



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. #: IA Case # 23-06

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

Complainant (print): Sergeant Eric Fernandez Signature: [Signature]

Phone (home/Cell): 954-746-3365 Phone (work):

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

Supervisor Receiving Complaint: Lt. P. Brian Katz [Signature]

Investigation Authorized by: Actig Chief Daniel J. Ransone [Signature]

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): Written Reprimand

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: 10/13/23



# 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 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 **Written Reprimand** 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 Austin Sweet Date 1/28/23 Date of Accident 8/25/23

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
OTHER	+2

### PREVIOUS NON-CHARGEABLE DRIVING HISTORY CREDIT

YEARS	1	2	3	4	<u>5</u>
-PTS.	-1	-2	-3	-6	<u>-8</u>

### ESTIMATED CITY PROPERTY DAMAGE

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

Hire Date: 12/4/2017  
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: 14 - 8 = 6

RECOMMENDED ACTION: Written Reprimand

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

A handwritten signature in black ink, appearing to be "D. Ransone", is placed to the right of the "From:" line.

**Date:** September 15, 2023

**Re:** Traffic Crash – FLPD Case 23-170009

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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

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SEP 14 2023



# Memorandum

**To:** Daniel Ransone, Chief of Police *[Signature]*  
**From:** Eric Fernandez, Sergeant *[Signature]*  
**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  
DATE: 09/12/23  
BY: *[Signature]*

*[Signature]*  
9/13/23

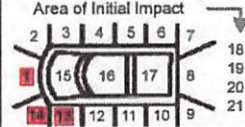
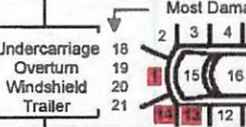
# STATE OF FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE   
(Shaded Areas)

MAIL TO DEPT. HIGHWAY SAFETY & MOTOR VEHICLES,  
 TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING,  
 TALLAHASSEE, FL 32399-0637

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

CRASH DATE <b>08/25/2023</b>		TIME OF CRASH <b>12:55 P.M.</b>		DATE OF REPORT <b>08/30/2023</b>		REPORTING AGENCY CASE NUMBER <b>342308170009</b>		HSMV CRASH REPORT NUMBER <b>25555609</b>			
CRASH IDENTIFIERS											
COUNTY CODE <b>10</b>		CITY CODE <b>38</b>		COUNTY OF CRASH <b>BROWARD</b>		PLACE OR CITY OF CRASH <b>FORT LAUDERDALE</b>		CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED <b>12:57</b>	TIME DISPATCHED <b>12:58 P.M.</b>	
TIME ON SCENE <b>1:11 P.M.</b>		TIME CLEARED SCENE <b>2:42 P.M.</b>		CHECK IF COMPLETED <input checked="" type="checkbox"/>		REASON (if Investigation NDT Complete)			Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>		
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)											
CRASH OCCURRED ON STREET, ROAD, HIGHWAY <b>SW 14TH ST</b>					AT STREET ADDRESS # <b>1</b>	AT LATITUDE AND LONGITUDE		OR FROM MILEPOST # <b>4</b>			
FEET	MILES	N	S	E	W	AT/FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>3 S ANDREWS AV</b>			OR FROM MILEPOST #		
Road System Identifier <b>5</b>			Type of Shoulder <b>3</b>			Type of Intersection <b>2</b>			Manner of Collision/Impact <b>3</b>		
1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike / Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 All other, Explain in Narrative			1 Paved 2 UnPaved 3 Curb			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			4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown		
CRASH INFORMATION (CHECK IF PICTURES TAKEN)											
Light Condition <b>1</b>		Weather Condition <b>1</b>		Roadway Surface Condition <b>1</b>		School Bus Related <b>1</b>		Manner of Collision/Impact <b>3</b>			
1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown		4 Fog, Smog, Smoke 5 Sleet/Hail/Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 1 Clear 2 Cloudy 3 Rain		5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown 1 Dry 2 Wet 4 Ice/Frost		1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		1 Front to Rear 2 Front to Front 3 Angle			
First Harmful Event <b>14</b>		Non-Collision <b>1</b>		Collision-non Fixed Object <b>1</b>		Collision with Fixed Object <b>1</b>		First Harmful Event Location <b>1</b>			
1 Overtum/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		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		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.)		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			
First Harmful Event Relation to Junction <b>2</b>		Contributing Circumstances: Road <b>1</b>		Contributing Circumstances: Environment <b>1</b>		Work Zone related <b>1</b>		Crash in Work Zone <input type="checkbox"/>			
1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related		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 Location 88 Unknown		9 Worn, 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		1 None 2 Weather Condition 3 Physical Obstruction(s) 4 Glare		1 No 2 Yes 88 Unknown		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 <input type="checkbox"/>		Workers in Work Zone <input type="checkbox"/>		Law Enforcement in Work Zone <input type="checkbox"/>							
1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		1 No 2 Yes 88 Unknown		1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present							
WITNESSES											
FIRST NAME	MI	LAST	ADDRESS			CITY	STATE	ZIP CODE	TELEPHONE		
FIRST NAME	MI	LAST	ADDRESS			CITY	STATE	ZIP CODE	TELEPHONE		
FIRST NAME	MI	LAST	ADDRESS			CITY	STATE	ZIP CODE	TELEPHONE		
NON VEHICLE PROPERTY DAMAGE											
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE		EST. AMOUNT	OWNER'S NAME (Check if Business) <input type="checkbox"/>	ADDRESS		CITY	STATE ZIP CODE		
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE		EST. AMOUNT	OWNER'S NAME (Check if Business) <input type="checkbox"/>	ADDRESS		CITY	STATE ZIP CODE		

<b>VEHICLE #</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b> 342308170009		<b>HSMV CRASH REPORT NUMBER</b> 25555609	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>		<b>VEH LICENSE NUMBER</b> XH2287		<b>STATE</b> FL /		<b>REGISTRATION EXPIRES</b> /	
<b>Check if Permanent Registration</b> <input checked="" type="checkbox"/>		<b>VIN</b> 1FMCU0F74KUB31560					
<b>Hit and Run</b> 1 No 2 Yes 88 Unknown <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>		<b>YEAR</b> 2019		<b>MAKE</b> FORD		<b>MODEL</b> ESCAPE	
		<b>STYLE</b> UTILITY		<b>COLOR</b> White		<b>DAMAGE:</b> 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">2</span>	
<b>EST. DAMAGE</b> 1000		<b>INSURANCE COMPANY (DRIVER)</b> SELF INSURED		<b>INSURANCE POLICY NUMBER</b> SELF INSURED		<b>Towed due to Damage:</b> 1 No 2 Yes <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>	
<b>VEHICLE REMOVED BY</b>		<b>1. Rotation</b> 2. Owner Request 3. Driver 77. Other, Explain in Narrative					
<b>NAME OF VEHICLE OWNER</b> (Check if Business) <input checked="" type="checkbox"/>		<b>CURRENT ADDRESS</b>		<b>CITY</b>		<b>STATE</b> <b>ZIP CODE</b>	
CITY OF SUNRISE		10770 W OAKLAND PARK BLVD		SUNRISE		FL 33351	
<b>Trailer One:</b>		<b>LICENSE NUMBER</b>		<b>STATE</b>		<b>REGISTRATION EXPIRES</b>	
<b>Trailer Two:</b>		<b>LICENSE NUMBER</b>		<b>STATE</b>		<b>REGISTRATION EXPIRES</b>	
<b>HAZ. MAT. RELEASED</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. PLACARD</b> 1 No 2 Yes 88 Unknown		<b>NUMBER</b>		<b>CLASS</b>	
<b>VEHICLE TRAVELLING</b> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		<b>ON STREET, ROAD, HIGHWAY</b> S ANDREWS AV		<b>AT EST. SPEED</b> 10		<b>POSTED SPEED</b> 30	
				<b>TOTAL LANES</b> 2			
<b>Area of Initial Impact</b>		<b>Most Damaged Area</b>					
							
<b>MOTOR CARRIER NAME</b>		<b>US DOT NUMBER</b>		<b>MOTOR CARRIER ADDRESS</b>		<b>CITY</b>	
				<b>STATE</b> <b>ZIP CODE</b>		<b>PHONE NUMBER</b>	
<b>Vehicle Body Type</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">16</span>		<b>Trafficway</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>		<b>Commercial Motor Vehicle Configuration</b>		<b>Trailer Configuration</b>	
13 All Terrain Vehicle (ATV) 15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs less than 10,000 lbs (4,536 kg)) 20 Medium / Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way Divided, Unprotected (painted > 4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		1 Vehicle 10,000 lbs or less Placarded for Hazardous Material 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 Truck		8 Tractor/Triples 9 Truck more than 10,000 lbs (4,546 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	
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped		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		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>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b>		<b>Cargo Body Type</b>		<b>Emergency Vehicle Use</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>	
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown		1 No 2 Yes 88 Unknown	
<b>Most Harmful Event</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">14</span>		<b>Collision with Non-Fixed Object</b>		<b>Collision Fixed Object</b>		<b>Emergency Vehicle Use</b>	
1 Overturn/Rollover 2 First/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		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		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 <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">14</span> 2nd 3rd 4th		<b>Vehicle Maneuver Action</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">3</span>		<b>Traffic Control Device For This Vehicle</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">6</span>		<b>Vehicle Defects</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>	
140-46 Sequence of Events only 20 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		1 Straight Ahead 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		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		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>Roadway Grade</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>		<b>Roadway Alignment</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>		<b>Special Function of Motor Vehicle</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>			
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		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 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown			
<b>VIOLATIONS</b>							
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			

<b>PERSON #</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>	<b>REPORTING AGENCY CASE NUMBER</b> 342308170009	<b>HSMV CRASH REPORT NUMBER</b> 25555609
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1 Driver 2 Non-Motorist 3 Passenger	<span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>	<b>VEHICLE #</b> 1	<b>NAME</b> SWEAT, AUSTIN LEE	<b>PHONE NUMBER</b>	<input type="checkbox"/>	<b>Check if Recommend Driver Re-exam</b>
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<b>CURRENT ADDRESS (Number and Street)</b> 10440 W OAKLAND PARK BLVD	<b>CITY</b> SUNRISE	<b>STATE</b> FL	<b>ZIP CODE</b> 33351
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<b>DATE OF BIRTH</b>	<b>SEX</b> 1 Male 2 Female 88 Unknown	<span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>	<b>DRIVER LICENSE NUMBER</b>	<b>STATE</b> FL	<b>EXPIRES</b>	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	<span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>
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<b>DL Type</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">5</span> 1 A 2 B 3 C 4 DiChauffeur 5 E/Operator 6 E/Oper - Rest 7 None	<b>Required Endorsements</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">3</span> 1 Yes 2 No 3 No Req. Endorsement	<b>DRIVERS</b> <b>Drivers Actions at Time of Crash</b>		<b>3rd</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>	<b>Condition At Time of Crash</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span> 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 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
<b>Driver Distracted By</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		<b>4 Other Inside the Vehicle (explain in narrative)</b> 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 8 Unknown		<b>1st</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">77</span> 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	<b>4th</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span> 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 Action

<b>Driver Vision Obstructions</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span> 1 Vision Not Obscured 2 Incontinent 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	<b>DRIVER OR PASSENGER</b> <b>Helmet Use (HU)</b> <input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	<b>Eye Protection (EP)</b> <input type="checkbox"/> 1 Yes 2 No 3 Not Applicable	<b>3</b> <b>Restraint Systems (RS)</b> 1 Not Applicable (non-motorist) 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
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<b>DRIVER OR PASSENGER</b> <b>Motor Vehicle Seating Position:</b>		<b>LOCATION: SEAT ROW OTHER (LOC)</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>	<b>1</b> <b>Ejection (EJECT) (ABD)</b> 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	<b>2</b> <b>Air Bag Deployed (ABD)</b> 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side	<b>5</b> <b>Deployed-Other (knee, air belt, etc.)</b> 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown
<b>Seat</b> 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	<b>Row</b> 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	<b>Other</b> 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown			

<b>Non-Motorist Description</b> <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	<b>Non-Motorist Location at Time of Crash</b> <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	<b>Action Prior to Crash</b> <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
<b>Non-Motorist Actions/Circumstances</b> <b>1st</b> <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) <b>2nd</b> <input type="checkbox"/>		
<b>Safety Equipment</b> <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		

<b>SUSPECTED ALCOHOL USE:</b> 1 No 2 Yes 88 Unknown	<b>ALCOHOL TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<b>ALCOHOL TEST TYPE:</b> 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	<b>ALCOHOL TEST RESULT:</b> 1 Pending 2 Completed 88 Unknown	<b>BAC</b>	<b>SUSPECTED DRUG USE:</b> 1 No 2 Yes 88 Unknown	<b>DRUG TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<b>DRUG TEST TYPE:</b> 1 Blood 3 Urine 77 Other, Explain in Narrative	<b>DRUG TEST RESULT:</b> 1 Positive 2 Negative 3 Pending 88 Unknown
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<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>	<b>EMS AGENCY NAME OR ID</b>	<b>EMS RUN NUMBER</b>	<b>MEDICAL FACILITY TRANSPORTED TO</b>
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<b>ADDITIONAL PASSENGERS</b>													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

<b>CURRENT ADDRESS (Number and Street)</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="checkbox"/>	<b>EMS AGENCY NAME OR ID</b>	<b>EMS RUN NUMBER</b>	<b>MEDICAL FACILITY TRANSPORTED TO</b>
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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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<b>CURRENT ADDRESS (Number and Street)</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="checkbox"/>	<b>EMS AGENCY NAME OR ID</b>	<b>EMS RUN NUMBER</b>	<b>MEDICAL FACILITY TRANSPORTED TO</b>
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<b>VEHICLE #</b> <span style="font-size: 24pt; font-weight: bold;">2</span>	<b>Check if Commercial</b> <input type="checkbox"/>	<b>REPORTING AGENCY CASE NUMBER</b> <b>342308170009</b>	<b>HSMV CRASH REPORT NUMBER</b> <b>25555609</b>
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1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle <input checked="" type="checkbox"/>	<b>VEH LICENSE NUMBER</b> [REDACTED]	<b>STATE</b> <b>FL</b>	<b>REGISTRATION EXPIRES</b> <b>06/2024</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b> [REDACTED]
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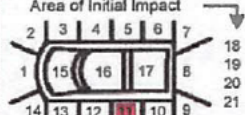

Hit and Run 1 No 2 Yes 88 Unknown <input checked="" type="checkbox"/>	<b>YEAR</b> <b>2016</b>	<b>MAKE</b> <b>MERCEDES-BENZ</b>	<b>MODEL</b> <b>C300</b>	<b>STYLE</b> <b>SEDAN, 4 DOOR</b>	<b>COLOR</b> <b>Gray</b>	<b>DAMAGE:</b> 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	<input checked="" type="checkbox"/>	<b>EST. DAMAGE</b> <b>1000</b>
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<b>INSURANCE COMPANY (DRIVER)</b> <b>LM GENERAL INSURANCE</b>	<b>INSURANCE POLICY NUMBER</b> [REDACTED]	<b>Towed due to Damage:</b> 1 No 2 Yes <input checked="" type="checkbox"/>	<b>VEHICLE REMOVED BY</b> <b>WESTWAY TOWING</b>	<b>1. Rotation</b> 2. Owner Request 3. Driver 77. Other, Explain in Narrative <input checked="" type="checkbox"/>
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<b>NAME OF VEHICLE OWNER (Check if Business)</b> <input type="checkbox"/> <b>HUTSON, WARREN SPENCER</b>	<b>CURRENT ADDRESS</b> [REDACTED]	<b>CITY</b> [REDACTED]	<b>STATE</b> [REDACTED]	<b>ZIP CODE</b> [REDACTED]
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<b>Trailer One:</b>	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
<b>Trailer Two:</b>	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES

<b>VEHICLE TRAVELLING</b> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>	<b>ON STREET, ROAD, HIGHWAY</b> <b>S ANDREWS AV</b>	<b>AT EST. SPEED</b> <b>15</b>	<b>POSTED SPEED</b> <b>30</b>	<b>TOTAL LANES</b> <b>2</b>
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HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown <input type="checkbox"/>	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown <input type="checkbox"/>	NUMBER	CLASS	<b>Area of Initial Impact</b> 	<b>Most Damaged Area</b> 
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<b>MOTOR CARRIER NAME</b> [REDACTED]	<b>US DOT NUMBER</b> [REDACTED]	<b>CITY</b> [REDACTED]	<b>STATE</b> [REDACTED]	<b>ZIP CODE</b> [REDACTED]	<b>PHONE NUMBER</b> [REDACTED]
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<b>Vehicle Body Type</b> <input checked="" type="checkbox"/> 1 Passenger Car <input type="checkbox"/> 2 Passenger Van <input type="checkbox"/> 3 Pickup <input type="checkbox"/> 7 Motor Home <input type="checkbox"/> 8 Bus <input type="checkbox"/> 11 Motorcycle <input type="checkbox"/> 12 Moped <input type="checkbox"/> 13 All Terrain Vehicle (ATV) <input type="checkbox"/> 15 Low Speed Vehicle <input type="checkbox"/> 16 (Sport) Utility Vehicle <input type="checkbox"/> 17 Cargo Van (10,000 lbs or less) <input type="checkbox"/> 18 Motor Coach <input type="checkbox"/> 19 Other Light Trucks (10,000 lbs less than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 20 Medium / Heavy Trucks (more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 21 Farm Labor Vehicle <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	<b>Trafficway</b> <input checked="" type="checkbox"/> 1 Two-Way, Not Divided <input type="checkbox"/> 2 Two-Way, Not Divided, with a Continuous Left Turn Lane <input type="checkbox"/> 3 Two-Way Divided, Unprotected (painted > 4 feet) Median <input type="checkbox"/> 4 Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 One-Way Trafficway <input type="checkbox"/> 88 Unknown	<b>Commercial Motor Vehicle Configuration</b> <input type="checkbox"/> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Material <input type="checkbox"/> 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 3 Single-Unit Truck (3 or more axles) <input type="checkbox"/> 4 Truck Pulling Trailer(s) <input type="checkbox"/> 5 Truck Tractor (bobtail) <input type="checkbox"/> 6 Truck Tractor/Semi-Trailer <input type="checkbox"/> 7 Truck Tractor/Double Truck <input type="checkbox"/> 8 Tractor/Triples <input type="checkbox"/> 9 Truck more than 10,000 lbs (4,546 kg), Cannot Classify <input type="checkbox"/> 10 Bus/Large Van (seats for 9-15 occupants, including driver) <input type="checkbox"/> 11 Bus (seats for more than 15 occupants including driver) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
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<b>Comm/Non-Commercial</b> <input type="checkbox"/> 1 Interstate Carrier <input type="checkbox"/> 2 Intrastate Carrier <input type="checkbox"/> 3 Not in Commerce/Government <input type="checkbox"/> 4 Not in Commerce/Other Truck	<b>Trailer Type</b> <input type="checkbox"/> 1 Single Semi Trailer <input type="checkbox"/> 2 Tandem Semi Trailer <input type="checkbox"/> 3 Tank Trailer <input type="checkbox"/> 4 Saddle Mount/Trailer <input type="checkbox"/> 5 Boat Trailer <input type="checkbox"/> 6 Utility Trailer <input type="checkbox"/> 7 House Trailer <input type="checkbox"/> 8 Pole Trailer <input type="checkbox"/> 9 Towed Vehicle <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	<b>Cargo Body Type</b> <input type="checkbox"/> 1 No Cargo <input type="checkbox"/> 2 Bus <input type="checkbox"/> 3 Van/Enclosed Box <input type="checkbox"/> 4 Hopper <input type="checkbox"/> 5 Pole-Trailer <input type="checkbox"/> 6 Cargo Tank <input type="checkbox"/> 7 Flatbed <input type="checkbox"/> 8 Dump <input type="checkbox"/> 9 Concrete Mixer <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Log <input type="checkbox"/> 13 Intermodal Container Chassis <input type="checkbox"/> 14 Vehicle Towing Another Vehicle <input type="checkbox"/> 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
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<b>Most Harmful Event</b> <input checked="" type="checkbox"/> 14 Overturn/Rollover <input type="checkbox"/> 2 First/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision	<b>Collision with Non-Fixed Object</b> <input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone / Maintenance Equipment <input type="checkbox"/> 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> 18 Other Non-Fixed Object	<b>Collision Fixed Object</b> <input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End <input type="checkbox"/> 29 Cable Barrier <input type="checkbox"/> 30 Concrete Traffic Barrier <input type="checkbox"/> 31 Other Traffic Barrier <input type="checkbox"/> 32 Tree (standing) <input type="checkbox"/> 33 Utility Pole/Light Support <input type="checkbox"/> 34 Traffic Sign Support <input type="checkbox"/> 35 Traffic Signal Support <input type="checkbox"/> 36 Other Post, Pole, or Support <input type="checkbox"/> 37 Fence <input type="checkbox"/> 38 Mailbox <input type="checkbox"/> 39 Other Fixed Object (wall, building, tunnel, etc.)	<b>Emergency Vehicle Use</b> <input checked="" type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown
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<b>Sequence of Events</b> 1st <input checked="" type="checkbox"/> 14 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>	<b>Vehicle Maneuver Action</b> <input checked="" type="checkbox"/> 1 Straight Ahead <input type="checkbox"/> 3 Turning Left <input type="checkbox"/> 4 Backing <input type="checkbox"/> 5 Turning Right <input type="checkbox"/> 6 Changing Lanes <input type="checkbox"/> 8 Parked <input type="checkbox"/> 10 Making U-Turn <input type="checkbox"/> 11 Overtaking/ Passing <input type="checkbox"/> 13 Stopped in Traffic <input type="checkbox"/> 14 Slowing <input type="checkbox"/> 15 Negotiating a Curve <input type="checkbox"/> 16 Leaving Traffic Lane <input type="checkbox"/> 17 Entering Traffic Lane <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	<b>Traffic Control Device For This Vehicle</b> <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 1 No Controls <input type="checkbox"/> 4 School Zone Sign/ Device <input type="checkbox"/> 5 Traffic Control Signal <input type="checkbox"/> 6 Stop Sign <input type="checkbox"/> 7 Yield Sign <input type="checkbox"/> 8 Flashing Signal <input type="checkbox"/> 9 Railway Crossing Device <input type="checkbox"/> 10 Person (including Flagman, Officer, Guard, etc.) <input type="checkbox"/> 13 Warning Sign <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	<b>Vehicle Defects</b> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 12 Suspension <input type="checkbox"/> 13 Wheels <input type="checkbox"/> 14 Windows/ Windshield <input type="checkbox"/> 15 Mirrors <input type="checkbox"/> 16 Truck Coupling / Trailer Hitch / Safety Chains <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown
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<b>Roadway Grade</b> <input checked="" type="checkbox"/> 1 Level <input type="checkbox"/> 2 Hillcrest <input type="checkbox"/> 3 Uphill <input type="checkbox"/> 4 Downhill <input type="checkbox"/> 5 Sag (bottom)	<b>Roadway Alignment</b> <input checked="" type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left	<b>Special Function of Motor Vehicle</b> <input checked="" type="checkbox"/> 1 No Special Function <input type="checkbox"/> 2 Farm Vehicle <input type="checkbox"/> 3 Police <input type="checkbox"/> 7 Taxi <input type="checkbox"/> 8 Military <input type="checkbox"/> 9 Ambulance <input type="checkbox"/> 10 Fire Truck <input type="checkbox"/> 11 Farm Labor Transport <input type="checkbox"/> 12 School Bus <input type="checkbox"/> 13 Transit/ Commuter <input type="checkbox"/> 14 Intercity Bus <input type="checkbox"/> 15 Charter/Tour Bus <input type="checkbox"/> 16 Shuttle Bus <input type="checkbox"/> 17 Farm Labor Bus <input type="checkbox"/> 88 Unknown
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PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

<b>PERSON #</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">2</span>	<b>REPORTING AGENCY CASE NUMBER</b> 342308170009	<b>HSMV CRASH REPORT NUMBER</b> 25555609
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1 Driver 2 Non-Motorist 3 Passenger	<b>VEHICLE #</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>	<b>NAME</b> HUTSON, TERESA JANE	<b>PHONE NUMBER</b> [REDACTED]	<b>Check if Recommended Driver Re-exam</b> <input type="checkbox"/>
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<b>CURRENT ADDRESS (Number and Street)</b> [REDACTED]	<b>CITY</b> [REDACTED]	<b>STATE</b> [REDACTED]	<b>ZIP CODE</b> [REDACTED]
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<b>DATE OF BIRTH</b> [REDACTED]	<b>SEX:</b> 1 Male 2 Female 88 Unknown	<span style="font-size: 24pt; border: 1px solid black; padding: 2px;">2</span>	<b>DRIVER LICENSE NUMBER</b> [REDACTED]	<b>STATE</b> [REDACTED]	<b>EXPIRES</b> [REDACTED]	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	<span style="font-size: 24pt; border: 1px solid black; padding: 2px;">2</span>
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<b>DL Type</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">5</span> 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	<b>Required Endorsements</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">3</span> 1 Yes 2 No 3 No Req. Endorsement	<b>Drivers Actions at Time of Crash</b>		<b>3rd</b> <input type="checkbox"/>	<b>Condition At Time of Crash</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span> 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
<b>Driver Distracted By</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		<b>4 Other Inside the Vehicle (explain in narrative)</b> 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		<b>1st</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">77</span> 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 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	<b>4th</b> <input type="checkbox"/> 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 W/nd, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action

<b>Driver Vision Obstructions</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span> 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	<b>DRIVER OR PASSENGER</b>		<b>Restraint Systems (RS)</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">3</span> 1 Not Applicable (non-motorist) 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
<b>Motor Vehicle Seating Position:</b> LOCATION: SEAT ROW OTHER (LOC) <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>			<b>Helmet Use (HU)</b> <input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	<b>Eye Protection (EP)</b> <input type="checkbox"/> 1 Yes 2 No 3 Not Applicable	
<b>Seat</b> 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown		<b>Row</b> 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	<b>Other</b> 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	<b>Air Bag Deployed (ABD)</b> <span style="font-size: 24pt; border: 1px solid black; padding: 2px;">7</span> 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side	<b>5 Deployed-Other (knee, air belt, etc.)</b> 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown

<b>Non-Motorist Description</b> <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	<b>Non-Motorist Location At Time of Crash</b> <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	<b>Action Prior to Crash</b> <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
<b>Safety Equipment</b> 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>Non-Motorist Actions/Circumstances</b> 1st <input type="checkbox"/> 2nd <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	

<b>ALCOHOL/DRUG/EMS</b>								
<b>SUSPECTED ALCOHOL USE:</b> 1 No 2 Yes 88 Unknown	<b>ALCOHOL TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<b>ALCOHOL TEST TYPE:</b> 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	<b>ALCOHOL TEST RESULT:</b> 1 Pending 2 Completed 88 Unknown	<b>BAC</b> <input type="checkbox"/>	<b>SUSPECTED DRUG USE:</b> 1 No 2 Yes 88 Unknown	<b>DRUG TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<b>DRUG TEST TYPE:</b> 1 Blood 3 Urine 77 Other, Explain in Narrative	<b>DRUG TEST RESULT:</b> 1 Positive 2 Negative 3 Pending 88 Unknown

<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<span style="font-size: 24pt; border: 1px solid black; padding: 2px;">1</span>	<b>EMS AGENCY NAME OR ID</b> FORT LAUDERDALE FIRE RESCUE	<b>EMS RUN NUMBER</b> 38589	<b>MEDICAL FACILITY TRANSPORTED TO</b> BROWARD HEALTH MEDICAL CENTER
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<b>ADDITIONAL PASSENGERS</b>													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC. S	R	O	EJECT	HU	EP	ABD	RS

<b>CURRENT ADDRESS (Number and Street)</b> [REDACTED]	<b>CITY</b> [REDACTED]	<b>STATE</b> [REDACTED]	<b>ZIP CODE</b> [REDACTED]
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="checkbox"/>	<b>EMS AGENCY NAME OR ID</b> [REDACTED]	<b>EMS RUN NUMBER</b> [REDACTED]
<b>MEDICAL FACILITY TRANSPORTED TO</b> [REDACTED]			

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC. S	R	O	EJECT	HU	EP	ABD	RS
<b>CURRENT ADDRESS (Number and Street)</b> [REDACTED]				<b>CITY</b> [REDACTED]		<b>STATE</b> [REDACTED]		<b>ZIP CODE</b> [REDACTED]					

<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="checkbox"/>	<b>EMS AGENCY NAME OR ID</b> [REDACTED]	<b>EMS RUN NUMBER</b> [REDACTED]	<b>MEDICAL FACILITY TRANSPORTED TO</b> [REDACTED]
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<b>NARRATIVE</b>	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
	<b>342308170009</b>	<b>25555609</b>

V1 and V2 were at SW/SE 14th Street and S. Andrews Avenue. The accident occurred in the intersection. I listed both vehicles based in the order of when I spoke to the drivers.

According to driver of V1 (City of Sunrise Public Safety Aide), he stated that was at the stop sign facing Westbound on SE 14th Street. Driver of V1 stated that he approached the middle of the intersection and V2 was at the stop sign on the opposite side of the intersection (facing Eastbound on SW 14th Street). Driver of V1 stated that he looked to the right for oncoming traffic that was Southbound on S Andrews Avenue. Driver of V1 stated that he proceeded to make a left turn into the left lane, when V2 came across the intersection and made impact with V1.

According to driver of V2 (who I made contact with at Broward Health Medical Center in the Emergency Room), she stated that she was facing Eastbound on SW 14th Street and V1 was on the opposite side at the stop sign. Driver of V2 stated that she approached the stop sign first and then proceeded to go straight across the intersection, when V1 came across the intersection and made a left into her vehicle.

There was a video surveillance camera at Locality Bank (1400 S. Andrews Avenue). However, when I made contact with the staff, they advised that there video surveillance does not face towards the intersection, only the property line.

There were no independent witnesses at the scene. Driver of V2 was transported to Broward Health Medical Center. Driver of V1's supervisor did not come on scene. Pictures of the crash were taken and uploaded through Axon. Due to conflicting stories, I am unable to determine fault.

**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

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	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

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	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL VIOLATIONS				
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER				DEPARTMENT				
ID/BADGE NUMBER	RANK	NAME		Fort Lauderdale Police Department	FHP	SO	PD	OTHER
6616		J. JOHNSON			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

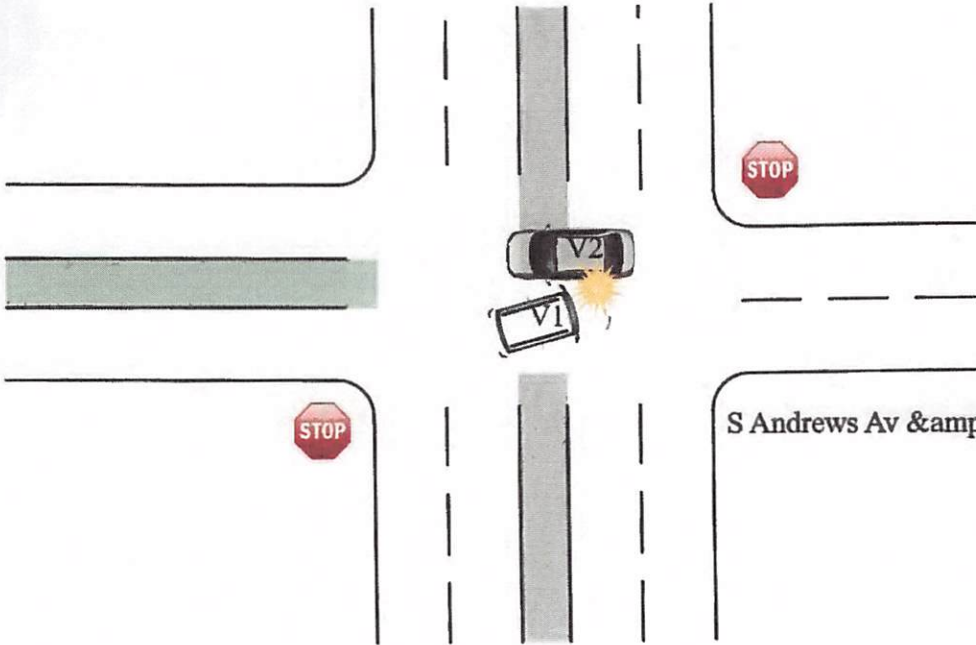
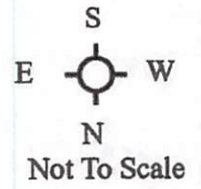
**DIAGRAM**

REPORTING AGENCY CASE NUMBER

**342308170009**

HSMV CRASH REPORT NUMBER

**25555609**



S Andrews Av & SE/SW 14th Street