FLORIDA TRAFFIC CRASH REPORT

LONG FORM X SHORT FORM UPDATE

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

(Electronic Version)

Date of Crash 02/Jul/2021 12:44 PM			2.000	Time of Crash 02/Jul/2021 12:44 PM			of Report /Jul/2021 01:30		Invest. Agency Report Number FHPK210FF034683					HSI	HSMV Crash Report Number 88459167					
CRASH	IDENT	IFIERS																		
County	Code 01	City Cod	de 67	Coun	ty of Crash M	IAMI-D	ADE	Pla	ce or City of MI		I URNPIKE	E	With	in City Li Yes		0:	e Reported 2/Jul/2021 12:46 PM	1 (ne Dispatcher 02/Jul/2021 12:49 PM	
Time on Scene 02/Jul/2021 01:26 PM Time Cleared Scene Completed Yes PM						Reas	son (if Investigat	ion NO	T Completed	1)							Notified By Law		cement	
ROADV	WAY INF	ORMA	TION																	
Crash Occured On Street, Road, Highway NB SR 821 (HEFT)						T)			0	At Stre	et Addre	ss#		9	ude .93834		and Longitude -80.3638200000000			
At Feet 5	500	Or Miles	3	Direc	tion South	O Fr	om Intersection	With St	treet, Road, I		ay R 93 (I-75	5)					O Or	From I	Milepost #	
Road Sy	ystem Ide		rnpike	/Toll			Type Of Should	der	1 Paved				Type (Of Interse		Not at I	ntersectio			
CRASH	INFOR		-		ictures T	aken)			Traveu							tot at i	inei sectio			
light Cor	ndition 1 Dayli	ght	V	Veather (Condition 1 Clear		Roadway S	urface (Condition	Scho	ol Bus Re		No		Mai		Collision deswipe, s	ame d	irection	
First Ha	rmful Eve	nt Type		Firs	t Harmful 8	event 14		First H	larmful Ever			W	thin Interc		First	Harmfu	1 Non.Ju			
Contribu	uting Circu		s: Roa 1 None				Contributing Ci	rcumsta	ances: Road	ų.			Contri	buting Ci	ircumst	ances:	Road			
Contribu	uting Circu		s: Envi				Contributing Ci	rcumsta	ances: Enviro	onmen	nt		Contri	buting Ci	ircumst	ances:	Environme	nt		
	one Relate 2 Yes			Vork Zon	e ctivity Are	a	Туре	Of Wor	rk Zone ork on Shou	lder o	r Median		Workers I	n Work 2 2 Yes	Zone .	Law 8	Enforceme	nt In W 1 No	ork Zone	
VEHIC	LE (Che	ck if Co	mmer	rcial)		707			50						20					
Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport 1 No				Veh	License Number NQQJ05		State FL		Reg. Expires Peri 24/Aug/2021		Permane N	ent Reg. VIN No		1N	I4AL3AP1I	155			
Year 2017	Make NISS	Model		tyle 4D	Color	SIL	Extent of Dam Minor	100	Est. Damag	-	Towed	Due To No	Damage	Vehicle	e Remo	wed By		Rotati	on	
Insuranc	ce Compa	any		NATION	AL GENE	RAL			Insu	urance	Policy N	lumber	2	20112	219136	8				
Name of	f Vehicle MIGU	Owner (C			siness)				s (Number a		eet)				y and S				Zip Code 33018-3815	
Trailer One:	License	Number	S	State	Reg. Expi	res	Permanent Reg	. VIN	120000000000000000000000000000000000000					Year	M	lake	Lengt	h	Axles	
Trailer Two:	License	Number	S	State	Reg. Expi	res	Permanent Reg. VIN						Year Make			Lengt	h	Axles		
Vehicle Travelin		rth	On St	reet, Roa	nd, Highwa	у	NB	SR 821	MM 38					At	Est. S		Posted Sp 60		Total Lanes	
CMV Co	onfiguration	on				Carg	o Body Type					Are	a of Initial	Impact			Most Dam	aged A	Area	
Comm (GVWR/G	CWR			Т	railer T	ype (trailer one)	Tra	ailer Type (tr	railer t	wo)	2 3 1	15 6 7		dercarriag erturn	" 41	3 4 5 6	1	18. Undercarriage 19. Overturn	
Haz. Ma	at. Releas	e Haz	Mat. P	lacard	Number			Class				11	3 11 10 9	20. Wi 21. Tri	ndshield üler	1	13 (3) 11 10		20. Windshield 21. Trailer	
Motor C	arrier Nar	me					US	S DOT N	Number											
		Mot	or Carr	ier Addre	ess					City	and Sta	te				Zip C	Code	Phor	ne Number	
Comm/N	Non-Com	mercial		le Body 1 1 Passe	Type nger Car	٧	/ehicle Defects ((one)	V	ehicle	Defects ((two)	0)	Emerge	ency Ve				nction of MV ial Function	
Vehicle Maneuver Action 1 Straight Ahead Trafficway 4 Two-Way, Divided, Positive Median Barrier							Roadway Grade 1 Level	Roadway 1	Align Strai				ful Event M			lost Harmful Event Detail 14 Motor Vehicle in Transpor				
Traffic C		control				on with Object	n Non-Fixed	Second	d (2) Sequen	ice of	Events	Third	(3) Sequer		vents	Fou	urth (4) Sec	quence	of Events	
VEHIC	LE (Che	ck if Co	mmer																	
Vehicle 3		ehicle Ty			nd Run 1 No	Veh	License Number	r	State FL		Reg. Exp		Permane N		VIN	WB	A53BH09	MWX04	4159	
Year 2021	Make BMW	Model		tyle 4D	Color	GRY	Extent of Dam Minor		Est. Dama 1000	_	Towed	Due To No	Damage	Vehicle	e Remo	wed By		Rotati	on	
Insuranc	ce Compa	iny		eT/	ATE FARM	8			Insu	urance	Policy N	lumber		.1281	517594	3				
				31/	TE PARM									J261	717594					

HSMV 90010 S Page 1 of 5

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One: Tiveling: Very Configuration One Street Name One Street N	Name o				2000 E		Current				reet)							92 (04	Zip Code 33015-2415	
Tracellory Direction On Street, Road, Highway NB SR 21 MM 38		License I	Number	State	Reg. E	xpires	Permanent Re	g. VI	N					Year		Make		Length	Axles	
Second College Seco		License I	Number	State	Reg. E	xpires	Permanent Re	g. VI	N					Year	Year Make			Length	Axles	
Comm GWRIGGUVR Trailer Type (trailer one) Trailer Type (trailer tho) Trailer Type (On Street, F	load, High	way	NB	SR 8	21 MM 3	В				ľ			Pos		Total Lanes	
Page	CMV Co	onfiguration	n			Car	go Body Type					Are	a of Initia	I Impac	t		Mo	st Damaged	Area	
Haz. Mat. Release Maz. Mat. Placcard Number Class Trailer Class Trailer Class Trailer Class Trailer Class Trailer Commonwork Commonwo	Comm (GVWR/GC	WR			Trailer	Type (trailer one)	Trailer T	ype (trailer	two)	1		19.0	verturn	1	1		18. Undercarriage 19. Overturn	
Motor Carrier Address City and State Zip Code Phone Ni	Haz. Ma	t. Release	Haz	Mat. Placard	Numb	er		Cla	i\$\$			14 13 1	2 11 10				13 1:	2 11 10 9	20. Windshield 21. Trailer	
Vehicle Maneuver Action Tariffic Control Device From Passenger Car Vehicle Defects (one) 1 None Passenger Car Vehicle Maneuver Action 1 None Passenger Car Vehicle Maneuver Action Tariffic Control Device For This Vehicle First (1) Sequence of Events 1 Level Passenger Car 1 No Controls Vehicle Defects (one) 1 No Controls Vehicle Defects (one) 1 No Controls Vehicle Median Barrier Vehicle Median Barrier Vehicle Median Median Vehicle Median Vehicle Median M	Motor C	arrier Nan	ne				U	IS DO	T Numbe	r		1								
1 None			Moto	or Carrier Ade	dress					Ci	ty and St	ate				Zip	Code	Pho	one Number	
Vehicle Maneuver Action 1 Straight Ahead Traffic Centrol Device For This Vehicle 1 No Controls Vehicle Motor Vehicle In Transport 1 No Controls Vehicle Check if Commercial) Vehicle Check if Commercial 1 No Controls Vehicle In Transport 1 No C	Comm/ħ	Non-Comm	nercial						0%	Vehicle	e Defects	(two)		Emer	-		Use			
Positive Medician Barrier Second (2) Sequence of Events Third (3) Sequence of Events Traifer Control Device For This Vehicle First (1) Sequence of Events 1 No Controls Third (3) Sequence of Events 1 No Controls Third (3) Sequence of Events Third (4) Sequence	Vehicle	Maneuver	Action	Trafficway					Ros	adway Alig	nment	Most	Harmful	Event	1		fost H			
VEHICLE (Check if Commercial) VEHICLE (Check if Commercial) VEHICLE (Check if Commercial) Vehicle Motor Vehicle Type I til And Run Vehicle in Transport Vehicle Motor Vehicle Type I til And Run Vehicle Run Ve	1 St	traight Ah	ead	4 Two-	Way, Divid Median Ba	ded, arrier	1 Leve	H		1 Stra	ight	2			lon-Fix	ed	14 M	in Transpor		
Vehicle Check Commercial X Vehicle Check Commercial X Vehicle In Transport Het and Run No NavR111 State Reg. Expires Reg. Expires Permanent Reg. Vin NavR111 No Veh License Number State Reg. Expires Reg. Expires Permanent Reg. Vin NavR111 No NavR111 NavR111 No NavR111 No NavR111 No NavR111 No NavR111 No NavR111 NavR111 No NavR111 Na	Traffic C				2 Coll	lision wi Obj	th Non-Fixed ect	Sec	ond (2) S	equence o	Events	Third (3) Seque	nce of E	ents	Fo	ourth ((4) Sequenc	e of Events	
Vehicle Motor Vehicle Type TVehicle Type TVehicle Type TVehicle Type TVehicle Type TVehicle Type TVehicle Tvehicl	VEUICI	E (Char	L H Co.	iall		or Vehic	le in Transport	Ļ												
Year 1966 MC 1985 Style BU		Motor Ve	hicle Typ	e Hit	bencon	Vel	License Numbe	er	St	ate	Reg. Ex	pires	Permane	ent Reg	. VIN					
Trailer		_				olor			Eet f				-		ole Den			-		
Name of Vehicle Coverer (Check Box If Business) Name of Vehicle Coverer (Check Box If Business) State Reg. Expires Permanent Reg. VIN Year Make Length Axide Misking FL State Reg. Expires Permanent Reg. VIN Year Make Length Axide Misking FL Make Length Axide Reg. Expires Permanent Reg. VIN Year Make Length Axide Reg. Expires Permanent Reg. VIN Year Make Length Axide Reg. Expires Permanent Reg. VIN Year Make Length Axide Reg. Expires Permanent Reg. VIN Year Make Length Axide Reg. Expires Reg. Expires Permanent Reg. VIN Year Make Length Axide Reg. Expires Reg. Expires Permanent Reg. VIN Year Make Length Axide Reg. Expires Reg. Expires Permanent Reg. VIN Year Make Length Axide Reg. Expires Reg. Expires Permanent Reg. VIN Year Make Length Axide Reg. Expires Reg. Expires Reg. Expires Permanent Reg. VIN Year Make Length Axide Reg. Expires Reg. Expi									ESC (2130000	No	Damage	Verie	cie nei	noveu b	y	Hotal	oon	
Trailer Core Number State Reg. Expires Permanent Reg. VIN Year Make Length Axide Company Axide	Insuranc	ce Compa	ny		UNKNOW	N				Insuranc	e Policy	Number		00	00000					
Trailer One: Trailer One: Trailer One: State Reg. Expires Permanent Reg. VIN Year Make Length Axie Length Axie Vehicle Vehicle Vehicle North N						X	Current				reet)			C					Zip Code 33172-3125	
Vehicle Traveling: Direction North N	Trailer					xpires	Permanent Re			in P.				Year				Length	Axles	
Traveling: North CMV Configuration 11 Cargo Body Type 2 Comm GVWR/GCWR 2 10,001-26,000 lbs (4,536-11,793 kg) Haz. Mat. Release Haz Mat. Placard 1 Motor Carrier Name LLC THE MERLIN BUS NETWORK Motor Carrier Address 745 NW 105TH PL Comm/Non-Commercial Vehicle Body Type 8 Bus Vehicle Defects (one) 1 None Vehicle Defects (two) 1 None Vehicle Defects (two) 1 None Webside Maneuver Action 6 Changing Lanes 1 No Controls Traffic Control Device For This Vehicle In Non-Collision PERSON RECORD Person# Description 1 Driver Name Vehicle # Name 1 None Name MANASES RODRIGUEZ Area of Initial Impact Most Damaged Area **Cliss is 1 is 1 o 2 is 1 is 1 o 2 is 1 is 1 o 3 is 1 is 1 o 3 is 1 is 1 o 4 is 1 is 1 is 1 o 5 is 1 is 1 o 5 o 3 is 1 is 1 o 5 o 1 is 1 is 1 o 5 o 3 is 1 is 1 o 5 o 5 is 1 is 1 is 1 o 5 o 5 is 1 is 1 is 1 o 5 o 5 is 1 is 1 is 1 o 5 o 5 is 1 is 1 is 1 o 5 o 5 is 1 is 1 is 1 o 5 o 5 is 1 is 1 is 1 o 5 o 5 is 1 is 1 is 1 o 5 o 5 is 1 is 1 is 1 o 5 o 5 is 1 is 1 is 1 o 5 o 5 is 1 is 1 is 1 o 5 o 5 is 1 is		License 1	Number	State	Reg. E	xpires	Permanent Re	g. VI	N					Year		Make		Length	Axles	
Comm GVWR/GCWR 2 10,001-26,000 lbs (4,536-11,793 kg) Trailer Type (trailer one) Trailer Type (trailer two) Trailer Type (trailer				On Street, F	load, High	way	NB	SR 8	21 MM 3	В				<u> </u>			Pos		Total Lanes	
Comm/Non-Commercial Vehicle Body Type 8 Bus Vehicle Defects (one) 1 None Vehicle Defects (two) 1 Straight Non-Collision 9 Other Non-Collision 1 Driver Vehicle ## In Non-Collision 1 Driver Vehicle ## In Non-Collision 1 Driver Vehicle ## In None Vehicle ## In None Vehicle ## In None Vehicle Events 1 None Vehicle Sequence of Events 1 None Vehicle Sequence of Events 1 Non-Collision 9 Other Non-Collision Page of Events 1 None Vehicle ## In None Vehicle ## In Non-Collision Phone Number 1 Straight None Vehicle ## In Non-Collision Phone Number 1 Straight None Vehicle Sequence of Events 1 Non-Collision 9 Other Non-Collision Phone Number 1 Straight None Number 1 Non-Collision Phone Number 1 Non-Collision Phone Number 1 Non-Collision Phone Number 1 Non-Collision Phone Number 2 Number 2 Number 1 Non-Collision Phone Number 1 Straight Non-Collision Phone Number 1 Non-Collision Phone Number 1 Number 2 Number 2 Number 1 Number 2 Number 33172 Number 2 Number 3 Num	CMV Co	onfiguration		1		Car	go Body Type		2			Are	a of Initia	Impac	t		Mos	st Damaged	Area	
Haz. Mat. Placard 1 Number Class Motor Carrier Name LLC THE MERLIN BUS NETWORK Motor Carrier Address 745 NW 105TH PL Comm/Non-Commercial Vehicle Body Type 8 Bus Vehicle Defects (one) 1 None Vehicle Maneuver Action 6 Changing Lanes 7 Traffic Control Device For This Vehicle 1 Non-Collision 9 Other Non-Collision 1 Driver Vehicle # Name Address 10831 SW 181ST LN Class US DOT Number 1593707 City and State MIAMI FL Zip Code 21. Trailer Zip Code 22. Windshield 21. Trailer Vehicle Defects (two) 1 Sequence of Events 1 Non-Collision 1 Nost Harmful Event 1 Straight 1 Non-Collision 9 Other Non-Collision 9 Other Non-Collision 9 Other Non-Collision 1 Driver Vehicle # Name 1 Driver Vehicle # Name 1 Driver 1 Driver Vehicle # Name 1 MANASES RODRIGUEZ Date of Birth 26/Jan/1989 1 Male Zip Code 21. Trailer Zip Code 21. Trailer Zip Code 33157			WR		2 ka\	Trailer	Type (trailer one)		ype (trailer	two)	1				age A	17		18. Undercarriage 19. Overturn	
Motor Carrier Name LLC THE MERLIN BUS NETWORK Motor Carrier Address LLC THE MERLIN BUS NETWORK US DOT Number 1593707						er		Cla	ss			1		20. V	Vindshie	sld 1	1		20. Windshield 21. Trailer	
Motor Carrier Address Total State MIAMI FL Total State MIAMI FL Total State MIAMI FL	Motor C	1 arriar Nam		1			-	ie no	T Numbe				, , ,							
Traffic Control Device For This Vehicle # Postrity of 1 Non-Collision PERSON RECORD Person# Description 1 Driver Vehicle # Description 1 Driver City PALMETTO BAY PALMETTO BAY Vehicle Defects (one) 1 None Vehicle Defects (two) Vehicle Defects (two) D	MOTO! C			MERLIN B	US NETW	ORK		13 00		93707								390000	7 - G2 - TA	
Vehicle Maneuver Action 6 Changing Lanes 7 Trafficway 4 Two-Way, Divided, Positive Median Barrier 8 Non-Collision 9 Other Non-Collision 9 Other Non-Collision 9 Other Non-Collision 9 Other Non-Collision 1 North 1 Non-Collision 9 Other Non-Collision 9 Other Non-Collision 9 Other Non-Collision 1 Driver 1 Driver 1 Driver 1 Name 10831 SW 181ST LN 1 Non-Collision 1 Non-Collision 9 Other Non-Collision 9 Other Non-Collision 9 Other Non-Collision 1 Non-Collision 9 Other Non-Collision 9 Ot																		Pho	one Number	
Vehicle Maneuver Action 6 Changing Lanes Trafficway 4 Two-Way, Divided, Positive Median Barrier Traffic Control Device For This Vehicle 1 Non-Collision 9 Other Non-Collision Person# Description 1 Driver 1 Name 1 Date of Birth 26/Jan/1989 1 Male Phone Number Re-I	Comm/ħ	Non-Comn 2	nercial					4	0.7	Vehicle	e Defects	(two)		Emer			Use			
Traffic Control Device For This Vehicle I Non-Collision 9 Other Non-Collision 9 Other Non-Collision 9 Other Non-Collision 1 Non-Collision 9 Other Non-Coll	Vehicle Maneuver Action 6 Changing Lanes Trafficway 4 Two-Way, Divided,					ded,	Roadway Grade	,						ful Event Mo:						
PERSON RECORD Person# Description 1 Driver 1 Name MANASES RODRIGUEZ Address 10831 SW 181ST LN City PALMETTO BAY Date of Birth 26/Jan/1989 1 Male Phone Number Re-Inc. Zip Code 33157	Traffic C			This Vehicle	First (1) S	equence	ollision	Sec	ond (2) S	equence o	Events	Third (3) Seque	nce of E	Events	Fo	ourth	(4) Sequenc	e of Events	
1 1 Driver 1 MANASES RODRIGUEZ 26/Jan/1989 1 Male Address 10831 SW 181ST LN City PALMETTO BAY State FL Zip Code 33157	PERSO	N RECO	RD		12		nove of Heriother	-												
10831 SW 181ST LN PALMETTO BAY FL 33157		Descripti		er		# Nar		NASE	S RODE	RIGUEZ							one N	lumber	Re-Exam No	
	Address		SW 181	ST LN	City		PALMETTO BA	AY		State		FL			Zip (Code		33157		
Driver License Number State Expires DL Type Req. End. Injury Severity Ejection 1 Not Ejection 1 Not Ejection	Driver L			Sta			Expires 26/Jan/20	25	DL Typ		Red		s	Injury S				Ejection 1 Not	Ejected	
Restraint System		t System	C used		loyed			Ey	ye Protection Seating Location Seat					Seating Location Row Seating Loc				ation Other		
Drivers Actions at Time of Crash (first) 25 Failed to Keep in Proper Lane Drivers Actions at Time of Crash (second) Driver Distracted By 1 Not Distracted 1 Vision Not Obs	Drivers	Actions at			er Lane		Drivers Action	ns at	Time of C	rash (seco	nd)		Drive							

Date of 0	Crash 02/Jul/2021 12:4	4 PM	Date of R	eport 02/Jul/20	21 12:4	14 PM	Invest.	Agen		port Number PK21OFF034			HSMV	Crasi	h Report N 88	lumber 459167	0	
Drivers A	Actions at Time of	Crash (third)			Drive	rs Actions	at Time of C	rash ((fourth	1)		Drivers (Condition		me of Cra		i i	
Suspected Alcohol Use Alcohol Tested 1 No 1 Test Not Given				Alcohol Test T		Alcohol 1	Alcohol Test Result		BAC Suspected				rug Tested I Test Not Given		Drug Test Type		Drug Test Result	
Source o	f Transport to Med 1 Not Transport		EMS	Agency	Name o	er ID		EM	S Au	Number		Me	dical Fac	ility 1	ransporte	d To		
PERSO	N RECORD			-37872-							66		00		80		020	
Person#	Person# Description Vel 2 1 Driver				e	MIGUEL ANGEL CAS					Birth g/1990	Sex 1 Ma	Phone Number			Re-Exam No		
Address	2925 W 80TH ST	APT 103	City	City				State			L		Zip	Cod	le	33018		
Driver Lic	cense Number C236541903040	Sta	fL FL		Expires 24/	Aug/2021	DL Typ		rator	Req. En	d. 2 No	Inju		Severity 1 None		Ejection 1 Not Eject		octed
Restraint 3 Should	System der and Lap Belt Used	Air Bag Dep 2 Not 0	loyed Deployed	Heim	et Use		Eye Protect 3 Not App		ble	Seating Loca 1 L	tion Seat Left	t Se	ating Loc	ation Front				on Other dicable
30 Swer	ctions at Time of ved or Avoided : IV, Object, Non.N	Due to Wine				rs Actions	at Time of C	rash ((seco	nd)		Driver D	stracted lot Distr				struction n Not C) Ibscured
_	ctions at Time of		,		Drive	rs Actions	at Time of C	rash ((fourth	1)		Drivers (Condition		me of Cra			
Suspected Alcohol Use 1 No 1 Tested 1 Test Not Given				Alcohol Test Ty		Type Alcohol Test		BA	C Suspected Dr 1 No			Drug Tested				g Test Type Dr		est Result
Source o	1 Not Transport		EMS	Agency	Name o	er ID		EM	S Ru	Number		Me	dical Fac	ility 1	Transporte	d To		
PERSO	N RECORD																	
Person# 3	Description 1 Driv	er	Vehicle #	Nam	e	GLORI	A CRISTINA	FEL	ız		Date of 01/Ja	Birth n/1995	Sex 2 Fen	nale	Phone N	umber	F	No No
Address 7715 NW 22ND AVE APT 214					м	IAMI				tate FL			Zip (33147		
Driver Lic	ense Number F420283955010	Sta	fL FL		Expires 01/				rator	Req. En	nd. Inj		Injury Severity 1 None			Ejectio 1	n Not Eje	ected
Restraint 3 Should	System der and Lap Belt Used	Air Bag Dep 2 Not 0	loyed Deployed					ion plicat	ble	Seating Loca 1 L	tion Seat .eft	t Se	ting Loc	ation Front				on Other dicable
Drivers A	ctions at Time of	Crash (first) tributing Ac	tion		Drive	s Actions	at Time of C	rash ((seco	nd)		Driver D	stracted lot Distr	-,			struction) Ibscured
Drivers A	actions at Time of	Crash (third)			Drive	rs Actions	at Time of C	rash ((fourth	1)		Drivers (Condition		me of Cra-		1	
Suspecte	nd Alcohol Use 1 No	Alcohol Test 1 Test N Given	ot	hol Test T	ype	pe Alcohol Test Result			SAC Suspected Drug 1 No			Drug Tested 1 Test Not Given			Drug Test Type		Drug 1	est Result
Source o	1 Not Transport		EMS	Agency	Name o	me or ID			EMS Run Number				Medical Facility Tran			nsported To		
WITNES	SSES														71111			
Name BE	RNARDO QUINT	TANAL	Address	10030	SW 21	3 STREE	т	City	/	сит	LER BA	Y		Sta	fL.		Zip Coo	ie 3189
VIOLAT	IONS		100					100										0
Person#	Name	MANASES	RODRIG	JEZ			Statute Num 316.085(2)	ber	IMP	pe ROPER-CHA	NGE-OF	-LANE/ EHICLE	PULLING GOI	a ou	T IN FROM		AD6	GOAE
NARRA	TIVE																	
ID Numb 3826	er Rank Na TPR V.L.TO	ime OME F	Troop / Po	ost Offic ORIDA H	er Age	ncy AY PATR	Phone Nu OL 305-96			te Created lul 12, 2021	ASSESSED I	Charles and	e covocata	52-117	100000000	200000	SEAL 6577	
to veer to collision Independ changing	of (V01), Vehicle in the center land the left to avoid onto the left paydent witness, (see a lanes improper is advised me the	I collision w ed shoulder e witness in ly.	prior to m cluded on	a result, y arrival. this repo	V02's V01 co rt), wit	left side o ontinued t nessed V	collided with traveling no 01 changing	rth or	's rigi n SR is imp	nt side. After 821. properly cau	the coll sing V02	veer to	2 and V	03 w	ere moved	from t	he area	of

On this same date, at approximately 2:00 PM, I made contact with the bus company to locate V01 and Driver of V01. I spoke with Mr. Raul Galeano, who identified himself as dispatcher of the bus company. I was not able to make contact with Driver of V01 on this date.

On July 12th, 2021, at approximately 10:00 AM, I was able to make contact with V01's Driver at Post 1 located at SR 821 (HEFT) mile post 19 (Snapper Creek Resting Area). Driver of V01 advised that On July 2nd, 2021, at approximately 12:44 PM, he was traveling north on SR 821 (HEFT), south of SR 93 (I-75), in the outside lane. Driver of V01 advised that he needed to change lanes to the left to enter the I-75 Express Lanes. Driver of V01 advised that he did not observe this crash occurring. Driver of V01 was cited accordingly.

*Note: V01 and V02 made no physical contact; therefore, V01 sustained no damage as a result of this crash.

REPORTING OFFICER

Date of Crash 02/Jul/2	021 12:44 PM	Date of Report 02/Jul/2021 12:44 PM	Invest. Agency Report Nur FHPK210F		HSMV Crash Report Number 88459167				
ID/Badge # 3826	Rank and Name	TPR V.L.TOME		Department FLORIDA HIGI	HWAY PATROL	Type of Department FHP			

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STATE ROAD 821 (HEFT) NORTHBOUND LANES SOUTH OF SR 93 (I-75)

