



Memorandum

To: Chief Dan Ransone, Police Department

From: Nakisha Alexander, Risk Management Analyst

NA

Date: August 26, 2024

Re: Safety Committee Accident Review – [REDACTED] – DOL 8.2.24

CC: Dana Swisher, Brian Katz, David Mittauer, Denise Guzzi, Jami Ketchup, Jose Murillo, Joshua Kittinger

On August 22nd, 2024 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 **Letter of 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

ACCIDENT REVIEW WORKSHEET

Name [REDACTED] Date 8.22.24 Date of Accident 8.2.24

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

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

ESTIMATED CITY PROPERTY DAMAGE

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

ESTIMATED THIRD-PARTY PROPERTY DAMAGE

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

Hire Date: 4.17.23

Last Chargeable: Ø

APPROPRIATE USE OF SIREN OR EMERGENCY LIGHTS, OR BOTH

ON	-8
OFF	+4
N/A	+0

EXTENUATING/MITIGATING CIRCUMSTANCES

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

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

PREVIOUS CHARGEABLE ACCIDENTS IN PAST 36 MONTHS	1	2	3
LESS THAN \$5,000 ALL PROPERTY DAMAGE TOTAL	+3	+6	+9
MORE THAN \$5,000 ALL PROPERTY DAMAGE TOTAL	+6	+12	+18

N/A

TOTAL POINTS: 6-1=5

RECOMMENDED ACTION: Letter of 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.





Memorandum

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

From: Daniel J. Ransone, Chief of Police 

Date: August 12, 2024

Re: Traffic Crash – Case #42-2408-035735

I am forwarding to your attention paperwork on an incident involving Officer  marked unit . The report was made on August 2, 2024.

In accordance with the Safety Committee's Policies and Procedures Manual, after your review of these documents, please advise of your findings for further action by this Department.

Attachments

CC: Major Sweat
Lieutenant Katz

COMMUNITY POLICE
AUG 12 2024



Memorandum

To: Daniel J. Ransone, Chief of Police *[Signature]*
From: Kevin Fernandez, Sergeant *[Signature]*
Date: August 3, 2024
Re: Traffic Crash Involving Police Vehicle #414 – Case # 42-2408-035735

On August 2, 2024 at approximately 5:29pm, Officer [redacted] was involved in a four-vehicle crash while operating his assigned patrol vehicle #414 (V1). The crash occurred in within the City of Lauderdale and was documented by Lauderdale Officer [redacted] under case number 29-2408-000344.

Officer [redacted] was traveling eastbound in the number three lane when the vehicle in front of him abruptly stopped. Officer [redacted] forcefully pressed on his brakes, but was unable to stop his vehicle before colliding with the vehicle in front of him (V2). The impact from Officer [redacted] vehicle pushed V2 forward causing it to collide with the vehicle in front of it (V3). The impact to the third vehicle pushed it forward causing it to collide with the fourth vehicle (V4).

I responded to the scene and noticed moderate damage to V1 and V2 and minor damage to V3 and V4. I met with all involved parties who gave similar accounts of what occurred. The only person injured was Officer [redacted] who complained of pain in his left foot. Officer [redacted] was transported to Westside Hospital where he was treated by Dr. Alberto Herrada, who diagnosed Officer [redacted]. Officer [redacted] was discharged from the hospital and cleared for full duty effective immediately.

Officer [redacted] was listed at fault for the crash. Photographs of all the vehicles involved were uploaded into evidence.com under this case number. Vehicle [redacted] was transported to the City Garage. A Workers Compensation Packet was completed and is being forwarded to the Sunrise Risk Management Division.

SUNRISE POLICE
 RECEIVED AND FORWARDED
 DATE: 8/12/24
 BY: [Signature]

[Signature] 8/11/24
 DS 8/12/24

FLORIDA TRAFFIC CRASH REPORT

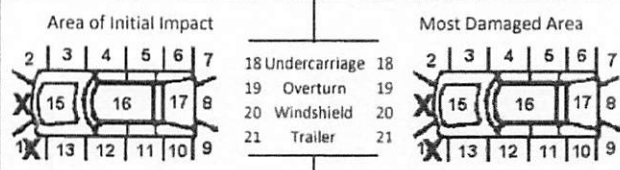
HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS

NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

LONG FORM SHORT FORM UPDATE

(Electronic Version)

Crash Date AUGUST 2, 2024		Time of Crash 06:20 PM		Date of Report AUGUST 2, 2024		Reporting Agency Case Number 292408000344		HSMV Crash Report Number 26079132								
CRASH IDENTIFIERS																
County Code 10		City Code 52		County of Crash BROWARD		Place or City of Crash LAUDERHILL		Within City Limits YES	Time Reported 06:22 PM	Time Dispatched 06:45 PM						
Time on Scene 06:54 PM		Time Cleared Scene 07:20 PM		Completed YES	Reason (if investigation NOT Complete)				Notified By LAW ENFORCEMENT							
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)																
Crash Occurred On Street, Road, Highway W OAKLAND PK BLVD					1	At Street Address #		2	At Latitude	And Longitude						
At Feet	Miles 1/4	Direction E	At / From Intersection With Street, Road, Highway INVERRARY BLVD W				4	Or From Milepost #								
Road System Identifier 3 STATE				Type of Shoulder 1 PAVED		Type of Intersection 1 NOT AT INTERSECTION										
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>																
Light Condition 1 DAYLIGHT		Weather Condition 2 CLOUDY		Roadway Surface Condition 2 WET		School Bus Related 1 NO		Manner of Collision 1 FRONT TO REAR								
First Harmful Event Type 2 COLLISION WITH NON-FIXED OBJECT		First Harmful Event 14 COLLISION WITH MOTOR VEH IN TRANSPORT		First Harmful Event Location 1 ON ROADWAY		Within Interchange 1 NO	First Harmful Event Relation to Junction 1 NON-JUNCTION									
Contributing Circumstances: Road 1 NONE			Contributing Circumstances: Road			Contributing Circumstances: Road										
Contributing Circumstances: Environment 1 NONE			Contributing Circumstances: Environment			Contributing Circumstances: Environment										
Work Zone Related 1 NO	Crash in Work Zone		Type of Work Zone		Workers in Work Zone	Law Enforcement in Work Zone										
VEHICLE <input type="checkbox"/> Check if Commercial																
Vehicle 01	Motor Vehicle Type 1 VEH IN TRANSPORT		Hit and Run 1 NO	Veh License Number XD8462	State FL	Reg. Expires	Permanent Reg 2 YES	VIN 2C3CDXAT7EH213666								
Year 2014	Make DODG	Model CHARGER	Style 4D	Color WHI	Extent of Damage 1 DISABLING	Est. Damage \$1000	Towed Due To Damage 2 YES	Vehicle Removed By WESTWAY TOWING	Rotation 1 TOW ROTATION LIST							
Insurance Company (Driver) FLORIDA MUNICIPAL TRUST							Insurance Policy Number 0576									
Name of Vehicle Owner (Business) <input checked="" type="checkbox"/> CITY OF SUNRISE				Current Address 5580 NW 108TH AV			City & State SUNRISE, FL		Zip Code 33351							
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles							
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles							
Vehicle Traveling E	Direction	On Street, Road, Highway W OAKLAND PK BLVD					At Est. Speed 45	Posted Speed 45	Total Lanes 06							
CMV Configuration			Cargo Body Type 1 NO CARGO		Area of Initial Impact				Most Damaged Area							
Comm GVWR/GCWR			Trailer Type (Trailer One)		Trailer Type (Trailer Two)		18 Undercarriage	18	2	3	4	5	6	7		
Haz. Mat. Release	Haz. Mat. Placard	Number		Class		19 Overturn	19	15	16	17	8	13	12	11	10	9
Motor Carrier Name				US DOT Number												
Motor Carrier Address				City & State				Zip Code		Phone Number						
Comm/Non-Commercial		Vehicle Body Type 1 PASSENGER CAR		Vehicle Defects (one) 1 NONE		Vehicle Defects (two)		Emergency Vehicle Use 1 NO	Special Function of MV 3 POLICE							
Vehicle Maneuver Action 1 STRAIGHT AHEAD		Trafficway 4 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER		Roadway Grade 1 LEVEL	Roadway Alignment 1 STRAIGHT	Most Harmful Event 2 COLLISION WITH NON-FIXED OBJECT		Most Harmful Event Detail 14 COLLISION WITH MOTOR VEH IN TRANSPORT								
Traffic Control Device For This Vehicle 1 NO CONTROLS		First (1) Sequence of Events 14 COLLISION WITH MOTOR VEH IN TRANSPORT		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events								



Crash Date AUGUST 2, 2024		Time of Crash 06:20 PM		Date of Report AUGUST 2, 2024		Reporting Agency Case Number 292408000344		HSMV Crash Report Number 26079132			
VEHICLE Check if Commercial <input type="checkbox"/>											
Vehicle	Motor Vehicle Type 1 VEH IN TRANSPORT			Hit and Run 1 NO	Veh License Number RBYB63	State FL	Reg. Expires NOVEMBER 4, 2024	Permanent Reg 1 NO	VIN 5YFEPMAE2NP377087		
Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By		Rotation	
2022	TOYT	COROLLA	4D	GRY	1 DISABLING	\$1600	1 NO	WESTWAY TOWING		1 TOW ROTATION LIST	
Insurance Company (Driver) UNITED AUTOMOBILE INSURANCE COMPANY							Insurance Policy Number UAD607636800				
Name of Vehicle Owner (Business) <input type="checkbox"/>				Current Address			City & State		Zip Code		
ELIZABETH M. VILLAVICENCIO CUEVAS				10610 WASHINGTON ST APT 307			PEMBROKE PINES, FL		33025		
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN		Year	Make	Length	Axles	
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN		Year	Make	Length	Axles	
Vehicle Traveling	Direction	On Street, Road, Highway					At Est. Speed	Posted Speed	Total Lanes		
E	W OAKLAND PK BLVD						30	45	06		
CMV Configuration				Cargo Body Type			Area of Initial Impact		Most Damaged Area		
1 NO CARGO				1 NO CARGO							
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)		18 Undercarriage		18			
						19 Overturn		19			
						20 Windshield		20			
						21 Trailer		21			
Haz. Mat. Release		Haz. Mat. Placard		Number		Class					
Motor Carrier Name		US DOT Number									
Motor Carrier Address				City & State			Zip Code		Phone Number		
Comm/Non-Commercial		Vehicle Body Type		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	
14 SLOWING		4 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER		1 LEVEL		1 STRAIGHT		2 COLLISION WITH NON-FIXED OBJECT		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	
1 NO CONTROLS		14 COLLISION WITH MOTOR VEH IN TRANSPORT									
VEHICLE Check if Commercial <input type="checkbox"/>											
Vehicle	Motor Vehicle Type 1 VEH IN TRANSPORT			Hit and Run 1 NO	Veh License Number RFCV67	State FL	Reg. Expires NOVEMBER 10, 2024	Permanent Reg 1 NO	VIN JHMGD38658S048394		
Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By		Rotation	
2008	HOND	FIT	4D	BLU	1 DISABLING	\$1600	1 NO	WESTWAY TOWING		1 TOW ROTATION LIST	
Insurance Company (Driver) UNKNOWN							Insurance Policy Number UNK				
Name of Vehicle Owner (Business) <input type="checkbox"/>				Current Address			City & State		Zip Code		
DARWIN A. LUGO ESCORCHE				10103 N NOB HILL CIR			TAMARAC, FL		33321		
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN		Year	Make	Length	Axles	
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN		Year	Make	Length	Axles	
Vehicle Traveling	Direction	On Street, Road, Highway					At Est. Speed	Posted Speed	Total Lanes		
E	W OAKLAND PK BLVD						30	45	06		
CMV Configuration				Cargo Body Type			Area of Initial Impact		Most Damaged Area		
1 NO CARGO				1 NO CARGO							
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)		18 Undercarriage		18			
						19 Overturn		19			
						20 Windshield		20			
						21 Trailer		21			
Haz. Mat. Release		Haz. Mat. Placard		Number		Class					
Motor Carrier Name		US DOT Number									
Motor Carrier Address				City & State			Zip Code		Phone Number		
Comm/Non-Commercial		Vehicle Body Type		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	
14 SLOWING		4 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER		1 LEVEL		1 STRAIGHT		2 COLLISION WITH NON-FIXED OBJECT		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	
1 NO CONTROLS		14 COLLISION WITH MOTOR VEH IN TRANSPORT									

Crash Date AUGUST 2, 2024		Time of Crash 06:20 PM		Date of Report AUGUST 2, 2024		Reporting Agency Case Number 292408000344		HSMV Crash Report Number 26079132	
VEHICLE <input type="checkbox"/> Check if Commercial									
Vehicle # 04	Motor Vehicle Type 1 VEH IN TRANSPORT	Hit and Run 1 NO	Veh License Number ELXX67	State FL	Reg. Expires JULY 3, 2025	Permanent Reg 1 NO	VIN JTJABABB2RA006966		
Year 2024	Make LEXS	Model RZ	Style SPUV	Color SIL	Extent of Damage 2 FUNCTIONAL	Est. Damage \$1000	Towed Due To Damage 1 NO	Vehicle Removed By OTHER	Rotation
Insurance Company (Driver) GEICO GENERAL INSURANCE COMPANY						Insurance Policy Number 6141337896			
Name of Vehicle Owner (Business) <input type="checkbox"/>			Current Address 8571 NW 25TH ST			City & State SUNRISE, FL		Zip Code 33322	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling	Direction E	On Street, Road, Highway W OAKLAND PK BLVD				At Est. Speed 25	Posted Speed 45	Total Lanes 06	
CMV Configuration 1 NO CARGO			Cargo Body Type 1 NO CARGO			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)					
Haz. Mat. Release	Haz. Mat. Picard	Number		Class		18 Undercarriage 18		19 Overturn 19	
Motor Carrier Name		US DOT Number		20 Windshield 20		21 Trailer 21			
Motor Carrier Address			City & State			Zip Code		Phone Number	
Comm/Non-Commercial		Vehicle Body Type 16 (SPORT) UTILITY VEHICLE		Vehicle Defects (one) 1 NONE		Vehicle Defects (two)		Emergency Vehicle Use 1 NO	
Special Function of MV 1 NO SPECIAL FUNCTION		Vehicle Maneuver Action 14 SLOWING		Trafficway 4 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER		Roadway Grade 1 LEVEL		Roadway Alignment 1 STRAIGHT	
Most Harmful Event 2 COLLISION WITH NON-FIXED OBJECT		Most Harmful Event Detail 14 COLLISION WITH MOTOR VEH IN TRANSPORT		First (1) Sequence of Events 14 COLLISION WITH MOTOR VEH IN TRANSPORT		Second (2) Sequence of Events		Third (3) Sequence of Events	
Fourth (4) Sequence of Events		Traffic Control Device For This Vehicle 1 NO CONTROLS		First (1) Sequence of Events 14 COLLISION WITH MOTOR VEH IN TRANSPORT		Second (2) Sequence of Events		Third (3) Sequence of Events	
Fourth (4) Sequence of Events		PERSON							
Person # 01	Description 1 DRIVER	Vehicle # 01	Name	Date of Birth	Sex 1 MALE	Phone Number (954) 746-3500	Re-Exam 2 NO		
Address 10440 W OAKLAND PK BLVD			City & State SUNRISE, FL			Zip Code 33351			
Driver License Number	State FL	Expires SEPTEMBER 8, 2031	DL Type 6 E / OPERATOR	Reg. End. 3 NO ENDORSEMENT...	Injury Severity 3 NON-INCAPACITATING	Ejection 1 NOT EJECTED			
Restraint Systems 3 SHOULDER AND LAP BELT USED		Air Bag Deployed 2 NOT DEPLOYED		Helmet Use 3 NO HELMET		Eye Protection 3 NOT APPLICABLE		Seating Location Seat 1 LEFT	
Seating Location Row 1 FRONT		Seating Location Other 1 NOT APPLICABLE		Drivers Actions at Time of Crash (First) 10 FOLLOWED TOO CLOSELY		Drivers Actions at Time of Crash (Second)		Driver Distracted By 1 NOT DISTRACTED	
Vision Obstruction 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 1 NO		Alcohol Tested		Alcohol Test Type		Alcohol Test Result		BAC	
Suspected Drug Use 1 NO		Drug Tested		Drug Test Type		Drug Test Result			
Source of Transport to Medical Facility 2 EMS			EMS Agency Name or ID LAUDERHILL			EMS Run Number 9229		Medical Facility Transported To WESTSIDE REGIONAL MEDICAL CNTR	
PERSON									
Person # 02	Description 1 DRIVER	Vehicle # 02	Name LENIN M. VILLAVICENCIO CUEVAS	Date of Birth OCTOBER 20, 1990	Sex 1 MALE	Phone Number (908) 445-1282	Re-Exam 2 NO		
Address 5953 NW 25TH ST			City & State SUNRISE, FL			Zip Code 33313			
Driver License Number V412533903800	State FL	Expires APRIL 17, 2025	DL Type 6 E / OPERATOR	Reg. End. 3 NO ENDORSEMENT...	Injury Severity 1 NONE	Ejection 1 NOT EJECTED			
Restraint Systems 3 SHOULDER AND LAP BELT USED		Air Bag Deployed 2 NOT DEPLOYED		Helmet Use 3 NO HELMET		Eye Protection 3 NOT APPLICABLE		Seating Location Seat 1 LEFT	
Seating Location Row 1 FRONT		Seating Location Other 1 NOT APPLICABLE		Drivers Actions at Time of Crash (First) 1 NO CONTRIBUTING ACTION		Drivers Actions at Time of Crash (Second)		Driver Distracted By 1 NOT DISTRACTED	
Vision Obstruction 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 1 NO		Alcohol Tested		Alcohol Test Type		Alcohol Test Result		BAC	
Suspected Drug Use 1 NO		Drug Tested		Drug Test Type		Drug Test Result			
Source of Transport to Medical Facility 1 NOT TRANSPORTED			EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To	

Crash Date AUGUST 2, 2024		Time of Crash 06:20 PM		Date of Report AUGUST 2, 2024		Reporting Agency Case Number 292408000344		HSMV Crash Report Number 26079132		
PERSON										
Person # 03	Description 1 DRIVER	Vehicle # 03	Name DARWIN A. LUGO ESCORCHE			Date of Birth NOVEMBER 10, 1976	Sex 1 MALE	Phone Number (754) 767-6799	Re-Exam 2 NO	
Address 10103 N NOB HILL CIR					City & State TAMARAC, FL			Zip Code 33321		
Driver License Number		State	Expires	DL Type 7 NONE	Req. End. 3 NO ENDORSEMENT...	Injury Severity 2 POSSIBLE		Ejection 1 NOT EJECTED		
Restraint Systems 3 SHOULDER AND LAP BELT USED		Air Bag Deployed 2 NOT DEPLOYED		Helmet Use 3 NO HELMET		Eye Protection 3 NOT APPLICABLE	Seating Location Seat 1 LEFT	Seating Location Row 1 FRONT	Seating Location Other 1 NOT APPLICABLE	
Drivers Actions at Time of Crash (First) 1 NO CONTRIBUTING ACTION			Drivers Actions at Time of Crash (Second)			Driver Distracted By 1 NOT DISTRACTED		Vision Obstruction 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 1 NO	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 NO	Drug Tested	Drug Test Type	Drug Test Result		
Source of Transport to Medical Facility 1 NOT TRANSPORTED		EMS Agency Name or ID			EMS Run Number	Medical Facility Transported To				
PERSON										
Person # 04	Description 1 DRIVER	Vehicle # 04	Name DIEUNESE M. VIRGILE			Date of Birth JULY 3, 1987	Sex 2 FEMALE	Phone Number (954) 682-4334	Re-Exam 2 NO	
Address 8571 NW 25TH ST					City & State SUNRISE, FL			Zip Code 33322		
Driver License Number V624173877430		State FL	Expires JULY 3, 2029	DL Type 5 E / OPERATOR	Req. End. 3 NO ENDORSEMENT...	Injury Severity 1 NONE		Ejection 1 NOT EJECTED		
Restraint Systems 3 SHOULDER AND LAP BELT USED		Air Bag Deployed 2 NOT DEPLOYED		Helmet Use 3 NO HELMET		Eye Protection 3 NOT APPLICABLE	Seating Location Seat 1 LEFT	Seating Location Row 1 FRONT	Seating Location Other 1 NOT APPLICABLE	
Drivers Actions at Time of Crash (First) 1 NO CONTRIBUTING ACTION			Drivers Actions at Time of Crash (Second)			Driver Distracted By 1 NOT DISTRACTED		Vision Obstruction 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 1 NO	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 NO	Drug Tested	Drug Test Type	Drug Test Result		
Source of Transport to Medical Facility 1 NOT TRANSPORTED		EMS Agency Name or ID			EMS Run Number	Medical Facility Transported To				
PERSON										
Person # 05	Description 3 PASSENGER	Vehicle # 04	Name SASHA VIRGILE			Date of Birth MAY 13, 2012	Sex 2 FEMALE	Injury Severity 1 NONE	Ejection 1 NOT EJECTED	
Address 8571 NW 25TH ST					City & State SUNRISE, FL			Zip Code 33322		
Restraint Systems 3 SHOULDER AND LAP BELT USED		Air Bag Deployed 2 NOT DEPLOYED		Helmet Use 3 NO HELMET		Eye Protection 3 NOT APPLICABLE	Seating Location Seat 3 RIGHT	Seating Location Row 1 FRONT	Seating Location Other 1 NOT APPLICABLE	
Source of Transport to Medical Facility 1 NOT TRANSPORTED		EMS Agency Name or ID			EMS Run Number	Medical Facility Transported To				
PERSON										
Person # 06	Description 3 PASSENGER	Vehicle # 04	Name STACY VIRGILE			Date of Birth APRIL 28, 2015	Sex 2 FEMALE	Injury Severity 1 NONE	Ejection 1 NOT EJECTED	
Address 8571 NW 25TH ST					City & State SUNRISE, FL			Zip Code 33322		
Restraint Systems 3 SHOULDER AND LAP BELT USED		Air Bag Deployed 2 NOT DEPLOYED		Helmet Use 3 NO HELMET		Eye Protection 3 NOT APPLICABLE	Seating Location Seat 3 RIGHT	Seating Location Row 2 SECOND	Seating Location Other 1 NOT APPLICABLE	
Source of Transport to Medical Facility 1 NOT TRANSPORTED		EMS Agency Name or ID			EMS Run Number	Medical Facility Transported To				
PERSON										
Person # 07	Description 3 PASSENGER	Vehicle # 04	Name CHRISTOPHER VIRGILE			Date of Birth NOVEMBER 1, 2017	Sex 1 MALE	Injury Severity 1 NONE	Ejection 1 NOT EJECTED	
Address 8571 NW 25TH ST					City & State SUNRISE, FL			Zip Code 33322		
Restraint Systems 3 SHOULDER AND LAP BELT USED		Air Bag Deployed 2 NOT DEPLOYED		Helmet Use 3 NO HELMET		Eye Protection 3 NOT APPLICABLE	Seating Location Seat 1 LEFT	Seating Location Row 2 SECOND	Seating Location Other 1 NOT APPLICABLE	
Source of Transport to Medical Facility 1 NOT TRANSPORTED		EMS Agency Name or ID			EMS Run Number	Medical Facility Transported To				
VIOLATIONS										
Person # 03	Name DARWIN A. LUGO ESCORCHE	FL Statute Number 322.03-1	Charge OPERATE MOTOR VEHICLE WO VALID LICENS				Citation Number AK2PE53			
NARRATIVE										
<p>V1 was heading eastbound on West Oakland Park Boulevard in the right lane approaching the 7200 bock behind V2, V3, and V4. Another vehicle cut off V4 and V4 stopped abruptly. V3 and V2 stopped accordingly. V1 did not stop in time and the front end of V1 hit the rear bumper of V2. The impact from V1 caused the front end of V2 to hit the rear end of V3. The front end of V3 then hit the rear end of V4.</p> <p>V1 sustained damage to the front bumper, grill and hood. V1 was disabled from the damage and was towed to the Sunrise Police Department by West Way Towing. D1 was transported to West Regional Hospital by Sunrise Rescue 59 run # 9229 before I arrived but returned while I was still on scene. D1 stated that he sustained an injury to his left big toe.</p> <p>V2 sustained damage to the rear bumper, rear trunk lift gate, hood and front end. V2 was disabled from the damage and West Way Towing towed the car to their tow yard. No injuries were seen or reported.</p>										

Crash Date AUGUST 2, 2024	Time of Crash 06:20 PM	Date of Report AUGUST 2, 2024	Reporting Agency Case Number 292408000344	HSMV Crash Report Number 26079132
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NARRATIVE

V3 sustained damage to the rear bumper, trunk lid, hood, front end and fenders and was disabled from the damage. West Way Towing towed the vehicle to their tow yard. D3 stated that he had some soreness in his neck and back but refused rescue. V3 did not have a Driver's License and was issued a citation for operating a motor vehicle without a license.

V4 sustained damage to the rear end but was not disabled from the damage. D4 was able to drive V4 away from the scene. No injuries were seen or reported.

All drivers received a Driver's Information Exchange form and were instructed o how to obtain a full crash report if needed.

Based on my investigation, V1 was at fault for failing to stop in time.

This incident was captured on my department issued body camera. Body camera may or may not capture all incident described in this report or show all results.

REPORTING OFFICER			
ID/Badge Number	Rank and Name	Department	Type of Department
		LAUDERHILL POLICE DEPARTMENT	2 PD

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AUGUST 2, 2024

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DIAGRAM

