrier Platible 1 No. Carrier Platible 2 No. Carrier Platible 1 No. Carrier Platible 2 No. Carrier Minimation 3 Concrete Miner 1 Outs Platible 1 No. Carrier Platible 2 No. Carrier Platible 3 No. Carrier Platible 3 No. Carrier Platible 4 No. Carrier Platible 4 No. Carrier Platible 4 No. Carrier Platible 5 No. Carrier Platible 6 No. Carrier Platible 6 No. Carrier No. Carrier 1 No. Carrier Platible 7 Other, Explain in Narrative 8 Uninnoval 1 Outs Platible 1 No. Carrier Platibl	7 Motor Home	10,000 lbs (4,536 kg))	88 Unknown	Trailer Type		le Truck 88	Unknown					
CommiNon-Commercial I Interstate Certife 2 Intrastate Certife 3 Not in Commerce Government 4 Not in Commerce Government 5 Dout Trailer 6 Utility Trailer 6 Utility Trailer 7 House Price Goldston 1 10,000 lbs (4,558-kg) or less 1 10,000	11 Motorcycle	77 Other, Explain in Narrative	TRAILER 1 TRAILER 2	2 Tandem Semi Trailer 3 Tank Trailer	Towed Vehicle	3 Van/Endo	osed Box Container Chassis					
Sequence of Events 1	Con	nm/Non-Commercial	11 1	4 Saddle Mount/Trailer 5 Boat Trailer	77 Other, Explain in	5 Pole-Trail						
A common	2 ln	trastate Carrier		6 Utility Trailer	38 Unknown 1	No Cargo 7 Flatbed	(vehicle 10,000 lbs					
Most Harmful Event Non Collision Overturn/Rollover 2 First/Explosion 3 Immersion 4 Jack/anife 5 Fiell/umped From Motor Vahicle 11 Pedats/pride 11 Pedats/pride 11 Pedats/pride 12 Log 8 Bunknown Collision with Non-Fixed Object 10 Pedestrian 11 Pedats/pride 11 Pedats/pride 11 Pedats/pride 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vahicle in Transport 13 Animal 14 Motor Vahicle in Transport 15 Perinde Motor Vahicle 16 Perinde Motor Vahicle in Transport 17 Struck by Falling, Shiffing Carpo or 18 Roadway Grade 11 Separation of Units 18 Rain Off Roadway, Left 19 Separation of Units 19 Other Non-Fixed Object 1	3 N 4 N	ot in Commerce/Government ot in Commerce/Other Truck	Comm	1 10,000 lbs (4,	536 kg) or less	9 Concrete	Mixer displaying HM placard)					
2 First/Explosions 3 Immersion 4 Jackknife 5 Fall/Jumped From Motor Vehicle 7 Fall/Jumped From Motor Vehicle 8 Ran into Nuttan/Canal 9 Rankay Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Fall/Support 16 Fall/Support 17 Familia Motor Vehicle 18 Rankay Vehicle (train, engine) 19 Fall/Support 20 Golden From Support 21 Bridge Paller or Support 22 Bridge Paller Support 23 Traing (Salading) 24 Curb 25 Curb 26 Guerner of Front on Vehicle 16 Rankay Vehicle (train, engine) 17 Sinck faller, etc. 18 Immersion Subtraction 29 Cable Barrier 30 Concrete Traffic Barrier 31 Charter Flow Bridge Structure 21 Bridge Ran 23 Curber 24 Bridge Paller or Support 23 Traing Subject 24 Curb 25 Curb 26 Curb Right 45 Ran Off Roadway, Left 45 Cross Median 17 Sinck Palling, Shifting Carpo 27 Guardrail End 28 Guardrail End 29 Cable Barrier 30 Concrete Traffic Barrier 31 Chief Barrier 31 Chief Barrier 32 Traing Subport 33 Curber Flow Object (well, building, burnet) 45 Cross Gentlerline 45 Cross Median 46 Cross Median 47 Flammath Lane 48 Eliminator 48 Eliminator 49 Railway Crossing 40 Left 40 Curb Right 40 C	Most Harmful Ever			3 More than 26,	000 lbs (11,793 kg)	11 Garbage	Refuse Namaive					
1 4 Jacksville 5 Cargo-Equipment Loss or Shift 5 FelliJumped From Motor Vehicle 7 FelliJumped From Motor Vehicle 1 Pedestrian 1 Pedes	1.4	2 First/Explosion	Collision with Non-			29 Cable Barrier						
1 1 1 1 1 1 1 1 1 1	1 -4	5 Cargo/Equipment Loss or Shift	10 Pedestrian	19 Impi	act Attenuator/Crash Cus	hion 30 Concrete Traffic	ffic Barrier Vehicle Use					
14 A Motor Vehicle in Transport 3 Curbe 14th 3 Corbin Non-Collision 14th 4th 4th 4th 4th 4th 4th 4th 4th 4th	Sequence of Event	7 Thrown or Falling Object	12 Railway Vehicle (tra	in, engine) 21 Brid	ge Pier or Support	33 Utility Pole/Li	ght Support					
To Equipment Fellure (blown tire') brake failure, etc.) 37 Struck By Falling. Shifting Cargo or brake failure, etc.) 4th Take failure, etc.) 4th Agran of Roadway, Right Agran of Roadway, Left 4d Cross Median 45 Cross Centerfine 45 Cross Centerfine 45 Cross Centerfine 46 Downhill Runaway 45 Cross Centerfine 47 Struck By Falling. Shifting Cargo or Anything Sat in Motion by Motor Vehicle 48 Guardrail End 58 Guardrail End 59 Guardrail End 50 Grade 70 Control Device For This Vehicle 60 B Flashing Signal B Railway Crossing 50 Controls		9 Other Non-Collision	14 Motor Vehicle in Tra 15 Parked Motor Vehic	le 24 Curl		35 Traffic Signal	Support					
4th 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 42 Ran Off Roadway, Left 44 Cross Median 45 Cross Certierline 45 Downhill Runaway 1 Level	14	[40-46 Sequence of Events only] 40 Equipment Failure (blown tire,	17 Struck By Falling, S	hifting Cargo or 26 Emb	pankment	37 Fence	2 Yes					
Age	3rd 4th	41 Separation of Units				39 Other Fixed (Object (wall,					
Roadway Grade 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill Runaway 1 1 Straight Ahead 4 Beking 5 Turning Left 4 Beking 5 Turning Right 6 Changing Lanes 8 Parked 1 Ownhill 4 Downhill 4 Downhill 5 Sag (bottom) 1 2 Curve Right 3 Curve Left 1 Slowing 1 Sagnal 9 Faked 9 Device 1 Ownhill 8 Device 1 Ownh		43 Ran Off Roadway, Left	Vahicle Manauver A	etion	Traffic Control D							
1 Level 2 Hillcrest 3 Uphill 5 Sag (bottom) 1 Special Function of Motor Vehicle 7 Taxi 2 School Bus 8 Military 1 Transit/ Commuter 2 Transit/ Comm	Boodymy Crado	45 Cross Centerline	1 Straight Ahead 13	Stopped in Traffic		The state of the s	4					
## Straight 2 Curve Right 3 Curve Right 5 Sag (bottom) 1 Straight 2 Curve Right 4 Downhill 5 Sag (bottom) 1 No Special Function of Motor Vehicle 7 Trains Vehicle 7 Trains Vehicle 7 Trains Vehicle 12 School Bus 13 Transit/ Commuter 15 Startutte Number 15 Startutte Number 16 Startutte Number 17 Startutte Number 17 Entering Traffic Lane 7 Tother, Explain in Narrative 8 Unknown 17 Startutte Number 18 Startutte Number 18 Unknown 18 Startutte Number 19 Startutt	1 Level	The same of the sa	4 Backing 15	Negotiating a Curve	6 B Flash	ing Signal	12 Suspension					
4 Downhill 5 Sag (bottom) 3 Curve Left 10 Making U-Turn 11 Owertaking/ Passing 11 Overtaking/ Passing 11 Overtaking/ Passing 12 School Zone Sigr/ Device 5 Traffic Control 6 Stop Sign 7 Other, Explain in 7 Other, Expla	2 Hillcrest 3 Uphill		6 Changing Lanes 17	Entering Traffic Lane	Device	2 Brak	e 13 Wheels es 14 Windows/					
Passing Pas	4 Downhill 5 Sag (botton		10 Making U-Turn Na 11 Overtaking/ 88	trrative 4 Sc	thool Zone Sign/ Flagma fice Guard.	an, Officer, 4 Ligh	ts (head, 15 Mirrors					
2 Farm Vehicle 3 Police 3 Police 3 Police 3 Police 11 Farm Labor Transport 12 School Bus 13 Transit/ Commuter 18 Shuttle Bus 17 Farm Labor Bus 88 Unknown 19 Fund Sign 19 Stap Sign 7 Yield Sign 19 Stap Sign 19 Stap Sign 7 Yield Sign 19 Stap	Special Fo	unction 1 No Special Function 9 A	Imbulance 14	Intercity Bus 5 Tr	affic Control 13 War ral 77 Oth	ming Sign er, Explain in 7 Win	iring Trailer Hitch / Safety					
12 School Substitute 12 School Substitute 13 Transit/ Commuter 88 Unknown 11 Power Train 88 Unknown 11 Power Train 88 Unknown 12 School Substitute 13 Transit/ Commuter 88 Unknown 14 Power Train 88 Unknown 15 Power Train 15 Power Train 88 Unknown 16 Power Train 17 Power Train 88 Unknown 17 Power Train 18 Unknown		/ehicle 3 Police 11	Farm Labor Transport 16	Shuttle Bus 7 Yi	op Sign Narrati	ve 9 Exh	aust System 77 Other, Explain in					
ERSON # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER ERSON # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER							wer Train 88 Unknown					
ERSON # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER	VIOLATIONS	NEWSCOOL				DCE	CITATION NUMBER					
ERSON # NAME OF VIOLATOR FLATATION NUMBER	PERSON #	NAME OF VIOLATOR	FLST	ATUTE NUMBER	CHA		STATIST HOMOLIN					
ERSON # NAME OF VIOLATOR FLATATION NUMBER	DEGROUPS.	NAME OF MOLETOP	pi er	ATUTE NUMBER	CHAI	RGE	CITATION NUMBER					
ERSON # NAME OF VIOLATOR FLISTATUTE NUMBER CHARGE CITATION NUMBER	PERSON P	IMPLE OF MODITOR	1,201									
	PERSON#	NAME OF VIOLATOR	FLST	ATUTE NUMBER	CHAI	RGE	CITATION NUMBER					

PERSON# 2	REPORTING AGENCY CASE NUMBER 342308170009	HSMV CRASH REPORT NUMBER 25555609
1 Driver 2 Non-Motorist 3 Passenger 1 2 NAME HUTSON, TERES	A JANE	PHONE NUMBER Check if Recommend Driver Re-exam
CURRENT ADDRESS (Number and Street)	СПУ	STATE ZIP CODE
DATE OF BIRTH SEX: 1 Male 2 Female 86 Unknown	R STATE EXPIRES DRIVER	1 None 4 Incapacitating 2 Possible 5 Fatal (within 30 days) 5 Non-incapacitating 5 Non-Traffic Fatality
DL Type Required Endorsements 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper Rest 7 None Driver Distracted By 1 Not Distracted By 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (nav/gation device, DVD player) Driver Vision Obstructions Required Endorsements 1 Yes 2 No 3 No Req. Endorsement (explain in narrative) 5 External Distraction (outs the vehicle, explain in narrative) 6 Exacting 7 Inattentive 88 Unknown	Drivers Actions at Time of Cri 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Tum 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 Speed	adway ad other Traffic Sign ad Other Road acting/Over-Steering or Avoided: Due to y Surface, MV, dotorist in Roadway, dotorist in Roadway, disturbed, etc.) Time of Crash 1 Apparently Normal 2 Asleep or Fatigued 5 Ill (aick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.)
2 Inclement Weather 6 Building/Fixed Object 10 3 Parked/Stopped Vehicle 7 Signs/Billiboards 77	moke Glare D All Other, Explain in Halmat Line (HIII) Sur	RIVER OR PASSENGER Protection (EP)
BRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area (explain in 77 Other Row 5 Trailing Unit	1 DOT-Compliant Motorcycle Helmet 2 Citrer Helmet 3 No Helmet 4 Air Bag Deployed (ABD) Ejection (EJECT) (ABD) 1 Not Ejected 2 Ejected, Totally 7 Not Opployed	1 Yes 2 No 3 Not Applicable 2 None 2 Nor Applicable (RS) 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 5 Lap Belt Cnly Used 4 Shoulder Belt Only Used 5 Lap Belt Cnly Used 6 Restraint Used - Type Unknown 7 Deployed-Curtain 8 Deployment 9 Booster Seat 9 Booster Seat
narrative) 88 Unknown 6 Riding on Motor Vehicle Exterior (non- trailing unit) 88 Unknown 88 Unknown	4 Not Applicable 88 Unknown 4 Deployed-Side	Unknown 10 Child Restraint Type Unknown 77 Other, Explain in Namative
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 Safety Equipment 1 None 5 Lighting	Motorist Location At Time of Crash arsection - Marked Crosswalk arsection - Other dilock - Marked Crosswalk ivol Lane - Other Location yde Lane oulder/Roadside Motorist Actions/Circumstances 1 No Improper Action 2 Dar/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs,	Action Prior to Crash 5 Walking/Cycling on Sidewalk 6 in Roadway – Crier (working, playing, etc.) 7 Adjacent to Roadway (e.g., 7 Adjacent to Roadway (e.g., 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 10 Improper Turn/Merge
2 Helmet 6 Not Applicable 77 Other, Explain in (elbows, knees, shins, etc.) 1 Araftive 4 Reflective Clothing (jacket, 88 Unknown 1 Backpack, etc.) 2 Araftive 1 Backpack, etc.) 2 Araftive 2 Araftive 2 Araftive 3 Bunknown 1 Backpack, etc.) 2 Araftive 2 Araftive 3 Bunknown 2 Araftive 3 Bunknown 2 Araftive 3 Bunknown 2 Araftive 3 Bunknown 2 Bunknown 2 Araftive 3 Bunknown 2 Bu	5 In Roadway Improperty (standing, Vehicle lying, working, playing) 8 Inattentive (t	ting Parked/Standing 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Wallking 77 Other, Explain in Narrative 88 Unknown
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown 88 Unknown, if Tested ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Unine 77 Other, Explain in Narrative	TEST RESULT: 1 Pending 2 Completed DRUG USE: 1 No 2 Yes 1 3 7	Us TESTED: Sest Not Given est Refused est Given Unknown, if Tested DRUG TEST TYPE: 1 Blood 3 Urine 1 Positive 2 Negative 3 Pending 88 Unknown
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported	UDERDALE FIRE RESCUE 38589	BROWARD HEALTH MEDICAL CENTER
PERSON# VEHICLE# NAME	ADDITIONAL PASSENGERS DATE OF BIRTH	INJ SEX LOC:S R O EJECT HU EP ABD RS
CURRENT ADDRESS (Number and Street)	CITY	STATE ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement	Y NAME OR ID EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
77 Other, Explain in Narrative 88 Unknown PERSON # VEHICLE # NAME	DATE OF BIRTH	INJ SEX LOC: S R O EJECT HU EP ABD RS
CURRENT ADDRESS (Number and Street)	CITY	STATE ZIP CODE
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Lew Enforcement 77 Other, Explain in Narrative 88 Unknown	Y NAME OR ID EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

	NARRATIVE	342308170	ICY CASE NUMBER	HSMV CRASH REPORT NUMBER 25555609											
V1 and V2 were at SW/SE 14th Street and S. Andrews Avenue. The accident occured in the intersection. I listed both vehicles based in the order of when I spoke to the drivers.															
According SE 14th Sopposite for oncor	g to driver of V1 (City of Street. Driver of V1 stated side of the intersection ning traffic that was Sou the left lane, when V2 ca	Sunrise Public Safe d that he approached (facing Eastbound o thbound on S Andro	ty Aide), he s I the middle o on SW 14th S ews Avenue.	of the intersection treet). Driver of Driver of V1 sta	on and V1 st ated ti	d V2 v ated	was that	at the s	stop ked	sign to ti	on he ri	the ght			
stated that	g to driver of V2 (who I at she was facing Eastbo at she approached the st e intersection and made	ound on SW 14th Street op sign first and the	eet and V1 wan proceeded	as on the oppos	site si	de at	the	stop si	gn. C	Drive	er of	V2			
	s a video surveillance ca they advised that there v											vith			
Driver of	re no independent with V1's supervisor did not g stories, I am unable to	come on scene. Pict													
	3 , - -														
ADDITIONAL P															
PERSON # VEHIC	E# NAME			DATE OF BIRTH	NU SEX	LOC: S	R	O EJECT	ΗU	Đ	ABD	RS			
	CURRENT ADDRESS (Number an	d Street)	CITY					STATE ZIP	CODE						
SOURCE OF TRAN	SPORT YO MEDICAL FACILITY	LEMS AGENCY NAME OR ID	I EM	S RUN NUMBER	MEDICAL	FACILIT	Y TRAN	SPORTED TO	,						
1 Not Transported 2 EMS 3 Law Enfo)														
PERSON # VEHIC				DATE OF BIRTH	NJ SEX	LOC: S	R	O EJECT	HU	EP	ABD	RS			
	CURRENT ADDRESS (Number an	d Street)	CITY					STATE ZIP	CODE						
SOURCE OF TRAN	SPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EM	S RUN NUMBER	MEDICA	L FACILIT	Y TRAN	SPORTED TO)						
1 Not Transported 2 EMS 3 Law Enf 77 Other, Explain															
ADDITIONAL V PERSON®	IOLATIONS NAME OF VIOLATOR	CHARGE						CITATION NUMBER							
PERSON #	NAME OF VIOLATOR	FLS	STATUTE NUMBER	CHARGE						ATION I	NUMBER	,			
REPORTING C	FFIGER														
ID/BADGE NUMBE	R RANK NAME							Fort Lauderdale Police Department							
	,		I our rangeliate Louise rehainment							ــالــــــــــــــــــــــــــــــــــ					

