

From KWP D

# 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 <b>AUGUST 17, 2023</b>		Time of Crash <b>12:38 PM</b>		Date of Report <b>October 3, 2023</b>		Reporting Agency Case Number <b>23004654</b>		HSMV Crash Report Number <b>25610819</b>			
<b>CRASH IDENTIFIERS</b>											
County Code <b>38</b>	City Code <b>42</b>	County of Crash <b>MONROE</b>		Place or City of Crash <b>KEY WEST</b>		Within City Limits <b>YES</b>		Time Reported <b>12:38 PM</b>	Time Dispatched <b>12:38 PM</b>		
Time on Scene <b>12:40 PM</b>		Time Cleared Scene <b>01:15 PM</b>		Completed <b>YES</b>		Reason (if Investigation NOT Complete)		Notified By <b>LAW ENFORCEMENT</b>			
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>											
Crash Occurred On Street, Road, Highway <b>N ROOSEVELT BLVD</b>					1 At Street Address #		2 At Latitude		And Longitude		
At Feet <b>500</b>		Miles	Direction <b>E</b>		3 At / From Intersection With Street, Road, Highway <b>7TH ST</b>			4 Or From Milepost #			
Road System Identifier <b>2 U.S.</b>				Type of Shoulder <b>3 CURB</b>		Type of Intersection <b>1 NOT AT INTERSECTION</b>					
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN)</b>											
Light Condition <b>1 DAYLIGHT</b>		Weather Condition <b>1 CLEAR</b>		Roadway Surface Condition <b>1 DRY</b>		School Bus Related <b>1 NO</b>		Manner of Collision <b>3 ANGLE</b>			
First Harmful Event Type <b>2 COLLISION WITH NON-FIXED OBJECT</b>		First Harmful Event <b>11 PEDALCYCLE</b>		First Harmful Event Location <b>2 OFF ROADWAY</b>		Within Interchange <b>1 NO</b>		First Harmful Event Relation to Junction <b>4 DRIVEWAY/ALLEY ACCESS RELATED</b>			
Contributing Circumstances: Road <b>1 NO DEFECTS</b>			Contributing Circumstances: Road			Contributing Circumstances: Road					
Contributing Circumstances: Environment <b>1 NONE</b>			Contributing Circumstances: Environment			Contributing Circumstances: Environment					
Work Zone Related <b>1 NO</b>		Crash In Work Zone		Type of Work Zone		Workers in Work Zone		Law Enforcement in Work Zone			
<b>VEHICLE</b> Check if Commercial <input type="checkbox"/>											
Vehicle <b>01</b>	Motor Vehicle Type <b>1 VEH IN TRANSPORT</b>		Hit and Run <b>2 YES</b>	Veh License Number		State	Reg. Expires	Permanent Reg. VIN <b>1 NO</b>			
Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage <b>1 NO</b>	Vehicle Removed By			
Insurance Company (Driver) <b>UNKNOWN</b>							Insurance Policy Number <b>UNKNOWN</b>				
Name of Vehicle Owner (Business) <input type="checkbox"/>				Current Address			City & State		Zip Code		
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN		Year	Make	Length		
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN		Year	Make	Length		
Vehicle Direction Traveling <b>N</b>	On Street, Road, Highway <b>N ROOSEVELT BLVD</b>					At Est. Speed <b>3</b>	Posted Speed <b>35</b>	Total Lanes <b>05</b>			
CMV Configuration		Cargo Body Type			Area of Initial Impact			Most Damaged Area			
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)							
Haz. Mat. Release	Haz. Mat. Placard	Number		Class		18 Undercarriage 18 19 Overturn 19 20 Windshield 20 21 Trailer 21			15 16 17 14 13 12 11 10 9		
Motor Carrier Name				US DOT Number			City & State			Zip Code	
Motor Carrier Address				City & State			Zip Code			Phone Number	
Comm/Non-Commercial		Vehicle Body Type <b>3 PICKUP</b>		Vehicle Defects (one) <b>88 UNKNOWN</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 NO</b>		Special Function of MV <b>1 NO SPECIAL FUNCTION</b>	
Vehicle Maneuver Action <b>5 TURNING RIGHT</b>		Trafficway <b>2 TWO-WAY, NOT DIVIDED, WITH CONTINUOUS LEFT LANE</b>		Roadway Grade <b>1 LEVEL</b>		Roadway Alignment <b>1 STRAIGHT</b>		Most Harmful Event <b>2 COLLISION WITH NON-FIXED OBJECT</b>		Most Harmful Event Detail <b>11 PEDALCYCLE</b>	
Traffic Control Device For This Vehicle <b>1 NO CONTROLS</b>		First (1) Sequence of Events <b>11 PEDALCYCLE</b>		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events			

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<b>PERSON</b>									
Person # <b>01</b>	Description <b>1 DRIVER</b>	Vehicle # <b>01</b>	Name <b>JON DOE23004654</b>			Date of Birth	Sex <b>1 MALE</b>	Phone Number	Re-Exam <b>2 NO</b>
Address			City & State				Zip Code		
Driver License Number		State	Expires	DL Type	Req. End.	Injury Severity <b>1 NONE</b>		Ejection <b>1 NOT EJECTED</b>	
Restraint Systems <b>3 SHOULDER AND LAP BELT USED</b>		Air Bag Deployed <b>2 NOT DEPLOYED</b>		Helmet Use <b>3 NO HELMET</b>		Eye Protection <b>3 NOT APPLICABLE</b>	Seating Location Seat <b>1 LEFT</b>	Seating Location Row <b>1 FRONT</b>	Seating Location Other <b>1 NOT APPLICABLE</b>
Drivers Actions at Time of Crash (First) <b>77 ALL OTHER (EXPLAIN IN NARRATIVE)</b>				Drivers Actions at Time of Crash (Second)			Driver Distracted By <b>88 UNKNOWN</b>		Vision Obstruction <b>77 OTHER (EXPLAIN IN NARRATIVE)</b>
Drivers Actions at Time of Crash (Third)				Drivers Actions at Time of Crash (Fourth)			Drivers Condition at Time of Crash <b>88 UNKNOWN</b>		
Suspected Alcohol Use <b>88 UNKNOWN</b>	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>88 UNKNOWN</b>	Drug Tested	Drug Test Type	Drug Test Result	
Source of Transport to Medical Facility <b>88 UNKNOWN</b>		EMS Agency Name or ID			EMS Run Number	Medical Facility Transported To			
<b>PERSON</b>									
Person # <b>02</b>	Description <b>2 NON-MOTORIST</b>	Name <b>BEIRRY O. RUSSELL</b>			Date of Birth <b>AUGUST 1, 1949</b>	Sex <b>1 MALE</b>	Injury Severity <b>3</b>	Phone Number <b>(305) 432-6032</b>	
Address <b>2706 FLAGLER AVE 4</b>			City & State <b>KEY WEST, FL</b>				Zip Code <b>33040</b>		
Non-Motorist Description Detail <b>3 BICYCLIST</b>				Non-Motorist Action Prior to Crash <b>5 WALKING/CYCLING ON SIDEWALK</b>			Non-Motorist Location at Time of Crash <b>8 SIDEWALK</b>		
Non-Motorist Actions/Circumstances (First) <b>1 NO IMPROPER ACTION</b>		Non-Motorist Actions/Circumstances (Second)			Non-Motorist Safety Equipment (One) <b>1 NONE</b>		Non-Motorist Safety Equipment (Two)		
Suspected Alcohol Use <b>88 UNKNOWN</b>	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>88 UNKNOWN</b>	Drug Tested	Drug Test Type	Drug Test Result	
Source of Transport to Medical Facility <b>88 UNKNOWN</b>		EMS Agency Name or ID			EMS Run Number	Medical Facility Transported To			
<b>NARRATIVE</b>									
<p>On 8/15/23 between 1300hrs &amp; 1500hrs. P2 was riding his bike and traveling West on the South sidewalk of N. Roosevelt Blvd. He said that as he was passing the enterprise driveway entrance a blue Ram 1500 struck him and knocked him off of his bike. He said the driver of the Ram asked him if he was ok and then left the area once he had an opportunity to pull out.</p> <p>I asked P2 why he didn't call the police. He said his phone was broken and he thought someone else would call. P2 was unable to get a tag or any other identifying factors of the suspect vehicle.</p> <p>I spoke to workers at enterprise who stated that nothing like this occurred yesterday that they were aware of.</p> <p>At this time I am unable to confirm wheter or not a crash occurred.</p> <p>No further information at this time.</p> <p><b>GAUFILLET, ALEXANDRE 10/03/2023</b></p> <p>On 10/3/23 at approximately 1108hrs, I went over to Enterprise located at 2516 N. Roosevelt Blvd. I spoke with a manager and asked them if the have any video surveillance that covers the sidewalk and road. He stated no. I asked him if they rent pickup trucks from this location and again he stated, no. He explained to me the closest location to rent a pickup truck by Enterprise is Hialeah.</p> <p>I mentioned to him that I was following up on a crash that occurred on 8/1723 between the hours of 1300 to 1500. He said he had no knowledge of this incident.</p> <p>I tried to contact Mr. Russell but was unable to and left a message. His updated phone number is 305-766-2057.</p> <p>No further information at this time.</p>									
<b>REPORTING OFFICER</b>									
ID/Badge Number <b>3600</b>	Rank and Name <b>POLICE OFFICER GAUFILLET, ALEXANDRE</b>				Department <b>KEY WEST POLICE DEPARTMENT</b>		Type of Department <b>2 PD</b>		