

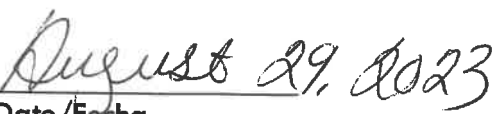
# Citizen Review Board

100 Grinnell Street, Key West, FL 33040  
PO Box 1946, Key West, FL 33041  
(305) 809-3887 Fax (305) 293-9827  
e-mail: [crb@cityofkeywest-fl.gov](mailto:crb@cityofkeywest-fl.gov)

- **What you need to know before completing the attached complaint form:**
- This complaint and any attachment become public record. If you have already filed a report with the Key West Police Department Internal Affairs, and you want that complaint to remain confidential until the investigation is complete, you may want to refrain from filing a complaint with the CRB at this time.
- Complaints should be filed as soon as possible of the time you became aware of the incident or after resolution of any criminal charges.
- Anyone who has criminal charges pending related to this complaint should consult an attorney before filing the complaint with the CRB and such pending charges may delay the progress of the investigation of your complaint with the CRB. Further, any statements made to the CRB are public record and can be used by anyone to incriminate the complainant. All statements will be uploaded to the internet.
- Complainants must advise the CRB of any changes of address or phone number; failure to provide the CRB current information or means for CRB to contact the complainant may result in dismissal of the case.
- All documents received by this office, including medical records, photo IDs, communications and alike become public records and will be disclosed on the Internet and viewable by anyone or any person. You should consider this fact before sending any matters or materials to this office.
- All CRB meetings are televised and archived on the City of Key West web-site. By attending a CRB meeting you may be shown on camera.
- The CRB and its employees and agents are not your legal representatives. You should seek independent legal representations to understand your legal rights regarding the matters referenced in your complaint.
- The CRB jurisdiction is limited to City of Key West Police Officers and NOT Monroe county sheriffs, correction officers, Florida Fish and Wildlife Officers, FDLE representatives, Florida Highway Patrol Officers, Federal Agents, Military personal and alike.

I have read and understand the information provided to me on this page.

  
Name/Nombre

  
Date/Fecha

1. CRB Control #

# COMPLAINT FORM

Citizen Review Board

2. Day, Date, Time  
Complaint Received

PO Box 1946, Key West, FL 33041  
<http://www.cityofkeywest-fl.gov>  
email: [crb@cityofkeywest-fl.gov](mailto:crb@cityofkeywest-fl.gov)  
(305) 809-3887 Fax (305) 293-9827

3. KWPD Control System #

Please provide as much information as you can about the incident(s). Use additional pages if necessary.  
Suministre la mayor cantidad de información posible acerca del (de los) incidente(s). Utilice páginas adicionales si fuese necesario

## A. COMPLAINANT INFORMATION DATOS DEL DENUNCIANTE

Name: Lloy Lockett Date of Birth: 12/10/59  
Nombre Fecha de nacimiento

Address: 15 HILTON HAVEN RD KW FL 33040  
(Dirección) Street (Ciudad) City (Estado) State (Código Postal) Zip

Mailing Address: 15 HILTON HAVEN RD KW FL 33040  
Dirección postal PO Box or Street, City, State and Zip

E-Mail Address: Lloy Lockette@gmail  
(Dirección e-mail)

Home Phone: (305) 304-7487 Work Phone: ( ) Cellular: ( )  
Teléfono Particular Teléfono del Trabajo Celular

## B. NATURE OF COMPLAINT: Naturaleza de la denuncia:

Battery Rudeness Deficient Service Truthfulness Driving False Arrest Excessive Force Searches Other

## C. INFORMATION ABOUT THE OFFICER(S) INVOLVED IN THE INCIDENT DATOS DEL (DE LOS) OFICIAL (ES) INVOLUCRADO(S) EN EL INCIDENTE

Name: Alex G. Badge #: ? Vehicle #: 2  
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
Describe la apariencia física del oficial: In his 40s? Please forgive me  
Short blonde/white hair, not good with his discription

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
Describe la apariencia física del oficial: \_\_\_\_\_

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
Describe la apariencia física del oficial: \_\_\_\_\_

E. INFORMATION ABOUT THE INCIDENT  
INFORMACION ACERCA DEL INCIDENTE

Please provide as much information as possible, using additional pages if necessary.  
Suministre la mayor cantidad de informacion posible, utilizando páginas adicionales si fuese necesario.

Date: 08/08 Time: 402 Location: FORT ST Case # if applicable: \_\_\_\_\_  
Fecha: 08/08 Hora: 402 Lugar: FORT ST No. de Caso, si corresponde: \_\_\_\_\_

I was on my way to DR. ADD. ON FRONT ST  
STOPPED AT PETRONIA - STOPPED AGAIN BEHIND  
A BOAT ON A TRAILER.

WAS ABLE TO SEE IN FRONT OF THE BOAT WAS  
A CAR AGAINST THE WALL ON SENCALDINE ST.

WAS NOT SURE WHAT WAS HAPPENING, WAS  
BEHIND HIM APPROX. A MINUTE.

HE THEN BACKED UP AND PUT HIS BOAT PROPELLER  
THROUGH MY WINDSCREEN. HIS PASSENGERS GOT OUT  
AND APPEARED LIKE IT WAS MY FAULT.

I FOUND A WITNESS, CALLED POLICE TWICE WAS TOLD  
THEY WOULD CALL WITNESS. (DIDN'T HAPPEN)

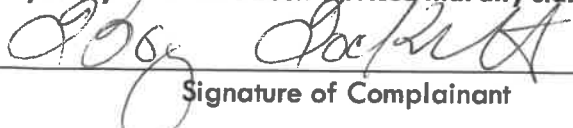
I WAS NOT ASKED ANYTHING AT ALL, BY THE OFFICER  
WHO TALKED TO ME FOR AT LEAST 30 MINUTES  
HE WROTE ME AT FAULT ON THE REPORT.

Attach additional pages if necessary. Page number \_\_\_ of \_\_\_ pages of narrative

Are you being prosecuted for this incident or do you have a pending criminal case? Yes \_\_\_ No

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

"I hereby certify that, to the best of my knowledge, and under the penalty of perjury, the statements made herein are true." I hereby acknowledge and understand that any documents, materials, medical records, e-mail and other communication delivered to the CRB office becomes public record and shall be viewable on the internet by anyone or any entity. You have been advised that any statement made to the CRB can be used by other governmental entities.

  
Signature of Complainant

08/29/2023  
Date signed

Complaint Received by:	Complaint Reviewed by:	Action Taken:
Date complaint forwarded to Chief of Police: 24/8/23 ?		STILL WAITING

**D. VICTIM/WITNESS INFORMATION**  
**DATOS DE LA VICTIMA/TESTIGO**

Did you witness the incident? Yes  No   
¿Fue usted testigo del incidente denunciado? Si  No

If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s):  
Si usted está presentando una denuncia en nombre de otra(s) persona(s), indique cuál es su relación, si la hay, con esa(s) persona(s):

Parent  Spouse  Relative  Guardian  Child  Friend  Other   
Padre/Madre  Conyuge  Familiar  Tutor  Hijo/a  Amigo/a  Otra

Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident:  
Suministre la mayor cantidad posible de la información que se solicita a continuación, sobre la (las) persona(s) en nombre de la(s) cual(es) presenta la denuncia, y sobre el (los) testigo(s) del incidente:

**Victim/Witness #1**

**Victima/Testigo No. 1**

Is this person a: victim  witness   
Esta persona es: víctima  testigo

Name: Lloyd Hackett  
Nombre \_\_\_\_\_  
Address: 15 HILTON HAVEN RD City KW State FL  
Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_  
Zip Code 33040 Contact numbers: Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
Código Postal \_\_\_\_\_ Teléfono \_\_\_\_\_

**Victim/Witness #2**

**Victima/Testigo No. 2**

Is this person a: victim  witness   
Esta persona es: víctima  testigo

Name: Marcedes Laguna - Dr. Sanchez on 700 Block  
Nombre \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_  
Zip Code \_\_\_\_\_ Contact numbers: Telephone \_\_\_\_\_ Cell 786 847-4340  
Código Postal \_\_\_\_\_ Teléfono \_\_\_\_\_

**Victim/Witness #3**

**Victima/Testigo No. 3**

Is this person a: victim  witness   
Esta persona es: víctima  testigo

Name: \_\_\_\_\_  
Nombre \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_  
Zip Code \_\_\_\_\_ Contact numbers: Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
Código Postal \_\_\_\_\_ Teléfono \_\_\_\_\_

# 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 8, 2023</b>		Time of Crash <b>04:09 PM</b>		Date of Report <b>AUGUST 8, 2023</b>		Reporting Agency Case Number <b>23004489</b>		HSMV Crash Report Number <b>25610757</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>04:09 PM</b>	Time Dispatched <b>04:10 PM</b>
Time on Scene <b>04:19 PM</b>	Time Cleared Scene <b>05:25 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>FORT ST</b>					1 At Street Address #	2 At Latitude	And	Longitude		
At Feet <b>40</b>	Miles	Direction <b>N</b>	3 At / From Intersection With Street, Road, Highway <b>PETRONIA ST</b>			4 Or From Milepost #				
Road System Identifier <b>5 LOCAL</b>				Type of Shoulder <b>3 CURB</b>		Type of Intersection <b>1 NOT AT INTERSECTION</b>				
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/></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>1 FRONT TO REAR</b>		
First Harmful Event Type <b>2 COLLISION WITH NON-FIXED OBJECT</b>		First Harmful Event <b>14 MOTOR VEHICLE IN TRANSPORT</b>		First Harmful Event Location <b>1 ON ROADWAY</b>		Within Interchange <b>1 NO</b>	First Harmful Event Relation to Junction <b>1 NON-JUNCTION</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>1 NO</b>	Veh License Number <b>LHZY50</b>	State <b>FL</b>	Reg. Expires <b>DECEMBER 10, 2023</b>	Permanent Reg. <b>1 NO</b>	VIN <b>JHMGD38658S040585</b>		
Year <b>2008</b>	Make <b>HOND</b>	Model <b>FIT</b>	Style <b>4D</b>	Color <b>BLK</b>	Extent of Damage <b>2 FUNCTIONAL</b>	Est. Damage <b>\$8000</b>	Towed Due To Damage <b>1 NO</b>	Vehicle Removed By <b>DRIVER</b>		
Insurance Company (Driver) <b>MGA INSURANCE COMPANY INC</b>						Insurance Policy Number <b>12MGEP0497575</b>				
Name of Vehicle Owner (Business) <input type="checkbox"/> <b>LLOYANNE LOCKETT</b>			Current Address <b>15 HILTON HAVEN RD</b>			City & State <b>KEY WEST, FL</b>		Zip Code <b>33040</b>		
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 <b>N</b>	Direction <b>FORT ST</b>	On Street, Road, Highway				At Est. Speed <b>5</b>	Posted Speed <b>20</b>	Total Lanes <b>01</b>		
CMV Configuration			Cargo Body Type							
Comm GVWR/GCWR			Trailer Type (Trailer One)		Trailer Type (Trailer Two)					
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 <b>1 PASSENGER CAR</b>		Vehicle Defects (one) <b>1 NONE</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>14 SLOWING</b>	Trafficway <b>5 ONE-WAY TRAFFICWAY</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>14 MOTOR VEHICLE IN TRANSPORT</b>			
Traffic Control Device For This Vehicle <b>1 NO CONTROLS</b>		First (1) Sequence of Events <b>14 MOTOR VEHICLE IN TRANSPORT</b>		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		



Crash Date <b>AUGUST 8, 2023</b>	Time of Crash <b>04:09 PM</b>	Date of Report <b>AUGUST 8, 2023</b>	Reporting Agency Case Number <b>23004489</b>	HSMV Crash Report Number <b>25610757</b>
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<b>VEHICLE</b> Check if Commercial <input type="checkbox"/>							
Vehicle # <b>02</b>	Motor Vehicle Type <b>1 VEH IN TRANSPORT</b>	Hit and Run <b>1 NO</b>	Veh License Number <b>VRJ995</b>	State <b>SC</b>	Reg. Expires <b>MAY 30, 2024</b>	Permanent Reg. <b>1 NO</b>	VIN <b>1FT7W2B61FEA07058</b>

Year <b>2015</b>	Make <b>FORD</b>	Model <b>F250</b>	Style <b>PK</b>	Color <b>BLK</b>	Extent of Damage <b>3 NO DAMAGE</b>	Est. Damage	Towed Due To Damage <b>1 NO</b>	Vehicle Removed By <b>DRIVER</b>	Rotation
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Insurance Company (Driver) <b>STATE FARM MUTUAL</b>	Insurance Policy Number <b>689 6904 E27 40</b>
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Name of Vehicle Owner (Business) <input checked="" type="checkbox"/> <b>TRIMMIERRICATION LLC</b>	Current Address <b>18 PICKENS ST</b>	City & State <b>BEAUFORT, SC</b>	Zip Code <b>29907</b>
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Trailer One: License Number <b>SC</b>	Reg. Expires	Permanent Reg. <b>1 NO</b>	VIN <b>1W7B12728M1000476</b>	Year <b>21</b>	Make	Length	Axles <b>02</b>
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Trailer Two: License Number	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
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Vehicle Traveling <b>N</b>	Direction <b>FORT ST</b>	On Street, Road, Highway	At Est. Speed <b>20</b>	Posted Speed <b>20</b>	Total Lanes <b>01</b>
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CMV Configuration	Cargo Body Type <b>77 OTHER (EXPLAIN IN NARRATIVE)</b>	Area of Initial Impact	Most Damaged Area
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Comm GVWR/GCWR	Trailer Type (Trailer One) <b>1 SINGLE SEMI TRAILER</b>	Trailer Type (Trailer Two)	Diagram 1	Diagram 2
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Haz. Mat. Release	Haz. Mat. Placard	Number	Class
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Motor Carrier Name	US DOT Number	Motor Carrier Address	City & State	Zip Code	Phone Number
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Comm/Non-Commercial	Vehicle Body Type <b>3 PICKUP</b>	Vehicle Defects (one) <b>1 NONE</b>	Vehicle Defects (two)	Emergency Vehicle Use <b>1 NO</b>	Special Function of MV <b>1 NO SPECIAL FUNCTION</b>
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Vehicle Maneuver Action <b>13 STOPPED IN TRAFFIC</b>	Trafficway <b>5 ONE-WAY TRAFFICWAY</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>14 MOTOR VEHICLE IN TRANSPORT</b>
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Traffic Control Device For This Vehicle <b>1 NO CONTROLS</b>	First (1) Sequence of Events <b>14 MOTOR VEHICLE IN TRANSPORT</b>	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
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**PERSON**

Person # <b>01</b>	Description <b>1 DRIVER</b>	Vehicle # <b>01</b>	Name <b>LLOYANNE LOCKETT</b>	Date of Birth <b>DECEMBER 10, 1959</b>	Sex <b>2 FEMALE</b>	Phone Number <b>(305) 304-7487</b>	Re-Exam <b>2 NO</b>
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Address <b>15 HILTON HAVEN RD</b>	City & State <b>KEY WEST, FL</b>	Zip Code <b>33040</b>
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Driver License Number <b>L230520599500</b>	State <b>FL</b>	Expires <b>DECEMBER 10, 2027</b>	DL Type <b>5 E / OPERATOR</b>	Req. End. <b>3 NO ENDORSEMENT</b>	Injury Severity <b>1 NONE</b>	Ejection <b>1 NOT EJECTED</b>
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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>
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Drivers Actions at Time of Crash (First) <b>2 CARELESS DRIVING (EXPLAIN IN NARRATIVE)</b>	Drivers Actions at Time of Crash (Second)	Driver Distracted By <b>1 NOT DISTRACTED</b>	Vision Obstruction <b>1 VISION NOT OBSCURED</b>
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Drivers Actions at Time of Crash (Third)	Drivers Actions at Time of Crash (Fourth)	Drivers Condition at Time of Crash <b>1 APPARENTLY NORMAL</b>
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Suspected Alcohol Use <b>1 NO</b>	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>1 NO</b>	Drug Tested	Drug Test Type	Drug Test Result
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Source of Transport to Medical Facility <b>1 NOT TRANSPORTED</b>	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
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**PERSON**

Person # <b>02</b>	Description <b>1 DRIVER</b>	Vehicle # <b>02</b>	Name <b>BEAU W. BERG</b>	Date of Birth <b>OCTOBER 21, 1970</b>	Sex <b>1 MALE</b>	Phone Number <b>(910) 381-8031</b>	Re-Exam <b>2 NO</b>
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Address <b>112 PLEASANT CT</b>	City & State <b>JACKSONVILLE, NC</b>	Zip Code <b>28540</b>
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Driver License Number <b>20518441</b>	State <b>NC</b>	Expires <b>OCTOBER 21, 2026</b>	DL Type <b>5 E / OPERATOR</b>	Req. End. <b>3 NO ENDORSEMENT</b>	Injury Severity <b>1 NONE</b>	Ejection <b>1 NOT EJECTED</b>
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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>
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Drivers Actions at Time of Crash (First) <b>1 NO CONTRIBUTING ACTION</b>	Drivers Actions at Time of Crash (Second)	Driver Distracted By <b>1 NOT DISTRACTED</b>	Vision Obstruction <b>1 VISION NOT OBSCURED</b>
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Drivers Actions at Time of Crash (Third)	Drivers Actions at Time of Crash (Fourth)	Drivers Condition at Time of Crash <b>1 APPARENTLY NORMAL</b>
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Suspected Alcohol Use <b>1 NO</b>	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>1 NO</b>	Drug Tested	Drug Test Type	Drug Test Result
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Source of Transport to Medical Facility <b>1 NOT TRANSPORTED</b>	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
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Crash Date <b>AUGUST 8, 2023</b>	Time of Crash <b>04:09 PM</b>	Date of Report <b>AUGUST 8, 2023</b>	Reporting Agency Case Number <b>23004489</b>	HSMV Crash Report Number <b>25610757</b>
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<b>WITNESSES</b>				
Name	Address	City & State	Zip Code	
<b>NIKOLAS GREYIGH</b>	<b>600 WHITEHEAD ST 101A</b>	<b>KEY WEST, FL</b>	<b>33040</b>	

**NARRATIVE**

**D2/V2 was facing North on Fort St. and was stopped on the East side of the street. V2 had a boat on a trailer attached to V2. D2 put V2 in reverse and before he was able to start backing D1/V1 struck the outboard engine of the boat that was on the trailer.**

**D1/V1 stated that she stopped behind D2/V2. D1 stated that V2 suddenly began to back up and struck V1's hood and front windshield with the skeg of V2's trailers boat.**

**W1 stated that V2 was stopped and he observed V1 drive into the boat that V2 was trailering.**

**Based on the witness statements I found the contributing factor for the crash to be careless driving by D1.**

**No further information at this time.**

<b>REPORTING OFFICER</b>			
ID/Badge Number	Rank and Name	Department	Type of Department
<b>3600</b>	<b>POLICE OFFICER GAUFILLET, ALEXANDRE</b>	<b>KEY WEST POLICE DEPARTMENT</b>	<b>2 PD</b>