

FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 03/14/09	TIME OF CRASH 7:17 AM	TIME OFFICER NOTIFIED 7:18 AM	TIME OFFICER ARRIVED 7:19 AM	INVEST. AGENCY REPORT NUMBER 2009-9397	HSMV CRASH REPORT NUMBER 75825309
COUNTY / CITY CODE 01-68	FEET or MILE(S) of	N S E W of	CITY OR TOWN MIAMI BEACH	(Check If in City or Town)	COUNTY MIAMI-DADE
AT NODE NO.	FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 6	1. DIVIDED ON STREET, ROAD OR HIGHWAY 2. UNDIVIDED McARTHUR CSWY. (SR.A1A)
AT THE INTERSECTION OF (street, road or highway) 20			FROM INTERSECTION OF (street, road or highway) TERMINAL ISLE		

DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR 3	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer					
TRAILER OR TOWED VEHICLE INFORMATION								SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)					
VEHICLE TRAVELLING (SR.A1A) ON AT		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE							
N S E W McARTHUR CSWY		40	40	20,000.00	1	DAMAGE AND CIRCLE DAMAGED AREA(S)							
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other							
NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE						
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE						
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)			CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS						
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)			CITY, STATE & ZIP CODE		DATE OF BIRTH						
MARIO BENITO REYES		12721 SW. 70 LN. MIAMI, FL. 33183			MIAMI, FL. 33183		[REDACTED]						
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALCO/DRUG TEST TYPE	RESULTS	ALCO/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
[REDACTED]	FL	4	3	1 Blood 3 Urine 5 None 2 Breath 4 Refused	5				3	1	5	1	1
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.			WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
1 Yes 2 No	2	2			1 Yes 2 No	2		2					

DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR 3	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer					
TRAILER OR TOWED VEHICLE INFORMATION								SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)					
VEHICLE TRAVELLING (SR.A1A) ON AT		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE							
N S E W McARTHUR CSWY		50	40	20,000.00	1	DAMAGE AND CIRCLE DAMAGED AREA(S)							
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other							
NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE						
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE						
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)			CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS						
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)			CITY, STATE & ZIP CODE		DATE OF BIRTH						
DONTE STALLWORTH		76 LOW GROZA BEREH, OH. 44017			OH. 44017		[REDACTED]						
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALCO/DRUG TEST TYPE	RESULTS	ALCO/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
[REDACTED]	LA	5	3	1 Blood 3 Urine 5 None 2 Breath 4 Refused	1				3	2	1	5	2
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.			WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
1 Yes 2 No	2	2			1 Yes 2 No	2		2					

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped.)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 County of Crash	1 No Defects Known	1 Not Drinking or Using Drugs	1 Front Left
02 Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center
03 Light Truck / P.U. - 2 or 4 rear tires	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident Out of State	3 Fatigue / Asleep	3 Drugs - Under Influence	3 Front Right
04 Medium Truck - 4 rear tires	04 Public Transportation	04 Saddle Mount / Flatbed	4 Foreign	4 Hearing Defect	4 Alcohol & Drugs - Under Influence	4 Rear Left
05 Heavy Truck - 2 or more rear axles	05 Public School Bus	05 Boal Trailer	DL TYPE	5 Illness	5 Had Been Drinking	5 Rear Right
06 Truck Tractor (Cab-Boat)	06 Private School Bus	06 Utility Trailer	1 A 2 B 3 C	6 Seizure, Epilepsy, Blackout	6 Pending ALCO/DRUG Test Results	5 Rear Center
07 Motor Home (RV)	07 Ambulance	07 House Trailer	1 White	7 Other Physical Defect		6 Rear Right
08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer	2 Black	INJURY SEVERITY	SAFETY EQUIPMENT IN USE	7 In Body Of Truck
09 Bus (driver + seats for over 15)	09 Fire / Rescue	09 Towed Vehicle	3 Hispanic	1 None	1 Not In use	8 Bus Passenger
10 Bicycle	10 Military	10 Auto Transport	4 Other	2 Possible	2 Seat Belt / Shoulder Harness	9 Other
11 Motorcycle	11 Other Government	77 Other	REQUIRED ENDORSEMENTS	3 Non-Incapacitating	3 Child Restraint	EJECTED
12 Moped	12 Dump		1 Male	4 Incapacitating	4 Air Bag - Deployed	1 No
13 All Terrain Vehicle	13 Concrete Mixer		2 Female	5 Fatal (Within 30 Days)	5 Air Bag - Not Deployed	2 Yes
14 Train	14 Garbage or Refuse		3 No Endorsement Required	6 Non-Traffic Fatality	6 Safety Helmet	3 Partial
15 Low Speed Vehicle	15 Cargo Van				7 Eye Protection	
77 Other	77 Other					

FLORIDA TRAFFIC CRASH REPORT
 NARRATIVE/DIAGRAM
 MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
 RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) 7:18 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) 7:23 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 03/14/09	COUNTY / CITY CODE 01-68	INVEST. AGENCY REPORT NUMBER 8009-9397	HSMV CRASH REPORT NUMBER 75825309
--	---	---------------------------	-----------------------------	---	--------------------------------------

(NARRATIVE)
 THE PEDESTRIAN IN SECTION ONE WAS CROSSING THE EAST BOUND LANES OF THE MCARTHUR CSUNY. FROM SOUTH TO NORTH. THE VEHICLE IN SECTION TWO WAS TRAVELING EAST BOUND ON THE MCARTHUR CSUNY. IN THE LEFT LANE. THE DRIVER STATES THAT HE FLASHED HIS HIGH BEAMS AT THE PEDESTRIAN IN AN ATTEMPT TO WARN HIM. VEHICLE IN SECTION TWO STRUCK THE PEDESTRIAN AND STOPPED FURTHER DOWN THE ROAD. RESCUE ONE RESPONDED AND TRANSPORTED THE PEDESTRIAN TO RYDER TRAUMA WHERE HE WAS PRONOUNCED DEAD A SHORT TIME LATER. A BLOOD DRAW WAS PERFORMED ON THE DRIVER OF THE VEHICLE.

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
	NONE				NONE		

FIRST AID GIVEN BY - NAME FRU #1	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	INJURED TAKEN TO: JMH RYDER TRAUMA	BY - NAME FRU #1
WAS INVESTIGATION MADE AT SCENE? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>	IF NO, THEN WHY?
INVESTIGATOR - RANK & SIGNATURE OFC. M. NAIR / K. Miller	ID/BADGE NUMBER 092 / 114/141	DATE OF REPORT 03/14/09	PHOTOS TAKEN 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>
DEPARTMENT MBPO (MIAMI BEACH POLICE DEPT.)		IF YES, BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER <input checked="" type="checkbox"/>	

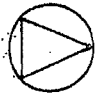
DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	
TRAILER OR TOWED VEHICLE INFORMATION								SHOW FIRST POINT OF VEHICLE AND CIRCLE DAMAGED AREA(S)	
VEHICLE TRAVELLING N S E W		ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S)
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List	3. Driver
NAME OF VEHICLE OWNER (Check Box If Same As Driver)				CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
NAME OF OWNER (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
NAME OF MOTOR CARRIER (Commercial Vehicle Only)				CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS	
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN				CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH	
DRIVER LICENSE NUMBER		STATE	DL TYPE	REC. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE HAZARDOUS OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD AND 4 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.		
#1 PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME		ADDRESS	CITY	STATE	ZIP	
#2 PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME		ADDRESS	CITY	STATE	ZIP	

CONTRIBUTING CAUSES - DRIVER/PEDESTRIAN			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS																																																													
01 No Improper Driving / Action	02 Careless Driving (Explain in Narrative)	03 Failed To Yield Right of Way	04 Improper Backing	05 Improper Lane Change	06 Improper Turn	07 Alcohol - Under Influence	08 Drugs - Under Influence	09 Alcohol & Drugs - Under Influence	10 Followed Too Closely	11 Disregarded Traffic Signal	12 Exceeded Safe Speed Limit	13 Disregarded Stop Sign	14 Failed To Maintain Equip. / Vehicle	15 Improper Ramping	16 Drove Left of Center	17 Exceeded Stated Speed Limit	18 Obstructing Traffic	01 No Defects	02 Def. Brakes	03 Worn / Smooth Tires	04 Defective / Improper Lights	05 Puncture / Blowout	06 Steering Mech.	07 Windshield Wipers	08 Equipment / Vehicle Defect	01 Straight Ahead	02 Slowing / Stopped / Stalled	03 Making Left Turn	04 Backing	05 Making Right Turn	06 Changing Lanes	07 Entering / Leaving / Parking Space	08 Properly Parked	09 Improperly Parked	10 Making U-Turn	1 None	2 Farm	3 Police Pursuit	4 Recreational	5 Emergency Operation	6 Construction / Maintenance / Work	7 All Other (Explain in Narrative)																												
19 Improper Load	20 Disregarded Other Traffic Control	21 Driving Wrong Side / Way	22 Fleeing Police	23 Vehicle Modified	24 Driver Distraction (Explain in Narrative)	27 All Other (Explain in Narrative)	01 On Road	02 Not On Road	03 Shoulder	04 Median	05 Turn Lane	01 None	02 Nearby	03 Entered	01 Crossing Not at Intersection	02 Crossing at Mid-block Crosswalk	03 Crossing at Intersection	04 Walking Along Road With Traffic	05 Walking Along Road Against Traffic	06 Working on Vehicle In Road	07 Working In Road	08 Standing / Playing In Road	09 Standing in Pedestrian Island	77 All Other (Explain in Narrative)	08 Unknown	01 Primarily Business	02 Primarily Residential	03 Open Country																																										
FIRST / SUBSEQUENT HARMFUL EVENT(S)			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION			ROAD SURFACE CONDITION			WEATHER			ROAD SURFACE TYPE																																																							
01 Collision With MV in Transport (Rear End)	02 Collision With MV in Transport (Head On)	03 Collision With MV in Transport (Angle)	04 Collision With MV in Transport (Left Turn)	05 Collision With MV in Transport (Right Turn)	06 Collision With MV in Transport (Sideswipe)	07 Collision With MV in Transport (Backed Into)	08 Collision With Parked Car	09 Collision With MV on Roadway	10 Collision With Pedestrian	11 Collision With Bicycle	12 Collision With Bicycle (Bike Lane)	13 Collision With Moped	14 Collision With Train	15 Collision With Animal	16 MV Hit Sign / Sign Post	17 MV Hit Utility Pole / Light Pole	18 MV Hit Guardrail	19 MV Hit Fence	20 MV Hit Concrete Barrier Wall	21 MV Hit Bridge/Pier/Abutment/Rail	22 MV Hit Tree / Shrubbery	23 Collision With Construction Barricade Sign	24 Collision With Traffic Gate	25 Collision With Crash Attenuators	26 Collision With Fixed Object Above Road	27 MV Hit Other Fixed Object	28 Collision With Movable Object On Road	29 MV Ran Into Ditch/Culvert	30 Ran Off Road Into Water	31 Overtaken	32 Occupant Fell From Vehicle	33 Tractor/Trailer Jackknifed	34 Fire	35 Explosion	36 Downhill Runaway	37 Cargo Loss or Shift	38 Separation of Units	39 Median Crossover	77 All Other (Explain in Narrative)	01 Interstate	02 U.S.	03 State	04 County	05 Local	06 Turnpike / Toll	07 Forest Road	08 Private Roadway	77 All Other (Explain in Narrative)	01 Daylight	02 Dusk	03 Dawn	04 Dark (Street Light)	05 Dark (No Street Light)	88 Unknown	01 Dry	02 Wet	03 Slippery	04 Icy	77 All Other (Explain in Narrative)	01 Clear	02 Cloudy	03 Rain	04 Fog	77 All Other (Explain in Narrative)	01 Slag/Gravel/Stone	02 Blacktop	03 Brick/Block	04 Concrete	05 Dirt	77 All Other (Explain in Narrative)
ROAD CONDITIONS AT TIME OF CRASH			VISION OBSTRUCTED			TRAFFIC CONTROL			SITE LOCATION			TRAFFICWAY CHARACTER																																																										
01 No Defects	02 Obstruction With Warning	03 Obstruction Without Warning	04 Road Under Repair / Construction	05 Loose Surface Materials	06 Shoulders - Soft / Low / High	07 Holes / Ruts / Unsealed Pavement Edge	08 Standing Water	09 Worn / Polished Road Surface	77 All Other (Explain in Narrative)	01 Vision Not Obscured	02 Inherent Weather	03 Parked / Stopped Vehicle	04 Trees / Crops / Bushes	05 Load On Vehicle	06 Building / Fixed Object	07 Signs / Billboards	08 Fog	09 Smoke	77 All Other (Explain in Narrative)	10 Glare	01 No Control	02 Speed Control Zone	03 School Zone	04 Traffic Signal	05 Stop Sign	06 Yield Sign	07 Flashing Light	08 Railroad Signal	09 Officer / Guard / Flagperson	01 Not At Intersection / RR X-ing / Bridge	02 At Intersection	03 Influenced By Intersection	04 Driveway Access	05 Railroad	06 Bridge	07 Entrance Ramp	08 Exit Ramp	09 Parking Lot - Public	10 Parking Lot - Private	11 Private Property	12 Toll Booth	13 Public Bus Stop Zone	77 All Other (Explain in Narrative)	01 Straight - Level	02 Shoulder - Upgrade / Downgrade	03 Curve - Level	04 Curve - Upgrade / Downgrade	01 Paved	02 Unpaved	03 Curb																				

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

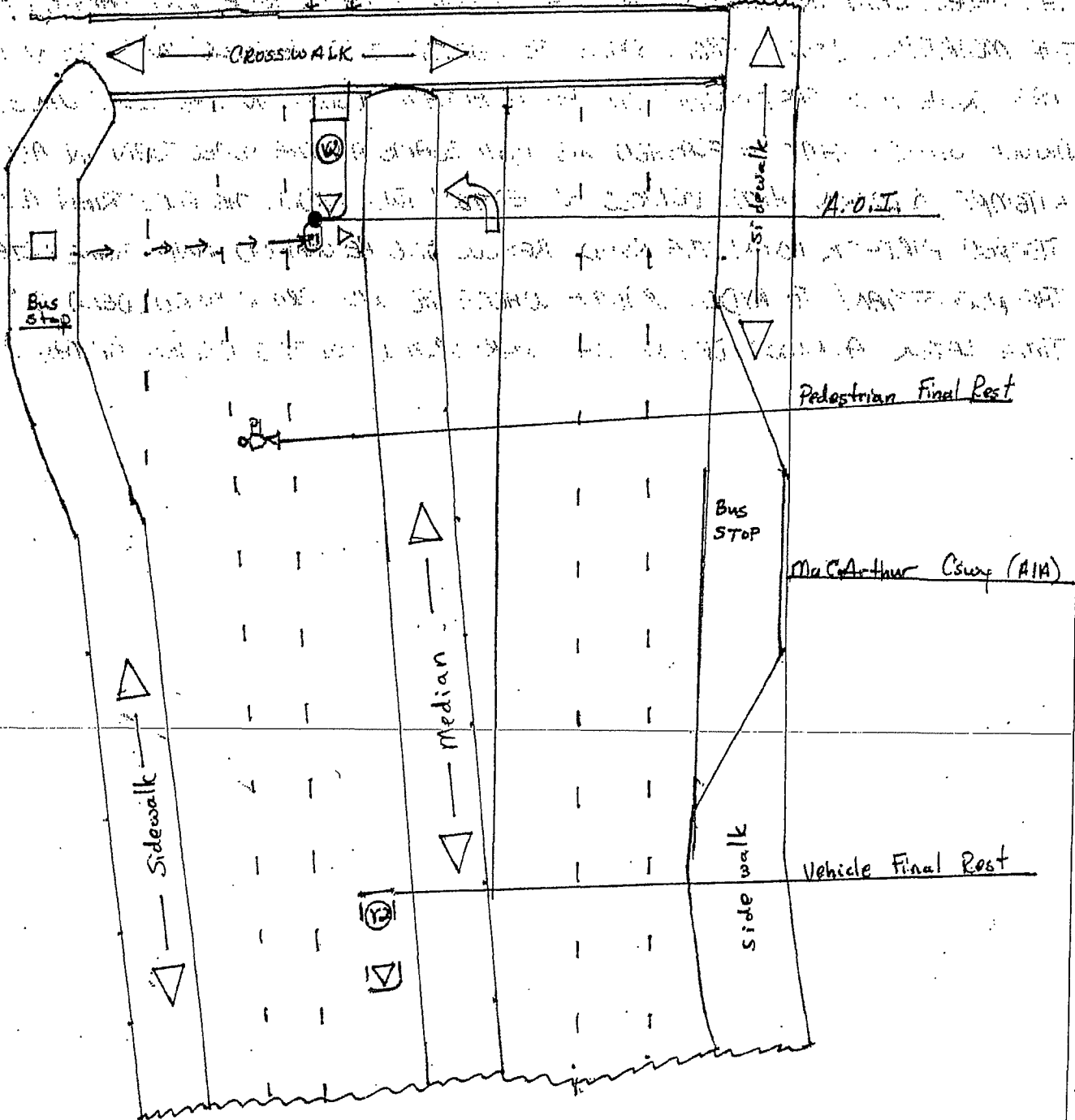
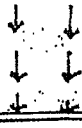
PENDING

DIAGRAM



INDICATE NORTH
WITH ARROW

Terminal Isle



Not Drawn to Scale