

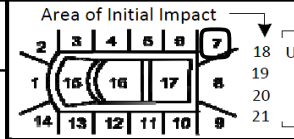
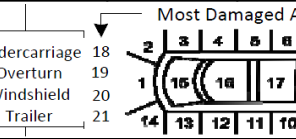
FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

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

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

CRASH DATE 06/27/2021		TIME OF CRASH 6:35 PM		DATE OF REPORT 6/28/2021		REPORTING AGENCY CASE NUMBER 21-0917		HSMV CRASH REPORT NUMBER 89506480		
CRASH IDENTIFIERS										
COUNTY CODE 01	CITY CODE 30	COUNTY OF CRASH MIAMI-DADE			PLACE OR CITY OF CRASH BAL HARBOUR			CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 6:40 PM	TIME DISPATCHED 6:40 PM
TIME ON SCENE 6:40 PM		TIME CLEARED SCENE 8:30 PM		CHECK IF COMPLETED <input checked="" type="checkbox"/>		REASON (if Investigation NOT Complete)			Notified By: 1 Motorist 2 Law Enforcement <input type="checkbox"/>	
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)										
CRASH OCCURRED ON STREET, ROAD, HIGHWAY COLLINS AVE (SHOPS PARKING)						AT STREET ADDRESS # 1 9700		AT LATITUDE AND LONGITUDE 2		
AT FEET	MILES	N	S	E	W	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3			OR FROM MILEPOST # 4	
Road System Identifier 77 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative			Type of Shoulder 3 1 Paved 2 Unpaved 3 Curb			Type of Intersection 1 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				
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>										
Light Condition 1 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown		Weather Condition 1 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative		Roadway Surface Condition 1 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown		School Bus Related 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		Manner of Collision/Impact 6 1 Front to Rear 2 Front to Front 3 Angle 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown		
First Harmful Event 14 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		Collision Non-Fixed Object		Collision with Fixed Object		First Harmful Event Location 8 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 within Interchange 1 1 No 2 Yes 88 Unknown		Non-Collision 1 Overturn/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		Collision Non-Fixed Object		Collision with Fixed Object		First Harmful Event Location		
First Harmful Event Relation to Junction 1 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, Explain in Narrative 88 Unknown		Contributing Circumstances: Road 1 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 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		Contributing Circumstances: Environment 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown						
Work Zone Related 1 1 No 2 Yes 88 Unknown		Crash in Work Zone 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 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		Workers in Work Zone 1 No 2 Yes 88 Unknown		Law Enforcement in Work Zone 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present		
WITNESSES										
NAME WILSON CHERY		ADDRESS 9584 HARDING AVE			CITY & STATE SURFSIDE, FL			ZIP CODE 33154		
NAME SAM ST GEORGE		ADDRESS 9700 COLLINS AVE 300			CITY & STATE BAL HARBOUR, FL			ZIP CODE 33154		
NON VEHICLE PROPERTY DAMAGE										
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE			
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE			

VEHICLE # 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 21-0917			HSMV CRASH REPORT NUMBER 89506480								
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER CMHX98		STATE FL	REGISTRATION EXPIRES 11/25/2021	Check if Permanent Registration <input type="checkbox"/>	VIN KMUHCESC3MU031656								
Hit and Run 1 No 2 Yes 88 Unknown	YEAR 2021	MAKE GENS	MODEL	STYLE UT	COLOR BLU	DAMAGE: 1 Disabling 2 Functional 3 None		4 Minor 88 Unknown	EST. AMOUNT 500						
INSURANCE COMPANY GEICO GENERAL INSURANCE			INSURANCE POLICY NUMBER 390044907		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY GATES		1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative	3						
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/> DANA R. GOLDMAN				CURRENT ADDRESS 308 POINCIANA ISLD DR			CITY & STATE SUNNY ISLES BEACH, FL		ZIP CODE 33160						
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN			YEAR	MAKE	LENGTH	AXLES				
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN			YEAR	MAKE	LENGTH	AXLES				
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/> Off-Road Unknown <input type="checkbox"/>				ON STREET, ROAD, HIGHWAY 9700 COLLINS AVE (SHOPS PARKING)				AT EST. SPEED 5	POSTED SPEED	TOTAL LANES 1					
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of Initial Impact 				Most Damaged Area 							
MOTOR CARRIER NAME				US DOT NUMBER				MOTOR CARRIER ADDRESS							
MOTOR CARRIER ADDRESS				CITY & STATE				ZIP CODE		PHONE NUMBER					
Vehicle Body Type 16		Trafficway 5		Commercial Motor Vehicle Configuration				Cargo Body Type							
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 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 Materials 2 Single-Unit Truck (2-axle and GVWR kg) 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 Trailer				8 Tractor/Triple 9 Tractor more than 10,000 lbs (4,536 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			
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Trailer Type		Cargo Body Type				Emergency Vehicle Use							
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		1 No Cargo 2 Bus				1 No 2 Yes 88 Unknown							
Most Harmful Event 14		Collision with Non-Fixed Object		Collision with a Fixed Object				Emergency Vehicle Use							
1 Overturn/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 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.)				1 No 2 Yes 88 Unknown			
Sequence of Events 1st 14 2nd 3rd 4th		Vehicle Maneuver Action 4		Traffic Control Device For This Vehicle 1				Vehicle Defects 1							
[40-46 Sequence of Events only] 40 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				8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown				12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/ 17 Wipers 18 Safety Chains 77 Other, Explain in Narrative 88 Unknown			
Roadway Grade 1		Roadway Alignment 1		Special Function of Motor Vehicle 1				VIOLATIONS							
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 Bus				14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown			
PERSON # 1	NAME OF VIOLATOR MICHAEL A. GATES			FL STATUTE NUMBER 316.065(1)		CHARGE CRASH - FAIL TO REPORT CRASH - DRIVER		CITATION NUMBER AEDONEE							
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE		CITATION NUMBER							
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE		CITATION NUMBER							

VEHICLE # 2	Check if Commercial <input type="checkbox"/>	REPORTING AGENCY CASE NUMBER 21-0917	HSMV CRASH REPORT NUMBER 89506480
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1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	2	VEHICLE LICENSE NUMBER 95AEPC	STATE FL	REGISTRATION EXPIRES 10/21/2021	Check if Permanent Registration <input type="checkbox"/>	VIN WA1EVAF1XMD037093
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Hit and Run 1 No 2 Yes 88 Unknown	1	YEAR 2021	MAKE AUDI	MODEL QA	STYLE UT	COLOR WHI	DAMAGE: 1 Disabling 2 Functional 3 None	4 Minor 88 Unknown 2	EST. AMOUNT 1,000
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INSURANCE COMPANY PRIVILEGE UNDERWRITERS	INSURANCE POLICY NUMBER PA2267285	Towed due to Damage: 1 No 2 Yes	1	VEHICLE REMOVED BY STEINBERG	1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative	2
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NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/> DAVID J. STEINBERG	CURRENT ADDRESS 3630 AVOCADO AVE	CITY & STATE MIAMI, FL	ZIP CODE 33133
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TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
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TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
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VEHICLE TRAVELING	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY 9700 COLLINS AVE (SHOPS PARKING)	AT EST. SPEED	POSTED SPEED	TOTAL LANES
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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"/>	HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact		Most Damaged Area	
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MOTOR CARRIER NAME	US DOT NUMBER		
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MOTOR CARRIER ADDRESS	CITY & STATE	ZIP CODE	PHONE NUMBER
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Vehicle Body Type 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)	1	Trafficway 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 8 Unknown	5	Commercial Motor Vehicle Configuration 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR kg) 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 Trailer	
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Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck	<input type="checkbox"/>	Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		Cargo Body Type 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	
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Most Harmful Event 15	<input type="checkbox"/>	Collision with Non-Fixed Object 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		Collision with a 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	
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Sequence of Events 1st 15 2nd 3rd 4th		Vehicle Maneuver Action 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing	8	Traffic Control Device For This Vehicle 1	
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Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	1	Roadway Alignment 1 Straight 2 Curve Right 3 Curve Left	1	Vehicle Defects 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train	1
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Special Function of Motor Vehicle 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 Bus	14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		
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VIOLATIONS					
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PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON # 1	REPORTING AGENCY CASE NUMBER 21-0917	HSMV CRASH REPORT NUMBER 89506480
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1 Driver 2 Non-Motorist 3 Passenger	<input type="checkbox"/> 1	VEHICLE # 1	NAME MICHAEL A. GATES	PHONE NUMBER (561) 789-8867	<input type="checkbox"/>	Check if Recommend Driver Re-exam
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CURRENT ADDRESS (Number and Street) 308 POINCIANA ISLAND DR	CITY & STATE SUNNY ISLES BCH, FL	ZIP CODE 33160
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DATE OF BIRTH 03/19/1949	SEX: 1 Male 2 Female 88 Unknown	<input type="checkbox"/> 1	DRIVER LICENSE NUMBER G320541490990	STATE FL	EXPIRES 03/19/2028	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating	<input type="checkbox"/> 1	4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
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DRIVER			
DL Type <input type="checkbox"/> 5	Required Endorsements <input type="checkbox"/> 2	Drivers Actions at Time of Crash <input type="checkbox"/> 4	Condition At Time of Crash <input type="checkbox"/> 1
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	1 Yes 2 No 3 No Req. Endorsement	1st 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	1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fatigued 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown
Driver Distracted By <input type="checkbox"/> 88	4 Other Inside the Vehicle (Explain in Narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>
Driver Vision Obstructions <input type="checkbox"/> 1	1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes	9 Smoke 10 Glare 77 All Other, Explain in Narrative	4th <input type="checkbox"/>

DRIVER OR PASSENGER			
Motor Vehicle Seating Position: Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclose Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	LOCATION: SEAT ROW OTHER (LOC) <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1
Helmet Use (HU) <input type="checkbox"/> 3	1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	Eye Protection (EP) <input type="checkbox"/> 3	1 Yes 2 No 3 Not Applicable
Air Bag Deployed (ABD) <input type="checkbox"/> 2	1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side	Restraint Systems (RS) <input type="checkbox"/> 3	1 Not Applicable 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
Ejection (EJECT) <input type="checkbox"/> 1	1 Not Ejected 2 Ejected - Totally 3 Ejected - Partially 4 Not Applicable 88 Unknown		

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

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

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="checkbox"/> 1	EMS AGENCY NAME OR ID NOT WARRANTED	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
2	1	DANA R. GOLDMAN	11/25/1961	1	2	3	1	1	1	3	3	2	3

CURRENT ADDRESS (Number and Street) 308 POINCIANA ISLD DR APT 710	CITY & STATE SUNNY ISLES BEACH, FL	ZIP CODE 33160
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="checkbox"/> 1	EMS AGENCY NAME OR ID NOT WARRANTED	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
4	2	ALBRICIA YEPEZ		1	2	77	88	1	1	3	3	2	1

CURRENT ADDRESS (Number and Street) 3630 AVOCADO AVE	CITY & STATE MIAMI, FL	ZIP CODE 33133
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	<input type="checkbox"/> 1	EMS AGENCY NAME OR ID NOT WARRANTED	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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PERSON # 3	REPORTING AGENCY CASE NUMBER 21-0917	HSMV CRASH REPORT NUMBER 89506480
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1 Driver 2 Non-Motorist 3 Passenger	1	VEHICLE # 2	NAME DAVID J. STEINBERG	PHONE NUMBER (305) 619-6069	<input type="checkbox"/>	Check if Recommend Driver Re-exam
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CURRENT ADDRESS (Number and Street) 3630 AVOCADO AVE	CITY & STATE MIAMI, FL	ZIP CODE 33133
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DATE OF BIRTH 10/21/1971	SEX: 1 Male 2 Female 88 Unknown	1	DRIVER LICENSE NUMBER S-351-170-71-381-0	STATE FL	EXPIRES 10/21/2029	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating	4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	1
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DRIVER			
DL Type 5	Required Endorsements 2	Drivers Actions at Time of Crash 1st 1	Condition At Time of Crash 77
Driver Distracted By 1	4 Other Inside the Vehicle (Explain in Narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown	2nd 	3rd
Driver Vision Obstructions 1	5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	3rd 	4th

DRIVER OR PASSENGER			
Motor Vehicle Seating Position:	LOCATION: SEAT ROW OTHER (LOC) 77 88 88	Helmet Use (HU) 3	Eye Protection (EP) 3
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclose Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	Restraint Systems (RS) 1
Other Cyclist 77 Other (explain in narrative) 88 Unknown	Non-Motorist Location At Time of Crash	Air Bag Deployed (ABD) 2	77 Other, Explain in Narrative 88 Unknown

NON-MOTORIST			
Non-Motorist Description	Non-Motorist Location At Time of Crash	Non-Motorist Actions/Circumstances	Action Prior to Crash
 	 	1st 	
Safety Equipment 	2nd 	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

ALCOHOL/DRUG/EMS									
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC 	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	EMS AGENCY NAME OR ID NOT WARRANTED

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	1	EMS AGENCY NAME OR ID NOT WARRANTED	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL PASSENGERS														
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS	
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE								

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	 	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
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	 	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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NARRATIVE

REPORTING AGENCY CASE NUMBER

21-0917

HSMV CRASH REPORT NUMBER

89506480

Vehicle 1 was seen by a anonymous witness and on security surveillance camera (see video) entering the valet parking lot (white c) of the Bal Harbour Shops. Vehicle 1 was seen attempting to back into a parking space when his rear bumper collided with a parked, unoccupied white vehicle (vehicle 2). Vehicle 1 then pulled forward, turned left and parked in a space a few rows over. Shops Valet witnessed the vehicle attempting to self park in the valet area, and advised the driver (Driver 1, Gates) that he was not allowed to self park in that specific lot. Vehicle 1 then left the area.

At this time the anonymous witness reported to valet that vehicle 1 had backed into vehicle 2. Valet inspected Vehicle 2 and saw there was damage to vehicle 2`s rear driver wheel/fender area (see photos). Valet contacted BHPD to report the incident.

Vehicle 1 was located on the ground floor of the parking garage parked in a parking space, however the driver was not in the vehicle.

Upon inspecting vehicle 1, I witnessed damage to the rear passenger taillight and bumper with white paint transfer on the bumper (see photos).

While awaiting for the vehicle owners to arrive, I reviewed the Shops video surveillance footage with shops security officer Wilson. The video showed vehicle 1 back into vehicle 2 hard enough to rock vehicle 2 in its place. At no time on the video did driver 1 appear to inspect for the object he struck.

I waited with vehicle 2 until the owners of both vehicles arrived back to their vehicles. When vehicle1`s owner returned with his wife (Goldman), I stated that he was witnessed backing into another vehicle in the valet parking area. I asked driver 1 if he had realized he was in an accident. Driver 1 stated that he noticed he had hit something but stated he believed it was a pole he had backed into. I asked if he had gotten out of his vehicle to inspect what he hit and he stated again the he believed he had stuck a pole so he did not. When I advised him that he needed to inspect for any damages after being in an accident, and that leaving the scene of an accident with damages was a crime, he became defensive, stating that his wife is the Commissioner or Sunny Isles and that he is not a

**** Continued ****

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

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ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
1574	PO MYERS, WILLIAM	Bal Harbour Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NARRATIVE

REPORTING AGENCY CASE NUMBER

21-0917

HSMV CRASH REPORT NUMBER

89506480

criminal. I stated that I was not attempting to insinuate that he was a criminal, but that leaving the scene of an accident with damage is a misdemeanor crime. I told driver 1 that whether it be a pole or a vehicle, any damage to property needed to be reported, and under his own statement, he knew he had struck an object with his vehicle and failed to inspect for damage.

Driver 1 continued to be very defensive and tell me that I was accusing him of being a criminal and that his wife is the Commissioner of Sunny Isles.

Driver 2 and his wife arrived on scene at approximately the same time as driver 1 and his wife. I attempted to allow both drivers come to a settlement on scene, however one was not mutually reached. Driver 2 requested a hit and run report be written and due to the circumstances, a hit and run report was warranted. Driver 2 was issued a BHPD case card and was allowed to leave the scene.

I contacted Sgt Destefano to respond to the scene and he arrived shortly after to speak with driver 1 (see supplemental report). While speaking with driver 1, driver 1 changed the object multiple times in his story of what he believed he had struck (1. a pole, 2. a curb, 3. a road cone).

Driver 1 was ultimately issued a criminal citation for leaving the scene without reporting and issued a case card.

Sgt Destefano, Officer Armstrong as well as Shops security were all on scene.

a later inspection of the area revealed no pole or traffic cones are in the immediate area of where the collision took place. A check with Shops security revealed no traffic cones are placed in the valet parking lot.

Photos and video to be attached

** END **

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO									
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
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REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
1574	PO MYERS, WILLIAM	Bal Harbour Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Drawing Not To Scale.

